

clots of blood came away with the last few ounces of pus.

The patient did not suffer from such severe shock as followed the first tapping, and, with the aid of an opiate, passed a comfortable night. Her health and spirits improved much, and she was able to take a fair quantity of food, a thing she had been unable to do for months past.

The most pleasing feature of this case now, however, was that the cyst did not refill to any inconvenient extent; and that the solid part underwent a gradual process of absorption, and during the following ten months entirely disappeared. The general health so improved that, in the course of three weeks, she was able to move round the house once more. Everything went on most satisfactorily for a few months, when, unfortunately, the patient became the subject of religious melancholy; and, although her general strength warranted out-door exercise, nothing could induce her to leave the house; she not only would not take a walk, but refused to enjoy the fresh air in a carriage. I need hardly say that her general health soon began to fail; she refused her food; grew more and more melancholy and suspicious, rapidly lost flesh, and became a living skeleton. During the months of March and April she complained of her food sticking in her throat, and could swallow fluids only. During the last thirty-five days of her life, she took no nourishment whatever, and the last five days not even a drop of water passed her lips. By the end of April, 1872, emaciation had reached its extreme limit, and death supervened on the 6th day of May. About two weeks before her death she passed some purulent matter, but, as I could not ascertain its origin, I supposed it to be leucorrhœal.

The postmortem examination was made eighteen hours after death; my friend, Dr. Kennedy, kindly assisting me. Inspection of the body shewed emaciation had reached beyond anything we had ever seen. The anterior wall of the abdomen seemed to rest upon the vertebra. There was no indication of the presence of the tumor to either eye or hand. Rigor mortis not well marked. Upon making abdominal section, the contents of the cavity were found to occupy little space. The *liver* was small, but otherwise in a normal state. The gall bladder was greatly distended with gall; and contained a quantity of cholesterine crystals.

The *intestines* were nearly empty; the small ones, containing some dark *æcal* matter, occupied the pelvic cavity. Pedunculated nodules, about the size of a common pea, projected here and there from the surface of the bowels, but these were found to be

filled with dark, condensed *æcal* matter, and communicated with the cavity of the bowel. The transverse and iliac portion of the colon rested over the upper strait of the pelvis. The calibre of the intestines, as well as that of the *æsophagus*, was greatly reduced, especially the latter, which accounted for the difficulty she experienced in swallowing during the latter part of her life.

The *stomach* was so contracted that its utmost capacity could not be more than one and a half ounces; the walls of this organ, however, appeared to be as thick as usual.

The *omentum* was found to be intensely congested.

The *uterus* and *ovaries* were much smaller than usual, but otherwise perfectly normal. *Spleen* normal.

*Pancreas* was found to be of firm consistence, yellowish color, and apparently undergoing fatty degeneration.

*Thoracic viscera* were normal.

*Brain*—Meninges injected; slight deposits of lymph on pia mater and in the sulci; also serous effusion under arachnoid; general softening of the substance of the brain.

*Kidneys*—Right kidney normal. *Left Kidney* was found to be contracted, with the capsule strongly adherent to its surface; corticle much atrophied; tubules normal. The pelvis of the kidney was much enlarged, and contained some purulent matter. The *ureter* of the kidney, at the point of its union with the pelvis, was found much dilated, and to have formed with the pelvic cavity, the sack of the original cyst. The marks of the trochar are quite visible, shewing the point where the sack was penetrated at each tapping. There is one remarkable feature connected with this specimen, which I now exhibit, and that is the peculiar valve-like way in which the ureter communicates with the cavity of the sack. As you see, the pressure of the fluid in the sack effectually closes the outlet. This fact explains how it was that attention was not drawn to the kidneys at all during life, and also why a purulent discharge (very slight) was present near the close of her life. During the period the organ performed its function, the urine could not escape on account of the valve that shut it off from the ureter; and it was only after its secreting power was destroyed, and the distended sack evacuated, that any of the pelvic contents could escape by the ureter.

With regard to this tumor of the kidneys, I may remark that they are very rarely met with. Dr. Bright (p. 212) reports a case of abdominal tumor being due to pus distending the pelvic cavity, the