memories or relative suggestions. This impression will only be perfect in so far as the cell shall have regained its vitality, and the less the vitality of the whole brain, the less perfect will be the excitation of those cells which bear the impressions necessary for the correction of one newly formed; still less will it be possible for sequential ideas to follow one another so as to induce healthy thought; in a word, reason will be in abeyance. An impression or an idea may be present, and in the absence of others may be so vivid and powerful that it becomes involuntarily the incentive for action, and the poor unfortunate victim of this influence rushes forward in blind unreason to the commission of an insane act, an act perhaps of no legal importance, or, as is equally probable, to one of the gravest offences against moral rectitude and legal responsibility. A long slumbering idea of murder or suicide, theft or violence, may be awakened in the mind just returning to consciousness after an epileptic shock; an idea that long ago may have had a passing presence, but which was instantly corrected by a nicely educated sensibility, by experience, by a delicate and well developed emotion, and by sound reason; an idea necessary in the mind, not willingly, but by reason of our communication with the world, and our interchange of ideas with our fellow men. Such, doubtless, was what happened in the case of the poor girl whose misfortune we have been considering; surely responsibility is an attribute that cannot belong to her at the time of her seizures. Can we doubt that the idea was suddenly awakened in her mind, and, as she had not a sufficiency of brain-matter in motion to allow her to reason, she was hurled on to the commission of the saddest of crimes which stain the pages of the history of humanity?

A NEW FORM OF AMBULANCE FOR COUNTRY AND VILLAGE HOSPITALS.*

By HORACE SWETE, Esq., Weston-super-Mare,
Formerly Surgeon to the Wrington Village Hospital.

[AFTER mentioning various forms of ambulances that had been proposed, and especially one that had been figured in the *Illustrated London News*, which, though excellent for town work, was too cumbrous and expensive to admit of its general use in country districts, Mr. Swete stated that, for some time, he had turned his attention to the production of an ambu-

lance that should at once be cheap, and easy for the sufferer, and that could be used in the conveyance of infectious cases without fear of communicating any disease. The ambulance he had designed was now in use; and he had placed it in the hall for the inspection of the members present. It was constructed of varnished wood and iron, the curtains and bed being made of vulcanised India-rubber, so that the whole could be washed without injury.]

Ambulances have been for some time part of our military equipment, and are generally constructed on the model of a gun-carriage, palanquin, or police-stretcher. In the summer of 1864, feeling that village hospitals were now spreading rapidly over the country, and that their utility would be much enhanced by having a cheap and easy means of carriage for the sick poor, I designed an ambulance, which I now bring before your notice.

I have endeavoured to get out of the gun-carriage groove in which many of our ambulance inventors have run, and to construct one in which I have had constantly before me its practical adaptation to country use. I, therefore, started with the idea that twenty guineas would be the outside price that would enable the carriage to be within the reach of our workhouses, country, and especially village hospitals; and that the objects to be attained were—Freedom from conveyance of infection; ease to the sufferer, and as few changes as possible; lightness of construction; ability to examine a wound or watch a patient in transit; and that the whole should not exceed the price of twenty guineas, giving a fair profit to the maker.

This ambulance is constructed thus. The body is like a skeleton hearse, without bottom or sides, the panels at the side being filled with glass-shutters or curtains of vulcanised India-rubber cloth, capable of being drawn back opposite a wound, etc.

The back of the carriage opens as a door. In the bottom are three rollers, on which runs a wooden tray, having placed in it, a mattress covered with vulcanised cloth (or, in infectious cases, straw, which may at once be burnt). This tray has two strong iron handles at each end, and one at each side; so that it can be conveniently carried up a narrow staircase. The vehicle is hung by four elliptic springs on four wheels, and is capable of being turned in its own length. It has a driving-box; and shafts for a pony or donkey, which can be obtained in nearly every village, are strapped on the roof, with a handle to draw it by hand. On each side is a rail, so that any friend or attendant, whilst watching the

patient and walking with the hand resting on the rail, will give considerable assistance in propelling the carriage. A lamp is fitted outside and inside the carriage. No ornamental work exists. The wood is ash, with deal panels; the wheels are ash, with turned spokes. There is neither paint nor putty used; the whole being varnished inside and out, and the iron work bronzed. A spanner is attached to the driving-box, ready for use to change the handle for the shafts. The name of

the hospital or union to which the ambulance is attached, is painted on an ornamental ribbon or scroll on the door.

Its dimensions are 7 feet 6 inches by 3 feet 9 inches; the height 4 feet 9 inches. The tray in which the mattress is placed is 6 feet by 2 feet. The total weight is under 3 cwt. The appearance is not inelegant; and the carriage would not look *outré* in the entrance hall of an hospital or union-house.

The mode of use is as follows. The carriage being brought near the place of accident, or where the sufferer lies, the tray is taken out

* Read before the Bath and Bristol Branch.

and carried to him. This may be done down a railway embankment, or over a wall or locked gate. The patient being placed on the bed, is carried to the ambulance, and in the same way from the ambulance to the hospital bed.

I have been greatly aided in constructing this ambulance by our village carpenter, Mr. W. Avery, who was always ready to suggest anything that might keep the expense within the limits assigned. I had previously consulted regular coach-builders; but the expense was so great that my plans were abandoned for nearly three years. I shall be happy to see, if ambulances are required by other village hospitals, that Mr. Avery carries out my plans in every respect, and shall consider myself well repaid if the ambulance, either in its present form or with any improvement any other member of our profession may suggest, be brought into use in unions and village hospitals.

[Since this paper was read, Mr. Swete, having, on account of the health of his family, been reluctantly obliged to leave Wington for Weston-super-Mare, and consequently give up the charge of the Village Hospital, presented the ambulance shown at the meeting of the Branch to the Wington Village Hospital.]

EPISTAXIS, AND THE MEANS OF ARRESTING IT.

By JOHN THOMPSON, M.D., F.R.C.S., Bideford.

HÆMORRHAGE from the nose is most frequent in youth and advanced age; it recurs more often in the former, but is more severe and threatening to life in the latter. I have seen an old man approaching four score lose several pints of blood at one time; and on several occasions elderly people under my care have bled more than a pint at once. The arteries being rigid, atheromatous, and feebly contractile, will explain the severity of the hæmorrhages of the aged. It is generally assumed that, in the young, plethora and sthenia accompany the hæmorrhage. This may be so in many; but I am convinced that, in a large number, if not in the majority, the opposite conditions exist. A florid complexion is not always indicative of plethora, still less of sthenia. I have at this time under treatment a respectable female approaching to middle age, and a resident in the country, who suffers from vicarious epistaxis, whose ruddy cheeks would render her the subject of remark; and yet her system is feeble, and the strongest chalybeates suit her better than salines and evacuates. Again, as the periods of active growth and fast decay are equally the periods of weakness and the seasons of the hæmorrhages, we have a general presumption in favour of the argument for debility.

The ordinary means employed for staying a profuse epistaxis need not be dwelt on; but I will add, that keeping the patient's arms perpendicular will sometimes be sufficient of itself, and it always assists the action of the cold douche and similarly acting agents, the reason of which is obvious.

Many years since I was on a visit in a country neighbourhood, where I was asked to see a gentleman advancing in age who had lost an alarming quantity of blood from his nose, and all the ordinary means failed to arrest the flow. Plugging in front simply prevented the discharge forwards; it made its course backwards into the throat instead. I took a medium sized gum elastic catheter, without stilet, warmed and washed it, then passed it along the floor of my own nostril to the throat, and thus ascertained the length of the passage, which I marked on the instrument. Next I passed it back through the nostril of the patient, and, when I knew the end must have reached his throat, I opened his mouth and seized with a polype forceps the end of the catheter, which I then drew to his mouth, and tied to it a strong ligature with a pledget of lint attached. By drawing the catheter out through the nostril, the lint was fixed at the posterior nares, and the bleeding arrested. This might have been done by the instrument known as Bellocq's, but it was not at hand, and very probably would not be away from town or hospital in most cases; but a catheter, used in the way I have named, answers so well, and is so easily extemporised, that the more expensive and elaborate instrument can be dispensed with. It seems, also, to me that drawing the end of the catheter to the mouth by means of the forceps, is a better plan than threading the catheter with a ligature and passing it thus armed through the nostril on to the throat, there to be reached with the fingers.

But, however practised, the presence of the pledget at the posterior nares is very annoying and even distressing to a patient, so that it is desirable to avoid it when practicable; and I have found the following method so successful, that I venture to suggest its adoption as a substitute. Strip off a piece of lint about the width of a finger, and twice the length of the nasal passage; double this, and place the bowl end of a director in the fold that marks the middle; then pass the director thus

covered along the floor of the nostril till it reaches the throat, lift it somewhat, and then withdraw the director, giving it a wriggling movement in its passage, so as to leave the lint rumpled and loosely distending the passage. The result is, that the blood rapidly permeates and distends the lint, a large coagulum is formed, and the bleeding is completely arrested. This is attended with far less inconvenience to the patient than even ordinary plugging in front, is vastly more effective, and, should it turn out to be less reliable than plugging the nostril behind, is free from the suffering which must attend on the lodgment of a large foreign body over the soft palate, which, in the case of the patient whose case I have named, was scarcely endurable.

OBSTETRIC MEMORANDA.

[UNDER this head we shall from time to time, as materials come to hand from correspondents, publish records of cases remarkable in themselves, or illustrating points of interest in obstetric practice, therapeutic or manipulative. We shall probably in this way preserve from oblivion the notes of very many useful and instructive occurrences in private practice; for the great obstetric experience is that—for the most part hitherto unwritten—of the great body of general practitioners throughout Great Britain. We will only ask those who may forward cases for record to relate them with the utmost brevity, and equally to condense any appended remarks.]

CASE DEMONSTRATING THE USE OF THE DRILL-CROTCHET.

By H. E. EASTLAKE, Fellow of the King and Queen's College of Physicians.

I WAS first called to see Mrs. K., aged 43, on July 20th. She told me that she had flooded considerably; she stated also that she had had several gushes on the 18th. On examination, I found that the os uteri would just admit the tip of the finger. The membranes were entire, and the head presented. As no hæmorrhage was going on, and she was not at her full time of pregnancy, I told her to keep quiet in bed, to let the room be cool, and also to take iced drinks. I saw no more of her until the morning of the 24th, when I was hastily summoned to her bedside. She was then blanched, and nearly pulseless. The midwife in attendance told me that there had been a great deal of hæmorrhage. On examination, I found the os uteri about the size of half-a-crown, but very rigid. The waters had escaped nine hours. The foetal heart, which had been distinctly perceptible by auscultation on the 20th, was now no longer audible. Looking to the alarming condition of the patient, and being sure that the infant was dead, I felt that delivery by perforation was strongly indicated. The application of forceps, or the operation of turning, were of course both impracticable; I therefore employed my drill-crochet with the most perfect success, and extracted the child's head within ten minutes of the perforation. The patient made an excellent recovery.

ON EXTERNAL MANUAL PRESSURE OF THE UTERUS DURING THE SECOND STAGE OF LABOUR.

By JOHN K. SPENDER, M.B.Lond., Bath.

LAST July, I attended a lady in her eighth confinement, whose chief trouble had always been excessive *post partum* hæmorrhage. She is a person of diminutive stature, and of choreic tendencies. The pregnant womb at full time has always shown a disposition to anteversion, so that when the patient lies on her side, the fundus uteri tips over, apparently from the mere weight of its contents.

This labour was unusually tedious, owing partly to the too early escape of the liquor amnii. Suddenly the thought struck me, that, if I clasped the uterus by placing the out-stretched hands on the abdomen, and then exerting firm pressure in a backward and downward direction (the nurse making counter pressure on the back), I should help the natural forces a good deal. I did so for an hour during every pain; and the result was, that the labour came rapidly to an end; the placenta was expelled by the final pain which expelled the child; and the after-flooding was almost *nil*.

The pressure produced benefit in several ways. (a) To a great extent it rectified the position of the uterus, and *pro tanto* the axis of the foetal track into the world was made right too. (b) It gave a physical stimulus to the uterine fibres, and increased their expulsive power. (c) It caused a more complete contraction of the uterus after the birth of the (living)