

uterus was closed by a dense membrane, the result of previous inflammation of the vagina and which had caused retention of the menses for nearly two years. After several attempts, the uterus was successfully punctured, and a large collection of dark thick fluid was evacuated. It is worthy of notice, that these experienced practitioners arrived at a correct diagnosis, and proceeded to the performance of a successful operation, after repeated examinations, extending over two years, and many preliminary steps in operative proceedings were taken, before the successful one was at last adopted. I think it right to draw attention to this fact, because I know from experience how difficult it is to arrive at a correct conclusion, not only as to the nature of the lesion, but also as to the best plan of treatment, unless we have made repeated examinations, and reflected carefully upon the features of the disease disclosed at each examination. This caution will not appear unnecessary to those who have read the scanty details of the few cases on record, in which it is evident that the true nature of the obstruction was frequently overlooked, and the difficulty of diagnosis much underrated, as well as the prompt and easy performance of the operative proceedings, in other instances, much exaggerated.

*Case 1.* I was summoned to a distance from Montreal to visit a young married lady, on May 13th 1857, who had been confined to her bed for some months, and who was reduced by suffering to a state of great debility. There was much obscurity about her case; she and her husband were under the impression that she was five or six months pregnant, as the menses had not appeared during that time, but as she felt much pain and uneasiness in the lower part of the abdomen, with difficulty of making water, pain and fulness over the region of the ovaries, accompanied by a constant creamy discharge from the vagina, they felt alarmed that all was not right, and a gradual wasting of flesh and loss of strength, gave rise to much apprehension.

I need not state the details of the case more fully than to say, that I did not detect any symptom of pregnancy, and there was no evidence whatever of an enlargement of the womb, or an accumulation of fluid in its cavity,—the abdomen was soft, but painful on pressure above the pubis, and over the inguinal regions; the stethoscopic signs of pregnancy were absent, there was however, inflammatory enlargement of the cervix uteri extending to the body of the organ, acute vaginitis, attended with so much pain as to render it almost impossible to make a careful examination;—the condition of the urine did not prove the presence of cystitis, though the efforts to empty the bladder were very painful, and an equal amount of suffering was endured when the bowels were moved.

As before stated, the patient was much reduced, had not been able to leave her bed for four months, and her nervous system was much deranged by the quantities of morphine she was obliged to take, to alleviate her sufferings. I could not remain longer than a day with her, but made arrangements for her removal to Montreal, so soon as her condition would permit; in the meantime, scarification of the cervix uteri and the application of nitrate of silver to the inflamed surface, and lotions of a sedative and astringent nature were employed. The scarification and cauterization produced almost instant relief, and though the morphine was discontinued, she slept well that night without a narcotic, and