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-