

108°, or even to 113°. Thus it may remain for from four to six hours, being usually higher at the thigh and abdomen than in the heart; then it gradually subsides to the temperature of the surrounding medium. The cases are said to have all occurred in the summer, in a temperature of at least 80°, but they are very imperfectly related.”

J. R. T.

Fort Pitt, August, 1853.

REPORT OF A CASE OF ADVENTITIOUS BANDS CONSTRICTING THE INTESTINES.

By WALTER WATSON, M.D., Ratho.

THE publication in THE LANCET of the 3rd of July of a fatal case of obstruction of the bowels, reported to the Royal Medical and Chirurgical Society, has induced me to send the following notes, which may be of pathological interest, though not in the least of therapeutical value.

J. C—, aged fifty-seven, toll-keeper, a man of regular habits, and who had always enjoyed good health, was seized with pain in the bowels on the afternoon of the 30th of October, 1856. Two hours afterwards he was preparing to have a motion of the bowels, when he was suddenly prevented, and called to attend his toll. On his way home that evening, the pain was so great that he had to lie down several times on the roadside. After reaching home he began to vomit; he had constant desire for motion, and several simple laxatives were administered without effect. He passed urine, however, freely. The pain continuing severe, a medical man saw him at midnight, who prescribed an anodyne antispasmodic, with local soothing applications, and on the following day a jalap purge. Partial relief was thus gained within thirty hours from the seizure, and he had regular daily motion prior to that day. Mild mercurial laxatives were continued for ten days following, when he came under my observation, as assistant to Mr. Craig. He was now put upon a quassia tonic, with Epsom salts and dilute sulphuric acid. An occasional carminative purge was prescribed, and stomachic powders.

In the course of the third week of November, both his daughter and he were seized with symptoms of general fever, which in the former developed during the subsequent five weeks the characteristics of enteric typhus. (The eruption was not seen, and but seldom looked for, as the other symptoms sufficed.) A febrifuge expectorant was given him, and in a few days his tonic was renewed.

On the 29th of November, while as yet he had never been out of bed, though feeling himself slowly improving, he was seized with a severe rigor, to which succeeded pain in the bowels and constipation. The general abdominal pain was moderate, but the cæcal region was very tender and tumid. Local peritonitic inflammatory action was diagnosed, and the patient put upon calomel and opium. Enemata were used to move the bowels, without effect; then purgative doses of calomel, aloes, and croton oil, but fruitlessly. Three days of obstinate constipation had elapsed, when, after an enema containing tincture of assafoetida, he said he felt as if a girdle round his loins had been broken and loosed, and his bowels were about to act. He passed then, and for many days thereafter, what was compared to “black burnt corks.” He used for some time a carminative purge, and got gradually better; but for the whole year 1857 he was a sufferer, though he never came under our care. Severe colicky pains would suddenly arise, and sickness. Relief was gained when diarrhoea set in, or when he had drunk freely of tepid water and vomited; and thereafter diarrhoea was sure to follow. One curious feature in the case was the regularity of the return of suffering between Saturday night and Monday morning. It could not be accounted for by the least alteration of diet, nor did exercise taken on Sunday morning in the least avail to alter its course. Never did three weeks pass without additional intercurrent attacks of diarrhoea, rousing him five and six times by night, which his wife treated to most advantage with castor oil, laudanum, and essence of peppermint. The cæcum was always the seat of pain “like to double him up;” but the moment that “roaring” began in that region, he knew relief was at hand, and diarrhoea about to supervene. During daytime, he felt “corded” round the abdomen, and on stooping, he felt as if “his bowels fell forward in a large knot.” He expressed a

hope that, if he were ultimately to “die by the bowels,” it might be from looseness, and not from “stoppage.” In December, 1857, the vomiting, colicky pain, and diarrhoea had been more troublesome and debilitating.

Early in January, 1858, he requested our attendance; but all varieties of simple and tonic astringents, with stimuli, were plied in vain, till he died on 30th January. For the last ten days of his life the copious vomitings of grass-green material, and the drenching mucous diarrhoea were truly incredible in amount, and bore no relation to the quantities of fluid swallowed. The effect of a simple laxative was perfectly well marked, proving, if need were, the permeability of the bowels throughout their entire length. He sank from pure asthenia.

On inspection, about thirty-six hours after death, the epiploon was found tied down to the inner surface of the abdominal wall, just above the inguinal fossa, to the small and large intestines in the neighbourhood and to their mesentery, and to the iliac fossa. How much was the normal epiploon wholly divested of its fat, and how much was the old fibrous lymph,—a transformation from quondam inflammatory exudation,—it was difficult to say; but there were no evidences on the surface of recent inflammatory action. In the right iliac and the right lumbar regions, coils of small intestine were tied together, peritoneal surface to peritoneal surface; and when the surfaces thus applied back to back were forcibly separated, the lymph that glued them together seemed to be suppurating; a dirty grey fluid oozed away, and exposed an ulcerating looking surface. The coats of intestine were, however, found to be quite sound at those places. The fibrous material not only tied one piece of intestine to another many inches distant, but tied intestine to its own corresponding part of mesentery in such a manner as to give the appearance of diminished calibre and stricture. On passing the forefinger along, it was caught at those points. But on tearing these fibrous bands, and releasing the intestine from its abnormal attachment to the mesentery or other part of the intestine, the canal regained nearly its normal size, and on slitting it open no organic change of thickening or ulceration was visible. The descending colon seemed to end in a cul-de-sac before reaching its sigmoid flexure; but on tracing it, it mounted up to the level of the upper lumbar vertebrae, and then descended rather on the right side of the middle line to form the rectum.

I have taken no note of the condition of the ileo-cæcal valve, and would not trust to memory regarding it. But during the first illness his was one case of three where I have felt satisfied of being able to pass something, gaseous or fluid, from the large to the small intestine at pleasure.

August, 1858.

SECOND QUARTERLY METEOROLOGICAL REPORT AT ST. THOMAS'S HOSPITAL FOR 1858.

By ROBERT DUNDAS THOMSON, M.D., F.R.S.L. & E.,
EXAMINER IN CHEMISTRY AT THE UNIVERSITY OF LONDON,
AND LECTURER ON CHEMISTRY AT ST. THOMAS'S HOSPITAL, ETC.

THIS quarter is distinguished from the corresponding period of last year by having in each month a more uniformly elevated atmospheric pressure. The rain, which fell during 34 days, compared with 31 last year, was greater during the present season—4.79 inches, against 4.61 last year. The mean temperature of April was 1°.1 higher in the present than in the preceding year; in May it was 2°.3 lower; and in June it was 4° higher, than last year. The greatest heat (94°·8) was attained within the twenty-four hours ending at noon of the 17th of June; and the lowest night temperatures were 31°·5, 39°·5, and 53° respectively, on the 11th of April, 7th of May, and 5th of June. The total heat of April, May, and June of the last year were respectively, 1389°, 1705°, and 1920°—numbers obtained by multiplying the number of days in each month by the mean temperature. The corresponding numbers for the year are 1422°, 1652°, and 2040°; while the total heat of the quarter in 1857 was 5014°, and in the present year 5114°, exhibiting a difference of 100° in the total amount of heat, or equal to nearly two days' temperature in favour of the present year. The highest temperature in the more open parts of the metropolis was considerably inferior to that at St. Thomas's

April, 1858.—30 Days.

Week ending—	Barometer. Corrected Mean.	THERMOMETERS.				Adopted Temperature of Air.	Adopted Temperature of Evaporation.	Dew Point.	Elastic Force of Vapour.	Weight of Vapour in Cubic Foot of Air.	Wind.	RAIN.	
		Dry.	Wet.	Highest	Lowest							Amount	Days
	Inches.	°	°	°	°	°	°	°	Inches.	Grains.		Inches.	
Saturday, 3rd ...	29·685	45·5	44·0	56·1	42·7	46·8	45·3	41·2	·284	3·3	W. & S.W.	·27	4
„ 10th ...	29·783	38·7	37·4	50·2	37·7	40·5	39·2	35·2	·225	2·5	N.E.	·34	4
„ 17th ...	29·885	46·6	42·3	57·9	39·2	46·5	42·7	36·0	·233	2·7	Variable.	·20	1
„ 24th ...	30·172	56·3	49·8	67·1	44·7	55·3	48·8	40·2	·274	3·1	N.E.	·04	1
Monthly Mean, from 1st to 30th, inclusive.	29·902	46·4	43·4	58·1	41·7	47·4	44·4	38·7	·258	3·0	N.E.	1·68	13
Inches.													
Highest reading of barometer on 22nd ...						30·402	Highest reading of thermometer on 16th ...						71°·1
Lowest reading of barometer on 30th ...						29·116	Lowest reading of thermometer on 11th ...						31°·5
Monthly range ...						1·286	Range of temperature in the month ...						39°·6

May, 1858.—31 Days.

Week ending—	Barometer. Corrected Mean.	THERMOMETERS.				Adopted Temperature of Air.	Adopted Temperature of Evaporation.	Dew Point.	Elastic Force of Vapour.	Weight of Vapour in Cubic Foot of Air.	Wind.	RAIN.	
		Dry.	Wet.	Highest	Lowest							Amount	Days
	Inches.	°	°	°	°	°	°	°	Inches.	Grains.		Inches.	
Saturday, 1st ...	29·648	46·4	44·7	58·9	44·8	48·3	46·6	42·4	·296	3·4	N.E. & W.	1·18	6
„ 8th ...	29·918	46·7	42·9	57·9	41·5	47·3	43·5	36·6	·240	2·8	N.E.	·29	3
„ 15th ...	29·794	50·2	47·7	61·2	44·4	50·6	47·8	40·3	·298	3·4	N.E., S.W.	·47	5
„ 22nd ...	29·872	56·5	51·1	66·9	50·5	57·2	51·8	44·2	·320	3·6	S.W.	·40	5
„ 29th ...	30·033	53·2	49·0	66·7	49·5	54·8	50·6	44·0	·318	3·6	S.W.	1·16	3
Monthly Mean, from 1st to 31st, inclusive.	29·885	52·7	48·0	64·2	47·0	53·3	48·6	41·3	·287	3·3	N.E., S.W.	2·60	17
Inches.													
Highest reading of barometer on 26th ...						30·540	Highest reading of thermometer on 31st ...						81°·7
Lowest reading of barometer on 1st ...						29·070	Lowest reading of thermometer on 7th ...						39°·5
Monthly range ...						1·470	Range of temperature in the month ...						42°·2

June, 1858.—30 Days.

Week ending—	Barometer. Corrected Mean.	THERMOMETERS.				Adopted Temperature of Air.	Adopted Temperature of Evaporation.	Dew Point.	Elastic Force of Vapour.	Weight of Vapour in Cubic Foot of Air.	Wind.	RAIN.	
		Dry.	Wet.	Highest	Lowest							Amount	Days
	Inches.	°	°	°	°	°	°	°	Inches.	Grains.		Inches.	
Saturday, 5th ...	30·008	69·9	61·0	82·3	60·8	69·8	60·9	51·6	·417	4·6	W.	·42	2
„ 12th ...	29·955	63·9	59·3	76·1	59·1	65·3	60·7	54·7	·465	5·1	N.E.	·03	1
„ 19th ...	29·903	70·2	64·1	86·3	63·3	71·6	65·5	58·6	·505	5·8	S.W.
„ 26th ...	30·196	67·6	59·3	80·5	60·9	68·2	59·9	51·1	·408	4·5	N.E.	·06	1
Monthly Mean, rom 1st to 30th, inclusive.	30·031	67·1	60·1	80·9	60·7	68·0	61·0	55·5	·441	4·8	N.E. & W.	·51	4
Inches.													
Highest reading of barometer on 22nd ...						30·350	Highest reading of thermometer on 17th ...						94°·8
Lowest reading of barometer on 17th ...						29·838	Lowest reading of thermometer on 5th ...						53°·0
Monthly range ...						·512	Range of temperature in the month ...						41°·8

Quarterly Summary.

Barometer. Corrected Mean.	THERMOMETERS.				Adopted Temperature of Air.	Adopted Temperature of Evaporation.	Dew Point.	Elastic Force of Vapour.	Weight of Vapour in Cubic Foot of Air.	Wind.	RAIN.	
	Dry.	Wet.	Highest	Lowest.							Amount	Days
Inches.	°	°	°	°	°	°	°	Inches.	Grains.		Inches.	
29·939	55·4	50·5	67·7	49·8	56·2	51·3	45·2	·329	3·7	N.E., S.W.	4·79	34

Hospital, as in the Regent's-park, where the maximum thermometer only indicated 89° on the 16th of June. It will be observed, from the above data, that June of the present year exceeded that of 1857 by no less a number of degrees of heat than 120°; showing that the intensity of the night temperature was concentrated in the last month of the quarter.

ON A CASE OF SMALL-POX SUPERVENING ON MEASLES AND ANOTHER ON SCARLATINA.

By M. BROKE GALLWEY, Esq.,
SURGEON ROYAL ARTILLERY.

"Nobody ever saw a patient with small-pox and measles out on the skin together."—*A Clinical Lecture by THOS. KING CHAMBERS, M.D. (Vide THE LANCET, Feb. 6th, 1853.)*

BETWEEN three and four years ago, a young soldier, declining rapidly in the second stage of phthisis, became the subject of measles so well developed, that it might have been selected as a model case from which to study that exanthem. The eruption had arrived at its climax, and had gained its turning point,—the thoracic symptoms, as might be expected in such a subject, being exceedingly severe,—when the patient sustained unexpectedly an attack of rigors, and, at my visit on the following morning, presented, *quoad* his entire face, the appearance as of a substratum of shot beneath the skin. Unprepared for what was about soon after to develop itself, it will easily be understood how much at a loss I felt to account for the very unusual state of things thus unexpectedly presented to my notice. Twenty-four hours later and I found I had a case of *confluent small-pox*, engrafted on a ground of rubeola, to deal with; and I may truly say that never had I met with more finished representations of either disease than were now delineated together in the same individual. The patient contended manfully against the three separate and formidable assailants that had thus pitilessly set upon him until, under the maturing process of the last, the powers of life gave way, and a fatal issue overtook him.

The case, of which I have now afforded but a brief outline, occurred at the Military Hospital at Devonport, and was seen, amongst other individuals, by the principal medical officer of the station, Mr. Dartnell. I forwarded the details of it at the time, *in extenso*, to the Director-General of the Medical Department of the Army, in the archives of whose office I doubt not they still exist.

The foregoing case made a great impression upon me at the time, and, believing it to stand alone in the history of medicine, I have frequently upbraided myself since that I had not recorded it in the periodical literature of the day. That I have not set too high a price upon its value as an individuality *unique* in the chapter of medical curiosities, I am justified, I think, in assuming, by the selection of such an anomaly or incongruity, on the part of Dr. Chambers, to represent the *lusus nature* of all others the least likely to present itself to the physician's notice. If "nobody ever saw a patient with small-pox and measles out on the skin together," before or since, I may consider myself fortunate in having been privileged to witness the only case on record of this remarkable association; and but for the fact that seeing, in medicine as in other sciences, is believing, I should certainly myself for one have subscribed to the dictum of this accomplished physician as a truism as little likely to be questioned as any other established fact in nature.

Within a few weeks of the coincidence I have recorded,—small-pox, I should explain, being *prevalent* at the time in the establishment,—the following not less remarkable occurrence developed itself in the same hospital in the person of a soldier of the 1st Somerset Militia:—

Private James Bale (or Ball), aged twenty, after some few days of pyrexia, accompanied at first with "a strawberry" tongue, and then with so much swelling of that organ as to demand free incisions,—severe sore-throat being an attendant symptom,—presented, in due time, an eruption of scarlatina, which came out well, and was intense in degree. The pulse

ran high, deglutition became very difficult, delirium set in early, and the general tendency of the symptoms was in a downward direction.

Between the third and fourth day after the eruption had declared itself, the following entry occurs in the medical register of the regiment, for which I am indebted to the (then) assistant-surgeon of the corps:—"Some vesicles, depressed in centre, have appeared, bearing the character of varioloid eruption; is with difficulty aroused to answer questions; the primary scarlatinal eruption is scarcely perceptible; tongue very dry and coated—almost black; fæces passed under him in bed." Evening of the same day: "Face thickly covered with *small-pox pustules*; scarlatinal eruption receded; is in every respect worse, and apparently sinking." And, the day after, "Passed a quiet night, but lies in a comatose state; varioloid eruption in its most confluent form; breathing laborious; cheeks puffed out in expiration," &c. The patient soon after expired.

Remarks.—Here, then, within the brief space of a few weeks, we meet with two coincidences in the natural history of disease, so remarkable, so exceedingly rare, that I am disposed to believe that they are almost, if not quite, unique in themselves. In the one case, small-pox and measles co-existent in the same individual; in the other, small-pox and scarlatina: occurrences remarkably negating and subversive of the dogma of the school, now respectable only, for the most part, for its antiquity, as well as for the support which it was long, erroneously, supposed to have derived from the illustrious name of John Hunter—to wit, that Nature does not more abhor a vacuum than she does the coincidence of two poisons at the same time in the same individual. In the first of the cases under consideration, we observe the system, at one and the same moment, under the dominion of *three* separate and acute specific diseases; any one of them, we should conclude, from *à priori* reasoning, opposing an inseparable barrier against the intrusion of either, not to speak of both of the other two.

In a practical point of view, we derive a useful lesson from the striking histories I have now had an opportunity of submitting to the profession; and that is, as to the importance of *isolating* the subjects of one member of the family of the exanthemata from those who may be under the influence of another of the same; no longer confiding in the conservative influence which the existence of one of these forms of blood-poison in the system may be supposed to exercise against the possible invasion of another, a consideration which it would be well to bear in mind in arranging the "contagious wards" of our military and other public institutions for the treatment of the sick, where bodies of individuals are massed together within a narrow compass.

Corfu, 1858.

A CASE OF FRACTURE OF THE BASE OF THE SKULL.

By C. CLARKE RUTHERFORD, Esq.,
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PRIVATE J. M.—, of the 2nd Dragoons, aged twenty-two, while exercising a young horse in the barrack yard, was thrown and pitched upon his forehead, taken up insensible, and conveyed to the Regimental Hospital, about ten A.M. on the 2nd instant.

The following symptoms were evident on admission: total unconsciousness and complete loss of power; breathing stertorous; both pupils firmly contracted and insensible to light; skin hot and perspiring; pulse full and compressible. On being put to bed vomiting occurred; the urine dribbled away involuntarily, but the fæces were retained. *There was no hæmorrhage from either ears or nose.* On examination of the head, no fracture of the skull could be detected; considerable ecchymosis of the left eye existed, and there was a small contusion over the left frontal eminence.

The man continued in the same state as when first brought under notice, and died twenty-three hours after the accident.

Autopsy, thirty hours after death.—A contusion over the left frontal eminence and ecchymosis of the left eye; effusion of blood under the left temporal muscle. The dura mater much congested; cerebral surface very vascular, and there were coagula at the base. Sections of brain exhibited bloody puncta in all parts; there was bloody serum in the lateral ventricles, and a clot was found in the left lateral and also in the fifth