exercise their latent capacity to act by reason of increased expansion and contact. The late Dr. Carpenter, of this town, esteemed sulphur to be a valuable remedy for hydrargyrosis, and the experience of other physicians confirms this opinion. E. S.

Attleborough, February, 1855.

THREE CASES OF DISEASED TESTICLE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Herewith I send you three cases of diseased testicle removed by me, and the results. They are at your service.

CASE I.—N. S., aged 44, farmer, had pain, tenderness, swelling and flushes of inflammation in one testicle. During the season a great variety of treatment was tried by his physician—Dr. Steele, of Delhi—such as leeching, muriate of ammonia, iodine, emetics, cathartics, &c. Leeching produced temporary relief. Finally, by advice, he chose an operation. I performed it, assisted by Dr. Steele. On dissection, we found the removed testicle largely cartilaginous, and indurated nearly throughout, with patches of pus. Its size was that of a very large goose egg. It was removed in 1833. He still lives in this town, and is in good health.

CASE II.—W. S. W., aged 18, presented himself with a testicle enlarged to the size of a pint measure. It extended up the cord, nearly to the external ring. The enlargement commenced one year before, with pain in the body of the testicle. It had been prescribed for by two physicians, one of whom treated it with leeches. It had been lanced occasionally, and discharged a bloody, dark matter. I recommended removal of the mass, as a *dernier ressort*, feeling, as I now do, that these cancrioid diseases of the testicle are usually fatal, so that even removal appears to be a doubtful expedient. Assisted by Drs. Howard and J. I. Merwin, of Delhi, I proceeded to the operation. Chloroform was administered. The dissection was considerable; a number of arteries were tied, and the cord was tied high up within the ring.

This was a very large mass of disease, reaching to the other testicle and urethra, and the whole tunica vaginalis, so that the dissection was very tedious, yet without pain. On examination, it appeared to be encephaloid. I find written in my book—"Patient recovered without untoward symptoms." In four or five weeks the wound was healed, and I removed him twelve miles to his friends. About three weeks after the operation, he was taken with inflammatory symptoms in the chest and abdomen, which yielded tardily under active counter-irritation and other treatment. After being discharged well, and remaining at home a week or two, he was suddenly thrown down with pain and indications of inflammation of the bowels. He was better in a few days, but in a week or so he suddenly had a second attack, and died in two or three days. I

need not enlarge on this case, as this is mostly the fate of similar ones.

CASE III.—J. W., aged 35. This was a case of encephaloid disease of the testicle. The organ was very large, weighing about four and a half pounds. The patient was of feeble constitution, but kept up his strength by out-door exercises. The tumor was soft in some places—hard and cartilaginous in others. I removed it in January, 1852, assisted by Drs. J. I. Merwin and H. D. Gilbert, then of Deposit, Delaware Co., N. Y. Chloroform was administered. He continued far more comfortable than he had been before the operation, but did not gain appetite or strength for some weeks. The wound did not heal very well. He rallied at times, and then he would fall back. Six weeks after the removal of the testis, he died exhausted. Post-mortem examination showed the disease to have involved the whole abdominal viscera.

CASE IV.—A boy, 16 or 18 years old. Tumor as large as a moderate-sized fist of a man. I sent him to Dr. March, of Albany, who removed the testicle. The boy died a month or two after.

Delhi, N. Y., March, 1855.

FERRIS JACOBS, M.D.

Hospital Reports.

MASSACHUSETTS GENERAL HOSPITAL.

Case of Typhoid Fever—Short Duration.—(Under care of Dr. SHATTUCK. Reported by S. F. HAVEN, Jr., House-physician.) March 15th.—P. R., æt. 21, single. Brassworker. Entered yesterday. By report of his mother he has not been quite well for three or four weeks; he was exposed to cold on the 6th, from which time his illness dates. Did not work on 7th. Worked on 8th and 9th. On 10th was seen by Dr. Coale, when he had considerable fever, headache, pains in limbs and back, and constipation. Copious perspiration was induced on night of 9th. Took sol. salts, potas. nitrat. and antimon., which produced free catharsis and diaphoresis, without relief to headache. On the 11th, pulse quite as frequent, and tongue dry. On the 12th, urine high colored and scanty; abundant epistaxis that evening. Now lying on back. Expression of stupor and prostration. Pulse 104. Skin moist; temperature nearly natural; no headache. Tongue dry. Abdomen full, resonant, rigid. Some sudamina; no distinct rose spots.

16th.—Pulse 112, sufficiently strong; skin moist; respiration 30; countenance rather flushed. Sounds of chest normal. Abdomen quite full. Some small rose spots. No defection. Took gruel with difficulty.

17th.—Quite a restless night. No defection. Pulse 125. Takes drink or medicine with great reluctance. Subsultus tendinum. Hands, when raised, remain in same position for a few moments, trembling. When asked to put out his tongue, does not succeed. Great tremor of lips. Urine passed involuntarily. R. Tinct. opii, gr. xl. and repeat in two hours.

18th.—Took draught three times. Some somnolence. Was more quiet, and died about 5, A.M.

The noticeable points in this case are, its shortness of duration and the