

the labia there was no vaginal outlet whatever. The hymen was intact; it was firm and resistant, and presented a median raphe; there was no bulging whatever; the distance between urethra and fourchette was small, being less than an inch.

Having prepared for operation the following day, examination under anaesthesia bimanually per rectum revealed that the uterus was present, tilted back into the hollow of the sacrum, less movable than normal, about the size of a four months' pregnancy, smooth, globular and somewhat firmer than the pregnant uterus. Having withdrawn four or five ounces of urine, I made a median incision through the hymen, finding it tough and resisting and several lines in thickness. Inserting my index finger it entered only half an inch, being contained in a pouch, with sound in the bladder and finger of assistant in the rectum. By means of a blunt-pointed scissors and fingers I worked through a series of these pockets, advancing slowly until the "os" was reached, the signal for which was a gush of thick, dark fluid of the tarry type, said to be characteristic of retained menses. Of this fluid there was one and a half pints. Having thoroughly separated all adhesions I douched the uterus with sterile water, then passed several long strips of iodoform gauze into the vagina, well up to the "os," leaving the ends protruding.

On the third day, under chloroform, her temperature being 100°, I changed the dressing and douched the vagina. Hereafter her recovery was uneventful, complaining only of some pain in her left leg and heel. The following month menstruation was normal. I was ably assisted in this and other surgical work by a graduate nurse of the K.G.H.

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