

operations, and that further trials would be necessary to ascertain in what cases this peculiar mode of simultaneous excision and cauterization was to be used. It was certainly the neatest and most elegant manner of using the actual cautery that had yet been devised. He was inclined to think that the chance of hæmorrhage would be much lessened if the wire were somewhat thicker than the one he had just used. Mr. Marshall fixed such a wire to the conductors, and when the circuit was completed, it became red hot, but in a little longer time than the other had taken. Mr. Marshall thought that the method just described would eventually be peculiarly applicable to fibrous tumours of the uterus, and he stated that he is having a battery constructed, where the cells would be managed in such a manner as to be quite ready for use by being dipped into the diluted acid; that the apparatus might then be put entirely out of the patient's sight by being placed under a seat or sofa, and that nothing but the conductors need be seen.

*Case 1.—Fistula in ano.* The sloughs began to separate on the second day; on the fourth, the wound was quite clean the granulations large, and the edges already rounded and cicatrized. Until the sloughs separated there were some dragging and aching pain, which, however, was not at all to be compared to the suffering after the division of fistula by the knife, an operation which the patient had himself previously undergone. On the second and third nights, an anodyne was given, owing to some restlessness, but the draught was not repeated afterwards. A little tenderness was noticed in the groin on the third day, but this passed off after a few hours. In other respects, the patient made a steady recovery; in three weeks, the wound only remained uncicatrized, and now the fistulous tract is healed up.

*Case 2.—Hæmorrhoids.* The affection was here of twelve years' standing; the patient had had a great deal of pain and inflammation, as well as attacks of hæmorrhage. The final separation of the sloughs took place in passing a motion on the sixth day, accompanied with severe but transient pain, and a very slight oozing of blood. After this, was quite easy. On the eighth day the patient sat up, and on the tenth, he resumed his work as a saddler at home.

*Case 3.—Hæmorrhoids.* This case was of fifteen years' standing; and the patient had frequently suffered from inflammation, and had had great losses of blood. He had aching pain at intervals for five days after the operation, as well as some tenderness in the groins. A portion of loose integument not removed in the operation, also swelled and became tender. The patient had severe fits of flatulence, which were generally very painful, lasted about a quarter of an hour, and then disappeared suddenly. On the third day he evacuated some clots of blood from the bowels; on the fifth, a fœtid mass of small size came away, and he was afterwards free from all pain, except in the swollen piece of loose skin, but in two or three days the pain subsided, and on the sixteenth day he went out to work as a painter.—*Lancet.*

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## MIDWIFERY.

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*A case of Impregnation with Imperforate Hymen.* By JOHN R. DICKSON, M.D., Kingston.—On the morning of the 29th July, 1850, at 4 o'clock, I was called to visit Mrs. C. On arriving at her house, I was informed by Mrs. Smith, an educated midwife, (who had been in attendance during the past night,) that the patient was in labour with her first child, that "the vagina was completely closed," that she did not mind it as long as the pains were not very severe; but since they had become so, she was alarmed lest the uterus should be ruptured, or the lining membrane of the vagina prolapsed. On examination, I felt a strong, unyielding hymen, apparently imperforate. I did not wish myself to make any ocular exploration, but requested Mrs. S. to institute such an examination, and see if she could discover any aperture while I went home for a scalpel. After examining closely she could not discover any. On my return, I waited a short while to make a more close examination, and try if the expulsive pains would not rupture the membrana; I found it remained firm and unyielding, despite the strong pains. I then took an ordinary scalpel, and rolled tape around its blade, until within about  $\frac{1}{4}$  of an inch of its point, and with this