he used a blunt scoop to remove a lot more. There was a good deal of hemorrhage, which was for the moment controlled by a douche of hot water containing a little Condy's fluid. On introducing the finger now it passed through a hard fibrous ring which led into a large cavity from which most of the contents had been scooped out. Stretching across this cavity many fibrous bands or trabeculæ could be felt. The feeling of the hard ring reminded one forcibly of the rigid os of a woman of 40 in labor with her first child and well advanced in the first stage. In order to provide for freer drainage Dr. Gardner incised this ring, and as the bleeding was still rather free the cavity was stuffed with two long strips of iodoform gauze. The patient was put to bed and hypodermic injections of beef-tea were given frequently until she had recovered from the shock, and then a hypodermic of Battley was administered to ease the pain of which she complained. The vomiting was very severe, and never ceased during the next four days. Her pulse, however, gradually returned, and in a couple of days it had come down to 120. Nourishment was given per rectum, and was well retained for several days, after which the bowel rebelled and ejected what was put into it. She passed water freely and painlessly after the operation, and she had several natural motions. On the 12th Dr. Gardner met me again and we removed the iodoform gauze tampon without any return of the bleeding, and a double drainage-tube with a cross piece in one of them for the purpose of retaining it was introduced into the cavity, which was by this means regularly washed out every four hours with hot water and Condy's fluid. All went well for a couple of days longer, till the 14th November, when the tubes came out and could be re-introduced only a very short distance owing, apparently, to the cavity having either filled up or contracted. On the 11th, 13th and 14th the temperature had been subnormal, 97° to 98°, except on the 12th, when it reached 100° before the tampons were removed, and on the 15th, when it began to rise, reaching 102° on the evening of that day. The fœtor, which had been entirely absent since the operation, then returned, although the free irrigation had been constantly kept up. Early on the morning of the 15th she began to complain of severe pain at the bottom of the belly, which had all through been flaccid and free from tenderness, but more especially she suffered from a bearing-down pain in the rectum, which she attributed to the pressure of the drainage tubes, which I therefore removed on the evening of the 15th. As the pain continued to increase, and her recovery was decided to be hopeless, I gave her a hypodermic of Battley solution, and repeated it from time to time until her death, which took place early on the 16th November, six and a half days after the operation.

To resume: (1) She had always been remarkably healthy as a child, and the functions of puberty had been established without any apparent disorder. (2) She felt perfectly well until the retention of urine occurring at the middle of September. (3) Shortly after the retention a profuse discharge began containing specks of cheesy matter and which soon became fœtid. (4) Menstruation continued normal in quantity and quality and without pain. (5) The symptoms of pressure on the bladder and rectum became so urgent as to require intervention of a permanent nature. (6) An exploratory aspiration was made to determine the nature of the mass which was found to fill the pelvis, but without any intention at that time of operating for its removal; but on finding the contents semi-liquid we deemed it advisable to avail ourselves of the anæsthesia to empty the sac and drain it. (7) Being an anæmic girl the unavoidable hemorrhage was sufficient to cause collapse, from which she slowly rallied. (8) Peritonitis set in (without pyrexia or swelling of the abdomen) owing to the impossibility of obtaining perfect asepsis. (9) The bowels were moved freely for several days after the operation, and after that the saline treatment was not possible owing to the uncontrollable vomiting, for which were tried ice, iced water, iced champagne, iced soda water, hot water and hot tea, the latter being the first thing which was retained, on the fifth day, when the vomiting ceased, and when she rallied somewhat. (10) The temperature was subnormal all the time, except the third and fifth days, when it rose to 100° and 102° respectively; on the sixth and seventh days it was subnormal again. (11) She passed water freely after the operation.

The above are the facts of the case, and I regret that I am unable to prove the result by a post-mortem examination, which I repeatedly endeavored to obtain, but which the dying girl begged her relatives not to allow, as her last request.

I have called this an obscure case of gynæcology, for the reason that the pathologist of the Society, on his first examining the specimens submitted to me, did not discover any sarcoma cells, so that in their absence the most likely conclusion to which Dr. Gardner and I were at first compelled to come was that we were dealing with a case of double uterus and vagina, one side of which had formed a large retention cyst, the contents of which had become purulent by the admission of air through a small fistulous opening, from which, also, a small quantity of the contents had exuded into the open vagina, thus giving rise to a fœtid discharge. When we felt the fibrous bands stretching across the cavity, and when we saw the free hemorrhage following the breaking up of the contents, we were inclined to think that we were dealing with a sarcoma. Moreover, if it had been a case