animalculæ are formed in the testes, and then pass into the seminal vesicles. The next argument is, that small, brilliant, granular bodies are found in the urine of spermatorrhœa patients; that they are met with in the masses of mucus squeezed out by these patients after going to stool; and as they are found in the seminal vesicles, *of course* these are the receptacles of semen. These are also met with at all times in the semen of healthy men, and in great abundance in that of birds just before the testes become ripe.* The third is, that spermatozoa are wanting or few in the organs of castrated persons.

Mr. Pritchard† says, "The molecular motions of Dr. R. Brown—viz., those seen under a deep magnifier in a drop of water, in which finely divided gamboge or other organic substances have been triturated; these motions have been compared with the spermatozoa of animals and plants, *which are now considered as physical motions only.*" Here, then, we have the alpha and omega of scepticism and credulity; the one elevating these little cells—for they are nothing more—into the essential part of the most important of all secretions, the other viewing them as a mere appearance, produced, I presume, by causes acting from without.

In cases where the generative power seemed quite lost, the testes having secreted no semen for a long time, I have found the vesicles containing their usual fluid. Among other observations, I may mention that last year I dissected with great care the generative organs of a man who died in St. Luke's Workhouse at the age of eighty-five. The testicles had long performed no function at such an advanced age; they were very pale and somewhat wasted; the vas deferens was permeable, but very small, and its walls rigid; but I could observe no difference in the appearance and contents of the seminal vesicles from what I had noticed in young people.

It is asserted that the discharge which takes place in one form of gleet—viz., that of a thick mucus after going to stool or passing urine, is semen; that it comes in great part from the seminal vesicles; and that the disease is consequently a form of spermatorrhœa. Speaking of this view, Mr. Hunter says, "First we may observe the discharge in question is not of the same colour with the semen, and is exactly of the colour of the mucus of the prostatic gland and of these bags, (the seminal vesicles.) It is not of the same smell, and indeed it has hardly any smell at all. The quantity evacuated at one time is often much more considerable than the evacuation of semen even is, and it happens more frequently than it could ever do were the discharge semen. It is a disease which often attacks old men, where one could hardly suppose much semen to be secreted; and we find that those who are affected with this disease are no more deficient in the secretion and evacuation of the semen in the natural way than before they had the disease. If the mind be at ease, this will take place immediately after a discharge of semen, as well as before, which could not be the case were it semen. Further, if those that labour under this complaint are not connected with women, they are as subject to nocturnal discharges from the imagination as persons who are perfectly sound."

This close and comprehensive reasoning shows the depth and grasp of Hunter's clear, broad mind; and it is only surprising to me that the tissue of errors stated by M. Lallemand on this subject should have been admitted, after the truth had been set on so secure a basis by Mr. Hunter. But then we are told this substance has the peculiar smell of semen when rubbed between the fingers. Unfortunately for this part of the argument, it happens that the true semen has no smell! The semen, *when ejaculated*, has a peculiar odour, but then it is mixed with the secretions of the vesiculæ seminales, the prostate, and Cowper's glands.‡

Of one thing I am quite sure, persons subject to both kinds of discharge have no sensation when this mucus or vesicular gleet, as I shall henceforth take the liberty of calling it—is passing away, except that of a bulky body going along the urethra, and yet when they have emissions are conscious of the usual sensation. This gleet may occur without seminal emissions, these without it; when both co-exist, one may be cured quite independent of the other. The microscope, it is said, gives proof that it is semen by making visible the spermatozoa; these cells, however, are found in the vas deferens, and it is possible some few may be ejaculated at the same time the vesiculæ seminales are emptied.

(To be continued.)

NECESSITY FOR PREMATURE DELIVERY OF DEFORMED PREGNANT WOMEN.

By WILLIAM THORN, Esq., L.S.A., London.

I WISH, with your permission, through the medium of your widely circulated journal, to draw the attention of the profession, and perchance those who sit in authority, to an evil which, although comparatively rare, is still, alas, too frequent, I allude to deformed and ricketty women being allowed, without control, to carry a viable child until the end of their pregnancy, when, of course, to save the mother's life the child must be destroyed! and this while a simple painless plan exists, now well-tested by scientific experience, by which, at the seventh month, both lives might be saved; for, it is stated, by Dr. Kilian, that out of 161 cases no less than 115 children were born alive.

The other night, I delivered a poor cripple most frightfully distorted by rachitis, with her third child, after half-an-hour's most violent exertion with the crotchet and craniotomy forceps. I am glad to say that the patient is doing well, although this was the third child in four years so mutilated. She was delivered of her first child by Dr. Babington, of Queen Charlotte's Hospital, who then kindly offered to attend her in any future labour, gratuitously, at the seventh month; this offer she disregarded, and Dr. Blakely Brown benevolently relieved her the second time, being called in to assist Mr. O'Flaherty, her then medical attendant. She told me that Dr. B. Brown most urgently pressed upon her the necessity of being delivered at the seventh month, and she repaid his disinterested and able advice by putting off the engagement of an accoucheur until the very morning before she was taken in labour the third time, when she called upon me. She then assured me, however, that she was short of her time three weeks, and, by the "Periodoscope," I believe she was correct, consequently, I gave her many hours before I would operate, trusting that the head might get through the narrowed brim; but three weeks are not like eight weeks, and the delay was of no avail! Now, Sir, do you not think that after a deformed woman has been delivered by means of craniotomy once, that she and her husband ought to be compelled to seek competent medical aid at least as early as the seventh month of pregnancy, so that the repeated sacrifice of innocent children might be prevented? My views on this subject may be thought Utopian; but suppose the following law:—That when an accoucheur had delivered such a person, let him by certificate state such fact to a properly constituted medical board; a notice might then be served upon the husband, threatening him with fine or imprisonment unless he sought medical aid for his wife at the seventh month at least. If this had been done in this woman's case, probably the lives of the last two children would have been saved. I am sorry to have to form so bad an opinion of human nature, but I am afraid that the anticipated trouble of bringing up and maintaining children in this case, has been alone the reason that has each time counterbalanced the natural affection that the parents should have felt for their offspring; if so, a law should be made to control the selfishness of the human heart in this particular; and, in my humble opinion, such a law would not disgrace our statute book.

Harrow-road, April, 1854.

ON A

FATAL CASE OF STRANGULATED INTESTINE.

By ROBERT HARPER, Esq., M.R.C.S. & L.S.A.

W. A.—, aged thirty-four, a muscular man, but addicted to intemperance, was seized on the morning of Nov. 17th with pain in the abdomen; he took aperient medicine, but obtaining no relief, I was requested to see him at four P.M. He was then rolling about the bed, pressing his abdomen with his hands, and shouting lustily with pain, which he referred to the region of the umbilicus. The pain recurred in paroxysms, but there was no tenderness; pressure, on the contrary, relieved the pain. There was no sickness, or any tendency to it; pulse 70, full and soft; tongue moist, and not furred. There was no thirst, and the skin was moist. I looked upon the case as one of colic, and treated it accordingly—namely, by full doses of calomel with opium, followed by aperient medicine and enemata. Hot fomentations to the abdomen. During the evening he remained in the same state, the bowels not being acted upon by the enemata beyond the return of the fluids thrown up, but at two A.M. the pain suddenly ceased, and in an hour afterwards he was dead.

* See a paper read by Mr. Gulliver at the Zoological Society, July 26, 1842.

† A History of Infusorial Animalcules, 1852.

‡ Kölliker's Manual of Human Histology.

Upon a post-mortem examination, a piece of intestine was found tightly strangulated by a fold of the mesentery, and much inflamed above and below the strictured part.

In the above case death evidently arose from strangulation of intestine, and yet all the usual symptoms of this affection were so masked as to escape detection. The pulse, the relief on pressure, the freedom from fever, and the total absence of vomiting, were directly contrary to what usually occurs; and, moreover, the malady proved fatal *very speedily*, the patient being in apparently good health twenty-four hours previous to dissolution.

Farringdon-street, April, 1854.

INTERMITTENT LAMENESS

FROM

PERMANENT STRICTURE OF THE URETHRA.

BY JAMES JAMES, M.D. NEW YORK.

Now that stricture of the urethra forms an important subject in the surgical calendar, it may not be uninteresting to the reader of this subject to introduce the following case of intermittent lameness in the right foot resulting from aggravated permanent stricture of the urethra.

In November, 1850, a young man about twenty-six years of age, applied to me with a peculiar urgent pain in the perinæum, which, although very varying, had annoyed him for some years. On making an ordinary examination, I discovered, at about six inches and a half from the meatus, a yielding stricture of about an inch. On further inquiry, I was told of a very particular (indescribable rheumatic, as the patient called it) grinding pain extending down the femoral region, from the sacral plexus, by the great ischiatic, popliteal, tibial, and plantar nerves, to the flexor brevis digitorum muscle and its parietes, which, becoming more or less affected and preternaturally contracted, reduced the lameness.

In the ordinary course of inquiry, I found that this gentleman had not dispensed with the ideas so common to his class, the carrying out of which incurred the instigation of the above penalty; although, in his case, a cogent reason was, that in his hurry to be freed from his unenviable acquisition, he had applied to a quack, who ordered a strong and very forcible injection of sulphate of zinc, thereby injuring the delicate membrane of the prostatic urethra to an alarming extent, making the remedy worse than the malady. I treated him by dilatation and the warm bath with success.

Bridport-place, Hoxton.

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.

KING'S COLLEGE HOSPITAL.

*Large Malignant Tumour of the lower part of the Femur;
Amputation of the Thigh.*

(Under the care of Mr. FERGUSSON.)

Our readers have but very lately accompanied us to this hospital, but we beg permission to direct again their attention to the same institution, as we are anxious to put forth upon record a very remarkable and melancholy case of malignant disease of the femur, Mr. Fergusson's operation, and his reasons for not amputating at the hip-joint. It will be recollected that we offered last week the report of an equally important case, in which Mr. Adams, at the London Hospital, performed the latter operation for a malignant affection of the same bone. We need hardly revert to the facts and arguments which induced Mr. Adams to prefer the exarticulation of the thigh to amputation in the continuity of the bone, as they have been so lately made public. We would merely allude to one of the facts—viz., that the bone was thought to be affected very near the hip, so that no prospect existed of removing the whole of the disease by amputating midway between the groin and the knee.

It will be seen below why Mr. Fergusson considers that in

cases of malignant disease of the femur it is proper and just to resort to amputation; on this head we beg to remind our readers of the different cases of cephaloma of the femur which we have put upon record. Mr. Hawkins, St. George's Hospital, *THE LANCET*, vol. ii. 1850, p. 184, and vol. ii. 1851, p. 171; Mr. Prescott Hewett, St. George's Hospital, *THE LANCET*, vol. ii. 1849, p. 615, vol. ii. 1850, p. 244, and vol. ii. 1851, p. 456; Mr. Hilton, Guy's Hospital, *THE LANCET*, vol. ii. 1852, p. 7; Mr. Skey, St. Bartholomew's Hospital, *THE LANCET*, vol. ii. 1852, p. 8; Mr. Henry Charles Johnson, St. George's Hospital, *THE LANCET*, vol. ii. 1852, p. 9; Mr. Lawrence, St. Bartholomew's Hospital, *THE LANCET*, vol. ii. 1852, p. 10; Mr. Charles Guthrie, Westminster Hospital, *THE LANCET*, vol. i. 1853, p. 405; and Ophthalmic Hospital, *THE LANCET*, vol. ii. 1850, p. 603; Mr. Lloyd, St. Bartholomew's Hospital, *THE LANCET*, vol. i. 1834, p. 302, and vol. ii. 1850, p. 630; Mr. Partridge, King's College Hospital, *THE LANCET*, vol. ii. 1849, p. 477.

By these cases it will be seen that the disease is very apt to recur in the stump; and those amongst them which we ourselves have closely watched and followed in some degree to the last, have left a strong impression on our mind as to the almost certainty of the return of the carcinomatous affection. It has been thought by some that surgical interference in the early stage of the disease offers some prospect of preventing the distressing recurrence of the malignant manifestations; but on this head we cannot but remember the case of Mr. Hewett, at St. George's Hospital. Here the tumour had, on the day of operation, attained but an inconsiderable development, but the malignant tendency became nevertheless manifest in the stump some months after the amputation of the thigh, and it may be presumed that very few surgeons have ever seen a secondary tumour reach the enormous size which this one attained. We stated, when reporting Mr. Hewett's case, that this result might perhaps not have been met with, if the limb had been taken off at the hip-joint; but the propriety of the latter operation in cases of malignant disease of the femur will not be satisfactorily established until cases have been brought forward, in which exarticulation of the limb was performed, and the cicatrix remained sound at least for some years. As to recurrence of the disease in internal organs, it is plain that amputation at the hip-joint cannot hold out any more hope or security than removal of the thigh lower down.

Let us turn to the statements to be found on this head in Mr. Paget's recent and valuable work on Tumours:—"Now, respecting the propriety of removing a medullary cancer in any single case, much that was said touching the operation for scirrhus cancer of the breast might be repeated here. The hope of finally curing the disease by operation should not be entertained. Such an event may happen, but the chance of it is not greater than that of the disease being spontaneously cured or arrested; and the chance of any of these things is too slight to be weighed in the decision of any single case. The question is, whether life may be so prolonged, or its sufferings so diminished as to justify the risk of the operation. In general, I think, the answer must be *affirmative*, wherever the disease can be wholly removed, and the cachexia is not so manifest as to make it most probable that the operation will of itself prove fatal.

"In the first place, the number of cases in which the patients survive the operation for a longer time than that in which, on the average, the disease runs its course, is sufficient to justify the hope of considerable advantage from the removal of the disease. On the other hand, the number of chronic cases of medullary cancer is so small that no corresponding hope of a life being prolonged much beyond the average can be reasonably held if the disease is left to run its own career.

"In the second place, the hope that the removal of the cancer will secure a considerable addition (two or more years, for example) to the length of life, will be more often disappointed than fulfilled. But, even when we do not entertain this hope, the operation may be justified by the belief that it will avert or postpone great suffering. The miseries attendant on the regular progress of a medullary cancer, in any external part, are hardly less than those of hard cancer of the breast; they are such, and in general so much greater than those of the recurrent disease, that, unless it is very probable that an operation will *materially shorten life*, its performance is warranted by the probability of its rendering the rest of life less burdensome.

"In the third place a motive for operation in cases of supposed medullary cancers may often be drawn from the uncertainty of the diagnosis. This is especially the case with those of the large bones, for the removal of which the peril of the necessary operation might seem too great for the probability of advantage to be derived from it. I have referred to cases of