

room, and "went on his way rejoicing" that he had escaped with his life.

This case is reported, not to arrogate any intrinsic merit to the operator, but for the remarkable circumstance of the small loss of blood, and as an expression of opinion favorable to De la Fay's operation for simplicity and expedition; and because it is among the few operations of the kind, if not the first, that have been performed in Plymouth County.

November 10th, 1856.

CASES OF HYDROCELE OF THE TUNICA VAGINALIS TESTIS, AND ITS RADICAL CURE.

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[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—S. Palmer, aged 30, farmer, had hydrocele of one side. After discharging the fluid with a trocar, I found enlargement and induration of the epididymis, cause unknown. In a few weeks, the tunic moderately filled again; I proceeded to the operation for radical cure, Dr. C. R. Fitch assisting. I injected port wine and water, equal parts, filling the cavity. He retained the fluid injected ten minutes. Pain followed. In the course of a few weeks it partially filled again, and I very soon repeated the operation, with wine and water, two parts to one, successfully.

More experience has taught me to wait awhile in like cases after the injection, that the effused fluid may be removed by absorption. This I have found occasionally to be the case.

CASE II.—W. B. Wilbur, æt. 63, farmer, intemperate, had hydrocele on both sides. I discharged the serum from them, by the lancet, a pint from each side. Testes soft to the touch. I hesitated on account of this flabby and soft state of the testes. He had several times pushed the fluid through the rings into the peritoneal sac, by rolling the weight of his body upon them while in bed. The fluid at each succeeding time was found gradually to return to the vaginal sac again. I injected them fully with port wine and water, two parts to one, but not both at one time, successfully.

CASE III.—M. Middlemast, æt. 70, farmer, temperate, had hydrocele of one side. Serum discharged. Epididymis slightly enlarged and indurated. Two months afterwards, I injected wine and water, equal parts, or stronger. Pain considerable. He walked home four miles. Retained the injection a few minutes, and discharged it through the canula. The operation was successful.

CASE IV.—J. M., æt. 32, lumberman, intemperate at times, had hydrocele. I discharged the serum; found the testicle sound. Injected tincture of iodine and water, equal parts. In a few weeks it filled again, and in six more it was all absorbed.

I have often used *sulphate of zinc and tincture of iodine and water*

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with equal success. I am careful to avoid the operation when there appears to be any form of malignant disease of the testis; but I do not consider slight *enlargement* of the body of the *testicle* or *epididymis*, or induration of either of them, in moderate extent, an insuperable objection to the operation.

PLACENTA PRÆVIA WITH TWINS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Having noticed the remarks of Dr. Storer, on a case of “*placenta prævia*” complicated with “*plural birth*,” published in a recent number of the Journal, I thought the following case might perhaps have some interest for your readers. Whether similar cases are more or less frequent than the estimate of Dr. S., I cannot say; but in a pretty extensive obstetric practice of thirty years, I have met with but one case of such complication. Reasoning “*a priori*,” I should expect the placenta to present more frequently, in proportion, in plural than in single births. The following case is from notes taken at the time.

Early on the morning of the 4th of July, 1851, I was called to see Mrs. M., residing in the village of Frankfort, about nine miles from my own house. On reaching the patient, who was under the charge of my friend, Dr. B——, I found she had been flowing very profusely. She was very pale, the surface of the body covered with perspiration; the pulse soft and feeble; the abdomen very large, with anterior obliquity. Labor pains were slight, and the hæmorrhage was, in a measure, arrested by the use of the tampon. On removing the tampon, and making an examination, I found the os uteri so high that it could not be reached without introducing the whole hand into the vagina. It was found that, by the obliquity of the uterus, the os was thrown backwards behind the promontory of the sacrum. It was but slightly open, but yielded readily to pressure, and was entirely covered by the placenta. Immediate delivery was recommended, and at the request of the attending physician, I proceeded to effect it. The left hand was introduced, the mouth of the uterus carefully dilated, the placenta separated on one side, and the hand passed up until it reached the bare membranes. These were ruptured with some difficulty; the hand was immediately passed onwards until one foot was reached. This was easily brought down, and the delivery of a small child was effected. After separating this child from the mother, I found there was another. The hand was again introduced, version again practised, and the second child delivered. There was some little delay in the delivery of the placenta, which was double and very large. The uterus contracted well; and though much exhausted, the patient recovered as favorably as under ordinary circumstances. In both children there was suspended animation; no pulsation of the cord or respiration, and only slight muscular motion. Both recovered;

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