ter. The patient had had no sleep the previous night. I prescribed sulphate of quinine and Dover's powder, alternating with syrup of lime. Hot applications were made to the joints, and lubrication with camphorated oil.

February 16th. The patient was no better; his pulse and temperature kept up, but he had slept better from the effects of the Dover's powder. The inflammation had attacked the right wrist and the back of the hand with the same amount of pain and swelling as in the foot.

February 17th. The patient was much the same. The pain and inflammation had extended to the muscles of the neck, and the man was unable to move his head from side to side without difficulty. I prescribed one drop of aqua ammoniæ in a teaspoonful of water every three hours.

February 19th. The patient was somewhat better, and continued to improve after this date. He went to work again in about a fortnight from the time he was first taken sick, the disease having run about its natural course.

Less than one week had elapsed before he was taken down again with the same trouble, commencing this time in the other foot, and extending to both knees as before. I was called immediately. The pulse was 120; the skin was hot and dry. The patient was very nervous and fretful; his tongue was coated; his urine was high-colored. Salicylic acid was given, seven grains in wafers every two or three hours, with no other treatment whatever. This treatment was commenced sometime in the forenoon. After the first few doses marked improvement was noticed, and after the ninth dose, sixty-three grains in all, the patient was decidedly better. The skin was moist, the tongue nearly clean, the pulse 80. The inflammation had gone from the foot and knees; the patient's spirits were good; there was no appearance of inflammation in other parts of the body, as before, and he remarked that he felt well enough to get up and go to work.

The above is a single case of acute rheumatism, recurrent within one week, and the results of its treatment by salicylic acid are sufficiently marked. But as these isolated cases cannot be considered an adequate test of the remedy, we shall wait with a good deal of interest to hear the experience of others.

A CASE OF ATRESIA VAGINÆ SUCCESSFULLY OPERATED ON.

BY W. SYMINGTON BROWN, M. D., STONEHAM.

STRICTLY speaking, the genital canal extends from the vulva to the distal extremity of the Fallopian tubes, and any part of the canal may be closed, either congenitally or as the result of disease. The labia

majora are sometimes found adherent in young girls. I have operated in two cases by stretching the parts and separating them with the handle of a scalpel, after which they were kept separate by means of a pledget of oiled lint, and no further trouble was experienced. But the most interesting form of atresia is that in which the vagina is congenitally closed. M. Amussat, in the *Gazette Médicale* for 1835, gives an account of a case where there was complete closure, which he finally succeeded in curing; and since then many cases have been recorded.

Mrs. F., twenty-eight years of age, married fourteen months, was first seen by me in February, 1875, at Dr. Stevens's office, Stoneham. On attempting to make a vaginal examination, the finger was arrested by a sort of diaphragm about three quarters of an inch from the vulva. Simpson's uterine sound could be passed with difficulty through a small opening in the centre of this membrane, and through this opening the menstrual fluid had found a vent. An examination per rectum revealed the uterus in its normal place. The obstruction was not a thickened hymen, for that membrane had been incised fourteen years previously, and ocular inspection also proved that there was a narrowing of the canal all around where the membrane was attached.

The next day, with the assistance of Dr. Winthrop F. Stevens, I proceeded to operate. The patient was fully etherized. A small bivalve speculum was introduced; an Atlee's guarded knife was passed through the opening in the membrane, and three slight incisions were made, two lateral and one inferior. The speculum was then withdrawn; a Simpson's dilator was passed through the opening, and the membrane was torn by slowly expanding the instrument, whilst at the same time a finger was kept in the rectum. Then, removing the dilator, the operation was completed by introducing first one finger and afterwards two fingers up to the posterior cul-de-sac. A cotton plug, saturated with glycerine and a drachm of laudanum, was left in the vagina till next morning. The passage was washed out twice a day with a tepid solution of permanganate of potassium. Two days later, one of Sims's glass dilators was introduced, and worn at intervals for three weeks without discomfort. I have recently learned, nearly a year after the operation, that there has been no contraction of the canal since I last saw her, and that both husband and wife are perfectly satisfied with the result, as regards marital relations.

I am inclined to think that one element in the success consisted in the circumstance that the parts were torn instead of being cut. The slight nicks above referred to were needed to allow room for the dilator. There was not a teaspoonful of blood lost. Dr. Emmet, of New York, in his valuable work on Vesico-vaginal Fistula,¹ gives the details of an interesting case of atresia, in which the knife was used five times unsuccessfully

¹ Page 136.

during a period of eighteen months ; the case was finally cured by lacerating the septum. After a period of nineteen months had elapsed there was no contraction of the vagina.

CASES OF MUMPS COMPLICATED WITH EPIDIDYMITIS.

BY J. T. BOUTELLE, M. D., HAMPTON, VA.

DURING the spring of 1875 an epidemic of mumps occurred in this town and vicinity, marked by a large number of cases accompanied by inflammation of the testicle. Dr. Flint states, in his *Theory and Practice of Medicine*, that this complication must be exceedingly rare, and that he had seen but one case of it. Vogel, in his work on *Diseases of Children*, remarks that it is an extremely infrequent complication, and that during an epidemic of mumps prevailing at Munich in 1857 it was seen but once, as far as he was aware. I have therefore thought that the following cases which have fallen under my observation might be of interest to the profession. In none of the instances was there any suspicion of venereal disease ; in two cases the complication could be attributed to over-exertion or exposure to cold and dampness ; in the others no exciting cause could be assigned. The swelling and tenderness were chiefly in the posterior portion of the testicle, as in gonorrhœal epididymitis. It usually took place as the swelling of the parotids began to subside, the fever running quite high for a short period and a few cases being marked by delirium.

CASE I. John F., colored, aged eighteen years, applied to me January 14, 1875. He had had mumps on both sides for nine days. Swelling of parotids was nearly gone. The day previous he had had pain in the left hip and groin and along the course of the spermatic cord. The left testis was very tender posteriorly, and was reddened ; there was not much swelling. I ordered rest in bed with the testicles raised, and a flaxseed poultice containing a little tobacco applied. Light diet. He was to have six grains of Dover's powder, night and morning. He recovered entirely in a few days.

CASE II. S. W., aged nineteen, while recovering from mumps exposed himself to cold and wet ; when I first saw him he had pain in both sides of the abdomen. His pulse was 96. His tongue was coated white. There was pain in the right testis, which was swollen and tender. I directed that the testicles be kept raised, and a flaxseed and tobacco poultice applied. He took four drops of tincture of aconite every four hours. The symptoms rapidly disappeared, and he was well in four days.

CASE III. Lewis C., aged fifty, had had a light attack of mumps for four days. Two days before I saw him, he was attacked with pain