counter-irritation of various kinds—sinapisms, blisters, etc., supposing bleeding to have been already practised.

Before concluding this part of the subject, I may be allowed to observe that I have no doubt whatever of the valuable effects of sinapisms in convulsions. They are thought useless, or nearly so, by Denman; but Ramsbotham recommends them, and Boivin advises the application of a large blister to the back of the head.

And I would further remark, that where sedatives, as in Mr. Roper's cases, appear to act beneficially, they probably do so by rendering the nervous centres less sensible to the effect of the irritation, whatever it may be. But I am doubtful about their being generally applicable. Perhaps where the hysterical diathesis predominates they may be most useful. I am inclined to think further, that Mr. Roper was unnecessarily alarmed when he feared in his second case that the bleeding was doing harm. In my third and fourth cases, there appeared to be the same reasons for thinking so; I persevered, nevertheless, and certainly with advantage.

Mr. Giraud's first case would appear to belong to my second class. There was evidently extra-uterine irritation, there being both albuminuria and gastric disturbance; but the artificial establishment of the labour process only partially removed the convulsions, which ceased only when the labour was over. The gastric irritation probably continued to overbalance the effect of the labour.

The following passage in Dr. Cormack's paper, "... though from some convulsive attacks, e. g. epilepsy, she seems very frequently to be respited in virtue of her pregnancy," has reminded me that the subject of case II was an epileptic. Some few years ago, I had a correspondence with Dr. Tyler Smith on this branch of the subject. He was publishing a paper* in which he broached the idea that epileptics were not, as such, liable to puerperal convulsions. And in reply to his inquiries addressed to me, I furnished him with the particulars of the cases of two epileptic women in my practice, one of whom I had attended in five confinements, including her first, and the other, in her first, without the slightest symptoms of convulsions occurring of any kind. They were both very bad epileptics; and of the last mentioned one, I have the following note: "This woman was an epileptic to such an extent as to have quite a look of fatuity; she would frequently have several fits in one day. During her pregnancy she had no fits, and during her labour no convulsions." *Note in Register.* Aug. 15, 1848.

But the case reported in this paper has proved to me that epileptics may have convulsions; but these are merely fits of their accustomed epilepsy, and are probably not so dangerous; and, as *puerperal* convulsions, they would belong to the class in which I have placed the case in question, viz., that in which the irritation is wholly extra-uterine: the tendency to epilepsy being, in some rare cases, too great to be checked by the natural counter-irritation of the pregnant and parturient conditions.

I have to apologise for some possible repetitions in this paper, having written it by snatches, and amid frequent interruptions.

Alford, Lincolnshire, May 22, 1854.

P.S. Since writing the above, Mrs. —, the subject of case III, has happened to call upon me. I took the opportunity of asking her a few questions suggested by my study of the subject during the last few days. She is quite sure that she had no swellings about the face or ankles during any portion of her pregnancy. She never felt better in her life than during that pregnancy, and until the last three or four days of it. She is a very pale woman, tall, and with a long neck; and so far from being a plethoric person, is liable to occasional faintnesses, which she relieves by walking out of doors into the open air. And yet this woman bore the loss of about fifty ounces of blood taken at two bleedings within a quarter of an hour, during the state of cerebral congestion induced by her convulsed state, and that, without fainting.

* *Lancet*, January 5th, 12th, and 20th, 1850.

CERTAIN ATMOSPHERIC CHANGES CONDUCTIVE TO HEALTH.

By J. A. HINGESTON, Esq.

THE large white-headed cumuli, which collect in clear bright days, and look like snow-capped mountains in the distance, are rotatory storms of hail, rain, or thunder, gyrating from left to right. If attentively watched for some time, this circular movement may be clearly perceived. The central void of this gyration of cloud is in a state of calm, while the wind is blowing briskly or sharply round in the direction indicated. The rain or hail falls in the round of the circle; and sometimes lightning flashes from the opposite sides of its diameter. During the passing of one of these storms along the horizon of the sea, I have seen the lightning drop from one of its extremities into the ocean, and at the same moment a counter-stroke ascend from the sea to the cloud at its other extremity. In the intermediate space, beneath a magnificent cupola of clouds, a brilliant coruscation of electricity darts both ways, and connects the negative with the positive pole of the voltaic pile in a twinkling. But not only do these clouds form gyrating storms in themselves, turning from left to right, but they are at the same time likewise moving in mass straight forward in the direction of the prevailing current of wind, which, when these clouds appear, is generally S.S.W., the direction of the storm being N.N.E., although this is not invariably the case. In distant and opposite parts of the horizon, other masses of the same sort of cumuli may be observed, all of them distinct and wide apart from each other, the intervening portions of sky being singularly blue and clear. Indeed, the whole prospect of sea or land is very distinct, vividly coloured, and the outline of the distances beautifully fine. Several of these gyratory storms keep marching on in alternate spaces, marshalled in a vast circular array, and rolling round a circumference comprising an area of some fifty or hundred miles, or more, the centre of this circumference being a bright translucent calm. Thus, this vast gyration is composed of many rotatory storms moving *en échelon* in grand round.

In the midst of the cold weather of the spring of 1852, the sultriness on the 22nd and 23rd of March was probably caused by our being suddenly in the centre of one of these cyclones; for the foreign news informed us that about this very time an unexpected tempest swept the Adriatic, and did great mischief. In this case, the Adriatic felt the circumference of the storm, of which we formed the centre. The westerly gales which blow up from the Atlantic with so much violence, are very extensive rotatory storms that advance up the Channel with a right shoulder movement from west to east.

On the approach of one of these masses, the mercury both in the barometer and thermometer falls, and rises again as soon as it departs. For the most part, the barometer stands at *change*. The mean height of the thermometer varies with the season of the year; but there is a sense of chilliness in the intervals, and of heat or oppression during the passage, of these cumuli. They chiefly appear in the spring and autumn of the year, in the months of May and September; or in midsummer, in the month of July. Their vertical height is very great. I calculated, as well as I could, the depth of one that fell over London several years ago, and thought I had reason to conclude that it was three miles deep; which, if I am correct, would be a body of vapour as high as the top of Mont Blanc. I think they are deeper than this. Peytier and Hossard, two French engineers, stationed on the Pyrenees, found the thickness of some ordinary clouds more than half a mile. (Brocklesby's *Meteorology*. New York: 1851.) The vertical thickness of these large cumuli is very considerably more than this. They are also very dense; and their density, coupled together with their great vertical height, accounts for the darkness during their transit.

The air appears to be negatively electric on their ap-

pranch, and positively so on their departure. Probably the deflection of the needle at these moments might point to some interesting results. The question of *ozone* is still an uncertain one.

The accompanying and residual state of the atmosphere is congenial to health. Vegetation freshens, animals are brisk, cocks crow, and the swallows, those blithe associates of a summer day's ramble, skim along with the most delightful alacrity. These are the days when the garden looks and smells the sweetest, and the foliage is the greenest. All nature revives; and the air we breathe at these moments is antagonistic to disease. Cases of debility experience a favourable reaction, and even the moribund reclaim a few short delusive intervals from the inevitable collapse of death.

In learning what are the conditions of atmosphere adverse to health, the chief point is first to have ascertained what are those the most conducive to salubrity. The opposite conditions will determine many a question on this point.

Brighton, May, 1854.

ACCOUNT OF THE BIRTH OF A FŒTUS WITH TWO HEADS.

By DAVID KENNARD, Esq.

On the 15th of May, at 6 A.M., I was called to attend Elizabeth Palmer, in labour with her third child. On arriving, I found that she had been in labour three days. The midwife had been unable to render her any assistance. I found the membranes unruptured, and the head presenting. As she was much exhausted, I passed, with as little delay as possible, my left hand into the vagina; and finding the os uteri fully dilated, I ruptured the membranes, and grasping the foot of the fœtus without the slightest difficulty, I brought the foot into the world. I then waited a few minutes, when the pains returned, and then, with great exertion, brought down the breech and left leg, and about three-fourths of the body. I now experienced great difficulty to accomplish more, from what I fancied an enlarged head. I was compelled to use considerable force; the hands and arms being placed on each side of the head, which filled up the pelvis, I could not by any possibility get my hand sufficiently high to get down the arms. Consequently, I was compelled to use the blunt hook, by which means I succeeded in getting down the hands. I then passed my finger up, in order to feel the occiput, when I discovered that the fœtus had two necks. Not being able to use sufficient force to bring down the head, I again introduced the blunt hook between the necks, and by perseverance got my index finger of the left hand into the left mouth, and with great exertion delivered the two heads, which were large and perfect.

The fœtus was living at the time of turning; but, through the length of time in delivery, which occupied nearly two hours, and from the pressure on the umbilical cord, it was dead when the heads were expelled. I have written and offered the fœtus to the Royal College of Surgeons, where, if it is accepted, it may be seen.

Lambourne, Berks, May 1854.

BIBLIOGRAPHICAL NOTICES.

THE CENSUS OF IRELAND FOR THE YEAR 1851. PART III. REPORT ON THE STATUS OF DISEASE. pp. 150. Dublin: 1854.

THE Commissioners appointed for taking the census of Ireland in 1851 (Mr. WILLIAM DONNELLY, the Registrar-General for Ireland, and Mr. W. R. WILDE of Dublin), were led, in the performance of their duty, to solicit returns of all persons who laboured under disease upon the night of the 30th March, 1851. As a reason for this step, they write:

"It was conceived that such returns would, when properly classified, present at one view not only the amount and distribution of disease, but also the maladies to which the inhabitants of the country are most exposed at a certain period of the year. No similar attempt has, we believe, been yet made to collect and tabulate the diseases presented on a single day in even a limited portion of any other country." p. 1.

This Report is divided into nine Sections, and is accompanied by an Appendix of Tables.

Section first contains the Statistics of the Deaf and Dumb in Ireland. It will not be necessary for us to give an analysis of this interesting and valuable section; first, because the ASSOCIATION JOURNAL for April 29, 1853 (p. 370), contains an analysis compiled from the *Journal of the Statistical Society* of Mr. Wilde's statistics of the Deaf and Dumb in Ireland; and next, because we desire to have space to devote to the consideration of other portions of the work.

Section second is a report upon the Number and Condition of the Blind. The number of persons in Ireland returned as blind—i. e., totally deprived of sight—on the night of 30th March, 1851, was 7587—3588 males and 3999 females. Of this number, 1672 were in the civic, and 4920 in the rural districts, the former including towns of two thousand inhabitants, and the different asylums and public institutions for the blind; and 995 persons—373 males and 622 females—were in the various workhouses and auxiliary workhouses.

The proportion of blind to the entire population is 1 in 864. With the exception of Norway, this is higher than the average for Europe generally, or for America. In the flat countries of Belgium, Hanover, portions of Saxony and Prussia, and some of the German States, and in the plains of Lombardy and Denmark, the proportion is 1 in 950; in the more elevated parts of Saxony and Prussia, in Wurtemberg, Nassau, the Duchies of Altenburgh and Hesse, and part of Brunswick, it is 1 in 1340; in alpine regions, and in Sardinia, it is 1 in 1500. In these three classes of districts, the proportion of deaf and dumb to the population is respectively 1 in 1500; 1 in 1477; and 1 in 561.

The Institutions for the Blind in Ireland are five in number.

1. Simpson's Hospital, in the city of Dublin, founded by George Simpson, a merchant, and erected in 1779 for those afflicted with gout or blindness. It accommodates 100 male patients. It contained 38 at the time of the census.

2. Richmond National Institution for the Industrious Blind, in Dublin, established in 1810. It is capable of receiving 40 boys, who remain from three to seven years, and are taught basket-making. The number of inmates at the date of the census was 17.

3. Molyneux Asylum for Blind Females; formerly the residence of Sir Thomas Molyneux, M.D., and purchased in 1810 as a blind asylum. It has accommodation for 30 inmates; and contained 25 at the time of taking the census.

4. Ulster Institution for the Deaf, Dumb, and Blind. It can accommodate 15 male and 15 female patients. At the time of the census, it contained 5 males and 8 females.

5. Limerick Asylum for Blind Females. It can accommodate 20 inmates; but at the time of the census, contained only nine, being all that the funds of the institution could support.

6. Cork Asylum. It is capable of accommodating 50 male and 50 female patients. At the time of the census, it contained 15 males and 14 females.

Since the beginning of the year 1849, an epidemic ophthalmia has been prevalent in Ireland, especially in the counties of Tipperary, Westmeath, and Limerick. It was made the subject of an able paper by Mr. Wilde, in the *London Journal of Medicine* for January 1851. In the present report, the Commissioners state that—

"During the three years preceding December 1851, no less than 86,959 cases of epidemic ophthalmia were treated in the Irish workhouses, of which number 2,253 laboured under the disease when admitted; the sexes (when recorded) being 100 males to 132.44 females. Of this number, 63,077 were children or persons under fifteen years of age, 28,579 males, 34,408