thigh and leg should lie on the injured side, with the thigh bent on the abdomen, and the leg on the thigh. It is very important to note—a fact too often overlooked—that he called to his aid splints, which he tied loosely, it is true, but which he rendered much more efficient by having of such length as to include both the joint above and the one below the seat of fracture, very justly inveighing against splints which do not fulfil this condition.

[To be continued.]

33, Stanhope Street, London, November 1854.

METEOROLOGY OF CHOLERA.

By J. A. HINGESTON, Esq.

NO. VI.

IN continuation of my last paper, I resume my account of the weather during the prevalence of cholera from Aug. 14th to October 28th inclusive. The direction of the wind was almost invariably N.W., N., and N.E.S. Its velocity was very small; but so uniform was its direction, that, if the vane veered round to the S.W., it was but for a day or two, and then it returned to the N.W. or N.E.S. directly afterwards. A double current of air frequently moved in contrary directions, particularly on the 23rd and 24th of August; the uppermost being S.W. by W., and the lowermost N.W. by N. The S.E. winds have prevailed along this part of the coast much more than usual; and it is a chilly, damp, and unhealthy wind. In the non-choleraic years, the S.W. winds prevailed, with a good deal of rain; and these are healthy.

I agree with Mr. Glaisher that the *cirrus* clouds have been rare this summer. Between the 14th of August and November 16th, I find, on referring to my diary, that I have noted *cirri* on not more than eight days, separately. The *mackerel sky* has been frequent at noon, accompanying the sun for three or four hours in his meridian height. Occasionally some black smoky-looking clouds have floated up from the N.W., and gone out to sea, dark and lowering. Amber-coloured sunsets have been frequent, such as fore-run a heavy gale from the S.W.; which, however, has never arrived. The mornings, whose dawn I am fond of watching, have been highly picturesque, with gilded strati, and a tender light, beaming across the ocean, grey and motionless, as the daylight broke. If anything be sublime, the mornings of the late summer have been so. The temperature has been, as Mr. Glaisher reports, almost invariably above the average.

Out of the seventy-five days, between the 14th of August and 28th of October, rain fell on twenty-one, leaving fifty-four without even a drop of moisture. But the dews were heavy. Rain fell plentifully on Oct. 6th, Sept. 14th, and Aug. 24th; and there were showers on several other days between the 13th and 20th of September, from the S.W. or S.E. The quantity of rain fallen is much below the average. There was no hail throughout the whole of this period. There have been many lunar and solar halos; but upon the coast this phenomenon seldom indicates anything more than the rising of a sea-mist, which is very capricious.

Thunder and lightning have been rare. Sheet lightning was visible at times, and small electric cumuli came into sight, but dissolved as soon as they arose. About the 26th of October, heavy piles of clouds, with lightning and distant thunder, hovered upon the horizon, a long way out at sea; but nothing came near the land.

When the S.E. wind has been blowing a long time, with a cloudless sky, a small darkish cloudlet forms in the eye of the S.W., and remains stationary there for some hours every day. This little cloud is the forerunner of a gale from the Atlantic. It is most likely the focus or axis of a gyration of wind at the point where the N.E. meets the gale from the S.W., forming a condensed nucleus of vapour. It is the same as the small white cloud that presages the

typhoon in the China seas; which is a cyclone of terrific force and magnitude, except that, judging from the difference of colour, the one in the China seas is *positively*, while this in ours is *negatively*, electric. This little cloud appeared in the west throughout the second or fatal week of September, this year, predicting (to my mind, at least) the decline of the disease as soon as the wind should shift round to the S.W., which came to pass in the third week of September, when it blew a half gale from S.W., and the disease began to diminish.

Though the atmospheric changes do not account for the fact of the cholera, yet the co-existence of cholera with recognised meteorological phenomena is, to say the least of it, a most remarkable circumstance. Thus, in the third week of September, when both the barometer was falling and the disease declining, the greater number of *fresh* cases bear date on 21st and 23rd of that month, on which days the mercury rose from 29.840 to 30.123. See Registrar-General's Return, selected cases, for the weeks ending 23rd and 30th respectively, and compare the dates with the Meteorological Tables at the end.

Throughout the last year, there have been many causes favourable to the development of disease. A scanty harvest, bad wheat, a scarcity of vegetables, an unhealthy condition of fresh meat, a deficiency of water, owing to the want of rain, numbers of small black flies, mildew or fungi; add to all this, the dearth of provisions, and a relative deficiency of nutrition among those classes of the population, which need it the most, but have the fewest means of procuring it. These causes must have operated in the production of the disease.

It was in the month of March last that I noticed the lateritious deposits; but it was not till this November that I had an opportunity of seeing them again. This appearance and disappearance of the lithates corresponds with the commencement and the departure of the disease. If I am correct, this circumstance is a curious one. I think I have observed the skin to be colder, and the flesh more flabby, than usual. There has been an absence of phlegmonous disease. Erysipelas, scarlatina, debility, and a tendency to sloughing, characterise the autumnal illnesses. Perhaps the aspect of the population has been sickly, with a look of languor and dejection.

Brighton, Nov. 18th, 1854.

CASE OF DIFFICULT LABOUR FROM HYDROCEPHALUS.

By JAMES B. PROWSE, Esq.

I HAVE read with much interest, in the ASSOCIATION JOURNAL of October 13th (p. 921), a communication by Dr. J. G. Swayne of a "Case of Difficult Labour from Hydrocephalus" in a primipara, aged 20. The case merits the attention of all interested in the practice of midwifery; and I think it will be of some importance to give the particulars of the following case of labour.

The mother was a primipara, aged 38. When sent for on Monday, the 9th of September, I was informed by the nurse that the membranes had been ruptured; however, as there was very little uneasiness, I left. When I returned (the same day), there was no apparent progress except that (as was reported) the liquor amnii continued to be discharged. The case went on in this way until the 13th at 3 A.M., when the symptoms and pains of more earnest labour were manifest. I then found, on examination, that although the os tincæ was not much dilated, the waters continued at intervals to escape.

The labour was a good one; for although slow in all its stages it was not protracted beyond twenty-seven hours after the commencement of the second stage; probably the first stage occupied a considerably longer period. The patient was delivered on September 14th, at 5 A.M., of a living child whose head measured seven and a half inches

in the occipito-mental diameter, and four and a half inches in the transverse. The peculiarities of the case were that the patient did not appear to suffer more than in an ordinary labour; that she had intervals of perfect ease and frequent snatches of sleep, at the same time that she was free from any congestion of the brain or conjunctivæ, and drowsiness; but especially was it peculiar from the loss of power of the lower extremities. At first, the patient was indisposed to move, and afterwards she was unable to do so; it was necessary to raise her by main force in order to change her position, and, of course, she could not put a foot to the ground. Owing to the great size of the head, and its completely filling up the utero-vaginal passage, and to a consequent pressure on all the parts the extremities became paralysed: immediately after delivery, the use of the limbs returned, and she had a good and rapid recovery.

At no period of the labour was the case critical; but owing to a want of symmetry in the head of the child there was an arrest for some considerable time, this was overcome by the natural efforts; for, owing to the length assumed by the head I was unable to apply the forceps effectually so as to lock them, and it is doubtful whether the use of one of the blades as a vectis was of the least service. The pulse during the labour was never above 72.

The infant up to this date has been in good health, but now it is beginning to suffer on account of the advancement of its malady.

The case is most instructive, as it was one just within the powers of nature, where no good could have been done by interference, and where I was not justified in doing more than wait with patience for the gradual and safe termination of the labour.

South Parade, Clifton, Nov. 10th, 1854.

TUMOUR IN THE GROIN, WITH SYMPTOMS OF STRANGULATED HERNIA: OPERATION: DEATH.

By AUGUSTIN PRICHARD, Surgeon to the Bristol Royal Infirmary.

THE following case appears worthy of notice, as still further illustrating the subject of intestinal obstructions, of late so much discussed in the JOURNAL. It is sent without comments, for the sake of brevity.

CASE. G. H., a brewer, beyond the middle period of life, very intemperate in his habits, having been accustomed for a long time to drink beer and spirits very freely, was admitted into the medical wards of the Bristol Royal Infirmary on Thursday, the 2nd of November.

Six years before his admission, he had worked at an oil and colour shop, but had never suffered from the exposure to the lead. He complained of general abdominal pain, vomiting, and constipation, which latter symptom had lasted since Monday, Oct. 29th. He had slight drooping of the right hand, of which he did not appear to be aware; and an irregular dark line round the teeth. He seemed much sunken and weak, and gave but an indistinct account of himself. He was ordered some sulphate of magnesia, in infusion of roses, every four hours.

Nov. 3rd. He was in the same state, having had no action of the bowels. Upon examining the abdomen more accurately, the house-surgeon discovered an elastic tumour in the groin, situated externally to the femoral vessels, and without any definite outline, slightly tender to the touch, and conveying a little impulse to the fingers when the patient coughed. The man himself was ignorant of the existence of the swelling. An injection was administered, and some more purgative medicine; and, in the middle of the day, a consultation was held upon his case, but, as the symptoms were not very urgent, it was determined to wait. He was given ten grains of compound extract of colocynth, followed by half an ounce of castor oil.

9 P.M. I found him suffering more pain in the bowels,

having had no action from the medicines. He had constant vomiting, and more tenderness of the abdomen and tumour; and his pulse had become more feeble and intermittent. I therefore summoned a consultation of my colleagues, who unanimously agreed to my proposal of cutting down upon this tumour, to see if any portion of intestine was contained in it. The operation was performed without chloroform, as the pulse had become so weak and intermittent.

After transfixing the skin in a longitudinal direction, I opened the fascia lata on a director, and, turning aside the sartorius, came down by its inner margin upon the fibres of the psoas and iliacus, which I divided, and thus exposed a firm sac, covered with two or three layers of condensed cellular tissue. The sac was strong and elastic, and of a dark blue colour, being very different in its hue from that of a hernial sac, containing chocolate coloured and turbid serum. Upon puncturing this with the point of my knife, a single drop of perfectly pellucid gelatinous matter started out, instantly revealing the nature of the case; viz., that the tumour was due to a distended condition of the bursa between the ileum and the tendons of the psoas and iliacus. I laid open the sac, and turned out about an ounce and a half of glairy albuminous fluid; and, after tying one vessel which bled freely, bound up the wound with compresses and bandage. An opiate was administered after the patient was put to bed, and some stimulus ordered to be given repeatedly.

Nov. 4th. The house surgeon was called up in the night, on account of hæmorrhage, which required the removal of the dressings, and the application of a ligature to the bleeding vessel. The man lost a considerable quantity of blood. The other symptoms were the same; pulse extremely feeble. He was ordered to go on with the opium and stimulants. The whiskey was the only thing which he could retain in his stomach.

Nov. 5th. There was still constant vomiting. The bowels were confined. Prussic acid and creasote had been tried without the effect of lessening the vomiting. He was ordered to have two grains of calomel every two hours.

Nov. 6th. After taking five doses of calomel, his bowels were opened; but the vomiting continued until his death, which took place on the 9th.

At the *post mortem* examination, at which I was unable to be present, the only morbid condition found was inflammation of the mucous membrane of the colon, with a contracted condition of the organ, and no peritonitis. There was also much suppuration about the wound, and down the thigh. The kidneys were much congested.

Clifton, November 27, 1854.

BIBLIOGRAPHICAL NOTICES.

ON THE CONSTRUCTION, ORGANISATION, AND GENERAL ARRANGEMENTS OF HOSPITALS FOR THE INSANE. By THOMAS S. KIRKBRIDE, M.D., Physician to the Pennsylvania Hospital for the Insane. 8vo. pp. 80. Philadelphia: 1854.

THE publication of this work furnishes evidence that the care and management of the insane is becoming, in America, as here, an object not only of professional interest but of public polity. The author addresses himself to his subject with great judgment and discrimination; and his little book is well worth the perusal of those who are in any way engaged in the treatment of mental maladies.

Much dissatisfaction very properly exists with the quasi subordinate position too frequently assigned to the resident physician of asylums by the governors of those institutions.

Upon this subject, the following judicious remarks are quoted by Dr. KIRKBRIDE, from a document published by the Association of Medical Superintendents of American Institutions.

"The physician should be the superintendent and chief executive officer of the establishment. Besides being a well-