

involved in the diseased ovarium & scarcely to be distinguished, except as forming a bond of union with the transverse colon. The uterus was elongated and fusiform, the point being toward the fundus uteri, and about five inches long; and the broadest part, about an inch in diameter, near the cervix uteri. Could distinguish remains of the right ovary; but no traces of the fallopian tube of that side. The left fallopian tube was considerably elongated, widened, and ramified over the side of the tumor. The concave surface of the stomach, and the duodenum and jejunum bore inflammatory traces, and especially the latter. The right kidney was little more than half its natural size; but the left one was of the usual size, and healthy. The spleen was enlarged and unusually light coloured—being nearly the colour of the liver. The mesenteric glands were enlarged and schirous. All the intestinal canal, excepting the portion above described, healthy and empty; excepting the rectum, which contained a quantity of greyish looking, indurated feces; the liver remarkably healthy looking, and the gall bladder empty. The lungs healthy looking—but the left one had several adhesions to the diaphragm.

The subject of this disease was about 5 feet 7 inches high; of bilious nervous temperament; of excellent habit of body; and had not been subject to disease of any kind, until after the cessation of the catamenia. She is the mother of one child—a son, now 34 years of age. Her own history of her case is as follows:—She married young, menstruated regularly and early, although sometimes copiously, until she was 45 years of age. Had only one child and never miscarried! Her general health continued good for some months after the catamenia had ceased, when she was attacked with dysuria, with pains in the back and loins, as she used to be when the menses were going to flow; and at the end of two years, imagining that such was about to be the case, and that if so, she should enjoy better health, she placed herself in the hands of an empiric, who guaranteed that he would restore the secretion; and under his treatment had one change, which lasted several days. After this, she began gradually to increase in size, and her husband being then alive, she imagined, until upwards of nine months after, that she was pregnant. It was only after this, that she stated her case to Dr. Rousseau, who was to have been her accoucheur, and who at once suspected the nature of it.

Her general health, notwithstanding the very great size she had attained, continued almost unimpaired, until last autumn, when her appetite began to fail, and she visibly lost strength and flesh; but the animal spirits were, until within a few weeks of her decease, uniformly

buoyant or cheerful. At that time (last autumn) she began to find her size inconvenient, though not painful; previous to that she had continued to walk out alone. Subsequently, however, she became subject to constipation, irritable bladder, &c. Until four weeks before her decease, she walked about without help; and on the Sunday previous to her decease, she walked about her room with a person to assist her.

This case affords several points for physiological reflection, when coupled with the singular fact, that *she leaves a sister, two years older than herself, who is similarly afflicted; and a maternal aunt who has been labouring under an enormous abdominal enlargement for 15 or 16 years past.* The medical attendant of the latter, Dr. Alexander, jr., of La Baie du Trebone, whom I addressed on this subject recently, states her case to be uterine.

The above case, in some respects, is analogous to one of Sir L. M'Lean's, reported by Good, in Vol. v. page 422, of a lady who died "from the bursting of the abscess into the peritoneal sac." On examining the body, he says, two pints of a "thick brown, well digested pus were found to have escaped into the cavity of the abdomen; and three pints more in the ovarian sac. The opening was large enough to admit of three fingers; and the external surface of both the large and small intestines was found inflamed, and verging, in some places, to gangrene." "This," says Good, "my learned friend ascribes to the influence of the pus that had escaped, and was in contact with them;" but as the fluid is said to have been well digested pus, the inflammation is, I think, more probably to be attributed to sympathy with the lacerated ovary, in its actual state of irritation from so large a rent, and so much larger an inflamed surface in its interior.

Now, it will be remarked, that the external surface of the stomach and small intestines was found inflamed in Bonneville's case; but the cause, I should rather attribute to the intimate connexion of the peritoneum, which is reflected over, and in proximity with, a morbid organ, in which a high degree of inflammatory action exists; and as directly exciting sympathetic inflammatory action as either lesion or effusion of pus.

On a review of the case, among the questions that present themselves may be asked: What is the remote cause of this disease? and wherefore the apparent hereditary tendency? Can the small size of the kidneys have occasioned or aggravated the hydropic tendency? Was the uterine discharge, (two years after the catamenia had ceased,) not rather hæmaturia? Was the primary disease not a nephritic one? and was it not induced by catamenial metastasis or revulsion? Could