

any of the three above mentioned. They do not present the usual signs of inflammation; that is to say, the part infected is not red, hot, swollen, or painful, unless, indeed, it becomes so from subsequent accidental complications. The patient's attention is first attracted by a small pimple, or a crack, or a slight abrasion, around which a slight thickening takes place, with a well defined outline. This may remain not greater in extent than a layer of parchment, or may extend to the thickness of two or three lines. The secretion from the surface consists of a kind of lymph, which contains globules of various sizes, and generally of smooth outline. Sometimes, after the first few days, there is no secretion at all from the surface of the infected part. The diseased action is in these cases indicated only by the presence of the thickening above mentioned, covered, like the surrounding parts, with epithelium. These characteristics, upon which I might enlarge, indicate that the true infecting process is going on; but, as the title of my paper was upon the non-mercurial treatment of certain forms of syphilis, I will not enter farther at present upon the consideration of that class which does require to be treated by mercury.

SINGULAR DISEASE OF THE FEMALE GENITAL ORGANS.

By JAMES HAKES, Esq., Junior Surgeon to the Liverpool Northern Hospital.

Mrs. W. consulted me in November 1853, in great alarm because her medical attendant had pronounced her incurable. She was about 35 years of age, the mother of three children, the youngest about thirteen years old. For some years she had not lived with her husband, and denied ever having had illicit intercourse. About three years ago, long after her husband left her, she began to feel uneasiness about the vulva, and became subject to a purulent discharge: these have steadily increased to the present time, notwithstanding all the remedies that have been tried. When I saw her, she complained of a burning pain about the vulva, varying in intensity at different times, accompanied by a good deal of bearing down and aching about the hips, groins, and back: these were aggravated by exercise, and at the monthly periods. But what caused her the greatest distress was an inability to retain her urine while moving about; the urine itself was clear, and there was no irritability of the bladder.

I proceeded to examine her. There was so copious a discharge of matter that, till it was washed away, nothing could be seen: then the following condition of parts was noticed. External labia, nymphæ, clitoris, and prepuce, natural. When the vulva was well separated, the interval between the clitoris and orifice of vagina appeared much increased; and the mucous membrane over the greater part of this space was replaced by a cicatrix, having two or three caruncles on its surface. There was nothing like a natural urethral orifice to be seen, its situation appearing to be occupied by a mass of florid granulations, which, with one or two fleshy bodies behind it, filled up the ostium vaginae. By introducing two fingers into the vagina, its anterior wall could be easily examined; and the red mass, which was about an inch long, was seen to extend backwards, lying against the symphysis pubis. Through half its extent it was quite exposed, but the remainder was enveloped by a sheath, composed in front by the pubes, and behind by soft tissues, which separated it from the vagina. It was free throughout its extent, except posteriorly, where it was attached all round to the inside of the sheath, so that a probe was arrested at all points of its circumference, after it had passed between it and the sheath for about half an inch. It presented a smooth glistening appearance, except at its extremity, where it was slightly granular; and here was the orifice of a canal passing through its whole length, and along which a catheter passed into the bladder: there was no other channel to that viscus. When a finger was passed

into the vagina, and drawn forwards, the neck of the bladder and commencement of the urethra felt natural; but soon the finger sank into a fissure on the right side, in which the red body could be felt, proving that the sheath extended most forward on the left side.

Mrs. W., saving mental uneasiness, was in good health, and was and always had been free from any secondary syphilitic symptoms.

The appearances I have just described convinced me that this was not a case of vascular growth from the urethra, though this sometimes assumes a tubular form; and, I believed, could only be accounted for on the supposition that the ulceration, which had commenced near the clitoris, having reached the urethra, then separated the spongy portion of this canal from its other coverings, and was spreading backwards towards the bladder, the soft parts between it and the vagina having also been partly destroyed. I have known a similar result to occur in the male, ulceration commencing around the corona glandis, extending backwards so as to leave the glans, corpus spongiosum urethrae, and corpora cavernosa, completely detached from the surrounding skin of the penis. It is not improbable, therefore, however rare such an effect of ulceration may be, that the same thing may occur in the female.

I recommended the use of astringent injections and lotion, which latter was to be applied on lint, inserted between the red body and sheath; and, internally, iodide of potassium and sarsaparilla. Considerable improvement followed this treatment; the discharge of pus almost ceased; her pains were very much diminished; she could hold her water rather better; and some union appeared to have taken place to the sheath, as a probe could not be passed so far between it and the red body. After about a month's improvement, however, things remained in *status quo*; and I determined to remove the mass by ligature. Accordingly, on the 25th of January, 1854, a thread was placed round it, so as not to close its canal. The thread became loose before the part sloughed; the separation was therefore completed with scissors. By this means, it was cut away to about a line from its origin from the sheath. The raw surface soon healed, the portion of the red mass that was left dwindling away as cicatrisation progressed. The result of this treatment was entirely satisfactory.

The following August, seven months after the operation, I called upon her, and took notes of her state as follows.

August 1855. Mrs. W. feels perfectly well; is quite free from pain and discharge; can hold her water perfectly, and pass it without any difficulty; and, as far as her feelings go, she would not know that she had ever had anything the matter with her. She permitted me, however, to examine her. I found the clitoris, prepuce, and nymphæ, natural, and a cicatrix extending between them and the orifice of the urethra, which was retracted a good deal within the vagina. Instead of a trumpet-shaped orifice, there was only a transverse fissure, caused by the vaginal coverings of the urethra, which had previously assisted in forming what I have called a sheath, being closely applied against the pubes. When this fissure was opened, at its bottom was seen a red orifice, about as large as a grain of pearl barley, which was the mucous membrane of the urethra: there was no growth of any kind from it.

PARACENTESIS THORACIS: WHEN IS IT JUSTIFIABLE?

By DANIEL H. TUKE, M.D., Visiting Medical Officer to the York Retreat, Physician to the York Dispensary.

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My attention was strongly directed, some time ago, to the subject of paracentesis thoracis, from the circumstance of being called to a little girl, for whose relief it appeared necessary to resort to the operation. Since then, I have had several opportunities of following out some interesting