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. Proœmium.

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

between the memory and organs of voice, which we may consider so diseased in deaf mutes. It is not only loss of memory, for when ideas are repeated, such as the ideas attachable to her own name, she seems to have got the key to an entire world of other ideas; thus singularly showing the power of suggestiveness, as "association of ideas" is called by some writers on mental philosophy. In sleep or dreams one often asks oneself a question apparently very puzzling, yet some other person in the dream answers it; this other person, of course, only another idea, as well remarked by Sir B. Brodie. This poor woman's life for weeks and weeks has been a somewhat similar enigma.

We give a short abstract of the case, though the reflections it suggests are more valuable.

Sarah Wood, aged forty-four, was admitted into Guy's Hospital January 18th, 1855. It is evident, from what has been stated, that on her admission very little of her history was to be gleaned from herself; she was at this time unable to answer questions, to put out her tongue, or give any account of her feelings. Her friends state she had a slight loss of memory some day about six weeks since, and lost at the same time the use of her right arm. It appears she is a nurse, and was in attendance upon a lady at the time at Mile-end. Dr. Hughes ordered turpentine enema immediately, cantharides blister at the back of the neck, together with a mixture consisting of infusion of valerian and sulphate of zinc. In such cases there is a great deal to be done by medicine, as the symptoms are evidently functional. The mind seems "nothing disordered, but all deranged." A good deal of discussion has sprung up of late as to bleeding in these cases; and in America it is said it has been revived with all the eagerness of a Broussais school, all such diseases being "encephalitis."

Jan. 23rd.—Five days after admission, another blister was placed at the back of the head, and she is to go on with the valerian and zinc. Bloodletting, in fact, does not appear at all admissible; for, from the experiments of Andral, it has been found that the blood in lunatic or brain cases is deprived of its globules, and contains an excess of fibrine; in fact, we have too often a preponderance of nervous irritability, as in delirium tremens, owing rather to a diminished or disordered circulation.

Cases like the present are instructive in many points of view, if we remember that Baillarger and Foville describe not less than seven distinct layers of brain substance, alternately white and grey, as making up what we call the anterior convolutions. We can conceive how partial *ramollissement* of even one may disturb the conveying power of the others, though the disease here was also at the base of the brain. Sir B. Brodie gives two curious cases: in one a man was unable to associate objects with the organ of voice, but wrote beautifully; the affection was traced to a fit of male hysteria. He believes memory closely allied to sensation; and, half adopting the views of Hook, believes that there is a specific organ of memory in the brain, which, in such cases as the present, perhaps is unable to carry on its function in connexion with the soul or mind.

This case has more than once recalled to our recollection a patient noticed by Dr. Graves, as well as these observations lately made in this most interesting volume written by Sir Benjamin Brodie. Dr. Graves's patient had so completely lost the power of expressing some things, that he carried with him a little glossary of words, to look at; but one day, having left the glossary itself at home, Dr. Graves thought he had had a relapse. It is of practical interest, in such cases as these, to observe, that it is perhaps the brain proper, or cerebrum, which is chiefly diseased. Impressions felt in the sensorium, need we say, give rise to ideas; these myriads of ideas are the store-house, so to speak, of the *memory*. Under chloroform, or during sleep, the number of these ideas or this impressionability is lessened; under the excitement of stimulants, such as alcohol, or in the revelations of Mr. de Quincey, the opium-eater, both are heightened. In the present case, both are perhaps deranged by some insignificant molecular change in the brain, or these layers of it,—evidently improved by the treatment adopted by Dr. Hughes. The emotions in this woman (which may be considered as particular feelings, associated with particular classes of ideas) are not at all deranged; on the contrary, she seems to take peculiar pleasure in being able to do what she is asked when prompted; the volitional power, however, of doing so, is at an end, except prompted. We may even have the opposite of this, as we have recently noticed, also, in one of Dr. Todd's patients, at King's College Hospital, where a patient cannot use the muscles of his eye or mouth in the emotion of laughing, except at one side of the

face; or need we say that in insane patients the emotions may be entirely deranged or destroyed. The difference between this emotional and intellectual action is also well shown in hysterical emotions. Some physicians, however, go so far as to say, that even all our normal actions are derived directly or indirectly from emotional influences or states of mind, all motives, at least, to action or exertion depending on pleasure to be attained or pain avoided. These questions are all worthy of clinical study in medical wards, our "insanity" journals taking up the subject too often when too late, when mere functional derangement of the brain, from want of earlier recognition, becomes incurable organic disease. Emotional states, we need scarcely say, are separated by many causes from voluntary or volitional. Dyspepsia, again, in any of its myriad shapes, may produce a tendency in the mind to take a gloomy view of things, and in every way simulate organic disease; and we may not know how many cases of suicide and insanity, of which we write too late, might be cured, if known as hysteria or dyspepsia.

It is curious, perhaps, that of all these characteristics of the brain and mind, the one which seems to co-ordinate all, or that which is related to the most simple functions of the brain, on the one hand, and its highest manifestations, on the other, is this of memory, so curiously deranged in this case under Dr. Hughes. It is said of insane soldiers at Chatham, where a large establishment has been formed for their superintendence, that even memory here co-ordinates deranged ideas, and the poor fellows not completely fatuous will fall into ranks and squares amongst themselves, and perform all the mechanical acts of drill; but in ordinary life we must regard memory in a medical point of view, as the inward clue of recollection or association of the ever-flowing stream of thought and normal cerebral action. Proper health is connected with this; but if the connecting thread of memory be once broken, or even tangled as we see it in this case, the reason itself will become deranged, and we may be called on to certify to a diseased lunatic condition, which is only due to our own want of skill in not disentangling the thread at first. The poor woman in the present case is improving daily. On the 23rd, she had another blister to the nape of the neck, and has had her valerian and zinc, which, however, Dr. Hughes changed, on the 8th inst., for syrup of iodine of iron. This week also the hemiplegia is disappearing.

LONDON HOSPITAL.

RETENTION OF URINE, WITH ENLARGED PROSTATE.

(Under the care of Mr. ADAMS.)

SOME difference of opinion, and no little speculation, exists at present, amongst the various surgical classes, relative to the seat of stricture, the views lately published in *THE LANCET* requiring dressers and clinical students in some measure to change their previous notions. Many cases, however, of extreme retention of urine may be, and no doubt often are, owing to other causes. Of these, we were particularly struck with an instance, a few days ago, on "going round" with Mr. Adams. A poor old man, not apparently a subject of stricture, was suffering severely through retention of urine. Every kind of instrument, especially of the "knitting-needle" character and dimensions, had been tried both in and out of the hospital. Another case, not very dissimilar, under Mr. Skey, in the previous week, was brought into St. Bartholomew's Hospital, with terrible retention and urinary abscess, in which "Syme's operation" was canvassed while the man was on the table in the operating-theatre. Mr. Adams, somewhat whimsically, his dressers thought, asked, instead, for the "largest catheter in the box;" a finger in the rectum told him it was a prostatic case. All the other instruments had been tried by the resident surgeon or dresser. The large prostatic catheter, the largest of the lot, was accordingly procured, oiled, and with one simple movement, or *tour de maître*, passed over the stricture into the bladder. Even the poor old man in his torture cried out "Bravo!" and was relieved at once.

THE WARNEFORD HOSPITAL, LEAMINGTON.—"We understand," says a local paper, the *Leamington Guardian*, "that at a committee meeting of the governors and directors of the Warneford Hospital, it was announced that the late Dr. Warneford left the munificent sum of £10,000, free of legacy duty, in aid of this valuable institution, and it is now to be hoped that the committee will be enabled to open one or both of the wards which are unoccupied for want of funds."