

The mother is a very healthy woman. Her four previous labours had been natural, and the children born were perfect. She had enjoyed excellent health during her pregnancy with this child, until seven months, when, while returning from Brooklyn on one of the ferries, she received a severe contusion. As the boat approached the dock, a violent current of wind caused the end of the pier to be violently struck; just at that moment she was standing at the door, and was thrown with great violence against the edge of it, receiving the entire effect upon her abdomen. She fainted, and it was several minutes before she was able to rise and ride to her home. From this time she felt the most feeble motion only of the fœtus, although it had for the two previous months been quite active; in fact she often supposed it dead, notwithstanding she grew considerably in size.

Renal Abscess, discharging externally for six years. Reported by J. STOCKTON HOUGH, M. D., late Resident Physician to Philadelphia Hospital.

C. B., æt. 47, was admitted into the Surgical Ward of the Philadelphia Hospital, March 17, 1869, at which time she suffered from a discharge of pus from an opening in the right lumbar region, just above the crest of the ilium, supposed to be due to the necrosis of the last-named bone. No other diagnosis had been made until the *post-mortem* examination revealed the nature of the affection.

She had been blind for eight years. At the time of admission she had also an ulcer on her leg, which was healed in five days. After this the quantity discharged from the abscess increased six ounces per day. She had not been confined to her bed until she came into the hospital. No difficulty in passing her water until the last two days.

This discharge of pus had been constant, though variable in quantity for a period of six years, increasing the last month. She died from pure exhaustion, four months after her admission.

The *post-mortem* examination revealed no other lesion than that of the kidney on the right side, which was enlarged, and contained numerous abscesses, in one of which was found a triangular calculus, about the size of a walnut. The fistulous opening was not direct, but quite oblique, admitting a fine probe, which probably struck the calculus and gave the impression that the bone was exposed, which led to the error in diagnosis. It is exceedingly rare to find abscess of the kidney discharging externally for so protracted a period.

Case of Congenital Absence of Uterus and Ovaries. By S. HERTZ, M. D., of Boonville, Indiana.

Miss E., æt. 40, unmarried, had always enjoyed good health till within the last year of her life. A few months previous to her death she came under my care for a slight dyspeptic disorder, which, on close examination, proved to be due to compression of the stomach consequent upon an enormously enlarged cancerous liver. There was nothing in the patient's general appearance indicative of serious trouble, and had not physical signs revealed the condition of the liver, it would not have been suspected. From the time she first sought medical aid up to the time of her death, three months afterwards, there was little in the patient's general aspect to occasion alarm, except the dyspnoea occasioned by the enlarged liver.

The *post-mortem* examination made by my friends, Drs. Barker, Darby, and myself, showed the liver to be greatly enlarged by cancerous deposit;

stomach and intestines free from any deposit; kidneys somewhat enlarged and indurated. The chief point of interest, however, was a complete absence of the uterus and ovaries. The vagina was normal, both as regards length and capacity, terminating above in a cul-de-sac. The clitoris was well developed, together with the labia and mons veneris. The breasts were large and plump, the whole external aspect attested the attributes of a well-formed woman.

Fibro-cystic Disease of the Ovary, with Post-mortem Examination.
By S. L. BLATCHLY, M. D., of Sparta, Washington County, Pa.

In the early part of April, 1866, I was called to see Mrs. M., in consultation with my friend, Dr. Strause. She reported some enlargement in the left iliac region, which had existed for about two years.

On examination we decided the case to be one of ovarian enlargement, from three to four inches in diameter. Nothing special occurred in the case, except a gradual enlargement, for some three years, when I was hastily summoned to see the patient again, and found her in the most extreme agony. She said the tumour had broken, and she could feel the water moving in her bowels whenever she turned, and could not feel the tumour any more. Very great pain, tenderness, tension; and distension now existed, which precluded deep pressure on digital examination. Treated the case, for the time, as one of peritoneal inflammation. In five or six days the patient had much improved, and now with some difficulty I could discover the tumour, much smaller than before, and somewhat flaccid. Soon the tumour began to enlarge, and nineteen days after the first rupture a second took place, with a recurrence of all the unpleasant symptoms as detailed before. I again treated her as before, with like good effects.

She now had a short respite from her extreme suffering, of three to four weeks, after which the cyst again gradually filled, inasmuch as to require paracentesis that some relief might be obtained, which was performed in the line of the linea alba, and six quarts of fluid removed, giving temporary ease. The cyst rapidly filled again, and the trocar introduced at the same point as before, but this time failed to enter the cyst, and the instrument giving the impression of passing into a fibrous body. Still hoping to relieve her sufferings, I again inserted my trocar into the left iliac region and drew off five quarts of fluid. The right side not lessening in proportion, after a few days I introduced the trocar into the right iliac region and removed about eight quarts more of fluid. During all this time there was evidence of more or less irritation and probable inflammation.

She gradually sank, and died in a few days.

Post-mortem nine hours after death.—In presence of Drs. Strause, Cary, and Sharp. The tumour was of fibrous character with numerous cysts of various sizes, containing dark bloody serum. On breaking up the adhesions between the tumour and the peritoneum, the tumour, intestines, spleen, pancreas, portion of liver, and stomach, were found agglutinated in one general mass.

On removing the tumour as best I could, and tracing it to its origin, it was found to have originated in the left ovary and Fallopian tube. The ovary was broken down in its central portion, and contained bloody pus. The fundus of the uterus was somewhat enlarged, and contained in its structure two fibrous tumours, $1\frac{1}{4}$ and $\frac{1}{2}$ inch in diameter.

At the entrance of the left Fallopian tube there was a small sac of black