

applied, and with the most perfect success, in five minutes all bleeding had ceased. Cold cloths were then applied to the wound, and the patient ordered beef tea, milk and whiskey.

May 28th—Cold applications to be discontinued, and poultices substituted. Acupressure pins removed, but no return of bleeding.

June 7th.—The patient has been improving since the last date, the wound is now filled with healthy granulations.

July 13th.—The wound is entirely healed over, and the patients health is quite re-established.

Case of Occlusion of the Vagina—Operation—Death from Peritonitis and Pyæmia.

M. S——, 20, a pale, delicate looking girl admitted into hospital July 3rd, 1868, under the care of Dr. W. B. Slayter. She states that about two years ago first noticed symptoms of menstruation,—she suffered severely from pain in the back, loins and head, and had some shivering, from that time to the present she has regularly had all the symptoms of menstruation, but nothing ever made its appearance externally. On examining the vulva, no orifice in the hymen could be discovered, there seemed to be a complete closed sac. Very little pain was caused by pressure over the abdomen, and no tumor could be felt through its walls. She complained of great constipation, and not being able to evacuate the bowels without extreme pain and difficulty.

On introducing the finger into the rectum an immense tumor was felt projecting backwards towards the sacrum, and almost completely blocking up that passage; it was hard and inelastic, and did not give a sense of fluctuation to the touch. Assisted by Drs. Cowie and Woodill, Dr. Slayter made an incision through the hymen and attempted to pass a director into the vagina, but found it impossible to do so as that passage was perfectly occluded. The fore finger was then pushed through the hymen and upwards in the direction of the vagina, care being taken to avoid the rectum. The finger was passed upwards to the extent of about two inches and a half, when a second constriction was met with. No opening could be discovered, and the obstacle was so dense as to prevent the finger being pushed through it. A small incision was made and a director passed through it into a large sac above. A bistourie was passed along the groove of the director and the constriction divided backwards towards the rectum. An immense quantity of retained menses immediately escaped, and the tumor in the rectum disappeared. The sac was washed out with warm water and a pledget of lint introduced into the vagina.

July 4th—Complains of great pain and tenderness in the abdomen increased on pressure, tongue furred and dry, skin hot and pulse 120. Ordered morphia mur gr. $\frac{1}{4}$ every 3rd hour, hot turpentine fomentations to be applied to the abdomen, and beef tea to be given freely.

July 5th.—The patient feels much better—has very little pain—pulse 100. Ordered the morphia to be given every 6 hours, fomentations to be continued, and vagina to be washed out with warm water.

July 6th.—Feels very comfortable—no pain—pulse 90. To discontinue the morphia, hot flannels to be constantly applied and the vagina washed out.

July 10th.—For the past three days has been free from pain, and could bear considerable pressure on the abdomen. Pulse varied from 90 to 100. To-day, however, the pain has returned—pulse 130—skin very hot and tongue covered with a brownish fur. Ordered morphia, $\frac{1}{4}$ gr. every 3rd hour, and hot fomentations. Beef tea and brandy to be freely given.

July 11th.—Does not complain of much pain—pulse 150—skin cold, and covered with a clammy perspiration—breathing hurried, and abdomen tympanitic. The pain in the abdomen was so severe during the previous night that a large blister was applied, which succeeded in giving the patient ease. To-day she gradually became weaker, the breathing more hurried, and died in the afternoon.

Post mortem examination 36 hours after death, made by Dr. Farrel:

On opening the abdomen, the omentum and intestines were found greatly inflamed, and covered with lymph; the uterus and ovaries were much enlarged and inflamed; the lower portion of the vagina, to the extent of about three inches, was narrowed, above this a large sac formed by the upper part of the vagina and dilated cervix uteri, the internal os was dilated slightly, and the cavity of the uterus was nearly twice the natural size; the mucus membrane lining the vagina and uterus was in a gangrenous condition, and covered with tenacious, jelly-like menses.

The inflammation in this case seems to have come on shortly after the operation, and extended to the uterus, peritoneum and intestines. In a few days pain had ceased entirely, and firm pressure on the abdomen could be borne without inconvenience. The only symptom constantly present, and which would indicate serious mischief going on, was the state of the pulse never falling below 90, and generally varying from 100 to 130. Whether the inflammation of the peritoneum and intestines was caused by direct extension from the vagina and uterus, or whether it was the result of the