

Descriptive catalogue of the museum illustrative of Dr Evory Kennedy's lectures on midwifery, and the diseases of women and children.

Contributors

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DESCRIPTIVE CATALOGUE

OF THE

MUSEUM

ILLUSTRATIVE OF

DR EVORY KENNEDY'S LECTURES ON

MIDWIFERY,

AND THE

DISEASES OF WOMEN AND CHILDREN.

EDINBURGH :

MDCCCXL.

DEPARTMENT OF HEALTH

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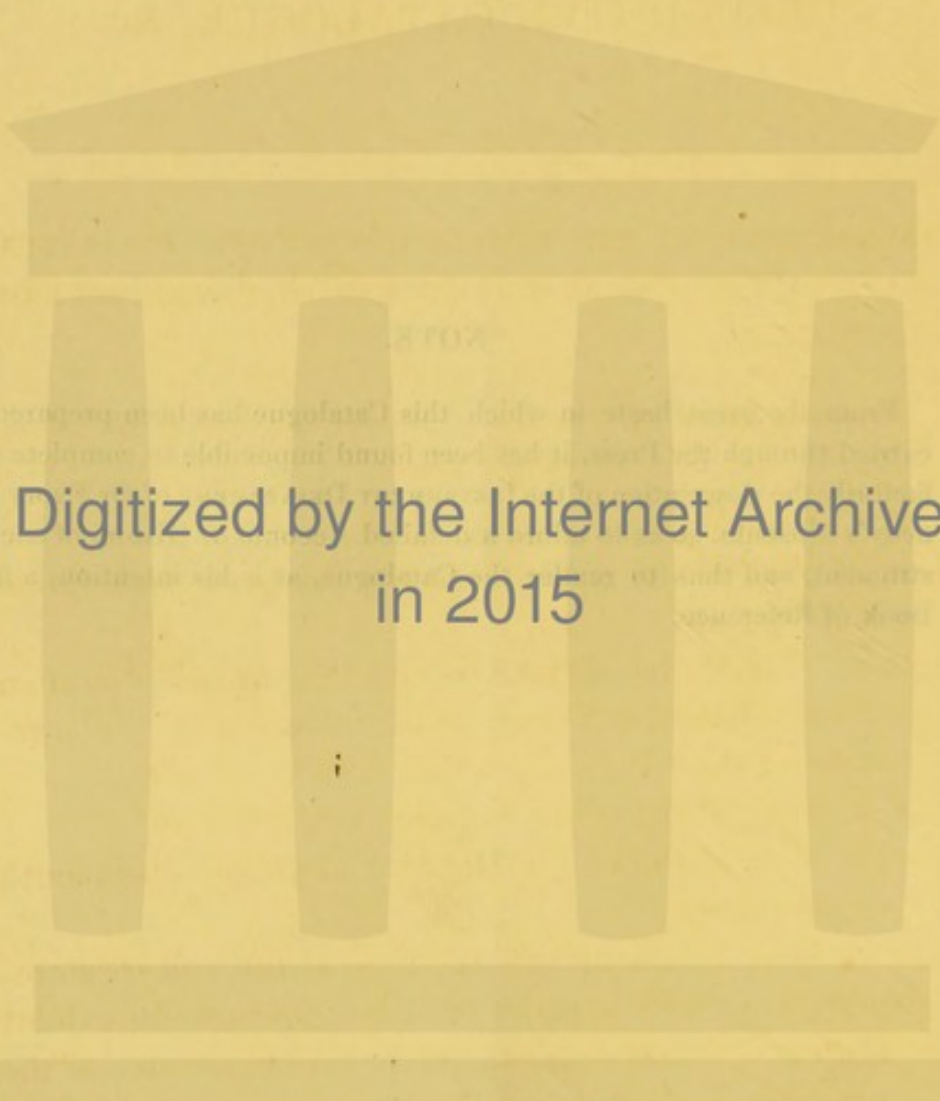
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NOTE.

From the great haste in which this Catalogue has been prepared and carried through the Press, it has been found impossible to complete satisfactorily the description of the INSTRUMENT DEPARTMENT of Dr Evory Kennedy's Museum, so as to afford a detailed Account or History of each Instrument, and thus to render the Catalogue, as is his intention, a future Book of Reference.



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DESCRIPTIVE CATALOGUE, &c.

PREPARATIONS OF THE FEMALE GENERATIVE APPARATUS, AND OF THE ORGANS SUBSERVIENT TO THE SUPPORT OF THE CHILD.

a. *Preparations of the Organs of Generation, and of the Mammary Glands.*

- A. a. 1. Female Organs of Generation.
- A. a. 2. Wax Model of the External Organs of Generation of a Virgin.
- A. a. 3. Wax Model of the External Organs of Generation of the Hottentot Venus, remarkable for the enlargement of the "Preputium Clitoridis."
- A. a. 4. Wax Model of the Mammæ of the Virgin.
- A. a. 5. Wax Model of the Mammæ about the fifth month of pregnancy.
- A. a. 6. Wax Model of the Mammæ at the end of utero-gestation. This and the preceding preparation exhibit the changes which take place in the appearance of the areola during pregnancy.
- A. a. 7. Inferior Segment of the Uterus and the Os Uteri, with the mucous plug which closes the latter during pregnancy.
- A. a. 8. Exhibits the true Corpus Luteum in an injected ovary.

- A. a. 9. Exhibits the Graffian Vesicle in an unimpregnated female.

Bony Structures subservient to Generation.

- A. a. 10. Female Pelvis at the full adult age.
 A. a. 11. Male ditto.
 A. a. 12. Pelvis of a Female Child, shewing the distinct bones and epiphyses before ossification is completed.
 A. a. 13. Fœtal Pelvis.
 A. a. 14. Ossa Innominata in the adult female, with the distinct bones marked with different colours.
 A. a. 15. Sacrum of the same pelvis.
 A. a. 16. Coccyx of ditto, shewing distinct bone.
 A. a. 17. Pelvis with the Ligaments attached, containing portions of the ossa femorum in their articular cavities.

b. Preparations of the Placenta.

- A. b. 1. Placenta injected and dried.
 A. b. 2. Twin Placenta injected and dried. (R. C.)
 A. b. 3. Bilobed Placenta injected and dried. (R. C.)
 A. b. 4. Placenta enormously enlarged; its acini infiltrated with dropsical effusion. The foetus dead and putrid, with effusion into its cavities.
 A. b. 5 Dried Placenta of a curious panduriform shape, the penis inserted into its left margin opposite the centre.

PREPARATIONS TO ILLUSTRATE THE STRUCTURE OF THE GRAVID UTERUS, AND THE ANATOMY AND PATHOLOGY OF THE OVUM.

- B. a. 1. Gravid Uterus, with its contents at the end of the period of pregnancy. The anterior wall of the uterus has been divided, and the placenta may be seen partially detached from it.
 B. a. 2. A very singular specimen of Extra-uterine Preg-

nancy. The child, which has arrived at the full period, may be seen partly contained in a cyst, the anterior wall of which is formed by the flattened uterus, which organ is also elongated to the extent of twelve inches.

The divided uterus (the compressed cavity of which is quite empty) may be seen in front of the spectator, and behind it the child, with its trunk and lower extremities protruding through a rent in the cyst; though, when an examination of the body was made soon after death, the lower extremities alone protruded. The walls of the cyst are, at the least, two lines in thickness; and to its posterior part the placenta is attached. This has been by some imagined to be a case of ovarian, by others of fallopian tube pregnancy. Its real nature it is not very easy to determine, for only the left fallopian tube could be found, and the most careful search could not detect either ovary.

- B. a. 3. Fœtus at the sixth month, with its Placenta and Membranes. The chorion has been partly reflected, in order to display the fœtus enveloped in the sac of the amnios.
- B. a. 4. Fœtus blighted at the fifth month. The mother went to her full period, and was then delivered of one living child; and, on the placenta being expelled, a second (blighted) fœtus was found connected to it. The placenta has been injected from the umbilical cord of the living child, whence a very large vein may be noticed, running to the funis of the blighted child, its death having probably been caused by the other having monopolized its nourishment.
- B. a. 5. Fœtus nearly at the fifth month, with its cord, placenta, and a portion of its membranes. The cord is twisted once round the neck of the fœtus.
- B. a. 6. A Fœtus and its Membranes between the fourth

- and fifth months. A portion of the membranes has been removed, in order better to display the foetus. (R. C.)
- B. a. 7. Foetus and Membranes, probably about the second month. The preparation exhibits very beautifully the villousities of the chorion, which are the rudiments of the placenta, and to which the umbilical cord of the foetus may be seen passing.
- B. a. 8. Diseased Ovum, probably about the sixth week. The foetal membranes appear adherent to the decidua, dropsy of the amnion appears to have existed, and the umbilical cord is hydropic.
- B. a. 9. Ovum about the sixth week. The decidua reflexa has been partly removed, in order to display the flocculent structure of the chorion. Within the amnion may be seen the foetus resting on a piece of coloured paper.
- B. a. 10. Another Ovum, nearly as old as the preceding one. On the outer surface of the chorion may be seen the flocculi, small and delicate; they finally disappearing from the membrane, except at that part where the placenta becomes developed. On the amnion may be seen a small white spot, the remains of the vesicula umbilicalis.
- B. a. 11. Foetus about the fourth week, in the sac of the amnion, to which a portion of the chorion adheres. In the upper part of the sac of the amnion may be seen the umbilical vesicle; the extremities of the foetus are just beginning to sprout. (R. C.)—Presented by Dr Collins.
- B. a. 12. Diseased Ovum, of unknown date. The flocculent structure of the chorion may be well seen at those parts where the decidua reflexa is absent. The amnion is considerably smaller than the chorion, a large interspace being left between the two membranes. The foetus must have been blighted at a very early period,

but is distinguishable just within the amnion. A duct may be seen leading from it to the umbilical vesicle, which is about the size of a mustard-seed.

B. a. 13. The Membranes of an Ovum of about the fifth week. The decidua reflexa is very well exhibited. The foetus, however, has disappeared.

B. a. 14. Membranes of an Ovum of about the fifth week. The decidua shews remarkably well the form of the uterus. The blighted remains of a foetus are still distinguishable.

B. a. 15. Decidua Vera and Reflexa, with part of the Chorion, from an abortion at the fifth week.

B. a. 16. A beautiful specimen of the Chorion and Amnion, from the same subject as the preceding.

B. a. 17. Chorion, from an abortion at the fifth week. (R. C.)

B. a. 18. Chorion, from an abortion of unknown date.

B. a. 19. Portion of Membrane and Blighted Foetus, which were discharged in a mass of hydatids.

B. a. 20. Morbid Ovum affected with tubercular disease, so called, from the nodulated appearance presented by the cavity of the ovum. In the present instance, the amnion has been in part detached from the chorion, to which it adhered by filaments, the remains of some of which are still visible on the foetal surface of the chorion. The decidua is thickened, and extensively diseased, it appearing as though blood had been poured out into its substance, and between it and the flocculi of the chorion, in such a manner, as to produce the tuberculated appearance. The remains of a foetus, and the umbilical vesicle degenerated to a white speck, are distinguishable in the upper part of the preparation. (R. C.)

B. a. 21. Tuberculated Ovum about the tenth week.

B. a. 22. Exhibits the Villosities of the Shaggy Chorion.

- B. a. 23. Exhibits the Sac of the Decidua Reflexa, arising by a narrow neck from the orifice of the fallopian tube, where alone it is continuous with the decidua vera. At every other point these membranes float unconnected with one another.
- B. a. 24. Membrane thrown off in dysmenorrhœa. (?)
- B. a. 25. Fœtus and Ovum at the sixth week.
- B. a. 26. Portion of Injected Uterus, with Placenta adhering to it.

PREPARATIONS ILLUSTRATIVE OF THE ANATOMY, THE VARIATIONS FROM THE NATURAL GROWTH, AND THE PATHOLOGY OF THE FŒTUS AND CHILD.

a. *Preparations displaying the Structure and Peculiarities of the Fœtus.*

- C. a. 1. Dissection of the Sanguiferous System of the Fœtus. The umbilical vein, together with the vena porta, which communicates with it in the liver, are painted yellow; and the ductus venosus, a continuation of the vena umbilicalis into the venæ cavæ hepaticæ, is shewn white; the venæ innominatæ, the cavæ, and the right auricle, are filled with green injection; the right ventricle, left auricle, and pulmonary vessels, appear blue. The white colour denotes the ductus arteriosus, the branch of communication between the pulmonary artery and the arch of the aorta; while the whole aortic system of vessels is filled with red injection.
- C. a. 2. The same. The arterial system is here coloured red; the venous system and vena porta black; the umbilical vein, ductus venosus, and ductus arteriosus yellow.
- C. a. 3. The same. The arterial system is here coloured red; the venous system and right auricle green; the

right ventricle and left auricle black ; the left ventricle, ductus venosus, and ductus arteriosus, yellow.

- C. a. 4. Preparation, exhibiting the Relative Anatomy of the Thoracic and Abdominal Viscera in the Fœtus at the eighth month. A bristle indicates the situation of the left testicle, which has not yet descended into the scrotum.
- C. a. 5. Dissection of a Male Fœtus between the fifth and sixth months, shewing the testicles which are beginning their descent into the scrotum. The lobulated form of the kidneys, and the large size of the renal capsules, are worthy of notice.
- C. a. 6. Female Fœtus at the fifth month ; the inverted position of the feet should be noticed ; it is in this case greater than usual. The persistence of this position of the feet in after life, constitutes that form of club foot to which the name of Talipes Varus has been applied.
- C. a. 7. Female Fœtus between the third and fourth months.
- C. a. 8. Fœtus near the third month laid open, to exhibit the relative anatomy of the thoracic and abdominal viscera.
- C. a. 9, 10, 11, 12. Fœtuses, all of them about the tenth week.
- C. a. 13. Triplets about the sixth week.
- C. a. 14. Fœtal Heart, exhibiting the foramen ovale and valve.
- C. a. 15. Fœtus about the fourth month laid open, in order to exhibit the relative anatomy of its viscera ; the testicle is just about entering the internal ring.
- C. a. 16. Five children aborted by the same woman. They appear about the third month. (H. F.)
- C. a. 17. Fœtus at the fourth month injected and dissected. (H. F.)
- C. a. 18. An Acephalous Monster at the eighth month.
- C. a. 19. The Trachea and Heart of a Fœtus.

- C. a. 20. The Lungs of a Fœtus which never breathed.
- C. a. 21. Blighted Fœtus at the sixth week, which lay for some time after its death in utero.

b. *Preparations of Malformations and Diseases of the Fœtus and Child.*

C. b. 1. "Cyclops Child, which was still-born at the full period. Its trunk and extremities are perfectly well developed, but it presents no vestige of a nose, and has but one eye, which occupies the centre of the forehead." See Children's Case Book, p. 18.

C. b. 2. Head of a Monoculous Fœtus, which was born alive at the eighth month, and survived for a few minutes. The trunk and extremities were well formed, but the head is rather small, and a single eye is situated in the centre of the forehead. The nose is entirely absent; the eyelids are furnished with tarsal cartilages, and fringed with eye-lashes, while above them is a small pyriform pendulous projection attached to the scalp by its smaller extremity. When the head was opened, the greater part of the cranium was found occupied by serum. The concha of the frontal bone was perfect, but the ethmoid, as is always found to be the case, was absent. The eye was furnished with a double set of muscles, but a single optic nerve; and of that, indeed, nothing existed but the neurilema, for the nervous substance appeared to have been destroyed.

C. b. 3. Brain of the preceding Fœtus, which, however, was not removed from the skull with proper care, and no exact record having been kept of its condition, the following description refers to it as it appeared after being preserved for two years. The whole cerebrum is flattened and compressed (probably owing to the external hydrocephalus), it consists of but one hemisphere, a con-

dition found in all cyclops foetuses, the posterior lobes are entirely wanting, and the whole development of the organ appears not only arrested but disturbed. The cerebellum is perfectly natural, as are the corpora restiformia, but the olivary bodies and pyramids on each side appear confounded together, though their fibres take their natural course through the pons. The large size of the corpora quadrigemina seems to indicate that the development of the brain was interrupted at an early period; the optic thalami are also large, a sulcus between them represents the third ventricle, and a bristle can be passed along the iter a tertio ad quartum ventriculum; there is no trace of lateral ventricles, and it was not found possible to identify the other parts of the brain. The only nerves now existing are the third pair, and the fifth, which occupy their natural situation: the point of origin of the facial is also discernible, and probably some other nerves may have existed, though not now to be found. Though the valve of Vieussens is perfect, there was not a trace of the fourth pair of nerves. It may be added, that the optic nerves could not be found. There is no record of the state of the other viscera.

- C. b. 4. Head of an Anencephalous Foetus, which was still-born in the eighth month of pregnancy. The foetus was of the male sex, and well formed in all other parts, but the calvarium was absent, and its place supplied by a thin highly vascular pellicle continuous with the skin; under this pellicle there was considerable extravasation of blood, which had in parts burst through and destroyed it. On removing this blood carefully, all that exists of a brain was found (it here rests upon a piece of blue paper); posteriorly it was connected slenderly with the spinal marrow, anteriorly it prolonged itself into a sort of stalk, which afterwards bifurcated, one

branch passing towards each eye, while on either side it gave off two branches (both of which may be seen perfect on the right of the spectator), which passed through foramina in the skull; but no rudiments of other nerves are discernible. The whole of the back part of the occipital bone is absent, and the dura mater of the spinal cord terminates posteriorly in a well defined falciform edge, while anteriorly it is continuous with the dura mater lining the base of the skull. Within the dura mater, and continuous laterally with the skin, may be seen a membrane, probably the arachnoid, which was, so far as could be well ascertained, the posterior part of the same pellicle which supplied the place of the skull. (R. C.)

- C. b. 5. Head of another Anencephalous Foetus. "The whole of the superior bones of the head were wanting, their place being supplied by a thin membrane, which covered a portion of brain about as long as an apple. The base of the skull was perfect, and there was no spina bifida." See Children's Case Book, p. 14.
- C. b. 6. Portion of the Mesentery of an adult female, in the centre of which is an aperture of an oval form. (R. C.)
- C. b. 7. Curious malposition of the Viscera in a female child, which lived for four hours after birth, during which time borborygmus was heard in the chest, and the heart was found beating much to the right side of its natural position. The heart is seen rather to the right of the spine, the left lung behind it compressed against the left side of the spine, and much flattened; the right lung is also compressed, though it appears to have served for respiration. The œsophagus preserves its natural relations in the chest, passes through the proper opening in the diaphragm, but has no sooner entered the abdomen, than it turns up into the chest through a large opening in the diaphragm; the spleen

and stomach are in the chest, the former close to the spine, the latter with its great arch turned upwards, and the pylorus very near the point at which the œsophagus entered, and through this same opening the duodenum passes into the abdomen. The duodenum is situated in the abdomen, entirely to the left side of the spine, and forming an arch, the convexity of which is turned to the right; the intestine again enters the chest, and the whole of the small intestines are situated in that cavity, with the exception of about the last sixth of the ileum which re-enters the abdomen. In the abdomen we find also the cœcum lying to the left of the spine, but preserving its peritoneal connections; the ascending colon is in the abdomen, but the transverse once more mounts into the chest, there forms a curve, and then descends into the abdomen, in which are situated the descending colon, and sigmoid flexure of that gut. The pelvic viscera are in their natural situation. The liver is pushed much to the right, and the ductus choledochus is considerably lengthened, in order to reach the duodenum; the right kidney holds nearly its natural position, but the left is lower than usual.

- C. b. 8. Specimen of a complete Hypospadias, with very small penis, and partial fissure of the scrotum.
- C. b. 9. Heart of a still-born Fœtus, presenting an exceedingly remarkable malformation. It consists of but one ventricular cavity, and that the left (or at least the right ventricle, is scarcely indicated), from which arises a single vessel which gives off a right and left pulmonary artery, then continuing its course furnishes a common trunk, whence arise first an artery for the left side, and then an arteria innominata, which gives off the subclavian and carotid of the right side; it is to be regretted that the vessel having been cut off short we cannot describe the further distribution of the arteries.

In the left ventricle is a well formed mitral valve, and some tendinous fibres, just below the right auricle, would appear to be indications of the tricuspid valve. The right auricle is large, and receives the two venæ cavæ as usual ; the foramen ovale is furnished with its valve, but the left auricle is exceedingly small, and has no communication with the ventricle, except indirectly through the foramen ovale ; one left and two right pulmonary veins, however, empty into it naturally. There also seems to be but one coronary artery present, corresponding in situation and course to the left. This form of heart bears a close resemblance to the heart of the Ophidia.

- C. b. 10. Urinary Apparatus of a still-born Male Fœtus, in which the prostatic portion of the urethra was imperforate. The mucous lining of the bladder may be observed to terminate in a cul de sac at the commencement of the urethra, and a bit of blue paper indicates the point where the urethra again becomes pervious ; it being obliterated for about three lines. The sacculated appearance and thickened coats of the bladder (the result of distension) deserve notice, as do the ureters, enlarged to the size of the small intestine of the adult, and the kidneys, one of which is laid open and shews the cortical structure completely destroyed. On cutting into the urinary passages about eight ounces of fluid escaped, exactly resembling serum, and not yielding a trace of urea on chemical examination.—(R. C.)
- C. b. 11. Specimen of Imperforate Rectum from a Child which died on the fourth day after birth. In the upper part of the glass may be seen the greatly distended colon : the rectum reduced to an imperforate cord passes down on the right side of the uterus, its situation indicated by a black thread, while the anus itself was natural, and is here laid open, and extended on a piece of glass.

- C. *b.* 12. Specimen of *Talipes Varus*. The parts have been dissected, in order better to exhibit the nature of the deformity. The shape and position of the bones of the foot will be observed to be much altered: the round head of the *Astragalus* is turned downwards and inwards, its upper surface directed forwards and inwards, its lower surface downwards and outwards. The tuberosity of the *os calcis* is turned inwards, and drawn upwards by the action of the *gastrocnemius*, while the scaphoid bone and whole plantar surface of the foot are directed towards the tibial side of the leg, a position which the shortened *tibialis anticus* greatly helps to maintain.—(R. C.)
- C. *b.* 13. Umbilical Cord of a child with unhealthy ulceration at its base: the child died, in consequence of the copious suppuration from the ulcerated surface.
- C. *b.* 14. Pharynx, *Œsophagus*, and Stomach, from a child which died on the third day after birth, from inflammation of those parts: the *œsophagus* and pharynx still exhibit a marked degree of vascularity. See Children's Case-Book, p. 14.
- C. *b.* 15. Inflamed Stomach of a child, the result of the too free administration of calomel.
- C. *b.* 16. Lower extremity of a child, which was born with deficiency of the skin of the internal malleolus, and of part of the dorsum of the foot.
- C. *b.* 17. Heart of a child which died on the third day from birth, the respiration never having been carried on with facility: blood is seen effused in several places between the substance of the heart and its serous envelope.
- C. *b.* 18. Enlarged and inflamed Heart of a child which died of pericarditis within a few days of birth.
- C. *b.* 19. Head of a hydrocephalic Fœtus, the size of which rendered perforation necessary in order to effect delivery.

- C. *b.* 20. Syphilitic copper-coloured eruption on the skin of a newly-born child.
- C. *b.* 21. Hernia of the Lobulus caudatus protruding through the umbilicus beside the cord. (H. F.)
- C. *b.* 22. The brain of a monster. (See Case-book.)
- C. *b.* 23. Shews the senile face of a syphilitic child. (H. F.)
- C. *b.* 24. Exhibits the thinning of the Abdominal Parietes, previous to the formation of Ventral Hernia. (H. F.)
- C. *b.* 25. Heart of a Fœtus, exhibiting Venereal Petechiæ. (H. F.)
- C. *b.* 26. Tuberculated Ovum at the third month. (H. F.)
- C. *b.* 27. Constriction of the Cord close to the Umbilicus, from a still-born Fœtus. (H. F.)
- C. *b.* 28. Ovum at the third month. The placental rudiments appear on the upper part of the posterior wall. (H. F.)
- C. *b.* 29. Shews the fissured state of the Anus, arising from Syphilis. (H. F.)
- C. *b.* 30. Hydrocephalic Fœtus at the fifth month. (H. F.)
- C. *b.* 31. Lungs of a still-born Fœtus affected with softened tubercles. (See H. *a.* 9.)
- C. *b.* 32. Spinal cord of a child who died of Trismus.
- C. *b.* 33. Umbilical Cord which became ruptured during delivery. (See C. B.)
- C. *b.* 34. Preparation exhibiting an encysted or hydatid tumour surrounding the jugular vein of the right side. (See G. *a.* 31.)
- C. *b.* 35. Section of the Head of a newly-born Fœtus exhibiting a slough over the temporal bone, the result of pressure in a case delivered with the forceps.
- C. *b.* 36. Section of the Fœtal Lung in a child tainted with Syphilis, exhibiting a petechial spot.
- C. *b.* 37. Fœtus at the sixth month and a fortnight.
- C. *b.* 38. Fœtus about the twenty-second week, with its placenta and membranes.
- C. *b.* 40. Fœtus about the twenty-fourth week.

- C. *b.* 41. Fœtus affected with dropsy and desquamation.
(See A. *b.* 4.) The whole ovum was dropsical in this case.
- C. *b.* 42. Hydrorachitis combined with hydrocephalic effusion into lateral ventricles, and unfolding of the brain. The tumour projecting from the occiput communicates with the interior of the head.
- C. *b.* 43. Congenital Phymosis.
- C. *b.* 44. Section of the cutaneous texture of the buttock of a syphilitic Fœtus, exhibiting the congenital petechial eruption.
- C. *b.* 45. Stomach of a Child, shewing similar petechial spots.
- C. *b.* 46. Section of cutaneous texture of face in same child.
- C. *b.* 47. Congenital coppery eruption on foot.
- C. *b.* 48. Drawing of a Child born alive, which survived its birth about two hours. The whole of the body was covered with pustular eruptions, some of them exhibiting phyttenoid character, particularly those on the hands and feet. The parents had been labouring under syphilis, and the mother had secondary symptoms. (Dr Collins' case.)

PREPARATIONS OF THE REPRODUCTIVE SYSTEM IN VARIOUS
ANIMALS.

- D. *a.* 1. Sexual apparatus of the Female land Tortoise.
The different points worthy of notice in this preparation are, the large membranous ovaries, to which are attached, by means of pedicles, bright yellow ova covered by a very vascular membrane, which remains as a calyx after the expulsion of the ova, and then withers away. By turning the bottle, one gets a view of the oviducts, which are long, attached to a vascular mesentery, and each of which in the present specimen, con-

tains an egg. Both oviducts open into the cloaca, the anterior wall of which has been reflected, in order to bring into view the pieces of glass which denote the situation of their orifices. The other piece of glass points out the course of the rectum, and the situation of its opening into the cloaca. (R. C.)

- D. a. 2. Portion of the uterus of a pregnant Cow, displaying the glandulæ uterinæ which constitute the maternal placenta of that animal.
- D. a. 3. Portion of the gravid uterus of the Cow, and of the chorion of the Calf injected, shewing the nature of the connection between the foetal cotyledons, and the glandulæ uterinæ. The vessels of the uterus were filled with blue, those of the chorion with red injection, which, it may be observed, has not passed from the one to the other set of vessels. Some of the cotyledons have been pulled out of the uterine glandulæ, in order better to shew the manner in which they were connected.
- D. a. 4. Chorion of the Cow injected, and the cotyledons unravelled, in order to shew their villous structure and great vascularity.
- D. a. 5. Foetal Calf at an early period inclosed in the amnios. The chorion, which occupies the upper part of the bottle, has been raised off the greater part of the amnios, in order to bring the foetus into view.
- D. a. 6. Ovum of the Dog, with the membranes entire, displaying the annulated placenta, which has been injected from the maternal vessels. (R. C.)
- D. a. 7. Another ovum of the Dog, in which the foetal surface of the placenta and membranes is displayed, injected from the umbilical vessels of the foetus, the arteries having been coloured yellow, and the veins red. (R. C.)
- D. a. 8. Ovum of the Cat, prepared in the same manner as D. a. 6. (R. C.)

- D. a. 9. Another Ovum of the Cat, prepared as D. a. 7. (R. C.)
- D. a. 10. Generative Organs of the Guinea Pig injected. The vagina has been laid open, and a pin denotes the situation of the os uteri. The uterus has also been laid open at one part, in order to display the foetus, which may be seen, surrounded by its membranes, in the left corner of the organs. The fibrous structure of the uterus (which is a true uterus bicornis, opening into the vagina by a single os, while it is superiorly elongated into a cornu on each side) is very distinct, and the intestine-like appearance of the cornua will not fail to be remarked. The uterus is held in its place, not only by the mesentery with which the oviducts of inferior animals are furnished, but also by two pairs of round ligaments; the one pair passing through the abdominal ring in the same manner as in man; the other extending from the uterus along the spine, to just below the diaphragm. (R. C.)
- D. a. 11. Uterus of the Mouse, which is, like that of most Rodentia, a true uterus duplex, opening by two separate orifices projecting into the vagina, each half resembling the oviducts of birds and mammalia, and intestine-like in its structure. The veins of the uterus have been filled with yellow injection, and the organ contains several embryos. (R. C.)
- D. a. 12. Teat of the Cow laid open, in order to shew its structure, and the wide openings of the lactiferous tubes. (R. C.)
- D. a. 13. Teat of the Cow, the lactiferous tubes of which have been filled with wax, and the preparation afterwards corroded. (R. C.)
- D. a. 14. Uterus of the Rat, the vessels of which are filled with red injection. The uterus exactly resembles in structure that of the mouse. (R. C.)

- D. a. 15. Organs of Generation in the Sepia.
- D. a. 16. Organs of Generation in the Solen Siliquorum.
- D. a. 17. Exhibiting the common situation in the Asterias Rubrum.
- D. a. 17. Hermaphrodite organs of the Helix.
- D. a. 17. Ovary of the Gurnard.

PREPARATIONS OF THE DISEASES OF THE FEMALE
GENERATIVE APPARATUS.

a. Preparations illustrative of Diseases in the Unimpregnated State.

- E. a. 1. Wax model of Procidentia Uteri, with ulceration surrounding the os uteri.
- E. a. 2. Wax model of an enormous Procidentia of the Vagina.
- E. a. 3. Wax model of ulcerated Condylomata about the labia and nates, and which are the result of filth, and not of venereal infection. The case is described.
- E. a. 4. Wax model of ulcerated Carcinoma of the Uterus in an advanced stage.
- E. a. 5. Wax model of an Uterus affected with brainy tumour. The case is described.
- E. a. 6. Diseased Ovary, on the surface and in the cavity of which are portions of hair and bone, and several well-formed teeth. No particulars of the case are known.
- E. a. 7. Diseased Ovary, containing sebaceous and hairy deposit; from a patient who died after long suffering with symptoms of malignant disease of the generative organs. The patient was fifty-three years old, and had been a widow many years.
- E. a. 8. Uterus affected with Fleshy Tubercle: the diseased growth has in this case reached a great size, the uterus being as large as at the middle of utero-gestation, while the tumour occupies the whole of its cavity. Towards

the fundus of the uterus may be seen a smaller tubercle, which has been divided, and partly turned out of its investing cellular cyst. The greater firmness of texture which is generally evident in the smaller tubercles, is very well marked in this case.

- E. a. 9. Another Uterus affected with Tubercular disease. Many of the tumours were in this case developed immediately under the peritoneal covering of the uterus; hence the irregularity of its surface. The uterus and vagina have been laid open, and from the upper part of the uterus a pyriform pedunculated tumour, of a more fleshy structure than a tubercle (a polypus), projects into the cavity of the vagina, which it almost completely fills, and when the patient was admitted, this tumour projected externally. The patient died of peritoneal inflammation two or three days after admission into the hospital. See Case-Book, March 1838. (R. C.)
- E. a. 10. A third specimen of Tuberculated Uterus; the os and cervix uteri may be seen, as indeed in most cases, unengaged in the disease.
- E. a. 11. A fourth specimen of the same disease, in which the tubercular growths have not reached so large a size as in the former instances.
- E. a. 12. Uterus, in the walls of which growths of fleshy tubercle are just commencing, while a small polypoid tumour projects from the posterior wall into the cavity of the organ.
- E. a. 13. Uterus, from the anterior wall of which a fleshy tubercle is projecting; the tumour has been laid open, and contains many portions of bone in its substance.
- E. a. 14. Dropsy of both Fallopian Tubes, from a woman whose history is unknown.
- E. a. 15. Uterus affected with Fungoid disease, hemorrhage from which, eventually killed the patient. The disease has destroyed the anterior part of the cervix and body

of the uterus, but the os, through which a glass rod is passed, is seen unaffected by the disease.

- E. a. 16. Shews the extent of destruction which may be produced by Carcinoma of the uterus. The disease had existed for years in the person from whom this specimen was taken; the bladder, vagina, and rectum had for a long time formed but one cavity, when at length she was cut off by hemorrhage. The vessels were injected after death, and they, enveloped in a diffuent mass, were the only remains of an uterus.
- E. a. 17. Portion of a Carcinomatous Uterus; the greater firmness in texture of carcinomatous structure, and the glistening white striæ which intersect its substance, distinguish it from fleshy tubercle.
- E. a. 18. Scrofulous Ulceration of the Labia.
- E. a. 19. Diseased Ovary, containing sebaceous and hairy deposit.
- E. a. 20. Polypus removed from the uterus by operation.
- E. a. 21. Hæmorrhoidal Tumours of the lower part of the vagina.
- E. a. 22. Diaphanous Uterus, with a polypus growing from the posterior wall near the orifice of the left Fallopian tube. (H. F.)
- E. a. 23. Three small mucous Polypi arising from the neck of the uterus. The preparation well exhibits the arborescent appearance of this region. (H. F.)
- E. a. 24. Exhibits a mucous Polypus arising from the body of the uterus, and two small ones from the cervix. (H. F.)
- E. a. 25. Carcinomatous destruction of the anterior lip of the os uteri opening into the bladder. (H. F.)
- E. a. 26. Inflammation of Ovary.
- E. a. 27. Section of inflamed Ovary.
- E. a. 28. Cauliflower Excrecence of the Os Uteri, with

destructive ulceration engaging bladder and rectum.
(H. F.)

- E. a. 29. Shews hypertrophy of the tissues around the Urethra.
- E. a. 30. Cauliflower Growth of a malignant character, engaging the vagina, throughout the greater part of the left wall. An abscess formed between the bladder and uterus on the same side, opening into the peritoneum, and proving fatal by peritonitis. The bladder presents a similar state of disease, but at an earlier period. The recto-vaginal septum is destroyed, the result, apparently, of former injury; the sphincter remains perfect. This preparation has been removed from the body of a woman advanced in life, who had born children.
- E. a. 31. Malignant Ovarian Tumour, containing grumous fluid, within cartilaginous and membranous, in a woman advanced in life. See G. a. 22, and Case-Book.
- E. a. 32. Uterus and Vagina of a woman who had borne children, exhibiting the rugæ and increase in the cavity.
- E. a. 33. Cauliflower Excrescence, engaging two-thirds of the vagina and os uteri with ulceration.
- E. a. 34. Fibrous Polypus, exhibiting a cavity lined with serous membrane, removed from a widow about forty-three.
- E. a. 35. Injected Uterus, distended with enlargement of the ovaries, exhibiting curious papillous bodies substituted for the os, taken from a woman about thirty years of age. History not known.
- E. a. 36. Fibrous Tumour occupying the posterior wall of the body of the uterus.
- E. a. 37. An Injected Uterus of an unmarried female who died when menstruating. Hymen perfect, and os uteri circular. History not known, but left ovary contains a

body bearing a very strong resemblance to the corpus luteum.

E. a. 38. Carcinomatous Tubercle of Uterus, with open ulceration and communication with the bladder. The pelves of both kidneys, as well as uterus, were enormously distended, and contained a large quantity of urine.

E. a. 39. Curious Malignant Growth, occupying the interior of uterus, and combined with ulceration of vagina. The growth presents to the feel a smooth, somewhat tuberculated character, distinct from all other forms of disease of the organ.

E. a. 40. Case of an irregular Fibrous Tumour growing from an inverted uterus; the tumour was removed by ligature. The parts were in a state of unhealthy ulceration. The patient survived the operation, and recovered. Dr Collins' case.

E. a. 41. Procidentia of the Uterus, with sloughing of the anterior part of the bladder, leaving the posterior surface with the termination of the ureters exposed to view. In this case an indiscreet attempt was made to excise the uterus, but the bowels protruding through the incision, the edges of the wound were drawn together, and the operation desisted from.

b. *Preparations of those Diseases which occur during Labour, or in the Puerperal State.*

E. b. 1. Lacerated Perineum, the laceration extending into the rectum.

E. b. 2. Bladder inflamed, ulcerated, and with its coats thickened, the result of neglected retention of urine during labour. (R. C.) See Case Book for March 1838.

E. b. 3. Portion of the Brain of a patient who died unde-

- livered, in a fit of puerperal convulsions, containing a clot of blood in the left ventricle.
- E. b. 4. Uterus, the anterior lip of which was ruptured during labour. The organ has been laid open, and the injury appears to have affected the substance of the uterus more extensively than its peritoneal covering, though the rupture extends also through the peritoneum.
- E. b. 5. Another Uterus, laid open from behind, the anterior lip of which was ruptured during labour.
- E. b. 6. Uterus from a woman who died nearly a week after delivery. The interior of the uterus was in a state of gangrene; the extreme thinness of its walls in many places is still very obvious, and at the left side and lower part of the organ is a rent as large as a hen's egg.
- E. b. 7. Portion of the Uterus and Vagina from a patient who died a few days after delivery, from sloughing ulceration of those parts. The interior of the uterus is seen eaten into deep pits by the burrowing ulceration, which has perforated its substance just at the junction of the uterus and vagina; abscesses are seen in the substance of the walls of the uterus, and on its external surface, and the vagina has been rendered exceedingly thin in many parts by the ulcerative process.
- E. b. 8. Sloughing of the Vagina after labour, with perforation of the uterus at its cervix. The rough appearance of the uterus near its fundus, denotes the place where the placenta was attached.
- E. b. 9. Portion of Uterus and Vagina affected with sloughing ulceration. The patient died of secondary hæmorrhage from the burrowing ulcer in neck of uterus.
- E. b. 10. Portion of sloughing Vagina injected.
- E. b. 11. Slough thrown off from the Vagina of a person who passed through a tedious labour out of the hospital, was afterwards admitted, treated for sloughing vagina, and

was eventually discharged well, with a vagina free from adhesions, and as wide as natural.

- E. *b.* 12. Uterus and Bladder from a patient who died of gangrenous inflammation of the uterus and vagina, about a week after delivery. The patient had been admitted into the hospital for vesico-vaginal fistula following tedious labour and instrumental delivery in the country. On examination, adhesions were found to have formed between the opposite walls of the vagina, dividing into two chambers, which communicated by a narrow opening, the os uteri and the fistulous communication with the bladder being situated in the upper chamber. But little could be done for her, and she was discharged, but returned in about a year, having become pregnant, and being in labour; and as labour advanced it was found necessary to divide the adhesions of the vagina with a knife. In the preparation the situation and extent of these adhesions is shewn by the coloured paper and glass-tube, while just above them is seen the opening into the bladder an inch and a half in length, and with its edges covered by that sandy deposit which is found in many cases of vesico-vaginal fistula. Turning the bottle, one sees the bladder contracted so as to have evidently been incapable of containing any urine; the piece of glass indicates the course of the urethra. The labour was completed soon after division of the adhesions of the vagina, the patient was delivered of a living child, and seemed, for a day or two, to be doing well, but unhealthy inflammation of the uterus and vagina set in, and the woman died rather more than a week after delivery. (R. C.)
- E. *b.* 13. Preparation exhibiting an Abscess, which formed at the side of the Vagina after delivery; this abscess extended both upwards and downwards, pointed in the perineum, and was opened there, but it also formed an

opening into the vagina ; a piece of wood marks the latter opening, and a portion of glass the former. The patient eventually sank under the copious discharge, and constitutional irritation. (R. C.)

- E. b. 14. Uterus and Vagina together, with the iliac veins and some of their branches, from a patient who died of phlegmasia dolens, supervening on puerperal peritonitis. The veins have been laid open in places, their coats are very much thickened, and their tubes obstructed by lymph ; on the right side, many of the small veins have been removed, even as low down as the ankle, and all present the same appearance of thickening of their coats, and plugging up of their cavity ; and the affection seems to extend to the veins in the substance of the uterus. (R. C.)
- E. b. 15. Uterus from a patient who died of puerperal peritonitis ; the fallopian tubes and ovaries are highly inflamed, and the latter present a thick coating of lymph on their surface.
- E. b. 16. Portion of Uterus to which the placenta is morbidly adherent ; from a patient who died of puerperal peritonitis.
- E. b. 17. A similar preparation from another patient.
- E. b. 18, 19, 20. Portions of Uteri from different patients, the internal surfaces of which are affected with phagedenic inflammation.
- E. b. 21, 22, 23. Portions of Uteri with obstruction of the veins, and shewing that gelatinous effusion under their peritoneal coat, which is found under the peritoneum in various situations, in many cases of puerperal peritonitis.
- E. b. 24, 25. The Ovaries and Fallopian Tubes of a patient who died of puerperal peritonitis. (R. C.) See also H. a. 1.
- E. b. 26. Specimen of the Sandy deposit from the Urine,

which takes place in vesico-vaginal fistula. This adhering to the edges of the fistula (See E. b. 12.), is a constant source of irritation, and greatly tends to frustrate efforts at bringing about a cure.

E. b. 27. Destructive Ulceration involving the cervix and os tinæ, with an encysted tumour in the vagina. See C. Book. (H. F.) A glass tube is passed into the urethra.

E. b. 28. Hydatids. (H.)

E. b. 29. Hydatids injected. (H. F.)

E. b. 30. Os Uteri, which sloughed off during labour. See C. B. (H. F.)

E. b. 31. A similar preparation of Os Uteri. (See C. B.)

E. b. 32. Laceration of the Vagina, which involved both the vesico-vaginal and recto-vaginal septum. (H. F.) See C. B.

E. b. 33. Sloughing affecting the Vagina, and extending into the body of the uterus. (H. F.)

E. b. 34. Laceration of the Recto-vaginal Septum. (H. F.)

E. b. 35. Condensation of the tissue of the Uterus, giving rise to foetal hæmorrhage. (H. F.)

E. b. 36. Inflammation of the Uterus, with lymph in the veins.

E. b. 37. Cells of the Uterus filled with pus, and coated with lymph.

E. b. 38. A similar preparation.

E. b. 39. Section of Inflamed Uterus after parturition.

E. b. 40. Section of Inflamed Uterus near the os tinæ.

E. b. 41. Cystitis, with ulceration arising from retention of urine for eleven days after delivery.

E. b. 42. Section of Inflamed Uterus. The wall appears thickened, and lymph exists in the veins.

E. b. 43. Uterus affected with ramollissement. See Case-Book.

E. b. 44. Sloughing Vagina, extending into the body of the

uterus. In this case there was found a sloughing abscess under the lesser pectoral of left side. See H. *a.* 16.

- E. *b.* 45. Section of parturient uterus, contracting the parts to which the placenta was, and was not attached.
- E. *b.* 46. Peculiar partial condensation of the uterine wall, engaging part of the body and the neck, and producing fatal hæmorrhage after delivery.
- E. *b.* 47. Sloughing vagina after delivery.
- E. *b.* 48. Exhibits the external organs, vagina, and uterus, in a case of fatal sloughing after delivery.
- E. *b.* 49. Ruptured uterus exhibiting the vagina and external organs in their state of full dilatation at the period of labour.
- E. *b.* 50. Section of the uterus after delivery (fourth day), shewing extreme thickening of that organ; taken from a case which died of peritonitis.
- E. *b.* 51. Rupture of vagina and uterus, extending upwards along the right side of that organ. The left ovary exhibits a corpus luteum, and the veins of the uterus are filled with lymph.
- E. *b.* 52. Gangrene of the uterus after delivery.
- E. *b.* 53. Section of an uterus in a woman who died of ramollissement of the uterus. Exhibited at the Path. Society.
- E. *b.* 54. Hip-joint of a woman who died of arthritis.
- E. *b.* 55. Sacro-iliac symphysis of the same patient.
- E. *b.* 56. Hypertrophied and infiltrated os uteri. This preparation exhibits the anterior lip, enlarged to a great degree, and distended with fluid. It was removed from a female by scissors and torsion, the day after delivery, having protruded before the head of the child in labour completely beyond the external parts. This was her third labour.

PREPARATIONS AND CASTS ILLUSTRATIVE OF THE ANATOMY
AND PATHOLOGY OF THE PELVIS.

F. *a.* 1, 2. Pelves of Female Children, which shew but little difference from the male pelvis at the same age, except, perhaps, a somewhat greater pubic arch. The conjugate in these pelves is longer than the transverse diameter, nor is it till after puberty that the characteristic differences between the male and female pelves become apparent.

F. *a.* 3. Pelvis of the Adult Male.

F. *a.* 4. Pelvis of the Adult Female. By comparing these two pelves, we observe the difference between them in the two sexes: the narrow arch of the pubis, the proximity to each other of the ischiatic tuberosities, the smaller degree of inclination and expansion of the alæ of the ilia, and the heaping up of bone on the male pelvis, are some of the chief points which distinguish it from the wider pelvis of the female, with its greatly curved pubic arch, large thyroid foramina, and greatly inclined alæ of the ilia.

F. *a.* 5. Female pelvis to which the bladder has been left attached, in order to illustrate the danger of wounding it by synchondrotomy.

F. *a.* 6. Pelvis from a subject in whom there exist scoliosis and cyphosis of the lumbar vertebræ without contraction of the pelvis. Its dimensions are, A. 4", F. $5\frac{1}{3}$ ", *b b.* 5".

F. *a.* 7. "Pelvis æquabiliter justo minor," or one in which without disease of the bones, the diameters are shorter than natural. Its dimensions are A. 3", T. 5, *b b.* $4\frac{1}{2}$ "; and of the outlet, between the spines of the ischia, $3\frac{3}{4}$ "; between the front of ischiatic tuberosities $3\frac{1}{3}$ "; between

the back of the tuberosities $4\frac{3}{4}$ ".—Presented by Dr Collins.

- F. a. 8. A pelvis similar to the preceding. Its dimensions are A. $3\frac{1}{2}$, T. 5, *b b.* $4\frac{5}{4}$; between the spines of the ischia $3\frac{5}{4}$ "; between the front of the tuberosities $2\frac{1}{2}$ "; between the back of the tuberosities $3\frac{1}{2}$ ". In both pelves the coccyx is broken off.
- F. a. 9. Cast of the pelvis of Elizabeth Sherwood, shewing extreme contraction from rachitis. For particulars of her case, see Osborne on Difficult Labour.
- F. a. 10. Cast of the pelvis of a woman, on whom Professor Nægele of Heidelberg performed the Cæsarean operation in her sixth pregnancy, she having before given birth, each time with increased difficulty, to five full-grown children. It shews the extremest degree of contraction produced by mollities ossium, and the features which distinguish the deformities it produces from those caused by rachitis. In rickets, the contraction exists in the antero-posterior diameter, is almost entirely confined to the brim and upper part of the cavity of the pelvis, while owing to the distance between the tuberosities of the ischia, to the increased width of the pubic arch, and the recession of the sacrum, the outlet of the pelvis is often much larger than natural; on the other hand, mollities ossium causes contraction of both apertures of the pelvis, the contraction of the transverse diameter of the pelvis, together with the formation of the beak, produced by the yielding of the rami of the pubes and ischia, giving the pelvis the characteristic triangular form. The enormous curvature of the sacrum increases considerably the conjugata of the pelvic cavity, while that of the outlet is again diminished by the projecting coccyx. These points, and the perpendicular *alæ* of the ilia, with the sulcus running from their crista to the small pelvis, are some of

the most striking marks of a pelvis deformed by mollities ossium. Presented by Dr Rigby.

F. a. 11. Cast of another Pelvis deformed by mollities ossium, with a beak $1\frac{3}{4}$ " long; the distance from sacrum to pubis on the right side is $1\frac{1}{2}$ "; on the left $1\frac{1}{4}$ ".

F. a. 12. Trunk of a young person (whose history is not known) much distorted by rickets. There is scoliosis of the dorsal vertebræ, with the convexity to the right, lordosis of the dorsal, cyphosis of the lumbar vertebræ. The dimensions of the pelvis are A. $2\frac{1}{2}$ ", T. $4\frac{3}{4}$ ", b b. $4\frac{1}{3}$ ".

F. a. 13. Trunk of a Child whose bones generally, and pelvis especially, present the deformities which mollities ossium produces. It is the more to be regretted that no history of the case is known, since the occurrence of mollities ossium before puberty is of such extreme rarity, that some have even doubted whether it is ever met with before that period.

CASTS OF MALFORMATIONS AND DISEASES.

G. a. 1. Cast of an unusually large Female Child; it weighed 14 lb. at birth.

G. a. 2. Cast of the Cyclops Fœtus, from which were taken the preparations C. b. 2. and 3.

G. a. 3. Cast of the Head of a Child which had undergone great compression during a tedious labour.

G. a. 4. Cast of large Spina Bifida of the Sacral Vertebræ.

G. a. 5. Cast of Spina Bifida of the Lumbar Vertebræ.

G. a. 6. Cast of Spina Bifida of the Sacral Vertebræ.

G. a. 7. Head and Upper Part of the Trunk of a child (which was still-born), in which there existed a Spina Bifida of the cervical vertebræ.

G. a. 8. Spina Bifida of the Lumbar Vertebræ.

G. a. 9. Spina Bifida of the Sacral Vertebrae.

G. a. 10. Cast of Malformation of the Right Arm of a child which was healthy, and in all other respects well formed. The humerus appeared well formed and of natural length, but the elbow-joint was so enveloped in integuments, that it was not easy to make out its exact condition; the fore-arm seemed capable of but a very slight degree of pronation and supination, but had perfect power of flexion and extension. The fore-arm was scarcely two inches in length, and terminated in a rounded extremity, clothed by a thick cushion of fat, and by the integuments. From this cushion arose five little rounded fleshy prominences of the size of small peas, furnished with nails, and resembling toes. These prominences were moveable, and were extended or retracted much as the cat extends or retracts her claws. (R. C.)

G. a. 11. Wax cast of a Double Hare Lip.

G. a. 12. Cast of the Abdomen of a child which had congenital umbilical hernia, and scrotal hernia of the right side. (R. C.)

G. a. 13. Cast of the head of a child which was born with a varicose state of the veins of the scalp, these veins communicating with the interior of the skull by an opening in the situation of the posterior fontanelle, and having a pulsation synchronous with that of the heart. (R. C.)

G. a. 14. Cast of a large Spina Bifida of the sacral vertebrae.

G. a. 15. Cast of the head and upper part of the trunk of a hydrocephalic child.

G. a. 16. Cast taken from a female with imperforate hymen; the accumulated menstrual fluid behind the hymen has greatly distended it.

G. a. 17. Another cast from a case similar to the preceding one.

- G. a. 18. Cast of a large Procidentia Uteri.
- G. a. 19. Cast of a Procidentia Uteri, in a patient in whom some years previously laceration of the perineum into the rectum had taken place. (R. C.)
- G. a. 20. Cast taken from the same patient after the procidentia had been returned, and shewing (the labia being separated) the nature and extent of the laceration of the perineum. (R. C.)
- G. a. 21. Cast of the head of a child affected with syphilis. Two abscesses formed beneath the scalp, which presented to the feel very much the characters of hernia cerebri, or encysted tumour.
- See case of child of Marcela Guity, Case Book, December 1838.
- G. a. 22. Cast of a woman who died of ovarian disease. It well exhibits the emaciation consequent on the affection, and the form and position of the tumour.
- G. a. 23. Cast exhibiting a peculiar species of paralysis and deformity resulting from fear.
- G. a. 24. Back view of the same.
- G. a. 25. Cast of the head and trunk of an acephalous monster.
- G. a. 26. Cast of a child affected with syphilis. It admirably displays the senile appearance of the features.
- G. a. 27. Cast of Mammæ of a woman a fortnight delivered, the right is affected with hypertrophy.
- G. a. 28. Tuberculated Uterus, with inversion of its mucous membrane and protrusion beyond the vulva.
- G. a. 29. Cast of the breasts of a newly born child. They appear large and distended with fluid.
- G. a. 30. Exhibits a Spina Bifida at the fifth lumbar vertebra.
- G. a. 31. Child affected with an encysted tumour of the right side of the neck which embraced the jugular vein.
- C. b. 34.

- G. a. 32. Cast exhibiting an enlarged gland in the axilla arising from inflammation of the breast.
- G. a. 33. Exhibits the intestines and uterus *in situ* on the fifth day after delivery, in a woman who died of peritonitis.
- G. a. 34. Hand of a newly born Fœtus. The thumb is flattened and broad, the three next fingers are united by membrane; and from the outside of the fifth arises a small fleshy peduncle.
- G. a. 35. Foot of the same child; the big-toe is broader than natural; the first and second toes are united by membrane, and sixth toe exists.
- G. a. 36. Foot of newly born child, affected with Varus.
- G. a. 37. Cast of the Right Hand of a child, æt. 5. The middle finger is very nearly double the length of the corresponding finger on the opposite hand, and fully five or six times the circumference, being well formed, having bone and nail in proportion to the soft parts. The index and ring fingers are both also considerably enlarged, and much curved away from the middle finger. On the palmar surface is an enormous growth of fat, at the root of the latter. This deformity the mother refers to an accident she received when about the fifth month; a window having fallen upon her own right hand, and bruised it severely.
- G. a. 38. Cast of the Left Hand of the same child, to shew its natural size.
- G. a. 39. Cast of Spina Bifida at the base of the skull.
- G. a. 40. Cast of Vagina in a case of Prolapsus Vesicæ, in which a large tumour blocked up the right side of the pelvis.
- G. a. 40. Cast of Deformed Hand in newly born child.
- G. a. 41. Paralysis of Right Leg following fever, in a child 11 years old.

- G. a. 42. Cast of the Vagina of a woman affected with prolapsus uteri.
- G. a. 43. Cast of a partially excluded Vagina.
- G. a. 44. Cast of a partially excluded Vagina with Fistula.
- G. a. 45. A similar cast, with a large transverse opening into the neck of the bladder.
- G. a. 45. Cast of Vagina in a case of prolapse of the vagina, in which a tumour grew from the sacrum. See C. B.
- G. a. 46. Pessary used in this case, pared away so as not to press on rectum, bladder, or tumour. See C. B.
- G. a. 47. Cast of a Vagina partially excluded. In this case the canal remained not more than an inch long. There was also a fistulous communication with both bladder and rectum. See C. B.
- G. a. 48. Mould on which was formed a caoutchouc pessary for a woman who had a fistulous opening into the bladder.
- G. a. 49. Pessary Cast from the same.
- G. a. 50. Cast exhibiting hypertrophied condition of the cutaneous texture at the umbilicus of a foetus resembling umbilical hernia, the cutis being continued along the cord.
- G. a. 51. Cast of a child three weeks old, exhibiting extensive abscess encasing the shoulder-joint in a case of infantile arthritis.
- G. a. 52. Cast of the Foot of a child affected with varus.

MISCELLANEOUS PREPARATIONS.

- H. a. 1. Stomach of the patient, from whom the preparation (E. b. 24, 25.) were taken. For four days before her death she suffered from incessant vomiting and pain in the epigastrium. (R. C.)
- H. a. 2. Portion of the Soleus Muscle of a patient who died under the following circumstances: " On the 7th day

after delivery she had a slight febrile attack ; 30 hours afterwards she complained of tenderness of the calf of the left leg ; 12 hours later there was a gangrenous spot on the left ankle, the discoloration extended rapidly up to the groin, the leg was swelled, and the surface presented vesications containing a sanious fluid ; and the patient died in 20 hours from the time when she first complained of pain in the leg. On examining the body, pus was found in the uterine veins, and about the iliac arteries, though they were healthy internally. The cellular membrane of the limb was infiltrated with a bloody purple coloured fluid, in which the particles of fat floated. The sartorius muscle was softened, the soleus muscle was converted into a soft purple pulp, resembling black currant jelly, but this appearance did not extend to the other muscles. The arteries in the thigh were pervious, and contained no pus, but were lost below the ham in the general disorganization." (R. C.) For further particulars see Case-Book.

- H. a. 3, 4. Shews two small Abscesses in the substance of the left ventricle of the heart, of a patient who died of puerperal peritonitis.
- H. a. 5, 6. Two portions of the Liver, of a patient who died of puerperal peritonitis, shewing an abscess in its substance.
- H. a. 7, 8. Two specimens of Ulceration of the Colon from the same subject.
- H. a. 9. Enormous cavity in the superior lobe of the left Lung, from a woman who gave birth at the full time to a still-born child, whose lungs were studded with tubercles. Mother died five days after delivery. (H. F.)
- H. a. 10. Abscess of Liver with Lymph upon its surface.
- H. a. 11. Cavity in Lung.
- H. a. 12. Trachea affected with strumous ulceration.

- H. a. 13. Section of the Liver of a woman who died of puerperal phlebitis. Lymph in the vessels.
- H. a. 14. A similar section from another case of phlebitis, shewing the Liver in a state of ramollissement.
- H. a. 15. Congenital deficiency of the Omentum, taken from the body of a woman who died of peritonitis. (H. F.)
- H. a. 16. Exhibits a Sloughing Abscess under the left pectoralis minor, in a case which died of sloughing vagina. See E. b. 44, and case of Farrele, Nov. 39.
- H. a. 17. Knee-Joint exhibiting Ulceration of the Cartilages of Femur and Patella, in a fatal case of puerperal arthritis.
- H. a. 18. Sacrum of a Woman who died of puerperal arthritis, shewing separation and ulceration of the articular cartilages.
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MACHINERY AND INSTRUMENTS.

Machinery illustrative of Parturient Mechanism.

- I. a. 1. Full-sized Female Automaton figure, with natural Pelvis and Viscera, stuffed to represent the parturient female.
- I. a. 2. Leather Uterus, formed to shew the dilatation of the Os Uteri.
- I. a. 3. Imitation of Placenta and Membranes, in stuffed leather and silk.
- I. a. 4. Half-sized Automaton, with wooden frame, and stuffed with leather with dilatable Vulva.
- I. a. 5. Stuffed Foetal Female Figure, with small Head, adapted to pass easily through the Pelvis.
- I. a. 6. Stuffed Foetal Figure of a Male, with full-sized Head.
- I. a. 7. Curious antique representation of the Female Organs of Generation, in leather.

- I. a. 8. Wooden Sections, representing on plane surfaces the measurements of the brim of the pelvis.
 - I. a. 9. Pelvimeter.
 - I. a. 10. Large Magnifying-glass.
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ORIGINAL DRAWINGS AND SKETCHES TAKEN BY DR KENNEDY
FROM CASES FALLING UNDER HIS OWN OBSERVATION IN
HOSPITAL AND PRIVATE PRACTICE.

a. *Illustrative of the Mechanism of Parturition.*

- M. a. 1. Etching, exhibiting the flowing form and outline of the Female figure.
- M. a. 2. Etching, shewing the more angular form of the Male figure. These plates illustrate the distinctions pointed out by Camper between the sexes, as indicated by drawing an ellipse on a plane surface, within which the body is placed. The hips in the female, the shoulders in the male, projecting beyond the elliptical area.
- M. a. 3. Etching of Female Skeleton, exhibiting the relation of the pelvis with the spine and extremities, in the erect posture, with lines, *a*, indicating the course of the axis of the inlet, and *b*, that of the outlet of the pelvis.
- M. a. 4. Six sketches, exhibiting the different positions of the child, in relation to the mother in natural labour.
- M. a. 5. Exhibiting the first position.
- M. a. 6. Exhibiting the second position.
- M. a. 7. Exhibiting the third position.
- M. a. 8. Exhibiting the fourth position.
- M. a. 9. Exhibiting the fifth position.
- M. a. 10. Exhibiting the sixth position.
- M. a. 11. Magnified Fœtal Head, lateral view, shewing its measurements.

- M. a. 12. Second magnified Foetal Head, lateral view, shewing farther measurements.
- M. a. 13. Vertical view of the Foetal Head, shewing the transverse and antero-posterior measurements.
- M. a. 14. Face presentations.
- M. a. 15. Sketch, exhibiting mento-pubic facial position.
- M. a. 16. Sketch of mento-sacral facial position.
- M. a. 17. Sketch of left mento-iliac facial position.
- M. a. 18. Sketch of right mento-iliac facial position.
- M. a. 19. Sketch of Second Stage of Labour in Nos. 13, 15, and 16.
- M. a. 20. Second Stage in the facial positions described in 14, or mento-sacral position.
- M. a. 21. Chalk sketch, exhibiting the injury inflicted on face in its transit through the pelvis.
- M. a. 22. Sketch, exhibiting the ordinary position of the Foetus in Utero.
- M. a. 23. Sketch, exhibiting Foetus in Utero, in its relation to the abdominal parietes.

b. *Diseases of the Parturient State.*

- M. b. 1. Drawing, exhibiting Erysipelas of the Foot, which occurred in a parturient female delivered on 4th August 1829. P. 31, B. F.
- M. b. 2. Drawing, representing Erysipelas of the Sacrum in a case of sloughing vagina. See p. 1, B. F.
- M. b. 3. Extensive sloughing of the Back and Buttocks, in a case of uterine phlebitis. See
- M. b. 4. Disease of Knee-joint after labour. See p. 70, B. G.
- M. b. 5. The Sacro-iliac Articulation of the same patient.
- M. b. 6. Drawing, representing a Hernia of the Uterus, in a case wherein the womb, separating the recti muscles, hung down between the woman's thighs. The fremissement cabain was felt over two-thirds of the tumour.

- M. b. 7. A representation of a similar case from the left side.
- M. b. 8. Herpes on the hand of a parturient female, whose breast was affected with scaly eruption. See cases of Halaham, 7th January 1839.
- M. b. 9. A representation of Ruptured Uterus.
- M. b. 10. Exhibits different forms of Hypertrophy of the Os Uteri.
- M. b. 11. Exhibits Gangrene of the Uterus before delivery.
- M. b. 12. A similar specimen.
- M. b. 13. Exhibits the Abdominal Viscera on opening the Peritoneum, in a case of ovarian disease.
- M. b. 14. Exhibits Hæmorrhage into the Peritoneum, in a case of ruptured Uterus. See
- M. b. 15. Erysipelas of the Buttock, with slough behind the Trochanter, in a case of phlebitis.
- M. b. 16. Sacro-iliac Symphysis, in a case of puerperal arthritis. See p. 70, B. G.
- M. b. 17. Exhibits Sloughing of the Vagina, after tedious and instrumental delivery. See Barnes' case.
- M. b. 18. Emphysema occurring during labour, and affecting the face, neck, and upper part of the thorax. See case.
- M. b. 19. Limb affected with the Phlebitic Gangrene of puerperal women.
- M. b. 20. Procidentia of the Vagina and Uterus at the sixth month of pregnancy, with ulceration of the Vagina. The tumour was reduced; she went to the seventh month, and then brought forth a living child.
- M. b. 21. Destructive Inflammation of the Eye, in a woman affected with puerperal phlebitis. See p. , book G.
- M. b. 22. Laceration of the Nymphæ during labour. See Dodds' case, December 1838.

c. Diseases of the Unimpregnated Female.

- M. c. 1. Enlarged view of the dissected Perineum, shewing the parts in their natural situation.
- M. c. 2. Smaller view of the same.
- M. c. 3. Exhibits a Prolapsus Vesicæ.
- M. c. 4. Prolapsus Vesicæ. See Sullivan's case, B. G.
- M. c. 5. A representation of a similar affection; a catheter is delineated in the urethra to shew the altered course of the canal.
- M. c. 6. Prolapsus of the Bladder and Uterus, combined with Hypertrophy of the Cervix Uteri. See p. , B. F, Macdonald's case.
- M. c. 7. Hernia and Prolapse of the Recto-vaginal Septum. See case. February 1838.
- M. c. 8. Copy of a Plate, exhibiting the vessels which supply the generative apparatus.
- M. c. 9. Copy of a Plate, shewing the left half of the Abdominal Cavity dissected.
- M. c. 10. Shews the enlargement and tortuous course of the vessels in the pregnant state.
- M. c. 11. Procidentia Uteri. Case, No. 13.
- M. c. 12. Procidentia Uteri, with ulcerations from friction around the Os Uteri. See p. 17, B. F.
- M. c. 13. Varicose state of Lining Membrane of the Os Uteri. See Robinson's case.
- M. c. 14. Exhibits the Roof of the Pelvis in Hauton's case. The Os Uteri had become occluded after delivery, and a new fistulous aperture, which is seen surrounded with a blush of vascularity, formed to the left. Through the latter the menstrual secretion escaped. See case book, p. 13, September 11. 1838.
- M. c. 15. Syphilitic Ulcer, which formed at the root of the first finger in a midwife of the hospital. See Mrs Thomson's case.

- M. c. 16. Exhibits two Ossa Uteri affected with different kinds of papillous and vesicular granulation.
- M. c. 17. Cauliflower excrescence of Os Uteri, as seen through the speculum. See case.
- M. c. 18. A Spongoid Growth engaging part of the os uteri and vagina, malignant in its character.
- M. c. 19. Condylomata about the vulva and anus.
- M. c. 20. Large tuberculated Condylomata affecting the vulva and lower part of abdomen.
- M. c. 21. Copy of a plate representing a malignant Disease of the Ovary.
- M. c. 22. Fibrous Tumour of the Uterus projecting beyond the vulva, and carrying with it two-thirds of the uterus. The white prominent points exhibit the entrance of the Fallopian tubes. This woman had also tubercles growing from the fundus uteri into the abdominal cavity.
- M. c. 23. Cerebriform Fungoid Tumour, of a malignant character, engaging the os and upper part of the vagina. It was soft in its texture, and broke down under the finger. Seen through the speculum.
- M. c. 24. Extensive granular ulceration of posterior lip of os uteri in a barren married female, of nine years' duration, attended with profuse leucorrhæa, as seen through the speculum.
- M. c. 25. Prolapsus Uteri.
- M. c. 26. Granulated Os Uteri of old standing.

d. *Illustrative of Human and Animal Ovology and Reproduction.*

- M d. 1. Drawing after Tiedemann exemplifying the Fœtal Circulation.

e. *Illustrative of the Morbid States of the Ovum.*

- M. e. 1. A blighted Ovum about the sixth week, with Hy-

datids springing from the Chorion. Ovum retained for three months. Copy of plate.

M. e. 2. Apoplexy of the Amnion in an Ovum of about five weeks' growth. On cutting through the involucra, and laying open the cavity of the Amnion, a clot of blood was found to occupy the greater part of its area.

f. *Illustrative of Intra-uterine Diseases and Deranged Development.*

M. f. 1. Sketch exemplifying the senile Face of a Child tainted with Syphilis before birth.

M. f. 2. Congenital Pustular Eruption. Child still-born at the eighth month on the 2d August 1838. See case.

M. f. 3. Cutis continuing to cover the funis for half an inch beyond its insertion into the Umbilicus.

M. f. 4. Represents a child which was born with a tumour larger than its head at the lower part of the abdomen. The abdominal muscles were discontinued for an extent larger than a crown-piece; the tumour was small at its root, where it arose by a kind of cervix, but afterwards swelled out like a globe: the covering was extremely thin and transparent, and seemed to be an expansion of the involving membrane of the funis. The liver, stomach, and small intestines could be plainly perceived through it, and the motion occasioned by the diaphragm. It became daily thicker and firmer, and finally seemed to become gangrenous. Child died on the fourth day.

M. f. 5. Represents Spina Bifida Lumbalis. See case February 1838.

M. f. 24. Similar disease.

M. f. 6. Represents a serous bag which depended by a fleshy stalk from the first phalanx of the left little finger of a child born 10th October 1838. She had a similar deformity of the other hand.

- M. f. 7. Hydrorachitis at the junction of the occiput and cervical vertebræ. Child survived its birth for several months, and may still be alive.
- M. f. 8. Curious appearance presented on the abdomen of a child at birth. The line marked seemed like a cicatrized vessel, as if the umbilical vein had been continued externally instead of internally, or as if a rupture remained at an advanced stage of foetal growth. No opportunity was afforded of examination.
- M. f. 9. Hydrocephalic Head, with a pendulous cyst, which communicated with the cavity of the cranium at its posterior and lower part. See Brennan's case, Sept. 11. 1839.
- M. f. 10. Congenital deficiency of skin over the Malleolus Internus, in a child still-born at seven months.
- M. f. 11. Drawing of a Monoculous Fœtus, the dissection of which is described at C. b. 2.
- M. f. 12. Drawing of a similar monster.
- M. f. 13. A Monoculous Fœtus, from the centre of whose face projects a proboscis containing a canal, apparently an attempt at the formation of a nasal organ.
- M. f. 14. Congenital union of two Fingers of the left hand.
- M. f. 15. Congenital copper-coloured patch on a Child born of syphilitic parents.
- M. f. 16. } Monoculous Fœtuses.
M. f. 17. }
- M. f. 18. Cat-headed Monster which breathed after birth. Its dissection will be found described at
- M. f. 19. Still-born Fœtus affected with general œdema, and presenting puerperal spots.
- M. f. 20. Congenital tumour supposed to consist of parotid enlargement and encysted fluid.
- M. f. 21. Vari-coloured eruption in syphilitic child.
- M. f. 22. Measly eruption in a similar child.
- M. f. 23. Child whose Skin was desquamated and discolour-

ed, presenting the appearances generally but erroneously denominated putrid.

M. f. 25. Child affected with Purpuragic Eruption. It also presented a varicose state of the thoracic vein.

g. Illustrative of Infantile Injuries and Diseases produced in Birth.

M. g. 1. Illustrative of the injury inflicted on the Face during its transit through the pelvis.

M. g. 2. A slough state of the integuments over the Occiput in a child delivered with the Forceps after a long labour.

M. g. 3. Paralysis of the Portia Dura of the left side in a child delivered with the forceps. See Conolly's case, September 1839.

M. g. 4. Paralysis of the Portia Dura of the right side, from delay of the head in the pelvis.

h. Illustrative of the Diseases of Infancy and Childhood.

M. h. 1. Exhibits the face of a child labouring under purulent Ophthalmia.

M. h. 2. Warty excrescences on a child at four and a half years, who had been subjected to suspicious intercourse with a plasterer, living in her father's house two months before.

M. h. 3. Sloughing of the Umbilicus after the separation of the Cord.

M. h. 4. Sketch of a child affected with trismus.

M. h. 5. Œdema of the Scrotum and lower extremities in an infant after erysipelas. March 1838.

M. h. 6. Same case in a more advanced stage, with sloughing of the scrotum, and protusion of the tunica vaginalis.

- M. h. 7. Same case after separation of the slough when the testes were exposed to view.
- M. h. 8. Full length figure of a child affected with trismus nascentium.
- M. h. 9. Abscess of the leg of three weeks' standing, in a child about two months old. See Hughe's Case.
- M. h. 10. Sloughing of the Umbilicus after the separation of the cord.
- M. h. 11. Inflammation of the joints of hand and foot, in a child three weeks old. See Case.
- M. h. 12. Spina Bifida, about the middle of the dorsal vertebræ.
- M. h. 13. Sketch of a child affected with opisthotonos, the effect of spinal irritation.
- M. h. 14. Five sketches exemplifying the process of vaccination.
- M. h. 15. Sketches shewing the appearances presented by four members of the same family, at different periods after revaccination.
- M. h. 16. Unhealthy ulceration about the gums, the result of teething.
- M. h. 17. Child affected with an eruption of a peculiar character.
- M. h. 18. Papillous growth from the Umbilicus.
- M. h. 19. Unhealthy inflammation, the result of imperfect vaccination.
- M. h. 20. Exhibits the appearance of Pemphigus on the dorsum of the foot.
- M. h. 21. Exhibits a child three months old, the child of parents tainted with syphilis. The drawing displays pustular, and copper-coloured patches, chancre, and chapped lips. The disease did not appear for some time after birth; and strange to say, the woman who nursed it did not become tainted.
- M. h. 22, 23. Exhibits the appearances presented by two

children of parents tainted with syphilis. The former was three years old, and imbibed the disease by drinking out of the same vessel as his father. The latter did not shew the affection till shortly after birth. See Curran's Case p. 170. B. G.

M. h. 24. Child affected with Paralysis of the portia dura of the left side.

M. h. 25. Destructive inflammation of the Umbilicus, which proved fatal.

M. h. 26. Child affected with Icterus.

i. Illustrative of diseases of the Mamma.

M. i. 1. Mammary abscess which formed during the last month of pregnancy. See Hereford's Case.

M. i. 2. Ulcerated nipples, with copper-coloured blotches upon the Mammæ in a woman who contracted syphilis, for which she took mercury to salivation. See Curran's Case, p. 170, B. G., and M. h. 24.

M. i. 3. Breach covered with scaly eruption in a woman who denied syphilitic taint. She also presented herpes on her hand.

M. i. 4. Breast of an Albino.

M. i. 5. Exhibits a breast in which the milk duct terminated in the sebaceous follicles of the areola surrounding the nipple.

M. i. 6. Breast of an Albino.

M. i. 7. Represents a breast which was darkened all over by the deposit of pigmentum nigrum.

M. i. 8. Fissured nipples, with much loss of substance. See Henderson's case.

INSTRUMENTS USED IN MIDWIFERY, AND THE DISEASES OF
WOMEN AND CHILDREN.

a. *Instruments calculated to aid in preserving the Life of the Child.*

Forceps.

1. Old German forceps, with screw-lock and square blade.
2. Smellie's short forceps.
3. Smellie's long curved forceps.
4. Short forceps covered with leather.
5. Curved forceps covered with leather.
6. Radford's forceps (long), blades of unequal length.
7. French long forceps.
8. Conquest's forceps.
9. Forceps with which to regulate pressure.
10. Hamilton's curved forceps.
11. German long forceps.
12. Collins' short forceps.
13. Kennedy's short forceps.
14. Kennedy's long forceps.

Levers, Fillets, &c.

1. Aitken's living lever.
2. Runynhusen's lever.
3. Double-bladed lever.
4. Kennedy's lever.
5. Specimen of ancient fillet.
6. Instrument formerly used for rupturing the membranes.

b. *Instruments whose employment is incompatible with the
Life of the Child.*

Perforators, Scissors, &c.

1. Two-pronged perforator, or Tire-tale.
2. Terebra occulta (Oald's).
3. Do. of different construction.

4. Denman's perforator.
5. Kennedy's perforator, with pegs in handle and blade.
6. Smellie's scissors.
7. Scissor perforator.

Crotchets, Single and Double.

1. Smellie's double crotchet.
2. Double crotchet, with blunt hook on handle.
3. Old French crotchet, with bifurcated beak.
4. Original straight crotchet of
5. Crotchet with handle at right angles with blade.
6. Denman's curved crotchet.
7. Crotchet with sheath.
8. Hamilton's crotchet.

Blunt Hooks, &c.

1. Smellie's blunt hook.
2. Duncan's blunt hook.
3. Collin's blunt hook.
4. Hamilton's curved blunt hook.
5. Kennedy's blunt hook.

Bone Forceps, &c.

1. Old craniotomy forceps.
2. Davis's craniotomy forceps.
3. Bone forceps.
4. Calculus forceps.

Pelvimeter.

Forceps pelvimeter.

c. Instruments subservient to the process of Lactation.

Exhausting or sucking bottles, straight and curved, with
bulbs.

Reid's breast-pump.
breast-pump.

Cowlrick's patent breast-exhauster.

Glass nipple shields.

Nipple glasses or receivers.

False nipples or shields made of

Silver,

Ivory,

Pewter,

Caoutchouc.

Boxwood with caoutchouc top.

Prepared cow's tit.

Cowlrick's patent silver nipple sucking-bottle for infants.

Common do. with sponge and chamois nipple.

d. Instruments, &c. to remedy or relieve female diseases.

Umbilical trusses.

Inguinal trusses.

Hall's abdomino-uterine truss.

Adapting bandage for separation of the pelvic bones.

Receptaculum urinæ for incontinence of urine.

Sponge pessary for vesico-vaginal fistula.

Pessaries for supporting prolapsus uteri.

Caoutchouc globular pessary.

Wooden ditto.

Caoutchouc oval pessaries.

Wooden ditto.

Caoutchouc ring pessaries.

Wooden do.

Cork coated with wax ditto.

Cork ditto uncovered.

Stalk pessaries of wood.

Caoutchouc ditto.

Stalk pessary with basket receptacle.

Stalk pessary with hinge.

Oval ring pessary.
Wax pessaries or vagina moulds.
Perforated pessary and stalk for prolapsus, with vesical fistula.
Cylindrical vaginal plugs for fistula vesicæ.
Spring pessary for retroflexed uterus.
Pessary for prolapsus ani.
Spring clasp for lacerated perineum.
Long silver catheter.
Gum elastic ditto of various sizes.
Flat silver female catheter.
Ditto gum elastic.
Metallic catheter with stop-cock.
Trocars of various sizes.
Ricord's speculum vaginæ (four-bladed).
Weiss's three-bladed speculum.
Vagina tractors.
Cauterizing instruments.
Kennedy's curved needles for vaginal fistula.
Fistula knife.
Long vagina scissors.
Polypus scissors curved (Kennedy).
Vagina bent tubes.
Elastic vagina injectors.
Vagina syringes.

Instruments, &c. to remedy or relieve infantile diseases.

Frænum scissors.
Umbilical truss.
Hare-lip needles.
Maclean's palate needles.
Boots for clubbed feet.
Gum Lancets.
Catheters for children.

Set of eye instruments.

Curved eye scissors.

Scarifier.

Museum Apparatus.

Large brass syringe.

Medium ditto.

Small injecting syringe.

Twelve pipes with stop-cocks.

Complete set of post mortem instruments.

Vertebra scissors.

Coddington's lens.

Microscope.

Silver scales and weights.

Set of hair scales and weights.

Large magnifiers.

Four glass lens.

Set of eye instruments

Concave eye mirror

Spectacles

Spectacles

Large brass syringe

Medium ditto

Small injecting syringe

Twelve pipes with stop-cocks

Complete set of post-mortem instruments

Veroban's sissors

Cobbington's lens

Microscope

Silver scales and weights

Set of brass scales and weights

Large magnifying

Small glass lens