to the abdomen. To continue the mixture. The aperient to be repeated.

17th.—The bowels have been freely opened. The leeches abstracted a considerable quantity of blood; their application was followed by a prolonged fainting fit. The pain is increased; the pulsation has also increased, and can now be distinctly felt by the hand applied just below the umbilicus; lips colourless; countenance very anxious. The patient states that for some time past she has felt an indistinct throbbing sensation about the abdomen.

(The friends having become much alarmed, it was deemed expedient to have the opinion of a physician. Dr. C—— accordingly saw the patient in the afternoon. After a careful and prolonged examination he gave a very guarded prognosis, and ordered a plaster of belladonna extract to be applied over the abdomen. The mixture to be continued. An anodyne to be administered at night.)

18th.—The pulsation is increased in intensity, and can now be seen to move the coverings of the bed. The stethoscope being applied, the head of the auscultator is moved by the pulsation in a manner sufficiently evident to a person placed at some distance from the bed; there is extreme prostration; the bowels have been copiously and frequently evacuated. The action of the heart is feeble, and accompanied by a slight abnormal bruit; extremities cold. The pulsation is strictly confined to a space of about four inches, from one inch above the umbilicus downwards. Dr. C—— considers the case to be one of aneurism, and gives a decidedly unfavourable prognosis. The age of the patient, the somewhat sudden nature of the (aggravated symptoms of the) attack, with its uncommonly rapid progress, making me feel unconvinced of its being a case of aneurism, I requested that another surgeon should be consulted.

20th.—Mr. Aston Key accordingly saw the patient this day, and considered the case to be decidedly not one of aneurism, but that the pulsation depended on a peculiar state of the artery, caused by general derangement of the health. A course of tonic medicines, with occasional aperients, was prescribed.

This opinion proved to be correct; the patient gradually improved in health, and the abnormal pulsation having as gradually diminished in intensity, ceased at the end of about five weeks. Miss L—— has since been perfectly well. I am aware that several similar cases to the above have been recorded, and that they have been mistaken for aneurisms, by physicians and surgeons of the very highest reputation. Indeed, with a person who, for the first time, sees such a case, it must be very difficult to conceive that any cause, excepting considerable and permanent dilatation of a huge arterial trunk, could produce such violent and persistent pulsation, whilst the rest of the arterial system is in a tranquil state.

It affords also a useful and curious subject for inquiry, (for it has not yet been explained,) What is the exact state of the artery during these attacks?

The record of such cases is further likely to be useful in impressing on the mind of the practitioner how very cautiously he should receive (apparently incontrovertible) evidence of organic arterial disease. For persistent and abnormal pulsation, with a morbid sound, heard on the application of the stethoscope to the heart, has betrayed many practitioners into the error of mistaking for, and diagnosing as, organic disease, what eventually proves to have been only functional derangement.

Shoreditch, July 1st, 1845.

CASE OF IMPERFORATE HYMEN.

By THOMAS G. VAWDREY, Esq., M.R.C.S., &c., St. Ansell.

ON the 5th of April, 1844, I was requested by the parents to visit and prescribe for A. B——. I found her a well-grown young person, aged seventeen years and a half, of florid complexion and healthy appearance, in every particular well developed, and presenting the general appearance of having reached the period of puberty. She complained of severe forcing pains in the lower part of the back and abdomen, closely resembling labour pains; the abdomen was swollen, but neither tender nor tympanitic; the fundus of the uterus could be distinctly felt at the umbilicus; the catamenia had never appeared. Under these circumstances, I considered it requisite to make an examination per vaginam, and found a firm, tense membrane completely closing up the orifice of the vagina, slightly protruding, and at first resembling the protrusion of the membranes. I at once made a free incision into this membrane, which was immediately followed by the forcible discharge of about two quarts of a black-looking sanguineous fluid, not mixed with coagula, and free from any disagreeable odour. A piece of oiled lint was then inserted in the opening, to be removed and a fresh piece inserted daily. On the second day, an aperient was given, and the

patient progressed favourably until the eighth day, when symptoms closely resembling puerperal peritonitis came on. The discharge from the vagina, which had continued up to this time, suddenly ceased; the pulse became quick and hard; the abdomen tender, &c. Bleeding from the arm, and by a large number of leeches to the abdomen, with calomel and opium internally, soon subdued these symptoms. As soon as the gums were effected by the calomel, the discharge from the vagina returned, and the patient's recovery progressed favourably. It is satisfactory to add that, up to the present time, the catamenia appeared at the regular periods, and the young lady's health has continued in every respect good.

Cornwall, July 2nd, 1845.

PREGNANCY, OCCURRING WITH (APPARENTLY) COMPLETE OCCLUSION OF THE VAGINA.

By C. CARTER, Esq. M.D., Montreal.

ON the 25th of April, 1845, I was requested to visit Mrs. S——, a delicate dyspeptic woman, aged thirty, in labour with her second child. She had suffered much in her previous confinement, (having been delivered by instruments,) and recovered slowly. On examination, I perceived that there had been extensive laceration of the perineum, the vagina and rectum having been made one sulcus. Following the direction of the vagina, about three inches from its orifice, the finger was arrested in a pointed cul de sac; withdrawn about an inch and a half, and directed backwards, it entered the rectum, the anterior edge of which was here sharp and thin, but surrounded a little higher up by distinct muscular fibres, which, when irritated by the finger, contracted, supplying, in some measure, the place of the sphincter. The os uteri could not be detected either by the rectum or through the walls of the cul de sac. A very careful examination was now made with a silver catheter by myself and a friend, to discover, if possible, any foramen or canal which the finger could not detect, but none existed. During a pain, I distinctly ascertained the presence of fluid behind the fleshy septum, and cautiously introduced a bistoury, which immediately produced a gush of liquor amnii. A couple of fingers were now introduced into the cavity of the uterus, and the head of the child was found presenting, but situated above the brim of the pelvis, which was unusually narrow both in its lateral and antero-posterior diameters. At three, p.m., found the head much lower in the pelvis, but tightly encircled by the rigid os uteri and remains of the vagina, which tension I could only relieve by several slight incisions with a bistoury around the circumference. Anteriorly, the head was impeded by a fleshy mass, which proved to be the bladder displaced and thrown forwards in the former labour. The application of the forceps, rendered indispensable by the contracted state of the pelvis, was attended with much difficulty. The pains now became very powerful, but from the state of impaction it required considerable and repeated efforts on my part to effect the delivery with safety. After waiting an hour and a half I was obliged to extract the placenta, and experienced some difficulty in introducing my hand, in consequence of the narrowness of the pelvis between the ramii. The woman, although very weak, soon rallied, and both she and the child appeared yesterday to be doing well.

April 28th, 1845.

* * The above case has been sent to us for publication by Mr. John Coward, Surgeon, of Minerva-terrace, Islington.—Ed. L.

PERIOSTIC TUMOUR, THE RESULT OF STUMPS OF TEETH REMAINING IN THE JAW.

By H. C. VANDERPANT, Esq. Surgeon-Dentist, London.

A FEW months ago, I had under my care a case of severe disease of the upper jaw, produced by caries of the fangs of teeth, which the patient had neglected to have extracted, from apprehension of the suffering.

The patient was a female, aged forty-two. When I first saw her, the features were greatly distorted, the mouth pushed to one side, and her speech rendered imperfect, from a tumour as large as a moderate-sized orange, situated in the upper jaw, and which appeared to arise from expansion of the walls of the antrum. There was a considerable offensive discharge of sanious matter, and the tumour was exquisitely sensitive. From the size and hardness of the tumour, I at first thought it was a case of pure exostosis, but the result of treatment ultimately proved it to be one of periostitis.

I first extracted the diseased fangs, and freely lanced the surface of the tumour. I continued to lance the gum over the tumour every third or fourth day, for some weeks, and the result was always a copious discharge of pus and blood. The size of the tumour gradually diminished under this treatment, the fea-