afterwards he broke down, almost at once, new cerebral symptoms came on, and a fatal result soon ensued.

At the autopsy, as reported by his attending physician, the kidneys exhibited very extensive fatty degeneration, with several cysts.

CASE II.—Mr. —, æt. 27, consulted Dr. Williams May 3d, 1871.

Twelve weeks previously, he had severe pains in forehead, and noticed dimness of sight. This dimness increased till, now, he can count fingers only at six inches from his eyes. His face was pale and œdematous. He had pain in right lumbar region, and also in left side, attributed by his physician to an enlarged spleen. His urine has considerable cloudy deposits after standing, and coagulated on being heated.

The ophthalmoscope showed very extensive exudations in the vicinity of the optic discs, and hæmorrhagic spots were extensively scattered over the retina.

The prognosis given to his father, who accompanied him, was most unfavorable as regarded his sight and his life, and the patient returned home.

May 15th.—His father wrote, "He bore the journey home remarkably well, and for the two succeeding days (6th and 7th) appeared as well as when you saw him, except a swelling in one foot and leg, the inflammation extending nearly to the knee. He was perhaps slightly prostrated by the fatigues of the journey. Saturday night he had but little rest, and got up on Sunday morning with the appearance of having a very severe cold in his head and chest, the cords of his neck inflamed and painful. He soon had a chill. Most of the day he was in a kind of lethargic sleep. Monday, he was more comfortable, the soreness having left his throat, but cords of his neck still painful. Tuesday morning, he was much prostrated, and could not walk without support.

"Up to this time he had confidently expected to recover, notwithstanding the little encouragement you gave him.

"About this time the swelling in his neck and chest increased considerably, he constantly growing weaker. He was very thirsty. Wednesday, between 2 and 3, P.M., he became partially deranged, talking almost continually, but could be called back to consciousness for a moment by speaking to him. This continued till about 9, P.M., when his consciousness fully returned—he bade good-bye to his friends, and quietly breathed his last."

THE CLIMATE OF COLORADO.

By W. F. McCLELLAND, M.D., Denver, Col.

CONSIDERABLE difference has always existed among medical men as to what altitude, other things being equal, was most favorable for the restoration of chronic invalids to health; this, undoubtedly, depends much upon the character of the disease, the state of the disease being improved, or the contrary, by the relative altitude above the sea. In this connection, the question has been asked if Colorado should be recommended for persons suffering from asthma and similar diseases.

The physiological effects of a residence at a great altitude are to increase the frequency of the respiration and accelerate the pulse. Such results might be in some diseases disastrous, or even fatal; but not so with asthma, the increased activity required of the respiratory organs being a direct and constant benefit. The change, also, has the effect to assist digestion, and the result must be that the blood becomes more perfectly aerated and the system improved in tone. The question has been asked whether that peculiar form of asthma which makes its appearance about the 15th of August, called hay asthma, would be relieved by a residence in Colorado. I would say yes, above all others. This disease, as we are led to believe by recent investigations, is due to the presence in the air of spores, produced during the growth of certain flowers and grasses. A visit to the elevated portions of the Eastern States affords relief from the sufferings caused by this malady. We are certainly justified in recommending the climate of the Rocky Mountains, the backbone of the continent, where the purest air exists and a dry atmosphere, whose influence is shown to be beneficial in the treatment of this disease. The atmosphere of Colorado, even at the time of the greatest amount of rain-fall, is never damp. The evening air can be breathed with impunity, and even invalids can camp out on the plains without shelter, with no fears of physical harm.

The eminent English physician, Dr. Chambers, in his lectures on the renewal of life, gives the very sensible rule respecting choice of climate for consumptives, not to mind the average height of the thermometer or its variations; not to trouble one's self about the mean rain-fall, or to be scientific at all, but to find out by some one's journal how many days in the year are fine enough to go out in the forenoon and afternoon, and how many nights one can sleep

well as far as the temperature is concerned: these are the tests we require. If we judge from all these data, Colorado is one of the most favored spots on the face of the globe for asthma, consumption and other chronic diseases, or for patients needing relief from excessive work, either of body or mind. The variety of altitude in Colorado affords great facility for choice of temperature and density of atmosphere; a ride of two hours over the plains, and six hours of mountain travel by carriage, over roads pronounced the best of the kind in the world, and through the grandest of scenery, carries one from the summer-heat of the valley through intermediate grades of climate to an altitude where an overcoat is a comfort by day and a blazing fire a necessity by night. Good inns are found on all the roads, and towns and villages having the refinements as well as the comforts of life are situated upon the mountains, ten thousand feet above the level of the sea. Under such tonic influences, invalids from abroad rarely fail to improve rapidly. Asthma, in its most aggravated and long-seated forms, is relieved in so nearly every instance by a residence here that the exceptions are not to be taken into account; and almost perfect immunity from it is enjoyed by every case remaining in the dry, salubrious atmosphere and almost constant sunshine of Colorado. Consumptives who come here before the ravages of the disease have made too great advances, almost certainly recover; while others, who could elsewhere only exist in constant suffering and helplessness, are here enabled to pass the remainder of their days in comparative comfort, frequently gaining a considerable degree of vigor. Dyspeptics also recover their lost powers of assimilation, and by proper care become robust. Those afflicted with bronchitis and affections of the throat, many of whom have tried other localities and even sea-voyages in vain, become sound and well by a sojourn in Colorado.

DEATH OF SIR JAMES MURRAY, BART., M.D.—The death is announced of this veteran of our profession at the ripe old age of eighty-three. He has been for many years Inspector of Anatomy for Ireland, and physician to the Lord-Lieutenant. He was born in 1788, was educated at Edinburgh and at Trinity College, Dublin, and received the honor of knighthood in 1863.—*Dublin Med. Press and Circular.*

Reports of Medical Societies.

SELECTIONS FROM THE RECORDS OF THE OBSTETRICAL SOCIETY OF BOSTON.

SECRETARY, J. B. TREADWELL, M.D.

MAY 13, 1871.—Dr. Buckingham, the President, in the Chair.

Absence of Vagina.—Dr. Curtis reported the case.

March 22d, saw, for the first time, Lizzie D., 16 years old, a tall, slender, unhealthy-looking girl, with pallid face and thin body. She had complained for seven months of abdominal pain and distention, especially marked at each probable menstrual period, though the catamenia had never appeared.

On examination, the abdomen was found somewhat prominent, with an ill-defined, movable, elastic, rounded mass, rising from the pelvis and distending the abdomen to the navel, especially on the right side. The external genitals were covered with a remarkably abundant growth of dark hair, and were not in the least distended. There was a mere trace of a vaginal opening in the shape of two small cul de sacs or folds below the meatus, one below and somewhat to the left of the other. The bladder was high up and forwards. Per rectum, the pelvis was felt to be filled with a large firm mass, continuous with that in the abdomen, rounded and hard, of the size of a child's head. No uterine neck could be felt. A sound in the urethra and a finger in the rectum were separated in front of the tumor by a thin wall of tissue.

Eleven days afterward, having been in the Massachusetts General Hospital some days, the following operation was performed by Dr. Hodges: An incision was made in the median line about the centre of the vulva. As no trace of a vagina appeared, a careful dissection was made between the bladder and rectum, to the depth of an inch, with scissors. The dissection had now reached a point one inch from the tumor. A large trocar was next introduced, from which immediately flowed a thick, chocolate-colored fluid. The opening was enlarged by a dilator, the fluid welling out in a flood. No efforts were made to expel the retained fluid. No pressure was allowed on the abdomen, the contents of the uterus exuding by the natural contraction of the parts, during four or five days. No injections into the cavity were practised.

During the next fourteen days, the patient had more or less abdominal tender-