effects, and interferes but slightly with the cardiac nervous power. Its advantage over chloroform must, therefore, be at once apparent; for, not only is it a quick anæsthetic, and is followed by no bad effects, but it is easily administered. By repeated doses at regular intervals, my patients were kept perfectly under control. Again, its superiority over chloroform is evident when the practitioner happens to be single-handed, instances of which are of every-day occurrence in country practices, where surgeons are few and far between. The medical attendant would find it no easy task both to give chloroform and deliver his patient under such circumstances. Chloroform is also often followed by sickness, and, with the tongue in the condition which it usually is in eclampsia, would prevent anything that might come up into the throat from being got rid of, thereby favouring asphyxia. Not only can chloral be administered singly *per rectum*, but also in combination with nourishments, such as milk, eggs, etc.; thus saving the disturbance of the patient, as well as keeping up her vitality.

In the first case, bromide of potassium was administered, but with no good result, its action, in my opinion, being too slow in this formidable disease. Opium and its alkaloids have been advocated; but, where there is renal complication, they are injurious, and of necessity contraindicated. My first patient being anæmic, bloodletting would not have been admissible; whilst in the second case it was not required; though chloral was given in both with the happiest results.

RASHES ON THE TONGUE.

By PROSSER JAMES, M.D.,

Lecturer on Materia Medica at the London Hospital.

THE remarks made at the Pathological Society on a case of "Peculiar Circular Wandering Rash on the Tongue", as reported in the JOURNAL, deserve to be supplemented, inasmuch as no one of the speakers claims more than a casual acquaintance with the subject. Perhaps, in the individual case, its erratic course and rapidity of disappearance were more important diagnostic points than the uncertain result of the search for a fungus. I should not, however, think the case of much importance (it does not seem to me so rare or peculiar) but for the fact that few seem to have been familiar with such appearances. I do not regard them as rare on any portion of the mucous membrane of the mouth. Further, not only such cases, but a number of others, will only be understood by comparing them with similar pathological processes on the skin. In fact, as I have elsewhere pointed out, the connection between the diseases of the skin and mucous membranes is fully illustrated in the mouth and throat; and, although the tongue is perhaps less apt to take on certain forms of disease than the rest of the buccal surface, it is prone to be affected by other circumstances. Slight forms of catarrhal inflammation are common enough, but do not often necessitate medical advice, and hence they are scarcely studied. But ulceration of the tongue, lips, cheeks, pharynx, and nasal passages is more troublesome, and proceeds from various causes. The irritation of teething is credited by almost all practitioners with numerous infantile mouth-troubles. But the forms of stomatitis arising from this, and the direct influence of mechanical or chemical injury, are less likely to be misunderstood than those associated with similar processes on the skin. Thus, in the exanthemata, we may watch exactly similar processes going on simultaneously on the skin and mucous membrane; or, as in other cutaneous affections, we may see them spread from the outer surface to the mouth. The pustules of small-pox are sufficiently significant. The rash of measles spreads from one structure to the other. On the mucous membrane, the course of these eruptions is more rapid than on the skin. Erysipelas is another example. Herpes and pemphigus strikingly illustrate the same facts. In scarlatina, the condition of the tongue at an early stage is proverbial, and much relied on in diagnosis; but the disease of the throat is too deep to compare with more superficial affections. Besides these examples, scurvy, purpura, and other diseases may, as I have long taught,* be advantageously studied on both the cutaneous and mucous surfaces.

While writing on affections of the tongue, I may be allowed to add that I have met with a couple of cases of the black tongue described in the JOURNAL a few weeks since. Anyone on the look out for this affection should be particularly on his guard against the possibility of being deceived by stains caused by food, medicines, and other articles. Several cases have come before me in which stains from unexpected sources were only proved to be of this nature by the most patient and exhaustive investigation.

* Sore-Throat: its Nature, Varieties, and Treatment; including the connection between Affections of the Throat and other Diseases.

PRIMARY ETHER ANÆSTHESIA.

By CHARLES COPPINGER, L.R.C.S.I.,

Surgeon to the Mater Misericordiae Hospital, Dublin.

A REPORT was published in the American journals some months ago, by Dr. J. F. Weir, on the first insensibility produced by the inhalation of ether, in which he stated that primary anæsthesia, as it is commonly called in New York, had now become fully recognised in the practice of the hospitals in that city. I am not aware that this system of employing ether has received any trial in this country, and report the following case in order to call the attention of the readers of the BRITISH MEDICAL JOURNAL to what would seem to be an important addition to our methods of producing anæsthesia during operations of short duration, such as tooth-extraction, cauterisation of lupus, etc.

R. M., aged 44, an army pensioner suffering from urethral stricture and urinary fistulæ, was admitted to the hospital March 5th, 1879. Treatment of the stricture was commenced by the usual combination of the gradual and rapid system of dilatation, and continued until a No. 7 catheter could be passed into the bladder, and until one of the perineal fistulæ had closed. Some difficulty was now experienced in further dilating the stricture; which, as it was situated in front of the triangular ligament, did not include a large portion of the canal, and had been originally produced in a healthy man by an injury from the pommel of a saddle, we thought it a suitable case for a more active method of treatment.

The patient, who was a pallid nervous man, objected to anything in the shape of an operation without an anæsthetic. It was found that he suffered from a weak heart and a basic cardiac murmur, apparently due to his anæmia; and it was therefore decided to give a trial to the above-mentioned system of rendering the necessary procedure painless. He was accordingly placed in the recumbent position on the operating table, and Sir Henry Thompson's instrument for forcible dilatation passed into the urethra, until that portion of the apparatus, which includes the lever by which the dilating blades are separated, was situated opposite the stricture. Ether was now administered in the usual way, the patient having been first directed to hold his right hand upright in the air, while the elbow rested on the operation-table. After one minute had elapsed, the arm dropped; the ether-inhaler was at once removed, and the dilator quickly screwed out, until the strictured portion of the canal was larger than a No. 12 bougie. The instrument was then unscrewed and withdrawn, and a full-sized flexible catheter passed into the bladder. As might be expected, no after-sickness or other bad effect of the anæsthesia was complained of, but the patient assured us that he had been asleep, and had not suffered pain, adding that "he was surprised at having gone off so easily, as it took three-quarters of an hour on a former occasion to render him insensible". He was soon taught to use a catheter for himself, and in ten days left the hospital, the remaining fistula having closed.

About a fortnight after this patient's departure to the country, I was surprised to hear that he had died quite suddenly; and, from the circumstances of his death and the existence of the cardiac murmur noticed by us, we concluded that he had in all probability died of heart-disease. The case was one, therefore, as the sequel proved, in which the full administration of an anæsthetic would have been attended with special danger, and in which the use of ether or chloroform, after the ordinary method, might have added one to the sad list of fatal accidents occurring during the performance of comparatively trivial operations.

POISONING BY LINIMENTUM ACONITI: RECOVERY.

By CHARLES H. HILL, M.R.C.S.Eng., Barnsbury.

AT 11 o'clock P.M. on November 24th, I was hastily summoned to see a gentleman to whom a teaspoonful of linimentum aconiti (*B. P.*), diluted with nearly two ounces of water, had been administered by misadventure, in mistake for ordinary paregoric. The patient had some time previously been applying the liniment for torticollis, and had incautiously left the phial near a similar bottle of paregoric.

Upon my arrival, he was sitting up in bed calmly and in full possession of all his faculties, and told me the dose had been taken only about five minutes previously. He suffered no pain, and only experienced a tingling and burning in the mouth and fauces from the passage of the fluid. There was no gastric discomfort. His respiration was tranquil, but the lips and countenance appeared dusky. Pulse 96 and of good volume. There was no chilling of the surface. I immediately administered thirty grains of sulphate of zinc in half a pint of warm

water; and he quietly drank another pint of tepid water afterwards. In less than five minutes, vomiting ensued, which, being encouraged by tickling the fauces, thoroughly relieved the stomach of its contents, amid which a strong odour of aconite liniment was detected. Another emetic of zinc was taken, of the same strength as the first, followed also by a large draught of warm water. The whole was quickly and powerfully returned by the stomach, but unaccompanied with the faintest smell of the liniment. As the vomiting seemed to depress him somewhat, further drinking was discontinued, with the exception of a little brandy and water, which was not retained long. He now looked far less dusky, and the lips were regaining their natural colour. The pulse was still soft, and had risen to above 100; but this, together with a sensation of chilliness, was doubtless due to the vomiting.

In three-quarters of an hour after swallowing the poison, he first complained of its peculiar effects—experiencing a tingling in the temples, with a sense of enlargement of the whole frontal region, and with some slight disturbance of vision. The pupils were equal, but somewhat dilated. The numbness and tingling did not extend to the body or limbs, though the mouth and fauces were still dry and burning. There was also some heat at the epigastrium, with nausea, but both perhaps due to the zinc. He was cold, and the skin of the extremities felt decidedly chilly to the touch. The pulse had fallen to 81, and was soft and feeble. The bowels, moreover, were now freely moved. A glass of champagne was then taken, and kept down, whilst he was warmly covered up in bed; and at the end of another hour the effects of the poison had passed off, bodily warmth being restored, attended with a comfortable perspiration. He felt composed and inclined to sleep. At an hour later, he was dozing gently; all tingling had gone; vision was natural; pulse 75 and of good tone. He subsequently passed a quiet night, and was quite well next day.

REMARKS.—When it is considered that the amount of the poison taken was equivalent to about four hundred and eighty drops of the pharmacopoeial tincture, some idea may be formed of the urgency of the case, which, in all probability, would have terminated fatally if timely vomiting had not been induced. Such being the case, the propriety of leaving poisonous liniments in the hands of our patients becomes very questionable; and the suggestion as to whether it would not be better to make their topical application ourselves, appears worthy of consideration, when the alternative may jeopardise life through carelessness or misadventure.

CLINICAL MEMORANDA.

SLOW PULSE.

VII.

I WAS called on the 13th of May last to Mr. —, who said that he felt a shortness of breath and unable to go about much. Upon examining him, I found that the action of his heart was very irregular; his pulse weak and slow, 28 per minute. After prescribing for him, it became regular, with his pulse moderate in tone, still 28 per minute. He is seventy-one years of age, and I have seen him several times during the past six months, and have always examined his pulse, which has ranged from 28 to 30 per minute. He is well in every other respect. I have told him not to leave his home much, or stoop much, as in working in a garden; to smoke very little, and, as a stimulant, to take a little whiskey in moderation, which he does.

W. A. WANNAN, L.R.C.P. & S.E., Arbroath, N.B.

VIII.

IN many thousands of cases, both in hospital and in private practice, I have twice seen cases of slow pulse. The first case was that of a clergyman eighty-five years of age, whose pulse, in the six or eight years during which I knew him, never to my knowledge exceeded 32. He was a great reader, and had in his library a radiating fender. As he suffered from concentric hypertrophy, I cautioned his butler against leaving him long alone, lest he might fall into the fire. One Sunday, I had occasion to see a relative of his, and at the same time had an interview with him. At three the following morning, I was summoned, and found him dead in his bed, around which were standing eight servants or "friends" (as he called them), all of whom had lived with him fifty years, with the exception of the "novice", who had been there about twenty years.

In the autumn of 1872, I was called to see a gentleman aged 79, who, to use his own expression, "had never had ache or pain in his life". I found him with a pulse at 110; skin 102; tongue dry, but clean; slight friction-sound. Next day, having passed a bad

night, his pulse had risen to 124; skin still 102; no augmentation of friction-sound. Three days after this, I found the pulse at 114, firm and regular. As syncope threatened upon the slightest attempt to assume the perpendicular position, he was necessarily kept recumbent, which, by the help of one of Alderman's screw-beds, we were enabled to carry out for every purpose. For months, the pulse did not exceed 17. The treatment consisted in moderate doses of iodide of ammonium and iodide of iron, with the administration every hour or two, by night and by day, of sustenance of some kind. At length, the pulse rose to 19. About this time, I had the pleasure to hold a consultation with Dr. Russell Reynolds, who found the pulse 19. The medicinal agents employed were adopted under an impression that during the early days some deposit had taken place on the membranous covering of the aorta. At length, the pulse rose gradually to 25, then 30, and at length to 42, at which time I allowed him to take gentle exercise daily, accompanied by the male attendant who had faithfully and assiduously seconded our efforts throughout. This man always had a stimulant at hand, and was enjoined never to go out of sight of a cabstand, lest sudden exhaustion should supervene. He is still alive. In this case, as in the former, all his friends declared that they had never known his temper to be ruffled. R. GOSSET BROWN, M.R.C.P.

IX.

ON the 3rd instant, I performed ovariectomy on a woman aged 65, removing a tumour forty pounds in weight. Previously to the operation, her pulse was 46. She took the chloroform very well, and at the end of the operation the pulse was only 36. At this rate it continued for three or four days; it is now 40. The temperature has not exceeded 99.8°, and is now quite normal. The heart's sounds are quite healthy, and the beat very regular. The patient is a little woman, rather spare, and carries her three score and five years very well.

GEORGE GRANVILLE BANTOCK, M.D.

ALCOHOLIC INFLAMMATION OF THE MEDULLA OBLONGATA.

ALCOHOLIC inflammation of the medulla oblongata is usually included in the term "myelitis"; but there is no particular description of it in any hand-book of medicine which I have seen. Inflammation of the medulla (resulting sometimes in extension of the inflammation to the cerebellum, causing increased sexual desire, or to the cerebrum, producing insanity or death) is a disease caused by taking an excess of alcohol in small doses over a lengthened period of time. The principal sufferers are those of highly nervous temperament; it is seldom that the bilious or phlegmatic suffer from the disease; as, if they go to excess with alcohol, the result is usually apoplexy or inflammation of the liver.

The disease is usually characterised by dull constant pain over the region of the medulla oblongata. The patient has difficulty in getting sufficient air into the lungs to satisfy the demand. There is a feeling of *sinking* at the stomach; and, if a great quantity of alcohol have been imbibed [over a lengthened period, there is stammering and occasional incoherency of speech.

The treatment principally used has been mustard poultices to the back of the neck, and supervision and stoppage of the tipping; but, as prostration is sure to follow, the physician has to watch and not let it go to a great extent, but administer a dose of brandy and tincture of gentian. By this means, the patient is allowed sufficient suffering to be a warning. His state is quickly improved, and that horrible torture is not inflicted on a nervous temperament which results from stopping the alcohol all at once.

ALEX. NAIRNE, L.R.C.P.E., London.

A COIN IN THE ALIMENTARY CANAL FOR EIGHT YEARS: RECOVERY.

HAVING seen several letters in the JOURNAL upon foreign bodies in the alimentary canal, I have resolved to send a short account of a case that came under my notice about twelve months ago.

The patient swallowed a halfpenny when he was about seven years of age. He enjoyed good health for so long afterwards that his parents never attributed to that circumstance any slight illness that he may have had subsequently. He had no illness of any importance from the time of swallowing the halfpenny until he was about fifteen years of age, when he complained of pain in the epigastric region and loss of appetite. When he was being treated for dyspepsia, his father came to the surgery with a halfpenny which he had vomited, and said that he was vomiting blood. There was considerable hæmorrhage when the half-