

asserts that gangrene from congelation never occurs unless the body or limbs have been, after freezing, rapidly brought to a high temperature. The reverse of this was illustrated in the case above narrated: or, perhaps, we might more correctly say, that it was the converse or opposite of sun-stroke or heat-stroke. Probably the rapid and extreme change of temperature disorganized the minute elements of important structures, especially of the brain; in a mode analogous to that in which congelation, especially when suddenly succeeded by the thawing process, destroys the vitality of plants.

*A New Elastic Pessary.*—Dr. H. HARTSHORNE also exhibited to the college several *ring pessaries*, of different sizes, made of vulcanized caoutchouc. The material and form were almost precisely those of the ordinary gum-ring given to infants. Dr. H. H. had first made use of the gum-ring as a pessary, and found the only objection to it to be its deficient size. The pessaries exhibited had, therefore, been made to order, at his request, through the agency of Mr. Hubbell (1410 Chestnut St.), by the Goodyear Rubber Company. In the cases in which he had so far used them, he had found them to answer perfectly well. After remaining *in situ* for many weeks, they had been found to show less evidence of change than many of the gutta-percha rings would have done.

The advantage of this kind of supporter is, in a word, its elasticity; which imitates and substitutes (or affords a supplement to) the natural supporting powers of the utero-vaginal apparatus, more benignantly than any inflexible or unyielding material can do. At the same time it is not unreliable, as is the case with the India-rubber air-bag or colpeurynter, and is free from the annoyance of a protruding tube.

Although medical men differ very much in their estimation of the value of pessaries in the treatment of uterine displacements, it would seem that the most obvious objections to their use must be removed or weakened, if we have at hand instruments which closely imitate the natural ligamentous tissues, in affording an elastic support. The same yielding or flexible character, moreover, makes it easier for the patient to introduce and remove the pessary for herself; an advantage, in many cases, of no slight importance.

*June 5. Perineal Fistula, with Abscess of the Testicle.*—Dr. CORSE read the following note of a fatal case, and exhibited the *post-mortem* specimen:—

Mr. H., æt. 44, sent for me, in consequence of daily chills, fever, and great prostration. I found he had a fistula in perineo, from which the urine constantly dribbled; none passed by the urethra. From him I learned that he had always had a weakness in the bladder from boyhood, and that his mother died early from phthisis. About the age of six years he received a hurt on the left hip-joint; this was followed by inflammation, which became chronic, ran into hip-joint disease, and finally resulted in ankylosis of the joint. He had suffered frequently from disorder of the urinary organs, with great pain and difficulty in passing urine. In the summer of 1859 the fistula opened, and he passed water both by the urethra and by the fistula. In July, 1860, he underwent an operation for the cure of the fistula. This hope was not realized, but, on the contrary, he found himself worse rather than better. In this unhappy state he removed to Philadelphia in the autumn of 1860, and placed himself under my care. Of the operator or of