

from vesicles generated in the chorion as the result of a blighted conception. In the Guy's Hospital reports, volume 7, page 300, I find a case of hydatid cysts voided during the act of micturition, reported by Mr. Berkett. The patient expressed great pain in lumbar region for several days, expelling a few at every time of urinating. On the occasion of his first consulting Mr. Berkett, he had passed sufficient to fill a half pint mug. After a long search, Mr. B. by the microscope, discovered a single tentacle of the echinococcus, and something which had the appearance of the entozoon itself. Urine obtained by the catheter contained the debris of the hydatid cysts and blood discs. After a most careful examination of the man's abdomen and lumbar region, Mr. B. was quite unable to detect any tumour or enlargement, or the slightest indication of anything abnormal. In my practice, extending over forty-two years, I have had four cases of uterine hydatids—three in married women; one in a young girl of seventeen, reputed to be a virgin; the correctness of the assumption may have by some been considered as open to doubt, but it was at any rate believed in by the medical man who consulted me in the case. In all of these cases but one, there was frightful hæmorrhage attendant on the expulsion. The exception occurred in a married lady, who had retained me to attend her in her confinement, which she expected to occur in two months from the time I was engaged. Shortly after, entertaining a fear that all was not right, I was requested to visit her; found that for some time she had been troubled with hydrorrhœa. On placing my hand on the abdomen I failed to discover the hard uterine tumour; and on vaginal examination, could find nothing but fluctuation. Very shortly after, her cherished hopes of maternity, as in Harvey's widow, were dissipated. "*Donec tandem omnis spes cessaverit in aqua.*" In this case a very large quantity of fluid was voided with but few cysts, the hæmorrhage trifling. The lady had a family subsequently, and is now a happy grand-mother. But to return to the question whether hydatids can be generated in the uterus in the virgin, or the widow. If the supporters of the contagium vivum theory are correct, the introduction of these germs or bacteria into the system must be through the blood; if so they must be circulated to every tissue and organ in the body. Why should they not, therefore, be found in the mucous membrane of the uterus or bladder, a nidus equally favorable for their development and growth as in the parenchyma of the liver or kidneys. Why should the villi of the chorion be the sole source of uterine hydatids? In my investigations on this subject, I find in the works of various authors who believe the blighted ovum alone to be the source, nothing beyond mere negation; no attempt to demonstrate why, in the nature of things, in one tissue alone these organized growths have their habitat. The range for discussion may be wide, but you will, I believe, gentlemen, on this as on a previous occasion, consider it of sufficient interest for lively debate. Having, for reasons assigned, excluded hydatids as a probable or possible cause of the symptoms in the case on which this paper is founded, I pass on to the various other degenerations that might fairly be viewed as factors. The most likely I consider as causations would be either tubal dropsy, or, as it has been of late termed, hydrosalpinx, fungoid growth from mucous membrane of uterus, vegetating epithelioma of sides of fundus, or glandular polypus. These I will now advert to in the order named. The assumption of hydrops tubarum would undoubtedly account for the very great watery discharge; other evidences, however, I consider to have been wanting. Robt. Peaslee, Scanzoni and Kiasch describe the tube as occasionally attaining the size of a child's head. Peaslee reports a case, confirmed by autopsy, where a dropsical tube which had been twice punctured as an ovarian tumor, was found to contain eighteen pounds of fluid. Even in cases where the tumor is very much smaller, and diffused in sausage-like form, its presence can hardly escape the notice either of the patient or of her friends. In the instance under discussion no local enlargement was suspected; the lady had become stout, but no idea of either uterine or ovarian enlargement was entertained. Had tubal dropsy been the cause, I should have recognized in the frequent vaginal examinations, a soft, fluctuating tumour in the Douglas cul de sac, which most assuredly was not present. There can therefore, I assure you, be no question of the propriety of ruling out of possible causes, tubal dropsy. The second, fungoid growth from mucous membrane of uterus, from one point of view, namely persistent hæmorrhage, might be considered as a probable