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

had no reason to suspect any trace of syphilis in either. Her mother had had seven children, and one abortion six years since.

The first child was born fourteen years since, and died aged 4, of scarlet fever. It had always been quite healthy, and never had any "rash" before the fever.

The second child died in twenty-four hours after a very severe labour. It seemed quite healthy.

The third is alive and well. It never had any rash or illness.

The fourth lived only twenty-four hours; the cause of death was unknown. It had no skin-disease, and seemed healthy.

The fifth is the patient. She was born quite healthy, and never had any rash or indisposition till after vaccination at three or four months old, soon after which she had ulcers behind the ears, under the arms, and round the anus, etc.; and she had had more or less of an eruption ever since, but for the last three or four weeks it had been becoming much worse.

Two children had been born since. Both were well, and had never suffered from any rash or had any indisposition in their lives.

The child was put under a course of bichloride of mercury; and the tubercles were dusted with calomel. On November 20th, the tubercles on the anus were quite well; those on the vagina nearly so. On December 13th, the tubercles and ulcers at the angles of the mouth were quite well. The stains had entirely disappeared. She was quite free from all trace of syphilis, and her health was much improved.

I have taken pains to make the most careful examination of, and inquiries respecting, the father and mother, and of the other children, to endeavour, if possible, to find if any trace of syphilis, or any history of syphilis, existed in either; and I have also made collateral inquiries (into the history of the father particularly), and I am unable to find the slightest ground of suspicion of syphilis. The brother of the father, a most respectable man, holding a responsible situation, to whom I explained the reasons of my inquiries, and who was well able to appreciate the scientific importance of them, assured me that he had never had any reason to suspect that his brother had had syphilis, and that he well remembered the children who died being remarkably beautiful and healthy-looking.

I presume, then, that the account of the symptoms and the results of the treatment prove to a demonstration that the disease from which the child suffered was without doubt syphilis; and it appears to me equally conclusive that the poison was conveyed by vaccination.

Two healthy parents have born to them seven healthy children. The first four and the last two have never presented the slightest trace of syphilis. The fifth child is born healthy. After vaccination at the fourth month, symptoms appear, which continue with more or less severity for nine years; they present the best marked indications of constitutional syphilis, and are immediately relieved and speedily cured by mercury. If the first four children and the last two escaped the infection, the proof appears to me conclusive that the disease was not hereditary. How, then, was it induced? Its appearance almost immediately after vaccination, in the absence of any other apparent source, seems to me equally conclusive as to its origin.

Sources of fallacy in the argument, which have escaped me, may occur to others more conversant with the subject than I am; but the question is so important and interesting, that, should such arise, I

shall be happy to make any further investigations suggested to me to establish the case as one of "syphilis induced by vaccination", or to show that I have been in error in my conclusions. One fact, however, strikes me as satisfactory; viz., the doubt which exists in the professional mind on the subject is a clear proof of the infrequency of the "propagation of syphilis by vaccination".

N.B. I forgot to mention that the children living are models of health.

Reviews and Notices.

ON THE ANATOMY OF VERTEBRATES. Vol. I. FISHES AND REPTILES. By RICHARD OWEN, F.R.S., Superintendent of the Natural History Department of the British Museum, etc. Pp. 650. London: 1866.

It is now more than ten years since the talented author of this work published the second edition of his *Lectures on the Comparative Anatomy and Physiology of the Invertebrate Animals*, which contained a full exposition of his views on the organisation of that division of the animal kingdom. We have now the gratification of announcing that he has contributed a further instalment towards a complete treatise on Comparative Anatomy.

To the proper subject matter of the volume Mr. OWEN has prefixed an elaborate preface. Anatomy, he says, may be studied in several ways and for several purposes. 1. An animal, as man, the horse, or any other, may be dissected in order to a knowledge of its structure, without reference to any other. To this kind of investigation belong Anthropotomy or the Anatomy of Man, and Hippotomy or the Anatomy of the Horse. As unsurpassed examples of "this monographical kind of anatomical science", in addition to the numerous works on man and on the horse, the author refers especially to the treatises of Lyonnet on the Cossus Ligniperda (*Chenille du Saule*); of Bojanus on the European Tortoise; of Straus-Durckheim on the *Melolontha Vulgaris* and on the Cat; of Elijah Walton on the Camel, etc.

2. Another application of anatomical research is to the investigation of some particular organ or system, either in one animal or throughout the animal kingdom. This is exemplified in Mr. Swan's works on the Nervous System, and in Mr. Owen's on Odontography. The most signal example, however, is in the Hunterian collection, which is arranged in series according to the organ, from the simplest progressively to the most complex conditions. "The mechanism of the organ is here unfolded, and its gradations are compared, to discover its mode of working"; and this kind of investigation may be termed Physiological Anatomy.

3. A third kind of anatomy is the Homological, which has been termed "Transcendental" or "Philosophical". This "seeks in the characters of an organ and part those, chiefly of relative position and connection, that guide to a conclusion manifested by applying the same name to such part or organ." Its concern is not with function, but with important generalisations.

4. A fourth kind of anatomy is that which traces the development of a species from the impregnated ovum—Embryology or Developmental Anatomy.