

After removal, examination showed the testicle to be smaller in the body than natural, but having the usual pulpy feel. The tunica albuginea was unusually thin, and when a portion of it was dissected off, the tubuli seminiferi appeared natural, but the division into lobes was much more distinct. When a piece of a seminal tube was placed in the field of a microscope, the structure was quite normal, but the fluid in it contained no spermatozon, only seminal granules. Some of the fluids expressed from the vas deferens exhibited the same character,—no spermatozon. The attempt was made by Mr. Carte to inject quick-silver down the vas deferens, but it stopped at little more than an inch from the orifice, in consequence, as we found, of its being blocked up by a yellow substance of firm consistence. The epididymus presented characters quite peculiar: it was unusually long and large; the inferior globus that was felt external to the abdominal ring was much elongated and very hard; there was an appendix from the upper part of the epididymus, and a single hydatis was discovered in it. The vas deferens of the ordinary size, but very hard, had not the usual zigzag convolutions on itself, but was very straight. The same firm, yellow substance which blocked it up was also found to fill the vasa efferentia.

As far, therefore, as the condition of the testicle went, there can be no doubt that its functions were irretrievably gone, and no regret can be felt at its removal. The deposits were, no doubt, the result of frequent attacks of inflammation; the intense redness of the tunica vaginalis, and the vascularity of the surface of the testicle, along with the adhesion, show this inflammation to have been of an unusually severe character.—*Dublin Quarterly Journal of Medical Science.*

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#### PATHOLOGY AND PRACTICE OF MEDICINE.

*On Effusions into the Pleural Sac and their Treatment by Paracentesis Thoracis.* By W. PEPPER, M. D., U. S.

[After the detail of four cases, Dr. Pepper concludes with the following practical commentary:]

The operation of paracentesis thoracis has at all times been viewed with more or less distrust by many distinguished members of our profession; and although this prejudice is now rapidly disappearing, owing to the numerous instances in which the most beneficial results have followed the operation, there still remains much discrepancy of opinion as to the particular circumstances under which this procedure is justifiable. And, indeed, it will be found upon impartial investigation, that most of the disastrous results consequent upon it are fairly attri-