

Now, with respect to the circumstances under which the attack in this case occurred, there can, I think, be little or no doubt. There was personal exposure to the sources of malarious or choleraic influences in energetic and concentrated force, if not directly to infectious emanations, (on the presumption of the infectiousness of the disease.) Under the ordinary given conditions, and judging from the fatigue just undergone, and excesses avowed to have been committed, there presented at the same time a state of system most conducive to their morbid effect. The inference, therefore, is, that, in the late visitation here, the first case of cholera originated, not endemically in the quarter of the town in which it appeared, but was due to the influence of extra-local and pestilential causes.

And here I am free to avow, that my individual opinion, equally concurred in, as it happens to be, by every member of the profession in this town, is decidedly in favour of the infectious nature of cholera in a degree, and under certain circumstances; but the advocacy of the opinion thus incidentally expressed, whatever may be its value, is not now immediately designed, my object here being rather to present a succinct *résumé* of the leading facts in connexion with the subject of these remarks generally; yet, it is not to be concealed, that, in relation to the question of the contagiousness or infectiousness of cholera, the history of the late epidemic in Lisburn is not devoid of some apparently well-marked incidents in proof. The disease, indeed, as it occurred there, may not be primarily referable to the influence of this cause, strictly speaking, since the original case—that now mentioned—proved, in effect, innocuous, none of the members of the family of the subject of it, nor any of his relations or friends, who freely visited the house on the occasion, having suffered an attack in consequence. It may be further admitted, with no less certainty, that, of the different causes that mainly contributed to its subsequent epidemic evolution and maintenance, the effect of personal contamination of some sort was by far the least general; but that the poison of cholera, in the present instance, not unfrequently (and very unmistakably, seemingly) evidenced, under appropriate conditions, the common property of reproductiveness, is undoubted. During the prevalence of an epidemic constitution, such as that under notice, there is undoubtedly no small difficulty in making out a perfectly unobjectionable case in favour of the circumstance of communication alone, and separate from the co-operation of other general causes still more prevalent in common; but equally certain is it, that much of this may ordinarily be got rid of simply through the adoption of a careful but discriminating and unbiassed observation. However that may be, certainly the results of my limited experience, if possessed of a distinct bearing at all, go apparently very unequivocally to evidence the not unusual intervention of this element in the category of causes—an opinion in which I feel all the more convinced, from the circumstance of its being quite acquiesced in, both by Dr. Thompson, surgeon to the county (Antrim) infirmary; Dr. Campbell, medical attendant of the Lisburn Union Workhouse; and Dr. Musgrave, medical officer of the dispensary district of that name.

But with respect to the Knocknadona Dispensary district, so-called, which immediately adjoins in a north-western direction that of Lisburn, forming as it does a moiety of a circle around it, of the two separate rural exceptions, equally virulent, as brief and circumscribed, that successively occurred there in July and August, but in localities some miles apart, in neither was there wanting pretty certain evidence of the influence of infection both in the origin and subsequent progress of the disease. Between Lisburn, in which cholera was equally prevalent on both occasions, and the scenes of these short-lived but very fatal occurrences, is a distance respectively of four miles and one; and while that the chief market-town of the central valley of the Lagan, of which the spots now referred to form a part, continued meantime to be resorted to equally then as theretofore by their inhabitants, certainly nothing remarkable, either in a sanitary or hygienic point, presented to distinguish them from others immediately adjoining or more remotely situated that chanced to be exempted from attack. But in regard to elevation, the site of one of these outbreaks, the first in point of time, as well as of seriousness, is lower by 300 feet than that of the other, being scarcely 40 feet above sea level; and besides it is distant barely a quarter of a mile from the northern bank of the Lagan Canal, which traverses, parallel with the Ulster line of railway, the valley of that name, and which connects, as is known, the waters of the sea at Belfast with those of the celebrated inland lake of Lough Neagh. Now, the geographical bearing of the immediate site of this eruption, extremely limited as it was, corresponds with a point pretty nearly equi-distant from either extremity of this im-

portant artificial water-channel, or, as already stated, about four miles from Lisburn and two from Moira; and it is not unworthy of observation, though by no means singular, that while several isolated cases of cholera and choleraic diarrhoea occurred besides, both before and subsequently, on the northern side of that water, and close by, not a single instance of the disease is known to have presented at the same time on its southern aspect. But omitting further details here, it may be generally stated that, in both of these visitations alike, there is every reason, rather presumptive indeed than absolutely demonstrative, for believing that the disease originated not casually through the mysterious intervention of some rapidly-developed peculiar influence—physical, not moral—but was transmitted from Lisburn in some way, and most probably from personal exposure; that in both its ravages were strictly confined, as by a cordon, to the members and connexions of a few neighbouring families in social intimacy or on visiting terms; and that in both the series of attacks, from first to last, were statedly progressive, each successive one (allowing a short but variable period for incubation) being developed in order, and according apparently to the degree of personal exposure through attendance of the healthy upon those affected by the disease,—a result precisely in keeping with analogous occurrences in the history of either of the fevers common to Ireland, and with which a now somewhat lengthened experience has rendered us but too familiar.

However, with respect to the statistics of these limited outbreaks: in the former, which appeared July 9th, and lasted for about a fortnight, there occurred in all 16 cases, 13 of which proved fatal; in the latter, which showed itself at the end of August, and ran its course in about an equal length of time, there were altogether 12 cases, 10 of which terminated unfavourably: while of the entire number, 10 were males, and 18 females; 4, irrespective of sex, being under five years; 10 between the age of five and thirty years; and 14 between thirty and seventy years. The aggregate of the cases of diarrhoea, it may be right to add, that presented on both occasions, were 27, all of which terminated in recovery.

But with respect to Lisburn, or, more correctly, the dispensary district which, under the arrangements of the recent Medical Charities Act, goes by that name, I find, through the kindness of its intelligent medical officer, Dr. Musgrave, that there occurred altogether 236 cases of cholera, the date of the first registered one being May 16th, and that of the last about the end of November. Of these, 92 were males, and 144 females; 73 of either sex being under fifteen years of age; 140 between fifteen years and sixty; and 23 above sixty. Deducting 40, which were sent to hospital, from the entire number, the results were—cured, 114; died, 82, being somewhat less than in the proportion of two to three. The periods in which the larger number of cases presented were the last week in June and the second week in September, the weather at the former time being, for the season, very wet, damp, and cold; and hot and rather sultry, during the latter. The number of cases of diarrhoea registered for the corresponding time numbered 151, a few of which ran into cholera, some more terminated fatally, but the great majority issued in recovery.

Then, in reference to the Lisburn Cholera Hospital, which was temporarily established in connexion with the Union Workhouse there, and which was open from May till October, there were, as I am enabled to state through the kindness of Dr. Campbell, 81 admissions in all; of which 36 were males, and 45 females. Of these, 44 recovered, and 37 died. With respect to age, 27 of the entire number were under fifteen years; 51 between fifteen years and sixty; and 4 above sixty. The two weeks in which most admissions are recorded are, one ending June 3rd, and the other September 9th. And considering that the great majority of these cases—nine-tenths at least—were furnished by Lisburn alone, the above-mentioned weeks, in which the number of admissions noted are thus found alike decidedly to preponderate over other equal towns comprised, correspond exactly with the twofold accession which formed a singular feature in the history of the epidemic as it presented in that town.

(To be concluded.)

## ON A CASE OF EXTRAORDINARY LENGTH OF THE FUNIS.

By JOHN ROUSE, Esq.

ON the morning of the 8th inst., I was called to attend Mrs. F—, a patient of the Middlesex Hospital, in labour with her seventh child. I had learned previously that she had suffered

from tedious labours, and that, at the last, the funis was twisted four times around the neck of the child. On my arrival, at five A.M., I found that she had been in labour about twelve hours; the pains were strong, and occurring at regular intervals of about four minutes, the os being partially dilated. No progress was made for some time, when a severe pain completed the dilatation of the os, and brought away a male infant, followed immediately by the placenta, which was close upon the left knee. The funis, which was fifty-one inches and a half in length, was coiled six times round the neck, and once round the left thigh. On being released from its bondage, the child cried vigorously. No hæmorrhage occurred, notwithstanding the sudden emptying of the uterus, which was rendered unavoidable by the exceedingly small space left between the fœtus and placenta by the coiling of the cord, leading me to the conclusion that the funis was preternaturally short, and rendering delivery impossible until after the detachment of the placenta. The mother has recovered, with but one peculiar symptom, which was, that the lochia have never made their appearance up to the present time.

I find in none of the standard works upon Midwifery any well-authenticated record of a case, in English practice, where the funis equalled this one in length. Baudelocque mentions one of fifty-seven inches, and this appears to be the only case of such length of cord to be relied upon in the French. As, however, the statistics are very imperfect, no great attention apparently having been paid to the subject, perhaps some of your readers might know of instances of equal or greater length of funis, occurring in our own country.

Albany-street, Regent's-park, Aug. 1855.

## 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.

### GUY'S HOSPITAL.

WOUND OF THE AXILLARY ARTERY FROM TRAUMATIC INJURY;  
SPONTANEOUS RECOVERY.

(Under the care of Mr. HILTON and Mr. CALLAWAY.)

Two cases in the hospitals, which have come under our notice during the last fortnight, though differing in nature, mutually elucidate one another, and the pathological changes respectively in each. One is a case to which Mr. Fergusson drew the attention of his class as being very uncommon in a pathological sense—the cure of aneurism of the subclavian without ligature, and which at a superficial glance might be classed under the cases of spontaneous cure of aneurism. The second is a very unusual but practical case of injury of the main arterial vessel in the axilla in a boy, who had got impaled on a spike when climbing over a fence, and where, from the symptoms present, Mr. Hilton was inclined to believe that the axillary artery was severely injured, if not torn across. The injury was subsequently repaired, however, by the unaided efforts of the constitution. The case was attended by very remarkable hæmorrhage, but the pulsation in the wrist and branches supplying the palmar arch was completely stopped.

A. C.—, boy, of eight or ten years of age, of very restless and unmanageable disposition, was admitted July 22nd. It appeared that in climbing a paling or fence in the country he happened to fall, and got completely impaled or hooked by the armpit, thus severely injuring the axillary artery. A surgeon saw him at the time, but thought it advisable to send him to Guy's Hospital, as the boy's clothes were saturated with blood. It will be remembered that the axillary artery, in traversing this part, and somewhere between the coracoid process or first rib, and lower border of the latissimus dorsi, where it loses its name and becomes brachial, is crossed over

by the vein, and is also embraced by the roots of the median nerve, so that it is readily seen what a variety of parts were likely to have been injured in such an accident. The history of the case was somewhat imperfect till some days after the accident, when the patient was brought into the hospital. The chief means adopted by Mr. Hilton have been steady attention to keeping the parts at rest—a matter of some difficulty, as the boy is very unmanageable. The pulse now appears at the wrist a little clearer and clearer; the artery at the beginning was perceptible to one particular point, exactly in the middle of the axillary space; here the pulsation stopped abruptly, and here no doubt a clot was formed.

August 22nd.—It is now a month since the date of the injury. The patient is up and about, but there has been no hæmorrhage since he came to the hospital; the pulsation in the wrist is scarcely perceptible in either arteries.

### • KING'S COLLEGE HOSPITAL.

REMARKABLE CASE OF SUBCLAVIAN ANEURISM; NEW METHOD  
OF TREATMENT; RECOVERY.

(Under the care of Mr. FERGUSSON.)

It seems to be a subject of some doubt and no little controversy whether the inner and middle coats of the large arteries are subject to inflammation, as they possess no vessels immediately of their own, living, according to microscopic examination, like cartilage, enamel of teeth, nails, &c., by imbibition of nutritious elements from the adjacent fluids and parts. It is not so doubtful, perhaps, that an artery, or an aneurism in its interior coats, may be secondarily involved in inflammatory affections proceeding from the external coats and sheaths subject to pressure or injury, and thus become entirely blocked up. In the case just given of Mr. Hilton's, there was little doubt that a fibrinous plug had been formed in the axillary, which was gradually displaced or absorbed subsequently. In large aneurisms these fibrinous deposits are very familiar to the surgeon. The obturation of arteries, indeed, more especially of smaller vessels, like those composing the "circle of Willis" in the brain, seems now very generally conceded, more especially since the researches and cases of Dr. Kirkes, one of the latter of which cases we gave in the "Mirror," (*THE LANCET*, vol. i. 1855, p. 211.) Various preparations in the museum of St. Bartholomew's also leave no doubt, in point of fact, on the subject, as to the transmission of small fibrinous clots from one part of the circulating current to another, and producing characteristic symptoms. We mentioned at that time another case in St. Bartholomew's, where there was very little actual disease, but complete cessation of pulse in both wrists, in an otherwise apparently active young woman, but where there was reason to believe this singular state of things was also due to displacement of clots or fibrinous deposits after inflammation of the lining membrane of the heart. Twenty-one such cases are given by Dr. Kirkes, in nineteen of which these endocardial fibrinous deposits were found. The medical aspect of this question we find constantly alluded to by Dr. Kirkes, Dr. Todd, and other physicians, in the wards of hospitals; a surgical use seems found for them by Mr. Fergusson.

Mr. Fergusson presented to his class on the 4th of August a most interesting case—one of a series, as we subsequently learned—where a very remarkable cure has been effected in well-marked subclavian aneurism, by a new and specific method of manipulation which he has adopted. We may state here that we saw the case about a year and a half ago also, when the man was previously under treatment. Some short period before that time Mr. Fergusson conceived the plan of stopping the circulation in the aneurism by pressing the sides of the aneurismal sac together, with their intervening fibrinous deposit; and in this case, from the phenomena attending the manipulation, there appeared to us very little doubt that the object held in view by Mr. Fergusson had been attained—viz., the clots of fibrin in layers in the aneurismal sac had been displaced, and, spreading from the subclavian into the axillary and brachial, a new sort of Brasdor's operation, at the distal side of the subclavian had been the result. In other words, we believe Mr. Fergusson here, without ligature, had attained all the advantages of the last-named operative proceeding; for not only had a blocking-up of the axillary and brachial been followed by a partial stoppage of the current through the enlarged aneurism of the subclavian, but even with very marked, but not so satisfactory, results as regarded the pulse in the radial at the wrist, which became completely stopped for a time, with symptoms of paralysis in the arm, all resulting from the displacement of the fibrinous clots.