

Jan. 28th.—Patient is growing weaker every day. Intellect clear. Temperature remains elevated. Ordered whiskey, 5 xii. in die.

Jan. 29th.—Patient is now too weak to expectorate. Rales can be felt in both chests. Ordered dry cups to anterior part of chest and R. Ammoniac Carbonat. gr. ij. quaque hora. This evening the patient died.

Stetit cadaveris, 21 hours post mortem. Rigor mortis well marked; very little emaciation.

Thorax.—Some oedema and congestion of both lungs; the larger ramifications of the bronchial tubes congested on their mucous aspect.

Abdomen.—Liver healthy in appearance, 73 oz. Spleen healthy, 8 oz. Kidneys healthy, 10 oz. Small intestines.—No ulcerations can be found; Peyer's patches present somewhat of the shaven-chin appearance; mesenteric glands a trifle enlarged.

The boarding-house keeper also stated that a young sailor, by the name of Rasmersen, had been taken to the New York Hospital about the same time as their runner. On inquiry, the boy was found to be still a resident of the hospital. His history runs thus:

CASE IV.—Charles Rasmersen, 26, Dane, seaman. Admitted Jan. 28th, 1863.

Eight days ago patient was suddenly seized with a sharp pain in the right side. About the same time he commenced to cough and expectorate. The pain soon extended to the back and abdomen, and has continued with moderate severity up to the present time. Has had one or two loose stools daily. On admission is in good general condition. Pulse, 109; temperature 103° Fahr.; respirations, 30. Some abdominal tenderness; no eruption. Ordered usual treatment for continued fever.

Jan. 31st.—In about the same condition. Diarrhoea has ceased; very little abdominal pain.

Feb. 13th.—Patient is now able to sit up; complains only of weakness in the legs.

Feb. 16th.—Yesterday afternoon it was ascertained, in the manner referred to above, that patient was very probably suffering from trichinosis. He was questioned as to whether he had any tenderness over the muscles of the arms and legs, but replied in the negative. Examination, however, showed tenderness in calves of legs and pectoral muscles. His consent having been obtained, a spot on the shoulder, about the size of a silver half-dollar, was benumbed by local anæsthesia, and an incision an inch and a half long made through the skin with scarcely any pain to the patient. A portion of the deltoid was removed, as in the preceding case, and found to contain several fully developed muscular trichinæ in an encysted condition.

According to the statement of the boarding-house keeper, another sailor, by the name of Hamann, was on Thursday last (Feb. 11th) removed to the Brooklyn City Hospital. Dr. Bulkley visited the hospital, and, after some search, identified the patient. As Dr. Gregory, the resident physician, has since proved it to be a genuine case of trichinosis, we trust its history will soon be published.

The boarding-house keeper, his wife, and the bar-keeper, were all taken sick at the same time, about four weeks ago. They all suffered from diarrhoea, pains in different parts of the body, and

a general feeling of malaise, but were none of them obliged to keep their beds.

A visit was made to the dealer who furnishes the boarding-house with hams and sausages, but it was attended with no satisfactory result. — *Medical Record*.

(From the New York Medical Journal.)

On the Microscope, as an Aid in the Diagnosis and Treatment of Sterility.

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NEW YORK.

(Read at a Meeting of the Medical Society of the Co. of New York, December 7, 1868.)

(CONTINUED FROM PAGE 137.)

However, this can never happen to me again, and should not, after this warning, happen to any of my brethren. I know many men who have no spermatozoa, and cannot, therefore, become fathers. They are all strong, active men, in the prime of life, and all perform the sexual function with vigor. The very fact of their natural vigor and strong passions had been their ruin, for most of them had contracted urethritis during their early and unmarried life, and had suffered from its unlucky sequence, epididymitis. To further illustrate the necessity of the microscope in this department of surgery, I shall append a few cases drawn up as succinctly as possible.

No. 1 had consulted two of the most eminent physicians in England, and remained under the care of one of them for many weeks. She said that during that time the neck of the uterus was repeatedly cauterized. She got impatient, and went to another physician, who told her that the caustic treatment she submitted to was worse than useless; and that a surgical operation was the only thing to be done. She consented to it, and he incised the cervix bilaterally. She did not conceive, and two years afterward went to Paris to see me. I found the uterus normal in all its relations, the os tincæ and cervical canal sufficiently patulous. I explained to both husband and wife the importance of examining the cervical mucus four or five hours after coition. They returned the next day; the cervical mucus contained spermatozoa; therefore there was no necessity for any further surgical operation. But the spermatozoa were all dead; therefore there was a necessity for a treatment to rectify the vitiated cervical secretion. She remained in Paris a few weeks under my care, was cured, and became a mother in a year after her dismissal. Now, if the first physician had used the microscope, as I direct, he would probably have found that the semen never entered the cervix at all; and, if the second one had done the same thing, he would certainly have found that the mucus of the cervix poisoned the spermatozoa.

No. 2, a lady, in the highest ranks of life, was sterile. The cervix uteri was incised bilaterally. She had pelvic cellulitis afterward. Two years after this I saw her, and she was still childless. The microscope showed that the cervical mucus, examined four hours after coition, killed all the