

be reduced, and the ravages either of any future influenza, or of the coming cholera, can be rendered inconsiderable."

THE case of Hannah Greener, alleged to have died from the effects of chloroform vapour, has already given rise to considerable difference of opinion; an illustration of what has been often before observed—namely, that in cases which attract great public notice, medical men rarely agree about the cause of death. In the first place, it is alleged that the patient was not in a fit state for the administration of the vapour. We cannot discover, in the various reports, any sufficient ground for this allegation. One witness deposed that deceased said she would not have her nail taken off without being rendered insensible. She manifested no unwillingness to take the vapour, but appeared to dread the operation. These are circumstances which we apprehend have existed in some hundreds of cases where ether and chloroform have been exhibited, without deterring the surgeon from operating, and without leading to serious results. Secondly, we have the fatal result referred to idiosyncrasy, but the letter which we inserted from Mr. Potter\* shews that this girl bore a full dose of ether without suffering from any ill effects; and it is hardly probable that in two narcotic vapours, so analogous in their operation, there would be an idiosyncrasy to one and not to the other. A communication, which we elsewhere insert, from Dr. Snow,† appears to us to dispose of this view of the case, and we quite agree with him in thinking that, if idiosyncrasy were admitted as a sufficient explanation of the lamentable result, the confidence of the public in the safe use of chloroform vapour would be justly destroyed; for

how is it possible, with the facts proved in Greener's case, to determine *a priori* when this fatal idiosyncrasy is present or absent? Dr Simpson, on the other hand, considers that the patient died from asphyxia—in fact, that she was suffocated by the attempts to revive her; and that had nothing been done, she would have recovered. He has, therefore, come to the conclusion, that the girl really died from the *nimia cura medicinæ*; i. e. that she was actually choked by the means intended to restore life. This involves the question of treatment in cases in which chloroform produces such alarming effects. Dr. Simpson advises merely the sprinkling of cold water on the face, and artificial respiration. Dr. Glover, who was the first to experiment on animals with chloroform, and who has given much attention to the subject of poisoning, expressed a strong opinion at the inquest, that the after-treatment employed by Dr. Meggison, for the recovery of the deceased, especially in reference to the attempt at bleeding from the arm and jugular vein, was very proper, and in accordance with the practice of the highest authorities. Artificial respiration is recommended by Mr. Sibson,\* and might, had there been time, have been used in conjunction with other means on this occasion. We must remember, however, that according to Dr. Meggison's statement, the whole process of inhalation, operation, venæsection, and death, did not occupy more than two minutes.† We cannot adopt the view that the deceased died from asphyxia, produced by the treatment pursued. Whether bleeding be or be not a proper mode of treatment, the evidence establishes that the patient was dead before the veins were opened. No blood flowed; hence, so far as this part of the treatment is concerned, it is

\* See our last number, page 255.

† Page 277.

\* See his communication, page 270.

† Page 255 of our last number.



the same as if bleeding had not been attempted. To other parts no objection can be made, *e. g.*, the throwing aside the cloth with the vapour, and dashing cold water on the face. In fact, to believe that the deceased was asphyxiated, it is necessary to suppose that a mouthful of cold water, followed by brandy, "a little of which was swallowed," found its way into the air passages, and prevented her from respiring. This view appears to us to be quite inconsistent with the facts. A mouthful of cold water and brandy thus administered, would not we believe cause asphyxia; and had it so operated in this case, brandy and water would have been discovered in the air tubes on inspection. The plain and undeniable inference appears to us to be, *that the deceased was poisoned by chloroform vapour*. It is of no use attempting to place the facts before the public in any other shape. The post-mortem appearances coincide with what might have been expected from those met with by Dr. Glover, in 1842, in his experiments on animals poisoned by chloroform. We have already assigned reasons why we do not think that idiosyncrasy had any necessary connexion with the fatal result. It bears out the view expressed by Dr. Simpson, in a paper lately published, to the effect that if chloroform be exhibited in too strong a dose, and given uninterruptedly for too great a length of time, it will produce serious consequences, and even death. We agree with Dr. Snow, in thinking that the vapour was probably here given in too concentrated a form, and too rapidly; and that it thus destroyed life. This appears to us to be the only reasonable explanation of the facts.

\* Since writing the above, we have received a letter from Dr. Meggison. The statements contained in it confirm our view that the deceased did not die from choking or suffocation. The quantity of brandy administered was only a teaspoonful, which the deceased swallowed, although with difficulty.

## Reviews.

*Guy's Hospital Reports, Second Series.*  
 Edited by G. H. BARLOW, M.D.  
 EDWARD COCK, EDMUND L. BIRKETT, M.D., and ALFRED POLAND,  
 Vol. V.

### Second Notice.

*Ophthalmic Cases.* BY JOHN F. FRANCE.

HIS position as surgeon to the Eye Infirmary of Guy's, must have afforded Mr. France abundant opportunities of observing rare and curious examples of ophthalmic disease; and this and the preceding cases published by him in the Reports, evidence the care and practical ability with which his investigations have been pursued. The larger proportion of the cases embodied in the present number are intended to illustrate the various modes in which impairment of vision may occur in association with facial paralysis. These are preceded by an instance of dislocation of the crystalline lens into the anterior chamber, and an example of that rare defect of the visual organ, iridemia. We shall quote the latter, as some account of the patient has already appeared in the fifteenth volume of the MEDICAL GAZETTE.

"Sarah H., aged 17, is a person of short stature and dark complexion. A few days after birth, a peculiarity was observed in the appearance of her eyes, for which the mother was fain to account by the impression created on her own mind, during pregnancy, from the unpleasant aspect of a blind fellow-lodger with oscillating globes. Notwithstanding some unfavourable prognosis, the child acquired sight, and was eventually sent to a school under the superintendence of the parish priest, where she learned to distinguish the capital letters of an ordinary octavo, and could see sufficiently to pick up a pin on the floor. Light, however, was always disagreeable to her, and the eyes were very subject to inflammatory attacks. Between the ages of twelve and fifteen, morbid sensibility of light became less marked; indeed there supervened some symptoms of impending amaurosis. She lost to a considerable degree her power of distinguishing letters, was less able to guide herself at dusk than at day-light, and vision was not assisted by the use of a perforated card. At this period I saw the patient for the first time.

June, 1847.—The girl's complexion, as