

serous membrane should possess the property of secreting a fluid so elaborate as the semen, and one which is so clearly endowed with vitality.\*

It seems to me to be more consistent with the facts of the different cases that have been placed on record, and with the particulars of that just detailed, to suppose, that in the first instance, *the disease is merely a simple dilatation of one of the ducts, the result of contraction or obliteration of its canal from local inflammation, caused by some injury to the part: that after some time, this dilatation gives way and pours its contents into the cavity of the tunica vaginalis—in which they accumulate, in some instances without interfering with the functions of the membrane;* but in other instances the serous membrane takes on diseased action, and its secretion becomes mixed with that originally poured out from, and still secreted by, the ruptured cyst. In this way we can understand how the fluid may, in one case, present a limpid appearance, devoid of albumen; and in the other exhibit a copious admixture of albumen, and a variety of colours; and in both, we may find, on microscopic examination, a quantity more or less abundant of spermatozoa, in some cases alive, in others dead and partially disorganized.

The practical deduction to be drawn from the above case, however, is, that the detection of spermatozoa should not deter us from attempting the radical cure, which, if we should not accomplish by one method, we may succeed in effecting by another."

Mr. Paget considers his explanation unrefuted,† and Mr. Curling, in the second edition of his excellent work on the Diseases of the Testicle, published in 1856, has given an explanation similar to that published by me in March 1849. The following are his remarks:—"The explanation which I offered shortly after the discovery of spermatozoa in these cysts was, *that their presence was probably owing to the rupture of one of the tubes of the epididymis and the escape of semen into the sac of the hydrocele.*" As Mr. Curling seems to attach some importance to this explanation, by his repetition of it, in his recent article on the "Testicle" in Todd's Cycl. of Anatomy, I may be pardoned for claiming for the Journal in which my paper was published, and for the school of medicine in which the views it contained, were first promulgated, any merit that attaches to it, particularly as the case alluded to was one of large hydrocele of the tunica vaginalis, containing spermatozoa and cured by local application of iodine, precisely the case previously considered unsuited to this plan of treatment.

ART. X.—*Medical Evidence in the Wellington Street Murder case.* By WM. H. HINGSTON, M.D., L.R.C.S.E. &c.

Within the last few days the very unedifying, and latterly too frequent spectacle has been witnessed at one of our Courts of Justice, of several medical men, two of them the principal witnesses in the case, stating an opinion concerning the death of a woman said to have been murdered by her husband; and of an

\* Vide Müller's Physiology, by Bayley, vol. 1, p.

† See Paget's Surgical Pathology.