

made the acquaintance of several gynæcologists before she made his, he never would be able to fulfil that most important, though unwritten, condition of the marriage contract. He declares that gynæcologists are Heaven-sent.

*Examination.*—About the middle of dorsum of the penis is found a broad plate of bony hardness which extends forwards and becomes narrow, reaching almost to the glans. The narrowed part feels like a pipe-stem, and is grooved on its upper surface, which is flat. It occupies the septum. When young, patient had the habit of bending penis during erection, and since then that organ has always had a tendency to double up when distended.

### A CASE OF BICORNATE UTERUS MISTAKEN FOR ECTOPIC GESTATION.\*

BY W. J. GIBSON, M.D., BELLEVILLE.

As the condition known as bicornate uterus is of rare occurrence, and when present renders diagnosis extremely difficult in diseases of the uterine appendages, I desire to place on record a case that came under my observation a few years ago and led to an error in diagnosis.

I was consulted in October, 1895, by a young unmarried woman who complained of a profuse leucorrhœal discharge which for some months previous had been a source of very considerable discomfort. Her general health was good, menstruation regular, and except for the irritation caused by the discharge she was apparently in good physical condition. There was no suspicion of specific cause. No examination was made at the time. Complete rest and astringent douches were ordered, and in a few weeks the discharge ceased.

I did not see the patient again until March of the following year, when I was called to attend her for a severe attack of bronchitis. At this time she complained of pelvic pain of a bearing down character, and stated that she had not been regular. Further questioning elicited the fact that there was a suspicion of pregnancy, and that menstruation, hitherto regular, had failed to appear in January. Of her own accord she had tried a number of domestic remedies, and in February, about the usual time, menstruation returned, lasting three or four days, of normal amount, and accompanied by a great deal of pain. The character of the flow was, as she described it, shreddy.

I did not make any examination, but advised her to keep quiet until her cold was better and then to let me know how she was. A month elapsed before she again consulted me. She looked very much run down; said that the period had failed to return, and that

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