The mean pressure of the atmosphere was considerably greater in October (30'121 in.) than in the two preceding years, while the rain fall was much less than in the corresponding period of 1855 (5'34 in.). The mean temperature of October was 3' higher only than that of the preceding year. The mean barometric pressure for November and December approaches nearly that of the two preceding years, while the total quantity of rain which fell in these months last year was within a foot of the inch the rain fall in the same period of 1855. The temperature of November was nearly the same as in the preceding year, but that of December was 3'3 higher in 1856 than in the preceding year. The mean height of the quarter has been about one degree less than in 1855 (44'6). Several fogs have occurred in the City, especially on Oct. 22nd, 28th, 29th, Nov. 17th and 21st, and Dec. 2nd, 4th, 5th, 16th, and 17th. On only one of these occasions, however, was the denseness accompanied by the darkness characteristic of London fogs in former years, and which, it is to be hoped, may gradually attain the description of the traditional, as the purification of the river proceeds, the smoke is burned, and the streets are properly cleansed and drained.

ANNUAL SUMMARY.

The height of the barometer, taken at a mean during the year, (29'913 in.) is almost exactly what it should be at the level of the sea (29'92 in.) and as the sterrum of the barometer at St. Thomas's Hospital, as ascertained by levelling, is nine feet eight inches above Trinity high-water mark at Londonbridge, the year may be considered a fair average one, as far as the conditions of the weight of air are concerned. The mean temperature of the year (50'4) is higher than in 1854 (48'7) or in 1855 (48'2), and considerably more elevated than the average temperature of 60 years (49'4). The rainfall was 59 inches, measured by a gauge placed 26 feet above the ground, amounted to 21'73 in., against 21'14 in. in the preceding year. The mean weight of vapour in a cubic foot of air was 3'51 grs., that for 1855, (4'30 grs.), was 3'47 grs., the mean of the highest temperature was 57'7, corresponding nearly with the same result for 1854. The mean of the lowest temperatures was 46'3, that of the preceding years being respectively 43'9 and 43'8. The effect therefore of the sun's heat during the day had been less counteracted by the radiation during the night in the past year than in the foregoing corresponding periods. This result may no doubt have been assisted by the direction of the wind, which blew more frequently from the S.W. than in 1855, when it was more frequently from the north-easterly directions. The mortality of the year, it is generally admitted, has been inferior to the preceding year. Whether this is due in some measure to the more equable distribution of the temperature, or to other causes, can only be decided by continuous observation.

Oxide of Carbon as an Anæsthetic Agent.—At a late meeting of the Academy of Sciences of Paris, M. Ozanam read a paper on the anæsthetic action of the oxide of carbon. The author started from the principle that the whole series of cases of obstruction vary according to their circumstances ; and he found, by actual experiment, that the action of the gas in question is analogous to that of chloroform. When the gas is inhaled, four stages are noticed: 1st, the premonitory; 2nd, the stage of excitement marked by contractions and convulsions; 3rd, the anæsthetic period; 4th, return to consciousness or death. Sudden death may occur in two minutes, as with chloroform; but out of twenty-five experiments death occurred but once. In one case, the effects of the inhalation of this gas is not so dangerous as has been supposed. Applied locally, this gas had no action where the epidema was unbroken; but where it had been removed, anæsthetic effects were produced.

A Mirror of the Practice of Medicine and Surgery in the Hospitals of London.


LONDON HOSPITAL

Obstruction in the Bowels, of a Month's Duration, Caused by a Carcinomatous Stricture in the Rectum, Successfully Relieved by the Operation for Artificial Anus in the Left Loin; Demise Two Months Afterwards.

(under the care of Dr. Davies and Mr. Curling.)

Within the last few weeks we have seen Amusse's operation of opening the loin performed in two cases; the first of these was at St. Thomas's Hospital, in October, for obstruction of the bowel; the other at University College, in November, for cancerous disease of the rectum. In the earlier part of the past year we had an opportunity also of seeing the same operation performed by Mr. Curling, at the London Hospital, for carcinomatous obstruction, and we promised an abstract of the case in our "Mirror" when reporting one successfully relieved by the same means, by Mr. Solly, in March last (vol. i., 1856, p. 401). Mr. Curling also performed this operation on a child in the month of May, thus making five times in which it has been done in the London hospitals within the last nine months. Mr. Erichsen's case forms the subject of a clinical lecture at page 56 of our present volume. We will, therefore, complete our series by placing on record, to-day, Mr. Solly's and Mr. Curling's cases. We would, however, beg to refer our readers to the report of Mr. Solly's first case, above referred to, and will content ourselves on the present occasion by a reference to the class of cases suitable to this operation. These have been pointed out in Mr. Erichsen's valuable clinical lecture as threefold: 1st, Faculent distension from obstruction of the rectum or sigmoid flexure of the colon, or arising from the presence of tumours, the blocking up of the gut by cancerous disease, or the gradual closure of a stricture; 2ndly, for congenital absence of the rectum; and 3rdly, for the relief of pain in ulcerated cancer of the rectum. Mr. Solly's case which we have already recorded, his case which appears to-day, and the first of Mr. Curling's subjoined cases, are examples of the first class; the second is illustrated by the case of the child; and the third, by the one given in Mr. Erichsen's clinical lecture.

It is very rarely indeed that a permanently successful result can be anticipated when this operation has been performed, as the ultimate fate of the patient depends so much on the nature of the disease which may have required the operation, and on the effects which this may have already produced. Thus, if undertaken for malignant ulceration, or a stricture of a carcinomatous character, the relief will be but temporary, and of a different nature, or the gradual closure of a stricture; 2ndly, for congenital absence of the rectum; and 3rdly, for the relief of pain in ulcerated cancer of the rectum. Mr. Solly's case which we have already recorded, his case which appears to-day, and the first of Mr. Curling's subjoined cases, are examples of the first class; the second is illustrated by the case of the child; and the third, by the one given in Mr. Erichsen's clinical lecture.
fifty-eight cases which he had collated, that there was scarcely an instance of a single death which could be fairly attributed to the operation itself.

Elizabeth P., aged forty, a tailor's wife, admitted February 24th, 1856, under the care of Dr. Davies. She states that her father died from gout, and her mother from typhus fever. Married nineteen years, and has had ten children. Has always had delicate health, and her confinement have usually been attended with considerable uterine retention. The labor had commenced a week before from obstinate constipation, nor have the motions previous to her present illness been of diminished calibre. Was confined two months ago, and had less hemorrhage than usual, but had much colic, which, while discuting, before the confinement, accompanied by violent pain in the lumbar region. Four weeks since the bowels were regular. Precisely on the twenty-eighth day prior to admission, on going to the closet, she could not relieve the bowels; but after great straining, a small amount of feculent matter passed, of natural size, and not unusual hardness. Since then only a small quantity of slimy matter has come away, and apertent medicines proved of no avail. Pain commenced in the right iliac region, and extended towards the costal and the front parts of the same, where there was no sickness. The oil was given a few days before admission, which was followed by increased pain and violent vomiting every quarter of an hour. The day before coming in she was sick twelve times, and vomited with great force. The patient was seated, and the puncture of the bedclothes over the abdomen became insufferable.

Feb. 25th.—Present condition. Countenance anxious and cachectic; tongue clean, but dry; no appetite; discharging ceased after an operation of two fingers' breadth above the anus. He drew the colon from the peritoneum. The other pelvic viscera were normal. The abdomen was much less tense, and a great quantity of meconium had passed.

The next day Mr. Curling performed Amussat's operation of the child four months old, with an opening in the vagina communicating with the anus; Amussat's operation; death the following day.

(under the care of Mr. Curling.)

The following case was one of those examples of congenital deficiency which are not rare and then met with; but differing from the general class in the gut being imperious as far as the sigmoid flexure of the colon, although the rectum itself was represented by an imperious cord, which at its lower part formed a fistulous communication with the vagina. With this was a great deal of things, and nothing was done for some time, until, something surgical could be done to afford relief. Mr. Curling, therefore, performed Amussat's operation,—a procedure of an extremely difficult character in an infant, as contrasted with a similar operation on a child are most graphically described by Amussat himself in his own work. This case formed the subject of a clinical lecture by Mr. Curling, who, in the course of his remarks, described the rectum into two great classes; the first, where the gut is imperious, but opens in some preternatural situation,—as the bladder, urethra, or vagina; the second, where the gut is really imperious, either obliterates the rectum, or less distinctly so, or obstructs the content at a variable height above the naturally-formed anus; or else terminates in a cul de sac without any external aperture. The opening into the vagina is the most common of the first class, and is not dangerous, he observed, because there is an outlet for the feces; but the malformation is of a disgusting character.

The following case comes under both classes; for not only did the imperious rectum open into the vagina, but it terminated in a cul de sac at the pelvis of the child.

Mary S., aged four years, was brought to the hospital May 11th, 1856. She had been continually sick, more or less, since birth, and had passed nothing per anum. The abdomen was distended. On examination, a membrane was found just above the anus. This was divided with a bistoury, but the opening seemed to pass up into the pelvis external to the peritoneum, and not into the gut; it was afterwards found that the rectum communicated above the vagina. Nothing passed from the bowels.

The next day Mr. Curling performed Amussat's operation of opening the colon in the left loin. Great difficulty was experienced in the descending colon into two great classes; the first, where the gut is imperious, but opens in some preternatural situation,—as the bladder, urethra, or vagina; the second, where the gut is really imperious, either obliterates the rectum, or less distinctly so, or obstructs the content at a variable height above the naturally-formed anus; or else terminates in a cul de sac without any external aperture. The opening into the vagina is the most common of the first class, and is not dangerous, he observed, because there is an outlet for the feces; but the malformation is of a disgusting character.

The following case comes under both classes; for not only did the imperious rectum open into the vagina, but it terminated in a cul de sac at the pelvis of the child.

Mary S.—She died quietly at ten A.M. to-day, having survived the operation eighteen hours.

Autopsy.—A small quantity of turdum fibre was seen in the peritoneal cavity. The omentum and ascending and transverse colons were greatly distended; the descending colon, contracted, and was stitched to the operation wound, at about its middle. The sigmoid flexure was distended into an almost globular sac, about the size of a walnut, and beyond this no matter was found, except a small quantity of meconium had passed.

Mar. 11th.—She died quietly at ten A.M. to-day, having survived the operation eighteen hours.

Autopsy.—A small quantity of turdum fibre was seen in the peritoneal cavity. The colon and ascending and transverse colons were greatly distended; the descending colon, contracted, and was stitched to the operation wound, at about its middle. The sigmoid flexure was distended into an almost globular sac, about the size of a walnut, and beyond this was nothing but a small imperious cord, where the rectum should have been. On passing a probe up the anus, it passed through a wound into the vagina, and thence, behind the ureters, up to the peritoneum. The other pelvic viscera were normal.

ST. THOMAS'S HOSPITAL.

STRUCTURE OF THE RECTUM FOR EIGHTEEN MONTHS; COMPLETE OBSTRUCTION, WITH GREAT DISTENSION OF THE BOWELS; AMUSSAT'S OPERATION, FOLLOWED BY RELIEF; FATAL TERMINATION NEARLY SIX WEEKS AFTERWARDS.

(under the care of Mr. Solly.)

Is the case of the patient who had been the subject of observation of the rectum for eighteen months, which was accompanied by the usual symptoms until complete obstruction set