it was stated that the extremes of temperature during the day were considerably less than at Greenwich, and it was surmised that this result might be due to the position of the thermometers. The observations, however, compared during the quarter, in various parts of the metropolis, by Mr. Glashier, show that all over London the range of diurnal temperature is much less than in the neighbouring country, and that the result first observed at St. Thomas's Hospital is not confined to that locality, but is an interesting fact of wide distribution. The mean dew point during the quarter was 39.1° . The elastic force of vapour was respectively $.309$, $.249$, $.252$ inch during the three months. The number of rainy days was 35, and the rainfall 4.9 inches. The predominating winds in October were west and north-west; in November, variable; and in December, westerly.

SUMMARY OF THE YEAR 1854.

The year 1854, in a meteorological point of view, may be characterized as affording a good example of an average condition of the atmosphere in London. The barometer at St. Thomas's Hospital, the basin of which is placed nine feet and three quarters above Trinity high-water mark at London-bridge, indicated, after proper correction, exactly 30 inches of pressure. The mean pressure due to vapour being $.307$ inch, the mean pressure of dry air is 29.693 inches. The mean temperature of the year, 49.7° , is exactly the same number as that derived from sixty-five years' observations at the apartments of the Royal Society; the mean during seventy-eight years, at Greenwich, being 48.3° . The maximum temperature was 87.2° , and the minimum temperature was 15.5° . The mean of the highest heat was 57.6° ; of the greatest cold, 43.5° . The temperature of evaporation was 46.5° ; the dew point, 42.2° ; the weight of vapour in a cubic foot of air, 3.5 grains. The predominating winds were west and south-west.

A Mirror

OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proæmium.

ST. BARTHOLOMEW'S HOSPITAL

STRANGULATED HERNIA ENDANGERED BY EXCESSIVE USE OF THE TAXIS.

(Under the care of Mr. STANLEY.)

In continuation of the subject of hernia, (*ante* p. 154,) it will be of interest to place the two following cases, recently operated upon by Mr. Stanley, amongst our notes. Mr. Stanley's long experience has taught him the danger of too much handling or manipulating of hernia when incarcerated or strangulated. Indeed, in seven out of ten of the cases sent to the hospital, he is inclined to think one will find omentum, not intestine, as the chief constituent of the tumour, which it is impossible to get back by the rough usage adopted.

The first case is that of a woman, A. B—, aged seventy-five, admitted into St. Bartholomew's Hospital on December 25th, with femoral hernia, which had been strangulated four days. The woman was in a state of great exhaustion; her pulse 100; bowels not open for four days. She had stercoraceous vomiting, and, what Mr. Stanley conceives the worst symptom in all such cases, tenderness *over the hernia* and entire abdomen; the taxis, as he had anticipated, had been perseveringly tried out of doors—a proceeding most injudicious, according to the experience of St. Bartholomew's Hospital, and the cause of death in very many cases. Mr. Stanley had her placed at once under chloroform, and a crucial incision having been made, a substance like a suppurating gland came into view, the sac apparently inflamed and consolidated. From the bad features of the case and tenderness over the abdomen, Mr. Stanley opened the sac, when the intestine was discovered to

be gangrenous, and an opening in it communicating with the sac. The stricture was carefully divided, a linseed poultice placed over the wound to favour artificial anus, and beef-tea and brandy in small quantities prescribed.

Dec. 26th.—The report to-day is, that she slept several hours last night after the operation. At ten P.M., as she was weak and not inclined to sleep, five grains of soap-and-opium pill, in one pill, was ordered, and strict quiet enjoined.

27th and 28th.—No action of the bowels; pulse feeble. Carbonate of ammonia and wine given.

29th.—She died.

At the post-mortem examination next day, we found abundant streaks of peritonitis, and two openings in the gut. From what was learned, it was found the taxis had been too much used. In fact, from what Mr. Stanley sees every year, he finds it necessary every season to caution his class against this great error of routine practice, and has adopted the wise maxim of Desault—"think favourably of every hernia if the taxis has not been tried." Mr. Stanley advises to make one fair trial of taxis when first called in; the little round swelling of femoral hernia is always discoverable in front of the pectinalis muscle. We should relax Poupart's ligament by having the thigh turned up and knee inwards—ten to fifteen minutes will be enough, if pain is present, not even so long. He next recommends a trial of the taxis in a warm bath, and we have seen at St. Thomas's Hospital, in place of this, the topical application of ice. If either of these fail, he now recommends the *dernier ressort*, chloroform and the knife—one careful trial, but the last, under the anæsthetic, before cutting down. If the parts are gangrenous, he lays much stress on the necessity of disturbing them as little as possible, so as to prevent the contents of the sac getting into the peritoneum.

The second case—E. B—, aged forty-eight, femoral hernia, strangulated forty-eight hours. This was a younger and more healthy-looking woman; her countenance, however, was intensely anxious; she had also pain over the entire abdomen. Mr. Stanley here referred us to the indications of strangulation, so marked in the "anxious" state of the countenance—a sign which will even help the diagnosis in a doubtful case. He believed there had been four times as much of the taxis tried in this case as there ought to have been, and ten times too much in the former case. The operation was done here without opening the sac; yet as in a similar case of Mr. Erichsen's we also saw last week, this did not prevent a severe attack of peritonitis.

Dec. 27th.—She feels better; pulse 90; slept well; tongue clean. Some hopes held out.

28th.—She has had recurrence of pain; countenance is intensely anxious; abdomen tympanitic, (one of the very bad symptoms after operation;) pulse 120. She was ordered twenty leeches, and calomel with opium—in fact, Mr. Stanley now fears the worst.

29th.—Restless; complains of hot skin; she has vomiting and tenesmus. Died four days after operation.

In this case the post-mortem revealed also abundant injury from putting off the operation, and abuse of the taxis, Mr. Stanley relating to his class an instance not dissimilar, also brought into St. Bartholomew's Hospital, where some one calling himself a medical man actually knelt on the hernia as a portmanteau, striving to return it, but burst the tumour!

GUY'S HOSPITAL.

PARALYSIS COMPLICATED WITH LOSS OF MEMORY.

(Under the care of Dr. HUGHES.)

We have observed this month with some care the varying changes exhibited by a case in one of Dr. Hughes's beds in this hospital, the more prominent features of which have been those of paralysis; but at present the woman seems to labour under a curious want of memory, or, perhaps more correctly, a morbid inability to associate the idea of the commonest things around her with their names. If one asks her to count 5, she progresses very well as far as 2, perhaps, but then stops; she makes a struggle to say 3, but fails; but on the slightest prompting, or helping out of the memory, she is apparently delighted, and then pronounces the number 3, or 4, or 5. In the same way on our asking her her name: she felt, last week and this, quite puzzled; she struggles in the most painful way with the first letter, "S," to say "Sarah," which one reads over her head on the card; but when a stranger repeats the word, her delight knows no bounds, and when we added the word "Wood," she got quite into ecstasies at our acuteness. There seems, in fact, a complete loss of that co-ordinating or associative faculty