

should certainly not use chloroform in all cases; he had refused to use it that day in a trifling case. He should think it undesirable to use it in trifling cases, where the pain was neither severe nor protracted. In other cases, however, he would not only resort to it, but if the quantity used by Dr. Meggison failed to produce insensibility, he would double it without hesitation. Within the last two months he had performed almost the whole of the more formidable operations of surgery in connection with chloroform, and without any bad consequences.

A juror.—What is the meaning of congested?

Sir John Fife.—Gorged with blood. The eye is congested when it is said to be “blood-shot.” Sometimes the congestion is so extreme as to burst the smaller veins.

Robert Mortimer Glover, M.D. (examined by Mr. Favell) deposed that he was a lecturer on *Materia Medica*, and formerly on Medical Jurisprudence, in the Newcastle School of Medicine and Surgery. He concurred in the report read by Sir John Fife. The after-treatment of Dr. Meggison for the recovery of the deceased was very proper; it was in accordance with the practice recommended by the highest authorities. He should think that chloroform might be used, perhaps, with greater safety in the larger operations, where there was much loss of blood, than in the smaller ones. He had examined the chloroform used by Dr. Meggison, and found it pure; the bottle bore the name of one of the most respectable manufacturers in London. He should not think chloroform safer than ether. He found, from a lecture lately delivered by Professor Brande, that that gentleman was of the same opinion as himself. He (Dr. Glover) had thought from the first that the use of chloroform was attended with danger. There was a case recorded in the *Medical Gazette* of Friday, (January 28,) in which the use of chloroform had been accompanied by formidable symptoms. In the case mentioned by Sir John Fife, of the removal of a tumor, the loss of blood might render the copious application of chloroform less dangerous. After the use of it made by Dr. Simpson, and so generally afterwards by medical practitioners, Dr. Meggison, or any other gentleman, was perfectly justifiable in adopting chloroform. On reading Dr. Simpson’s publication on the subject, he (Dr. Glover) had written to him to say that chloroform was not, in his opinion, so harmless an agent as the professor supposed. From the very fact that it was more powerful than ether, he should infer that it was more dangerous. It was in general use, however, all over the kingdom, and also in France; and Dr. Meggison, in using it in

the present case, had observed proper precautions—such as feeling the pulse, &c.

Sir John Fife said, in reference to what had fallen from Dr. Glover, that in one of the hospitals in London chloroform had been used in the case of an infant ten months old, where there was no loss of blood, and yet no ill consequences had followed. It was a case in which a needle was passed through a congenital tumor.

Dr. Meggison (who was present at the *post-mortem* examination) expressed his concurrence in the report made by Sir John Fife and Dr. Glover.

The coroner addressed the jury, observing that this was a case of so much importance to the public and the profession, that he had felt called upon to step out of the ordinary course of proceeding, and go beyond the bare requirements of the law. Having briefly stated the law and the facts, Mr. Favell remarked that the jury had enjoyed the advantage of hearing both Sir John Fife and Dr. Glover on the case before them, and would have little difficulty in coming to a right verdict.

The jury retired to another room, and were absent a short time. On their return, the Foreman (Mr. John M’Ewan) said, they were unanimously of opinion that *Hannah Greener died from congestion of the lungs, produced by chloroform*, and that *no blame could be attached to Dr. Meggison or his assistant*.

The coroner said, he might now mention, what he had not thought it right to name before, that Dr. Meggison, immediately after the fatal event, informed the police of it, and suggested that it would be necessary to hold an inquest.

Correspondence.

THE FATAL CASE OF CHLOROFORM NEAR NEWCASTLE—LETTER FROM DR. MEGGISON.

SIR,—In the last number of the *GAZETTE* I observed an account of the injurious and dangerous effects chloroform had produced in one instance where it had been administered with all due caution. I regret it should now fall to my lot to communicate a case of death from its use. The harassing duties of a country practice prevent my drawing out a longer report, and must also be my excuse for the delay in sending this. I merely give you a plain statement of the facts of the case; doubtless a full report of the *post-mortem* appearances will be given in the local papers, which I will forward to you; and, should such not be the case, I will endeavour to transmit Sir J. Fife’s and Dr. Glover’s report.

On Friday, Jan. 28, Mr. Lloyd, my assistant, and myself, having determined upon the necessity of removing the nail and matrix in a case of onychia, proceeded to do so, putting the patient (who was a well-developed girl of 15) under the influence of chloroform. About two months previous, she had, under the influence of ether, undergone a similar operation on the other toe in the Newcastle Infirmary. She described the ether as having full effect, but leaving a headache, which lasted for a day or two, and produced coughing, from the irritation of the windpipe.

She was recommended by her father to undergo the operation without taking any of the "stuff," and bear a little pain. She, however, refused to submit unless something was administered to deprive her of feeling. We recommended chloroform as preferable to ether, not having left any ill effects where I had administered it. She appeared to dread the operation, and fretted a good deal: in fact, she commenced sobbing on our entering the house, and continued so until seated in the operating chair, and commencing the inhalation, which was done from a handkerchief on which a teaspoonful of chloroform had been poured. After drawing her breath twice, she pulled my hand from her mouth. I told her to put her hands on her knees, and breathe quietly, which she did. In about half a minute, seeing no change in breathing, or alteration of pulse, I lifted her arm, which I found rigid. I looked at the pupil and pinched her cheek, and, finding her insensible, requested Mr. Lloyd to begin the operation. At the termination of the semilunar incision she gave a kick or twitch, which caused me to think the chloroform had not sufficient effect. I was proceeding to apply more to the handkerchief, when her lips, which had been previously of good colour, became suddenly blanched, and she spluttered at the mouth, as if in epilepsy. I threw down the handkerchief, dashed cold water in her face, and gave her some internally, followed by brandy, without, however, the least effect, not the slightest attempt at a rally being made. We laid her on the floor, opened a vein in the arm, and the jugular vein, but no blood flowed. The whole process of inhalation, operation, venesection, and death, could not, I should say, have occupied more than two minutes.

Since the occurrence of this case, I have heard of several where temporary inconvenience was produced by chloroform, but not of any decided character, nor of long duration. In one case, after a third administration, temporary but furious delirium was produced: several complained of headache and oppression of respiration; and I have no doubt, now that the ice is unfor-

tunately broken, we shall find that chloroform is not the infallible agent which it was vaunted to be by its talented though sanguine discoverer, and we shall hear much less of the non-professional and drawing-room exhibitions of the vapour.

I am, sir,
Your obedient servant,
T. N. MEGGISON, M.D.

Whickham, near Gateshead,
Feb. 3, 1848.

* * We have great pleasure in inserting Dr. Meggison's account of the circumstances attending the operation. It corroborates the statements contained in the full report elsewhere inserted, which was in type before the *Gateshead Observer* reached us. His remarks on the absurdity, and even danger, of the drawing-room exhibitions of this narcotic vapour, are well-timed and appropriate. The manner in which he has made known to the profession all the particulars of the unfortunate case which has led to his letter, reflects the greatest credit on his candour and honesty of purpose. We heard of a case some weeks since, in which chloroform was used, and there was great reason to believe that it proved fatal. On application, the parties declined to publish the particulars!—ED. GAZ.

THE EFFECTS PRODUCED BY ETHER IN THE CASE OF HANNAH GREENER.

SIR,—Supposing that the late fatal administration of chloroform in this locality will occupy some portion of your pages, perhaps it may not be uninteresting to your readers to state some particulars relative to the administration of ether in the same case, and to which allusion is made in the evidence adduced before the coroner.

Hannah Greener was admitted into the Newcastle Infirmary, under my care, on the 22d of October, 1847. She was then suffering from onychia maligna of her left great toe, which had commenced about twelve months before: the right great toe was also affected, but to a much less extent. Her general health was good, although her appetite was less than natural. This was the only symptom which indicated that the system was suffering from any irritation.

On the 26th of the same month, I removed the nail of the left great toe; and as the operation was necessarily very painful, I gave her a full dose of ether. She afterwards said that she felt no pain during the operation, and that she "was asleep the whole time."

It is stated in the report of the coroner's inquest that ether of three different strengths was administered. This is incorrect: three instruments were used, and the last one (Hooper's) produced complete insensibility.