

the generative organs, we discover their rarity to be the rule. Calculi have been found in the uterus, and have been classed under the head of uterine molts. Dr. Waller mentions an instance in the second volume of the *Lancet* for 1839-40. My friend Dr. Edward Crisp has shown me a specimen from the uterus, resembling in its characters solid bone. Dr. Ashwell dwells upon them, and supposes them to be the *womb stones* of the older pathologists. And Rokitsky speaks of osteoid growths occurring in this organ. The vagina has been lined with calcareous substances, adhering to its mucous surfaces, but has never been found to contain calculous concretions. Foreign bodies do not come within this category. No writer has noticed the occurrence of these concretions in the walls of the vagina, and the case here recorded is most evidently unique, as no similar one, nor one possessing any of its features, can I find on searching several hundred volumes.

In the summer of 1845, a married colored woman, aged 45, who had borne children, was admitted into the General Hospital at Montreal, suffering from scrofulous disease of the mesenteric glands. There was a good deal of obscurity in the general symptoms, which were at times those of chronic peritonitis, accompanied with great debility and general wasting, from which she died on the 25th September following. At the *post mortem* examination, all the abdominal viscera were found agglutinated together by old adhesions, in numerous parts of which were deposits resembling tubercle. The peritonæum was much thickened and rough from chronic inflammation. The tubercular deposits were very conspicuous on the omentum and between the layers of the mesentery; and the small intestines were much congested, and covered with mixed deposits of lymph and tubercle. The uterus was enlarged to the size of a foetal head, and appeared to be disorganized by the infiltration of tubercle; it adhered posteriorly to the rectum, communicating with, and engaging that viscus in the disease; anteriorly it adhered to the bladder, and the fallopian tubes and ovaries could not be distinguished. The os-uteri was swollen, but presented nothing remarkable. The coats of the vagina were very much thickened, and on cutting into them, the knife grated upon some hard substances. This led to a careful dissection, when thirty-one small white calculi, in size from a pin's head to a very small pea, were removed from between the external and the middle coats of the vagina; they were not confined to any particular spot, but were chiefly scattered over the anterior surface of the coats, and were enveloped in cellular tissue. They were white in color, and of the hardness of bone, but their chemical composition had not been ascertained.