4. The tongue is more rapidly and completely removed by scissors than by any other way, and the tissue is not bruised, as when the ecraseur is used.

5. Few instruments are required, and these of the simplest kind.

Dr. Wm. Gardner, of Montreal, then read the report of a case of Double Uterus with Atresia and Hæmatometra of the Left Chamber.

The patient, a tall, thin, delicate-looking girl of eighteen, was admitted to the gynæcological service of the Montreal General Hospital with a history of intense periodic pain in the loins, hip and hypogastrium, extending over nine months. She had been fairly healthy till two years previous, when she began to grow rapidly and to menstruate. Flow moderately painful, scanty; one napkin; intervals three to six weeks. The periodic pains alluded to came on each afternoon or evening, and lasted several hours, with an interval of complete relief. Had noticed for some time a swelling of the lower part of abdomen; no bladder symptoms; appetite small; no vomiting; constipation troublesome. Palpation of the abdomen detects an elongated, smooth, very firm tumor, extending from the anterior superior spine of ilium of pubes. Two smaller projectives attached to the larger one extend towards the right side of the pelvis.

Internal Examination Conducted under Ether. —Hymen entire, but perforate. Immediately on entering the vagina the finger meets a very firm, smooth, at one point slightly elastic mass, evidently the lower part of the hypogastric tumor already described. On the left side the vaginal wall is pushed down by the tumor to near the orifice. On the right side, and behind, the finger can be swept around the tumor to the upper part of the pelvis. No trace of vaginal partition can be detected. The only sign of an opening is a very faint linear furrow. A small aspirator needle was pushed into the tumor, and a small quantity of thick chocolate-colored blood escaped, thus clearing up the diagnosis. A bistoury was introduced, and a free incision made. Fifty fluid ounces of thick, tarry blood escaped. After partial emptying of the sac it was easy to feel the os of the left patent chamber of the uterus. Double drainage-tubes were inserted within the opening and stitched to the edges, the ends protruding from the vagina. Irrigation every two hours with weak carbolized fluid was ordered. Within the first twenty-four hours the temperature ran up to 103°, but at the end of another day became normal; very little pain. Patient did perfectly well for a week, but on the eighth day the tubes ulcerated out. Within twenty-four hours the temperature rose to 101°. Patient being again etherized, a portion of the wall of the sac was excised, the tubes again inserted, and irrigation resumed. But the temperature and pulse continued to rise. Three days later a rigor, followed by profuse sweating; then increase of pain, abdominal distension, left infra-mammary pain, and pleuritic friction; vomiting, at first of mucus, then of coffee ground-like fluid; death nineteen days after operation.

At the autopsy, recent general peritonitis with profuse exudation of lymph. Bicornuate uterus; left chamber measures one and three-quarters inch; the interior of the right chamber of the size of a hen's egg, its lining stained with thickish brown fluid. Right ovary somewhat enlarged, otherwise healthy. Left fallopian tube sacculated, the sacculi containing the same tarry fluid. Another similar sacculated collection of the size of an orange, situated at the outer extremity of the left fallopian tube, its walls formed by the fimbriated extremity, broad ligament and false membrane. Other hæmatoceles were found about the left broad ligament and left border of the uterus. The left ovary could not be distinguished.

Dr. Gardner remarked upon the great rarity of the case. Exactly similar ones had, however, been described by Professor Olshausen, of Halle, Dr. Galabin, of London, and Dr. John Homans, of Boston. The diagnosis must of necessity be attended with difficulty much greater than when menstruation is entirely absent. The prognosis of all such malformations is grave. The mortality hitherto has been very great. The treatment resorted to in this case, he believed to be (so far as it went) the best that could have been adopted, but he regretted that when the condition of the patient became so desperate, he had not opened the abdominal cavity, removed the left fallopian tube with its sacculi, opened the other hæmatocele collections, and