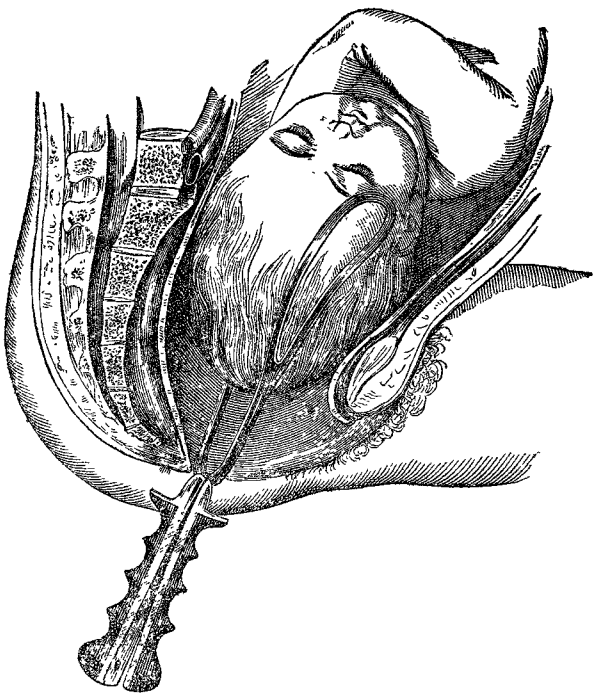


than would otherwise be the case. In London the use of the long forceps has been a subject of grave dispute. Dr. Lee, one of the most experienced obstetricians of this or any other age, may be said to represent those who oppose its use; but Dr. Ramsbotham and others defend it. It has long been used in Edinburgh by Dr. Hamilton and Dr. Simpson. In Dublin it has found little favour, particularly at the great Lying-in Hospital, the different masters having opposed its employment. Dr. McClintock, the present master, a most accomplished and unprejudiced obstetrician, who was recently in London, informed me that he had, within a short time, used the long forceps on two occasions with success, and he expressed himself a convert to its use. Dr. Fleetwood Churchill also recommends their employment. Its utility is fully recognised in America, and also in France and Germany. The chief objection urged against the use of the long forceps is, the injury done to the mother by operations above the brim. But most of these injuries have been owing to the use of the short forceps in this situation, for which they are not at all adapted. The impossibility of introducing the forceps in distortions of the brim has been dwelt upon, but this difficulty chiefly applies to attempts to introduce the blades in the antero-posterior diameter. In the transverse diameter, or in the oblique diameter opposite to that in which the head engages, there is often as much room in contraction of the conjugate diameter as in the normal pelvis. It has also been urged that the action of the forceps, as a compressor, acting from the sides of the pelvis, must bulge the bi-parietal diameter, or that part of the head opposed to the conjugate diameter of the pelvis, and thus increase the difficulty of the passage of the head. But, as already stated, the forceps seizes the head obliquely, and not in the antero-posterior diameter, so that any retardation caused by the bulging of the head is more than compensated for by the extractile action of the forceps. The supposed injuries done to the face of the child have been dwelt on, but it can be shown anatomically, and as the result of practice, that the anterior blade of the forceps does not extend beyond the root of the nose. The objections to the use of the long forceps are, in my opinion, either prejudiced or invalid, and such as, on the introduction of the short forceps, might have been urged with almost equal weight against that instrument.

FIG. 166.



Delivery by Dr. Simpson's long forceps in contraction of the brim.

EXEMPTION FROM CHOLERA.—Dr. Balfour, of Madras, has just published a volume of reports on Cholera. He expressed an opinion, some years ago, that many places were absolutely exempt from the scourge. Investigation has confirmed this opinion. In Madras alone there are thousands of villages which have altogether escaped, though surrounded by infected districts. Minute lists are now being supplied to every place, that more reliable and statistical information may be obtained. At present it is only ascertained that exposed situations and good drainage exert a beneficial influence.

THE FIVE POINTS OF THE SEWERAGE.

BY MARSHALL HALL, M.D., F.R.S., &c.

It is proposed that the *water-sewers* and the *excreta-sewers* be henceforth, according to the all-important suggestion of my son, kept perfectly distinct.

1. That the existing sewers, arising from ample *sinks* in each dwelling, be devoted *exclusively* to conveying the *WATER*, of which *eighty-one* millions of gallons now flow through London into the river *daily*.

2. That a *new* system of minor sewers be established, to originate in the *water-closets*, and be devoted to conveying the *excreta*, solid and liquid, *exclusively*, of which *seven millions and a quarter* of cubic feet are now produced *daily*, into an ample *CLOACA*, placed *within* each border of the river, *below* low-water mark.

3. That these *cloacæ* be of a capacity to receive, at the present time, the seven millions and a quarter of sewage during each day, and to extend—*e. g.*, from *above* Chelsea to *below* Limehouse.

4. That at localities selected below Limehouse, (the most dependent point of each cloaca,) with or without intermediate *return-sewers* prolonged to more convenient places than those immediately on the river, the sewage be pumped by engine-power into *CLOSED WAGGONS* brought expressly along *offsets* from the different railroads to those points.

5. That the sewage be thence conveyed, along those railroads, by a *night-service*, to begin *after* the departure of the evening mails daily, or rather nightly, fresh and without loss or deterioration, to the distances of 50, 100, 500, nay 1000 miles, to other railway offsets, into every agricultural district.

By these means—

1. The river or rivers and the atmosphere will be kept free from contamination;

2. The population will be entirely preserved from some dire diseases and a high rate of mortality from epidemics; and,

3. The fields of England from exhaustion and sterility.

Brighton, Dec. 1st, 1856.

P.S.—On an early day I propose to send you an account of the mode I have to propose for keeping the excreta-sewers and the cloacæ free from the accumulation of the more solid parts of the sewage, &c.

ON

THE FEVER AT THE CLERGY ORPHAN ASYLUM.

BY WILLIAM BUDD, M.D.

LECTURER ON THE PRACTICE OF PHYSIC AT THE BRISTOL MEDICAL SCHOOL.

THE outbreak of fever at the Clergy Orphan School, of which such a painfully-interesting account appeared in THE LANCET of November 15th, will probably prove to be no mystery, if the facts are looked at from the true point of view.

From the description of the symptoms, as well as from other circumstances to be gathered from the narrative, there can be little doubt that the disease which is spreading amongst these orphans is the specific fever whose single anatomical character was first shown by Louis to be an equally specific disease of the intestinal follicles—a fever variously known in this country under the names of *common continued*, *typhoid*, *gastric fever*, and so on, but of which *intestinal fever* would seem to be the fitter designation. Short as the summary is which your notice contains, it includes nearly all the diagnostic marks of this well-known affection. The detection of the characteristic ulcerations in the intestine seems to be all that is needed to set the seal to its identity. A great number of outbreaks of this fever, precisely similar in their leading incidents to that which has just happened at St. John's-wood, have already occurred in schools and other public establishments in this and other countries. Perhaps the most interesting case of the kind which has yet been recorded is that of the fever which *committed* such havoc in the military school of La Flèche, in France, in