

was able to leave her home, and come up to Montreal by steamboat, a distance of one hundred miles, four days after my visit. The plan of treatment, now adopted was such as is usually employed in similar cases, and in less than a fortnight she was quite well and was able to return home.

From the time of her departure from Montreal, in June, 1857, she enjoyed good health till November of the same year, though subjected to a great change of climate and difference in mode of life, having removed to a new settlement in the State of Minnesota. About this time, symptoms similar to those already described, set in. On this occasion, there were also very severe lumbar pains, which induced her medical attendants to suppose that some form of renal disease existed. Not deriving the benefit from treatment that she expected, she determined to place herself again under my care, but having to travel nearly four hundred miles over bad roads before reaching the nearest point where navigation commenced, she was not able to proceed any farther, and was compelled to seek medical advice at that place, where she remained from January till July, 1858.

The nature of her malady seems to have been well understood by her medical attendant, but whether the treatment adopted, which consisted of severe cauterizations, with local use of acids, creosote, &c., had any effect in producing the condition of parts afterwards observed, it is difficult to say. Notwithstanding this active local treatment, her general health became worse, and the menses which had appeared but once since the preceding September did not return.

When I saw her again, July 28, 1858, she was so much changed that I did not at first recognize her. She was thin and weak with a sickly anæmic colour, and her features indicated extreme suffering. She pointed out what she thought was a marked sinking in of the right hypochondriac region, but which it was not difficult to perceive was owing to an excessive elevation of the corresponding inguinal region, where a well defined flattened ovarian enlargement was easily detected, and from this point shooting pains extended at times to the loins and down the thighs. She had also, almost daily, severe bearing down pains which obliged her to resort again to large doses of morphine. This tumefaction was painful on pressure, and occupied a space which might be covered by the hand.

On examination by the speculum, the whole of the vagina presented a pale appearance, and the cervix was pale and without much induration, and was evidently much shorter than when I last examined her. Not being able to find the os uteri, I was not a little surprised to detect on more minute examination the next day, that the os was closed by a dense and resisting membrane, yielding to pressure of a bougie not more freely than any other part of the cervix, and evidently composed of a thick, tough substance, resembling, if not identical with, the neighbouring structure of the cervix, and not presenting the puckered, glistening appearance of a cicatrix, or of the bands usually observed in this region. I may also remark that a decided diminution in the capacity of the vagina had taken place since I last saw her, for the instruments which then could be introduced with ease, were now applied with the greatest difficulty, and smaller ones had to be employed. In fact a degree of contraction, the result of excessive inflammation, had evidently taken place in all the structures.

There was no central depression or mark by which the site of the os tincæ