

to be present anteriorly to the tumour, developed in a small portion of the tunica vaginalis. The cancerous disease seemed to have involved the entire testicle, but did not extend upwards to the cord.

The patient went on very well, and made a good recovery from the operation. The ultimate prognosis is, however, of a very grave character.

ST. MARY'S HOSPITAL.

SYPHILITIC ABSCESS ENDING IN FISTULA IN ANO.

(Under the care of Mr. COULSON.)

The pathology of fistula in ano is a subject of interest, as to which some things still remain to be cleared up. The pupils of Mr. Coulson's class at St. Mary's Hospital have had the opportunity of observing, in the case of a young woman, aged twenty-two, who has been lately in the hospital, the influence of a syphilitic taint in causing the disease. Her history included the facts that two years since she had contracted primary syphilis, for which she was appropriately treated; recovering; and remaining well up to the previous month, when she was seized with vomiting, a febrile condition, and sore-throat. These symptoms lasted for about two days, and were succeeded by the eruption of rose-coloured patches and the occurrence of pains in the limbs. Under the influence of iodide of potassium and blue-pill these symptoms disappeared. About a week before admission she perceived a swelling in the neighbourhood of the anus, causing her pain in the sitting posture; and after a night of great suffering she passed purulent matter on going to stool.

When admitted, the left nates were swollen, and there was a tumour to the left of the anus two inches in length. The bowels acted regularly, but with pain; and there was considerable tenesmus. These symptoms increased, and after a few days, the abscess coming near the skin, Mr. Coulson made an incision, which permitted the escape of fetid pus. Matter continued to escape by the bowel and through the cutaneous wound, and subsequent examination determined the existence of a true fistula of considerable size. This Mr. Coulson divided, after preparatory treatment, and laid the sinus freely open. The wound was dressed with oiled lint, and the patient is doing well.

Here the formation of abscess by the side of the rectum (favoured by the syphilitic diathesis), its ulceration into the bowel, subsequent advance to the skin externally, and the formation of a true sinuous fistula, were observed in a typical sequence.

CHARING-CROSS HOSPITAL.

ACUTE RHEUMATISM RESULTING IN DISORGANIZATION OF THE LEFT WRIST-JOINT.

(Under the care of Dr. SALTER.)

DANIEL S.—, aged thirty, single, by occupation a stoker, was admitted January 3rd, 1860, suffering from rheumatic fever. He had always enjoyed good health up to December 7th, when he was attacked with pain and swelling of the wrist-joint of each hand, which left him in a few days. Three weeks afterwards (Dec. 28th) he was seized in the night with pain all over him, shivering, and vomiting. He was seen two days afterwards, when he was suffering from pain and swelling in most of the joints, complaining especially of the left arm.

On admission, he was ordered a mixture of citrate of potass, sesquicarbonate of ammonia, tincture of opium, and compound rhubarb mixture every four hours; cotton wool to the joints, and a compound soap pill every night.

He gradually improved after his admission into the hospital up to January 9th, when he may have been said, as far as his general condition went, to be convalescent; but on that day he was seized with severe pain in the left wrist. In his mixture the ammonio-citrate of iron was ordered to be substituted for the rhubarb mixture thrice a day.

Jan. 11th.—Wrist no better, in fact worse; pain constant; joint immovable without the most severe pain; the hand has become cedematous. Ordered a blister, the size of half a crown, to be applied to the back of the left wrist.

16th.—No better; the patient feels extremely weak; cedema increased; hand quite fixed; gets no sleep at night on account of the pain in the wrist. Ordered compound soap pill every

night, and to have a mixture of tincture of the sesquichloride of iron, dilute nitro-muriatic acid, and infusion of quassia; and also two drachms of cod liver oil thrice a day.

17th.—Wrist no better. Another blister.

24th.—Dr. Salter finding that the patient was quite well, with the exception of the left wrist-joint, that his rheumatic condition had entirely passed away, the man eating and drinking and walking about the ward quite well, doing everything well except sleep, on account of the pain in the wrist, considered that there must be some reason why the left wrist did not recover like the other joints—some organic damage in the joint itself, and that the case had ceased to be a medical, and had become a surgical one. He therefore requested that Mr. Canton might see the patient, and express his opinion on him.

26th.—Mr. Canton has seen this patient, and says that the bones of the wrist are affected, that the rheumatic inflammation has organically injured the joint. The patient was therefore placed under Mr. Canton's care.

ST. GEORGE'S HOSPITAL.

ANEURISM OF THE TEMPORAL ARTERY; CURE BY COMPRESSION.

As usually seen, aneurisms of the temporal artery originate in wounds produced by cupping. Mr. Erichsen has met with two cases of the kind, in which the disease was readily cured by laying the tumour open, turning out its contents, and tying the artery on each side of it.

Aneurism will sometimes follow in cases wherein this artery has been opened for the purpose of bloodletting, and injuries to the vessel are known to give rise to it. On the 1st instant we learnt of an instance of the latter in the person of one of the pupils of the above hospital, who was struck in the temple by a stone, which was followed by an aneurism. The treatment pursued, as we were informed, was exceedingly simple; it consisted of the occasional pressure of the proximal end of the vessel with the finger, whilst the subject of it was engaged in his studies, and the result has been the slow consolidation of the sac. This is a most convenient method of cure in this situation, as it obviates the necessity of inflicting a wound for the purpose of tying the vessel on either side of the tumour.

Medical Societies.

NORTH LONDON MEDICAL SOCIETY.

DR. ANDREWS read a paper

ON PUERPERAL CONVULSIONS.

Those gentlemen who are engaged in obstetric and general practice will admit the importance and interest of the above subject, and probably join with me in considering it a most dangerous complication in the lying-in chamber. In the presence of practical men, it would be bad taste to introduce an abstract description of the forms the disease assumes, and I have preferred making some clinical remarks on the cases I have been called upon to treat, with a view of eliciting comments. The first case to which I shall direct your attention is one of puerperal convulsions of an asthenic epileptic character.

CASE I.—Mrs. M.—, aged nineteen, the wife of a clerk residing near Euston-square, a small, slight young woman, of an irritable temperament, apparently in a delicate state of health, engaged me to attend her first confinement, which was expected to take place in January, 1857. There was no history of epilepsy in early life, or even hysteria, which might induce one to anticipate any deviation from natural labour. Accordingly the pains commenced on the 3rd of the month stated, and proceeded in a regular manner, making great progress towards the completion of the first stage. I had remained in the room upwards of an hour, the os uteri was perfectly dilated, and the head advancing towards the perinæum, when suddenly there was evidence of disturbance of the functions of the brain, but nothing like aura epileptica had previously been complained of. Her manner was excited, and conversation incoherent; the eyes suddenly became fixed and the pupils dilated; the respiration was sibilant; the countenance became flushed and distorted by spasmodic twitches, and the muscles of the whole body were thrown into a state of convul-