

by an increased effort on the part of the veins to return their blood healthily, and the sphincters have gradually recovered their elasticity and firmness. I cannot say that I have found the use of ointments to be at all desirable, the unctuous portion of such preparations having, apparently, a tendency to add to the mischief by its relaxing property. What I have found most serviceable has been the free use of a strong solution of yellow soap in rain-water, and, occasionally, in cases of great protrusion of the veins, painting the whole of the surfaces with a solution of the nitrate of silver. By these simple agents I must confess I have effected more in the cases which have fallen under my notice than by any of the heavy round of remedies which are prescribed for this very painful affection. I have the honour to be, Sir, your's most obediently,

THOMAS EMBLING.

Brompton-row, Oct. 7, 1843.

#### PENT-UP CATAMENIA FROM IMPERFORATE HYMEN.

*To the Editor.*—Sir: In THE LANCET for the 16th ult. (page 876) there is a case of hysteria, &c., described by Mr. Rogers, of Bishop's Waltham, Hants. I had in my practice, about four years ago, a patient who was troubled with symptoms resembling those of Ann Burgess, as detailed by Mr. Rogers—dragging of the leg and dyspnoea. A sense of weight and fullness in the hypogastric region led to the examination of the hymen, which I found much distended, pressed outward, and imperforate. On dividing that membrane, more than two quarts of collected menstuous fluid escaped, of the consistency of treacle; after which all the urgent symptoms quickly abated, with the exception of dragging the leg. That continued, but gradually improved in four or five months, when the patient got quite well, and has continued well to the present time, menstruating regularly.

The partially paralysed state of the leg was, doubtless, occasioned by the long-continued pressure of the fluid on the nerves contained in the pelvis.

I receive your valuable periodical through my bookseller once a month only. Hence the cause of the apparent delay in forwarding the above for publication. I remain your obedient servant and old subscriber,

S. SWINNERTON.

Market Drayton, Salop,

Oct. 10, 1843.

#### IMPUISSANCE.

*To the Editor.*—Sir: Allow me to call your attention to a subject which seems to be nearly or altogether in the hands of quacks, I mean "Impuissance," as arising from seminal emissions or sexual excess. I have

frequently been surprised at the apathy of the profession in thus abandoning to the unprincipled empiric this lucrative field of practice, and have concluded that a successful treatment not having yet been obtained, the disorder ranks among the *opprobria medicorum*. Two of these cases having occurred to me in practice I have been puzzled for a scientific plan of cure, and confess that my curiosity would be gratified with a good explanation of the cause of the disorder. If I mistake not Hunter believed that the solitary vice—being so common—did not produce it. I do not see what difference it can make to the system whether the semen be discharged in natural enjoyment or otherwise. In the lectures of a deceased baronet the subject is passed over with such levity that he must have been an unbeliever in its existence, or was ignorant of its nature and cure. Other writers just allude to it, and pass on with a shrug of the shoulders. A good treatise elucidating the rationale of the disease, its pathology and treatment, would be of first-rate utility. The subject is delicate, but the prevalence of the disorder, in some form or other, ought to remove all feelings on that ground. Doubtless several members of the profession have had opportunities of observing such facts on the subject as to enable them to produce a scientific book which would well requite them for their labour. Here leaving the subject, I remain, Sir, your obedient servant,

MEDICO-CHIRURGUS.

Sept. 29, 1843.

#### FISTULA IN ANO

IN A

#### PHTHISICAL PATIENT; NATURE AND CAUSE OF SUCH FISTULÆ.

LAST year a man who was affected with fistula in ano entered the wards of M. Robert, surgeon to the Hôpital Beaujon. He was apparently enjoying good health, was operated on, and in a few weeks left the hospital cured. A short time after he had left the hospital symptoms of pulmonary and mesenteric tuberculisation manifested themselves, and he returned to the wards of M. Robert. At his death, which occurred at the beginning of September, the autopsy was performed with care. In addition to the ordinary lesions produced by tubercles in the lungs and mesentery, there were found in the rectum several ulcerations of the mucous membrane, evidently produced by ulcerated tubercles occupying the sub-mucous cellular tissue. Several of these ulcerations communicated with small collections of tuberculous matter which could be raised with the scalpel. Immediately above the anus, on the mucous membrane, several laminæ of considerable size were observed in this subject.

The presence of the sub-mucous rectal