of death from asphyxia, or of any other adequate cause of death. The process of respiration had been very fully established, as seen in the well-developed condition of the pulmonary air vesicles, ascertained by the application of the various tests, and by the contracted state of the fetal bloodvessels. No uric acid crystals were found in the kidneys. The bony point was very distinct in the lower end of the thigh-bone.

REMARKABLE CASE OF "MISSED LABOUR":

RETENTION OF A FÆTUS IN THE ABDOMEN
FORTY-THREE YEARS.

By R. W. WATKINS, F.R.C.S., Towcester.

ON January 10th, 1866, I visited, by request, Elizabeth Jones, aged 74, widow of William Jones, a small village shopkeeper at Stoke Bruerne, Northamptonshire. She gave me the following history, which I will narrate as nearly as possible in her own words.

About forty years ago, she was in labour with her second child. Her first, born two years previously, having had water in the head, had survived its birth only a few hours. The labour being very lingering, they had sent for my late father, who attended her, and remained with her during the night. On the following day, being very busy, and the labour having made no progress, he left her in charge of the midwife who was in attendance upon her. The pains were lingering, but not very severe. On the third day, she felt something "drop down suddenly inside her; and the child, the movements of which she had constantly felt up to that time, at once became cold as a stone." She was in great pain, and my father attended her for a considerable period. She refused to allow any other surgeon or physician to attend her, or to have any operation performed. She gradually improved in health, although she was very weak for a long time, and did not decrease in size for several years.

Upon examination, I found her much emaciated, with a hard bony tumour in the lower part of the abdomen, exactly resembling the fetal head. It could be easily moved from side to side; and, on careful manipulation, I believed that I felt the back part of the thorax in close approximation to it. She was evidently sinking from chronic renal disease; and, knowing that her end was approaching, had sent for me to request that I would make a *post mortem* examination. She had previously made a similar request to Mr. William Knott.

The story was corroborated by some of her neighbours, and by the rector of the parish, who had heard from my father a full report of the case. It was also stated, that at different times three little bones, "like finger-bones," had come away from her; but they had not been preserved.

On referring to old ledgers, I found the entry of the attendance on October 8th, 1822, in the handwriting of my grandfather, with the subsequent payment of the fee marked in my father's handwriting, and with his initials.

The woman died on January 13th, and the examination was made on the 15th by Mr. William Knott, in the presence of Mr. Knott, sen., Mr. Garlike, and myself. On making an incision through the abdominal parietes and opening the peritoneum, we immediately observed a hard white substance, which proved to be the vertex of a fetal skull; and, on enlarging the opening, a perfect fœtus was extracted without difficulty. It was covered with plastic lymph; the limbs were flexed anteriorly on

the body, and the head bent forwards to meet them, in the manner usually depicted in plates of the gravid uterus. It was attached by the umbilical cord to a vascular tumour of about the size of half an orange, which appeared to be the atrophied placenta, and which was connected by ligamentous attachment to the peritoneal covering of the broad ligament near the left ovary. One portion of this vascular tumour appeared to be a mass of unorganised lymph, containing fluid. Neither the fœtus nor the supposed placenta had any adhesions to the peritoneum, except the ligamentous attachment I have already mentioned. The uterus was perfectly normal. There was no cicatrix or other marks of injury on any portion of its surface. The ovaries were pale, but quite natural in size and form. There were no adhesions of the peritoneum in any portion of the abdominal cavity, and no appearance of previous inflammatory action in any part of the large or small intestines. The kidneys were extensively gorged with venous blood, and very friable; the left being more affected than the right. The spleen also was much congested and friable. The stomach and liver were healthy. The gall-bladder contained about twenty hard dark gall-stones. The pancreas was very much diminished in size. In front of the aorta, and immediately above the inferior mesenteric artery, to which it was connected by condensed cellular tissue, was a white encysted tumour, of about the size of a hen's egg, containing a milky fluid.

The above extraordinary case is, so far as I am aware, quite unique, and will be interesting, not only as an instance of recovery from tubular gestation and probably rupture, but also from the comparatively slight local and constitutional effects of a foreign body retained in the cavity of the peritoneum for more than forty-three years. The specimens have been forwarded to Dr. Barnes, for exhibition at the meeting of the Obstetrical Society.

PROPAGATION OF SYPHILIS BY VACCINATION.

By J. HYDE HOUGHTON, Surgeon to the Dispensary,
Dudley.

IN the JOURNAL of January 6th is a paragraph of which the following is a copy: "Dr. Millard, of the Hôpital St. Antoine, has related in *L'Union Médicale* what he considers an undeniable case of syphilis produced by vaccination. The case has also been most carefully investigated and the conclusion accepted by MM. Depaul and Ricord."

Apròpos of the subject, I beg to send notes of a case (carefully taken at the time) which has lately come under my observation.

Louisa B., aged 9 years, was admitted a patient at the Dispensary, November 1st, 1865, under my care. She was a pale but tolerably well nourished child. The tongue was clean; the appetite good; the bowels regular. The child was considered by her mother to be in pretty good health, but had been brought to the dispensary for a "rash." She had a scaly eruption with a well marked coppery colour, most plentiful on the scapulae and nates, but also more slightly on the shoulders, chest, and abdomen; a little also on the upper part of the thighs. There was falling off of the hair on the head, eyebrows, and eyelids. She was subject to ulcerations about the angles of the mouth (still existing), and well marked mucous tubercles round the anus and vagina. The bridge of the nose was rather expanded, but the teeth were not notched or conical.

Her mother was a healthy, pretty-looking woman, aged 33. Her father was quite healthy, aged 40. I