the morbid tissue. In such case, of course, the disease is not unlikely to return, because its extirpation may have been incomplete. This I apprehend to be the reason that simple tumours have in some cases been thought to possess malignant characters. Generally the tumour has no close connection with any surrounding tissues; it lies like a ball in the midst of them they being only stretched and compressed by it, so that it may be cut away without loss to any other structure, and is not likely to return when thus isolated.

The occurrence of several tumours in the same tissue, or in tissues of the same class, is no evidence of their being other than simple in their nature. Moreover the fact of one class of tissues being thus affected does not in the slightest degree increase the probability that any other is likely to be diseased in a similar manner. Thus the uterus is not more likely to be the seat of fibrous tumours because there are fatty growths in the subcutaneous tissue. Neither under ordinary circumstances do we find that these simple tumours are associated with any particular condition of the general health. They occur in the robust and vigorous as well as in the feeble and sickly; in the young, the middle-aged, and the old, alike. There seems to be scarcely any sympathy, any evidence of mutual action and reaction, between them and the constitution. No noxious influence radiates from them, and, except for their bulk, the weight, pressure, disfigurement, &c., which they occasion, they may be regarded as harmless. Even the progress of softening, of suppuration, and ulceration in them, is not necessarily attended with any appreciable affect upon the system. Such being the case, we are not surprised that medicinal agents intended to operate through the constitution, are productive of so little change in tumours. We hear now and then of the good results of iodine, liquor potassæ, and other medicines supposed to rouse the activity of the absorbents; but they are for the most part utterly useless, and will undermine the health long before the tumour shows any signs of yielding to their sway.

Sometimes, it is true, we observe that a simple tumour, which had for some time been indolent, and had scarcely attracted attention, acquires a new impulse in its growth and becomes a source of uneasiness when the patient's health is disordered. In such cases we, of course, regulate the treatment accordingly, in the hope that a restoration of the health will be followed by a return of the tumour to its quiescent state. More commonly it is to be remarked that the growth of a tumour is influenced by the movements of the limb or foot in which it forms. I have known two or three instances where the complete rest or more moderate exercise of the limb has been followed by a total cessation of the enlargement of the tumour. A remarkable case of the kind occurred in the hospital five or six years ago, in the person of a young woman who became a patient on account of a tumour, apparently of fibrous character, involving the head of the fibula. It had been steadily increasing up to the time of her admission, and she was willing to submit to an operation for its removal. In order to secure the complete

extirpation of this mass it would have been necessary to cut away the upper end of the fibula, to divide the peroneal nerve, and do other injury to the limb. We determined, therefore, in the first instance, to try the effect of complete rest, watching the progress of the case for a time. She was accordingly kept in bed for some weeks, and there having been no evidence of any increase in the size of the tumour during that period, she went home continuing the treatment in a modified way. No recurrence of activity in the growth has taken place from that time to this. The mass gradually became very hard, but the muscles and other structures accommodated themselves to it, and it does not interfere with the movements or usefulness of the limb in any degree. The same results have followed similar treatment in other cases, and the hint afforded by them is worth bearing in mind.

In the next lecture we will consider the effects produced by simple tumours upon the surrounding tissues, the mode of formation of their capsules, &c.

CASE OF MALFORMED AND IMPERFORATE VAGINA.

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Read at the Eighteenth Anniversary of the Provincial Medical and Surgical Association, held at Hull, August 7th and 8th, 1850,

JANE INARD, aged 19, was admitted into the hospital March, 1824, under the care of the physician, for amenorrhœa, with some swelling and hardness in the lower part of the abdomen. The physician prescribed various medicines to remove the obstruction, and directed mercurial frictions on the tumefied parts, and after some time I was directed to examine the swelling. I found a hard incompressible tumour in the hypogastric region, and more particularly prominent in the left groin, so as to give one the idea of some glandular swelling propagated in the course of the internal chain of inguinal glands. I was not at that time aware that she had never menstruated, and it was not till after some days that she disclosed to the nurse that she had been examined, per vaginam, by a surgeon at Basingstoke, who had pronounced that a preternatural formation of the sexual organs was the occasion of delayed menstruation.

18th.—On examination of the genitals I found that the vagina was entirely closed, the orifice of the meatus urinarius being within a line or two of the inferior angle formed by the labia pudendi, which, with the nymphæ, were completely formed. I passed a catheter into the bladder, and having drawn off the urine, my assistant held it firm in its situation, while I endeavoured to dissect along the course of it, in the direction of the vagina upwards and inwards; for this purpose I used various directors and probe-pointed bistouries, till at length after stretching the divided parts with the point of the finger, I was able to feel the distended uterus at

the depth of about three inches. With a probe I endeavoured to find the orifice of the os uteri, but in vain, and feeling a slight projection, I passed a small hydrocele trocar upon my finger, and perforated the uterus, upon which a dusky-red and ropy fluid was immediately discharged, and continued to flow in considerable quantity, by which she expressed herself much relieved, and felt the hardness in the abdomen very sensibly diminished; on passing a long director into the opening, it could be moved about as if in a considerable cavity. I was careful to examine the rectum, which did not appear to have suffered any injury, though the division between it and the newly-made vagina was very thin. She was put into a warm bath, and afterwards had a glyster thrown up, which seemed to promote the flow of the menstrual fluid, so that two or three pints, or more, may have escaped. Her bowels were also fully moved, and she passed a tolerable night.

19th.—In the morning I found her with quick pulse and furred tongue, complaining of pain in her back, hips, and thighs; the latter symptoms were attributed in some measure to the struggling exertion which she made during the operation, requiring the strength of two nurses to hold her. The menstrual discharge had ceased for some hours, which induced me to examine the passage which I had yesterday made for it, and with very little trouble I passed the female catheter into the uterus, and through it slowly discharged nearly a pint of the same viscid fluid as before; this she said eased her back, and softened her belly. Thinking to prevent the discharge from clogging up again, I endeavoured to introduce Sir Astley Cooper's dilator for the female urethra, in the tract of the catheter, and so to dilate the opening in the uterus, which now appeared to me to be in the natural situation of the os uteri; I made a few turns of the screw, but the instrument gave her so much pain that I withdrew it directly, and ordered her to have the warm bath again. In the evening her febrile symptoms were much increased, and she had an attack of vomiting, by which every thing she took was ejected, together with much bilious matter. She had great thirst, but the belly was very little swollen, and not painful unless pressed hard. She had a glyster given her, and took the effervescing saline draught during the night, but nothing abated the sickness.

20th.—In the morning she was so altered in appearance, and sunk in countenance, that it was impossible not to see that a very alarming degree of abdominal inflammation had been established. The pulse was small and rapid, but she had no delirium, and complained of little pain; difficulty of respiration distressed her most. The discharge from the vagina continued, but had become offensive; to remove this, injections of warm water were ordered, eighteen leeches were applied to the belly, and afterwards a large blister. She took pills, with calomel and opium at night.

21st.—In the morning all her symptoms were aggravated. The apothecary had attempted to bleed her in the evening, but could only obtain four or five ounces. Some laudanum, dropped on sugar, quieted her sickness

for a time, but directly she attempted to quench her immoderate thirst by drinking, the vomiting recurred with increased violence. More leeches and another blister were applied, but in vain; her respiration became more impeded, and in the evening she died.

Dissection.—March 23rd.—On laying open the cavity of the abdomen the omentum was found highly discoloured by inflammation, and adherent to the lower part of the bowels and contents of the pelvis; by tearing it from these connections, we brought into view the bowels, slightly agglutinated together by inflammation, and discovered that the hard tumors formerly felt in the hypogastric region were formed by the enlarged and diseased state of the uterus and its appendages. A considerable quantity of the menstuous fluid was effused into the cavity of the abdomen, and must, doubtless, have been the cause of the inflammation and consequent death of the patient. I sawed out a portion of the ossa pubis, and tying and dividing the rectum above, proceeded to take out the whole of the contents of the pelvis, together with the external organs. After minute investigation, we found that the elastic tumour which I had punctured with the trocar was formed by the blind extremity of the natural vagina, very much thickened, and terminating in the uterus, also much enlarged, and half an inch thick in its parietes. The lining of the uterus and vagina was corrugated, and bore the marks of having been much more distended, which of course they must have been to contain the quantity of fluid evacuated after the operation. The bladder and rectum had not been injured by the formation of the new vagina. The fallopian tubes passed off from each side of the fundus of the uterus, and soon became expanded into large irregular cysts, distended also with the menstrual secretion above-mentioned. The ovaries were to be observed in the fold of peritoneum, including the whole of the morbid parts, and were involved in the general disorganization. In the cyst formed by the expansion of the left fallopian tube, an ulcerated opening was seen, through which the effusion must have taken place into the cavity of the abdomen. These cysts were partly cellular, having insulated cavities of the size of a walnut distended with the same fluid.

Remarks.—It seems highly probable that this malformation might have been more successfully remedied had the operation been performed at a much earlier period, for although the blind extremity of the vagina was now found at the distance of three inches from the labia, we may suppose that it originally approached much nearer to them, and after being distended with the menstuous secretion, may have been carried up with the uterus during its ascent above the brim of the pelvis.

I was not able to pass a probe from the uterus into the fallopian tubes, but we must conclude that in its distended state there was a communication between the dilated portion of the tubes and the uterus, and perhaps the rupture or ulceration of the left cyst may have been accelerated by this communication being stopped by the contraction of the uterus.