tried, dilatation of the canal of the cervix uteri seems to be the best, to which more recently has been added the introduction of a silver canula, as tried by Dr. Tyler Smith.

When in 1846 Professor Simpson, of Edinburgh, announced that the membrane expelled in certain cases of dysmenorrhœa was not simply a fibrinous or inflammatory exudation, the result of some change in this organ, but consisted rather of "exfoliation or detachment of the mucous membrane of the uterus itself," the obstetric world, according to Dr. Tyler Smith, as he explained to his class, was somewhat startled from its propriety, and ever since that time, when the matter has been referred to, it has generally been with strong expressions of doubt and incredulity. Obstetric practice has been hitherto rather undeservedly under a cloud in London, and few opportunities have been afforded to test the matter. We are not aware that any researches bearing directly upon Dr. Simpson's discovery have been published in London, so that the following case, abridged from the notes taken in St. Mary's, may be instructive:—

M. D—, aged thirty-two, twice married, but without children, was admitted April 20th, suffering from dysmenorrhœa and the discharge of membranous matter at each monthly period. The history of the case, as taken by Dr. Vernon, was as follows:—She was first married at the age of sixteen, and before this time had menstruated healthily. After marriage she began to suffer from menorrhagia, which she supposed to have been caused by excessive intercourse. This went on, and ended in membranous menstruation, accompanied by profuse sanguineous discharge. She continued to suffer in this way during the lifetime of her first husband; but seven years after her marriage she became a widow. She now slowly recovered her health, menstruation becoming less painful, and the dysmenorrhœal membrane disappeared altogether. She remained unmarried for several years, but married a second time about two years ago. Six months after this marriage, she began to suffer pain again during the menstrual periods, and the characteristic membranous shreds reappeared in the discharge. She now for the first time had internal hæmorrhoids, with fissure of the rectum; blood was occasionally passed by stool; and defecation, except under the influence of laxatives, caused great pain; micturition was also painful. In the intervals of menstruation she complained of leucorrhœa, the discharge being sometimes of a brownish colour. Occasionally severe pruritis was present. She had been a patient at several public institutions without obtaining material relief.

At the end of last year, when she first became an out-patient at St. Mary's Hospital, her health was a good deal broken by menstrual losses, the dysmenorrhœal pain, and the leucorrhœal discharge. At this time the membranous matter came away in flakes of considerable size, the largest flakes generally passing on the first days of menstruation. The greatest pain was suffered on the first day of the discharge and the two or three days preceding its appearance. On examination, the uterus was of the natural size, and the only thing to be remarked was a very contracted state of the os uteri, scarcely admitting the end of a probe into the canal of the cervix. Various remedies were used with the effect of moderating the leucorrhœal discharge and improving the general health. The os uteri was on several occasions dilated mechanically, but it was soon found to return to its former state of contraction. On one occasion Dr. Smith introduced into the cervix uteri a small silver canula about three quarters of an inch long, with a view to its remaining in the canal during a catamenial period. She menstruated while wearing this instrument, the discharge coming away freely in a granular instead of membranous form, and she suffered much less pain than usual. She herself stated that she had not been so free from pain at any month since the time the disorder reappeared after her second marriage. Some days after menstruation had ceased, this canula was taken out, and at the next two or three monthly periods the pain and membranous discharge returned as before. Dr. Tyler Smith now admitted her into the hospital, with the view of watching the case more closely, and ascertaining, if possible, the exact nature of the discharge. Shortly after admission menstruation took place, and the membranous flakes were carefully collected and examined with a lens and by the aid of the microscope. The largest membranous flakes exceeded the size of a shilling, and were about the eighth of an inch in thickness. When examined in water, they presented on one side a smooth surface, and on the other side the surface was flocculent and irregular. A vertical section showed the membrane to consist of a fibroid layer, in which was imbedded an abundant cell-formation, made up of multitudinous nuclei and celloid particles. From the free or smooth surface, numerous villi projected, while from the flocculent surface, long

tubular glands could be seen passing downwards. These glands had a basement membrane, surrounded by an outer thin coating of nuclei and fibroid tissue, and were lined with epithelium. The tubes of the glands were full of cylinder epithelium, nuclei, and granular matter. The tubular glands could be seen with the naked eye, and, with the villi of the surface, were characteristic of the uterine mucous membrane. There appeared to be no doubt that the membranous flakes were the mucous membrane of the fundus uteri, cast off *in toto*.

This case, then, strongly supports the pathological views of Dr. Simpson. An intelligent young German physician, Dr. Spiegelberg, of Gottingen, who saw this case with Dr. Smith, informed us that the celebrated Virchow, of Wurzburg, and Professor Heschl, of Olmutz, formerly senior assistant to Rokitansky at Vienna, had examined these exfoliations, and found them also to consist of detached mucous membrane.

On the approach of the next monthly period, after this examination of the membranous formation, the silver canula was again introduced, with the effect of diminishing the pain as before, and the discharge also contained much less flaky matter. The tube was allowed to remain *in situ*, and a second period has since been passed with marked diminution of pain, and alteration in the character of the discharge.

We have given an account of the present case because of its intrinsic interest, and to note the relief afforded by keeping the os uteri open with the canula. It remains to be seen how far the benefit derived in this way will proceed, but the use of such a means is certainly rational in a form of disease which obstinately resists ordinary modes of treatment. In other cases of membranous menstruation treated at St. Mary's, Dr. Smith has tried local abstraction of blood, counter-irritation, mild mercurialization, iodism, tartar emetic, (given at the periods so as to keep up constant nausea,) opiates, preparations of steel, cubebs, &c. &c., without arriving at any certain means of checking this troublesome disease. We ought not to omit to mention that in the case now under comment, full doses of camphor lupulin had been given with a view to their anti-aphrodisaic effects.

ST. MARYLEBONE INFIRMARY.

CARTILAGINOUS DEGENERATION OF THE TESTIS.

(Under the care of Mr. HENRY THOMPSON.)

CARTILAGINOUS degeneration of the testis seems to be a very rare disease. Cartilaginous degeneration of the female breast is mentioned by Sir A. Cooper, and Müller found the breast in a state of enchondroma. Opportunities are not often afforded of examining the testis in a state of actual inflammation, yet the effects of inflammation of this gland, so like the breast in many particulars, of acute or chronic orchitis, as shown in the destruction of the delicate arrangement of this part, are very familiar to pathological observers. The acute disease, it may be observed, is generally the result of external violence, and is seen every day in hospital. The organ itself is not much enlarged, this being due, perhaps, to the unyielding nature of the tunica albuginea; the epididymis, from the opposite character of its organization, on the other hand, being very much enlarged and tender; this enlargement is owing to the effusion of exudation matter. Suppuration, again, is not often met with in orchitis; but various other morbid changes, it is probable, are set up, or the fluid portion of the purulent matter is absorbed, leaving a concrete, whitish mass, not cartilaginous, as in the case here appended, and recently under treatment in the St. Marylebone Infirmary, but somewhat resembling tubercular matter. In old-standing cases, it is found, on the other hand, the epididymis becomes converted into a lymph deposit, with the density and consistence of cartilage, or might even be mistaken for bone. These results have all a practical bearing for the surgeon, as exhibiting the singular and incurable nature of the secondary diseases which may be brought about from neglecting what at first might be a benign and simple instance of orchitis. It might be easy to coin a new name for the disease in the following case, if Mr. Curling, in his most excellent treatise on the testis, had not exhausted our terminology, as the elements of cartilage were well marked, and the affection, as far as we can perceive, entirely new; but the practical bearing of such results of orchitis is of more interest, new species and varieties in the pathological kingdom too often sharing the fate of the instability of species in other departments of science. The following abstract is condensed from the note-book of the Infirmary:—

J. M—, aged twenty-five, of rather delicate appearance, and not long ago the subject of glandular swellings and sores about the neck, was admitted, under Mr. Henry Thompson, on the 25th of April, 1855, with the following history: Seven

months ago, he was sitting on an iron bedstead, when, by a sudden movement, the right testicle received a severe blow from a projecting corner. Severe pain was experienced for about ten minutes, when it disappeared altogether. Two or three weeks afterwards, slight swelling was observed on that side. During the last six months, this has gradually increased, and considerable pain has been felt in the loins and thighs.

Present condition.—The right side of the scrotum is filled with a smooth-surfaced mass, of generally ovoid form, about the size of a small cocoa-nut. There are slight, irregular protuberances in places, and inequalities of density to the touch. No transparency. The swelling extends high up the cord, but this can be felt distinctly above it; it is tender to the touch.

On the 1st of May, Mr. Thompson removed the testicle in the usual manner, dividing the cord high up in the outer third of the inguinal canal. Its appearance was perfectly healthy. Three or four ligatures were applied; a firm pad was placed on the outer surface of the scrotum, and secured by a spica bandage, so as to make firm pressure, prevent hæmorrhage into the cavity, and promote union by the first intention. Subsequently, the greater part of the wound was found to be thus united, the pains disappeared, and he was discharged cured on the 18th of May.

The diseased mass, being laid open, exhibited the presence of cysts of various kinds within the substance of the testicle, many containing fluid, others solid, contents, made up of secondary cysts, and more or less of something like atheromatous deposit; other masses appeared to be of epithelial formation; and intermixed with these structures were nodules of cartilage, which, under the microscope, presented all the distinctive elements of that tissue; a *congeries* of structures, of varied kinds, forming a tumour of this organ, essentially cartilaginous or enchondromatous, differing, we believe, from any at present on record.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

SATURDAY, MAY 26TH, 1855.

DR. SNOW, PRESIDENT.

DR. ROUTH exhibited to the Society

A NEW HYSTEROTOME,

which had been manufactured for him by Mr. Maddox, of University-street. The simplest idea he could give of its construction was that of a pair of scissors bent upwards between two blades of steel united at both ends. The instrument could be graduated beforehand, as to the extent to which it was to be opened, by graduated screws on either side of the handles. The curve of the instrument was the same as that of Simpson's sound. The length of it, from the joint to its anterior end, was eight inches and a half; the length of the blade eight inches; the length of the handles was four inches and a half, supported by springs, so that the anterior blades were always closed, unless the handles were forcibly compressed. The cutting edge of the blade did not extend to beyond one inch and a half from their tip. There was a peculiarity about these tips, which were made sharp at their anterior aspect, so that in the event of a stricture being so small that the instrument could not penetrate, these blades being made to open to the extent of about a line on each side, the instrument could be made to work its way upwards by gentle pressure in that direction, and by a slight lateral movement from side to side. The instrument was used on the same principle as Simpson's hystero-tome. The extent to which the os was to be cut having been first marked out by the screws before alluded to on the handle, the point of the instrument was introduced through the os to the extent required, the handles were then compressed, which caused the two blades at the anterior end to open, and, being kept in that position, the instrument was withdrawn, and in this manner the stricture cut through. This instrument, it would be seen, was new, in as far as the curve of Simpson's sound was applied to it, thus facilitating its insertion. In some respects it resembled Dupuytren's double bistoury caché. The presence, however, of the curve rendered its application in uterine disease more easy. It might also be used for stricture of the urethra in males, and, indeed, by some very slight modifications, it might be rendered useful for operating in lithotomy.

Dr. ROUTH also mentioned a case of a child, aged eleven months, he had attended for

HYDROCEPHALUS AND PNEUMONIA.

It was interesting as showing how the diagnosis in children is sometimes almost impossible. The child had been labouring generally with cough for a considerable period; the urgent symptoms at the time were those of hydrocephalus, and, when first seen by him, the open space in the fontanelles was larger than usual, projecting and throbbing strongly. The child generally had all the symptoms of inflammatory fever and anorexia present. It appeared almost insensible, moving its head from side to side, deaf, and apparently blind, although when a light was brought close to the pupils, which was not much dilated, it contracted. The lungs everywhere, when percussed, were resonant; when listening with the stethoscope, fine crepitation was heard very generally throughout. The case was, therefore, put down as one of hydrocephalus, with capillary bronchitis. A leech was ordered behind the ear, ice to the head, warm bottles to the feet, a sharp purge given, and a mixture, consisting of two drops of Dr. Routh's tincture of the extract of the root of the *aconitum napellis* to eight ounces of water: ordered, one table-spoonful every two hours till the skin became cool. In twenty-four hours the symptoms of fever had nearly disappeared, and the child's extremities were cold, and the head symptoms were relieved, although the blindness and deafness did not seem diminished. The aconite was discontinued, and a mercurial purge was given. The feverish symptoms did not recur. A little gin-and-water was given from time to time. Coma, however, supervened, with general pallidity of surface, in three or four days, and the child died unconscious. No rigor mortis was observed to accrue.

A post-mortem was made about forty-eight hours after death. The brain was congested, puncta more developed, with a little serum in the ventricles. The lungs were in the deepest parts consolidated by pneumonic inflammation; and at the base of the lungs, and scattered here and there upon the surface, were spots of pulmonary apoplexy; elsewhere the lungs were generally emphysematous. This last circumstance explained the resonant sound, while the pneumonia probably, but certainly the pulmonary apoplexy, explained the fine crepitation. There was no signs of capillary bronchitis observed. The heart contained a coagulum; but notwithstanding the cavity was large enough to have admitted besides a whole finger. This circumstance was full of interest, as during the few hours preceding the child's death, the symptoms were those of fibrinous concretion in the heart, according to Dr. Richardson's view, and was useful as cautioning us from too hastily judging that because a concretion after death apparently filled, or nearly filled, a cavity in the heart, it was therefore a cause of obstruction during life, and the immediate cause of death; whereas this closing of the cavity upon the coagulum was often merely a result of rigor mortis, and the heart, it was well known, was amongst the last parts in the body that lose their vital contractility. In this case the clot was there; but there being no rigor mortis, the heart was not contracted over it. This deception in the post-mortem appearances was not here present.

Mr. GAY read a paper on

CONSTITUTIONAL SYPHILIS.

After adducing a number of arguments in support of his propositions, he concluded that systemic syphilis is progressive, that its symptoms point to a disturbance of the blood, in consequence of some influence exerted upon it by the syphilitic virus, and that this blood-disease, if left to take its own course, proclaims itself, first, through a simple eliminatory affection of the skin and mucous membranes, as illustrated by the affections of the "primary" group; secondly, through a deposition of morbid material, evidently the result of diseased blastema, as in the tubercular affections of the "transitional" group; and lastly, by depraved nutrition, and consequent destruction of tissues, as observed in the affections of the succeeding or "secondary" group. The practical inferences which Mr. Gay drew are, that the blood, rendered impure, must, if possible, be restored to its pristine condition, not by "specifics," a term for remedies, of whose therapeutic effects on given diseases we know nothing, but by a plan based on a more comprehensive and rational scheme of treatment. In the first place, every disordered function must, if possible, be corrected, whether of the stomach, liver, lungs, heart, or kidneys; secondly, the patient should be placed under those influences which can best effect a healthy condition of the blood, especially pure air; and thirdly, such medicines should be given as are most likely, in