ether and chloroform seem to be so nearly balanced, that the question as to which should be used appears to be one of safety only. If further experience prove that ether is the safer, then it should be adopted; but if this be not proved, then I should prefer chloroform, as being both cheaper and easier to administer.

DEATH FROM ANÆSTHETICS.

By J. T. CLOVER, Esq., F.R.C.S.

I BEG to be allowed space for a few remarks on Dr. Jones's paper on Anæsthetics, contained in the JOURNAL for November 23rd and 30th.

In the fatal case which came under his observation in St. George's Hospital, a Snow's inhaler was used; and, from the account of what happened, I think the patient might have inhaled more than five per cent. of the vapour of chloroform. But, assuming that Dr. Jones's calculation is correct, the case shows that five per cent. may produce cardiac syncope and death. The case may be quoted to show the importance of limiting the strength of the chloroform, but it does not prove that chloroform is so uncertain in its effects that, however much care be taken in its administration, death will inevitably take place in certain cases. The dose which I find amply sufficient in all cases is three minims and a quarter, equal to about $3\frac{1}{4}$ cubic inches of vapour, to one hundred inches of air. I believe that five per cent. would produce an alarming effect on the pulse of most persons in a few minutes.

Dr. Jones says that Dr. Snow first adopted the plan of giving chloroform from a bag, and that he discontinued its use, as being too troublesome. Dr. Snow describes his apparatus at page 80 of his work on *Anæsthetics*. "The most exact way in which it is practicable to exhibit chloroform to a patient about to undergo an operation, is to introduce a measured quantity into a bag or balloon of known size, then to fill it up by means of the bellows, and allow the patient to inhale from it; the expired air being prevented from returning into the balloon by one of the valves of the face-piece to which it is attached. I tried this plan in a few cases in 1849, with so much chloroform in the balloon as produced four per cent. of vapour in proportion to the air. The effects were extremely uniform, the patients becoming insensible in three or four minutes, according to the greater or less freedom of respiration, and the vapour was easily breathed, owing to its being so equally mixed with the air. I did not try, however, to introduce this plan into general use, as the balloon would sometimes have been in the way of the surgeon, and filling it with bellows would have occasioned a little trouble. It seemed necessary to sacrifice a little of absolute perfection to convenience, and I therefore continued the plan which I had already followed."

It is clear that he had not thought of a plan of keeping the balloon out of the way of the surgeon, nor of replenishing it when partially exhausted, and his balloon was probably made of a material which would not long retain the vapour of chloroform. Neither the gas-balloons of the toy-shops nor air-tight bags of Mackintosh cloth will answer the purpose, unless the inside be protected by a coating of gelatine or something of like nature.

Further on, at page 416, Dr. Snow says, after describing two deaths from amylene: "In future, it is my intention to administer it from a bag, putting in so much of the liquid as will make fifteen per cent. of the vapour when filled with air." It is evident, therefore, that he fully recognised and valued the accuracy ensured by using a bag; but he did not adopt this plan, because the instrument with which he experimented was unfit for practical purposes.

I trust that these remarks will prevent the just influence of Dr. Snow's name from being used in opposing a more general adoption of the method of giving chloroform which I believe to be the safest, as well as the most accurate.

CLINICAL MEMORANDA.

DISLOCATION OF THE PATELLA ON ITS EDGE.

IN the JOURNAL of December 21st, 1872, I notice an interesting note by Mr. Southam of Manchester, on the above-named accident, where the dislocation took the form of an internal presentation of the articular surface of the patella. I am not aware which form is the more uncommon, dislocation on the edge with the articular surface inwards, or outwards. But a case of the following nature may be of interest, and add to our knowledge.

Some two years ago, when first appointed assistant-surgeon to Charing Cross Hospital, I was sent for by the house-surgeon from the

dissecting-room to see what he thought a rare form of injury; and on examining the patient, who had just jumped out of a cart at the hospital door, and wrenched his knee by so doing, I found the patella so dislocated, that it stood on edge, and its articular surfaces looked directly *outwards*. The patient was a young man of about 19, very muscular. I had him placed under the influence of chloroform, and by a sudden joint movement of extreme extension, and internal twisting of the patella, I had the satisfaction of returning it to its proper position.

I mentioned the case to a very distinguished surgeon, who told me that he thought the accident a common one. But, from the fact of Mr. Southam bringing the case forward, I am induced to mention the one under my own care. I should be inclined to think both cases worthy of record.

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REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

LONDON HOSPITAL.

SEQUEL TO A CASE OF HYDROA: PROBABLE SYPHILITIC NATURE OF THE "HYDROA" ERUPTION.

(Under the care of Mr. HUTCHINSON.)

THE case of Ellen W., aged 25, was published in the BRITISH MEDICAL JOURNAL, 1870, vol. ii, p. 86 (Case XII), as hydroa, with unsymmetrical iritis, sore-throat, and severe rheumatic pains. The iritis excited a suspicion of syphilis; but at that time "nothing was discovered in support of such a suspicion." On January 19th, 1872, she again came under Mr. Hutchinson's care for nocturnal headache and a tender painful swelling of the right side of her nose. There was also a history of some swelling of the head at an earlier date. The headaches had lasted three months; the swelling of the nose, nine months. These symptoms again aroused the suspicion of syphilis; and close questioning now elicited strong, although not conclusive, evidence of the disease. She stated that, about eighteen months before the "hydroa" rash came out, she had a discharge which at the time she thought was caught from her husband; there was no bubo. This occurred sixth months after marriage; and she was not aware of any sores, etc., about the genitals, at a subsequent time nearer to the date of the eruption. When last seen, she had not been pregnant. During her last stay in the hospital, she took five- and afterwards seven-grain doses of iodide of potassium thrice daily, with rapid and complete relief to her headache and periosteal swelling—a positive fact in favour of the syphilitic nature of these symptoms, which, in Mr. Hutchinson's opinion, outweighs the somewhat unsatisfactory history of the primary disease and the rather doubtful character of the secondary symptoms.

ST. MARY'S HOSPITAL.

EXTENSIVELY DISSEMINATED CANCER, AFFECTING NEARLY ALL THE INTERNAL ORGANS.

(Under the care of Dr. SIEVEKING.)

FOR the notes of this case we are indebted to Mr. Williams, Clinical Clerk.

M. F., married, aged 43, was admitted into Victoria Ward on October 4th. She complained of severe pains in the back and loins, shooting up the spine. The pain was more or less constant, but came on also in paroxysms, especially after movement and towards night. She was also suffering from partial hemiplegia, the right leg being the most paralysed. The patient had generally enjoyed good health until about six weeks before admission, when the pains in the back and weakness in the legs came on gradually, without any apparent cause, and grew steadily worse.

On examining her chest, the lower half of the left side was found to be absolutely dull both before and behind. Respiration was absent over this area; above this the dullness was less marked, and there was marked tubular breathing, but no *râles*. The heart's apex was in the normal position; the right side of the chest was also normal. The left side was somewhat flattened, especially at the upper part; it measured sixteen inches just above the mamma; the right side measured seventeen inches. The patient had a slight cough, but had had no pain in the chest; no