ng. But the pulse remained quiet, and, under the gradual action of repeated enemas, the vomiting was relieved. Chicken and other simple animal food was given, and a small quantity of champagne occasionally.

On my return to town, twenty days after the operation, I removed the clamp, with the remnant of the pedicle. There were some flabby granulations at the upper end of the wound and at the site of the pedicle, which required a few applications of the nitrate of silver; but the rest of the wound was well healed in about nineteen days.

On the 28th day she left London for Ramsgate, in good health, and arrived there with very little fatigue.

SEPT. 3RD.—The patient's husband has just returned from Ramsgate, where he left her well, and on Ramsgate Pier, in a Bath chair.

This case proves—

1st. That ovariotomy may be performed successfully when pregnancy has advanced to the fourth month, without occasioning abortion.

2ndly. That recent peritonitis, consequent on a ruptured cyst and escape of its contents into the abdomen, is no bar to the operation.

3rdly, That both these together will not preclude ovariotomy by the hands of a skilful operator, when the patient is calm, trustful, and amenable to the directions of her medical advisers, as was the case in this instance.—*Lancet.*

Islington, Sept., 1869.

Double Vagina.

BY L. FRENCH, M. D.

OF DAVENPORT, IOWA

A married lady, aged 23, informed me that her left labia was larger than the right, and asked for an explanation. By digitial examination I found the enlargement evident, but was unable to discover the cause. The vagina was apparently normal and os uteri in proper position.

Oct. 21. I was called to attend her in her first labor; found her in first stage of labor; pains natural but tardy. In about four hours, dilation was complete, and membranes presenting far down but to right of mesial line. Upon examination the enlarged labia was found to extend the entire length of the left side of vagina. Thinking that position might aid in changing presentation, I placed the patient upon her left side, the only effect, however, being to render the general enlargement more marked. The membranes now ruptured, and the average quantity of liquor amnii escaped, and the second stage approaching normally, Head presenting naturally except far to right of mesial line, in a line from left to right, diagonally downwards. As the head entered the superior strait, I discovered the lateral diameter of passage to be obstructed by a firm, non-elastic band, which was being pushed forward by the head of the child, and was the cause of presentation being so far to the right. Persevering efforts were made by position and manipulation, in hopes it would yield sufficiently to permit the passage of the head, but to no purpose. Pains were now strong and frequent, and head pased superior strait with band still in front, and apparently unyielding.

During a severe pain I noticed a peculiar strain on what I supposed to be the labia interna of left side, and in searching for the cause discovered a small opening between it and the labia externa, about the size of a goose-quill, and corresponding exactly with the opening in a natural hymen. It gave way upon gentle pressure, and to my surprise I discoveaed a second vagina, of equal capacitywith the first, except near the os uteri.

The firm band that offered so much resistance to parturition now proved to be an antero-posterior vaginal septum; the cervix opening into the right side. This septum appeared to be a fold or duplicature of the mucous membrane, with a considerable quantity of cellular tissue intervening. Its attachment commenced with that of vagina to uterus, and extended half around to anterior and posterior mesial line, thence by its edges to anterior and posterior vaginal walls. Pains now became urgent, the head resting on soft parts, and patient compilaining of a tearing sensation. It now became evdent that the septum must be cut or left to rupture, as the child could not be born with parts in this condition. At this juncture a severe pain ruptured the septum, and labour was completed in a few moments. The larceration began about two inches from uterus, completely severing the anterior attachment to vagina, forming a mass from three to four inches long and one to two wide, which hung from the vulva by its posterior attachment. In five weeks but a trace of it was left along the posterior attachment like a cicatrix. Patient's recovery was rapid, and labia are now of equal size. Duration of labor nine hours.—*Am. Jour. of Med. Sciences.*

Extra-uterine Fœtation; Rupture of the Cyst; fatal Hœmorrhage.

REPORTED BY E. R. HUNN, M. D.

ALBANY, N. Y.

Mrs. Haas, aged thirty-five years; German. Has one child, about four years old. Lived on a farm, near Albany. April 8, 1869, her husband left her, taking with him all his property, and bidding her to come to Albany to rejoin him. She came at the time appointed, but could find no trace of him. After being thus abandoned, she returned to the country, and there remained until April 28th, when she again came to town, hoping to hear some news of her missing husband. Upon arriving in the city, she walked a distance of several blocks, carrying her trunk upon her head, and reached the house of one of her friends safely, and in apparent good health. Between four and five o'clock in the afternoon, she was seen in front of the house by some passers-by, who exchanged a few joking words with her. No one seems to have noticed her from this time until six o'clock, when a neighbor came in, and said that a woman was lying in the backyard and seemed to be in great pain. One of the bystanders went out and found Mrs. Haas lying upon her right side upon some flag stones, at the foot of the back stoop, her head being farthest from the steps. He carried her up-stairs, when it was pro-