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-

tures regained their natural shape and expression, and her health, which had previously been impaired, began steadily to improve. After about two months of treatment she recovered thoroughly.

I have in my possession the cast of a case of exostosis which occurred in exactly the same situation, and which ultimately terminated fatally, from the gradual extension to the brain of the bony enlargement. In this case the disease originated from the neglect of removing carious stumps.

The necessity there exists for the extraction of useless stumps of teeth cannot be too strongly urged, more especially when they are situated in the upper jaw.

July 3rd, 1845.

REVIEWS.

A System of Surgery. By J. M. CHELIUS. Translated by JOHN F. SOUTH, Surgeon to St. Thomas's Hospital.

As only three parts of this work out of the twelve of which it is to consist have as yet appeared, it would be premature for us to give any extended notice of it. We will therefore content ourselves for the present with directing the attention of the profession to it, as being the most complete system of surgery in any language, and one that is of equal utility as a practical guide, and as a work of reference. The fact of its having reached six editions in Germany, and of its having been translated into seven languages, are more convincing proofs of its value than anything that we can say. Mr. South has performed his task with much judgment, and has certainly made a most useful addition to the medical literature of this country by rendering Chelius' work into English.

On Diseases of the Jaws; with a brief outline of their Surgical Anatomy, and a Description of the Operations for their Extirpation and Amputation. By R. O'SHAUGHNESSY. Calcutta: 1844. pp. 100.

It is certainly somewhat surprising that, overwhelmed as we are with works in every branch of medical science, no separate treatise should hitherto have appeared in this language, on so important and interesting a subject as the diseases of the jaws and the operations necessary for their extirpation. It is to supply this hiatus in our surgical literature, and to offer to the students of the medical college at Calcutta, something like a complete guide to these operations, that Mr. O'Shaughnessy has been induced to publish this little work, and we are disposed to think that its benefits will not be confined to the limited sphere for which it was originally intended, as it contains a very sound and practical exposition of the surgical anatomy of the jaws, of the diseases that affect them, and of the operations required for their removal; forming a plain, unpretending, practical essay, that may be consulted with much advantage by any surgeon about to undertake operations on these important parts. The author has given the particulars of five cases of a very formidable character, in which he operated successfully.

The progress of these diseases would appear to be much more rapid in India than with us. In speaking of the fibro-cartilaginous tumour, the author says:—

"In Europe it seldom appears to arrive at any very great size till after the lapse of several years from its commencement; but one of the tumours removed by me was as large as any of the published cases with which I am acquainted, although it was the growth of less than one year; and many other cases I met with in my practice, had also obtained a great magnitude in the course of a few months. All the instances of this disease which I have seen were in young persons, but the majority of those reported by Liston and others at home, were in persons past the middle period of life. This may account in some measure for the difference in the progress of the tumours, as, doubtless, the bones yield more readily to the pressure of the substances within, when young, than they do when the earthy matter predominates over the animal, as is the case in old bones. The absorbents are also more active in young persons than they are in those advanced in life, and therefore all opposition to the expansion of the tumour is more readily removed."—p. 6.

Mr. O'Shaughnessy does not find, in accordance with the experience of European surgeons, that these growths are occasioned either by decayed teeth or by direct injuries of the bones of the face.

The following is the operation recommended by our author for the removal of tumours involving the superior maxillary and molar bones.

"The incision should be first drawn forwards over the zygoma, as far as the molar eminence, then downwards over the surface of the tumour to within half an inch of the angle of the mouth, and into the cavity of the mouth, through the centre of the commissure of the lips, the knife being guided by the fore and middle finger of one hand, placed for the purpose in the mouth. By dissecting this flap upwards, the whole of the attachments of the tumour may be laid bare; by detaching the upper lip and ala of the nose the nasal process and hard palate are exposed. The zygomatic process is to be freed from the temporal fascia superiorly, and from the masseter muscle inferiorly, at the point to be divided by the nippers. The orbital process is next exposed, by raising the conjunctiva of the eye with the inferior oblique muscle. All these incisions and dissections, except the last, should be made with rapidity, as there are no parts of any importance endangered before arriving at the orbit. The cheek is next dissected downwards and backwards for a little way, and then the hard attachments are severed with the bone nippers."—pp. 48—49.

This mode of making the incisions differs from that usually adopted in this country, and appears to have the recommendation of leaving a smaller cicatrix than when the incision is carried down the side of the nose, round the ala, and through the medial line of the upper lip, as recommended by Liston and others; it has, however, the disadvantage of rendering it less easy to expose the whole of the bones, and more particularly the nasal process of the superior maxillary, than when the freer incisions are had recourse to.

The operations for the removal of tumours connected with the lower jaw do not differ from those ordinarily adopted in this country. The following remarks are, however, practical, and well worthy of attention:—

"The surgeon should satisfy himself well, before he proceeds to divide the bone in this situation, that it is perfectly sound, as he will find, should he make a mistake and divide diseased bone, the greatest difficulty in disarticulating the condyle, when once he removes the lever by which the jaw may be depressed and the coronoid process brought within reach of the knife, as the temporal muscle draws it far up under the zygomatic arch, and offers powerful resistance to its descent, so that such an error may cause great delay, and apparent bungling in the operation."—pp. 60.

Mr. O'Shaughnessy likewise recommends that the teeth which require removal to admit of the application of the saw, should not be extracted until the surgeon is about to cut through the bone, as the patient is less likely to feel the full extent of that painful proceeding whilst smarting under other wounds, than if it be done before the commencement of the operation.

The author next relates five cases in which he operated with success; in three, for the removal of tumours from the superior, and in two, from the inferior maxilla: for these we must refer our readers to the essay itself, which we can conscientiously recommend, as containing, in a small compass, a considerable amount of very valuable practical information on the important subject of which it treats.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 27, 1845.—DR. CHAMBERS, PRESIDENT.

ON THE OPHTHALMIA OF PUERPERAL WOMEN. By ROBERT LEE, M.D., F.R.S., &c.

AFTER alluding to similar cases which have been recorded by Dr. Marshall Hall and Mr. Higginbottom, in the 13th, and by Mr. Arnott and himself in the 15th volume of the *Transactions* of this Society, the author relates two others, which have since occurred to him, the details of which are given in the paper. He observes that these cases present another opportunity of proving, by depletion, that the ophthalmia of puerperal women