There was no trace whatever of the uterus. The bladder and rectum were the only organs in the pelvis except the kidney.

The left round ligament could be seen peeping out of the inguinal canal for about 5 mm. It could be pulled out much farther. It formed a loop on itself and then disappeared into the inguinal canal. In other words both ends of the round ligament were in the canal.

The left side of the pelvis was perfectly smooth, there being no left tube or ovary visible. The mass in the left inguinal canal was, however, apparently the left ovary.

The left kidney was absent.

We at once closed the abdomen and then brought the tissue between the rectum and the bladder together as far as possible and left in a small drain. The patient did not stand the anæsthetic well and was exceedingly blue. Her pulse when she left the table was 160, but full. She rapidly recovered from the effects of the operation, and was discharged in practically the same condition as that in which she entered the hospital.

A case of this character was operated upon by Dr. Polk of New York in 1882. The mass in the pelvis was removed and it proved to be a right pelvic kidney. The patient lived thirteen days and at autopsy Dr. Wm. H. Welch found that this was the only kidney.

We are deeply indebted to Dr. Polk for having reported this case in full and for his timely warning that in all cases in which a pelvic kidney is found careful examination should be made to determine whether the operator is dealing with a case of unilateral kidney.

The advisability of making an artificial vagina has to be considered in these cases. The ingenious operation suggested by Baldwin in which a loop of small gut is disassociated and brought down to form the lining of the new vagina may be tried. This procedure is clearly outlined in The Journal of the American Medical Association, April 23, 1910, page 1362. The operation as carried out by Alex. Hugh Ferguson appeals more strongly to me as it is naturally less dangerous. It consists of separating the bladder from the rectum. A U-shaped flap is then taken from the skin between the urethra and the rectum and attached to the bladder which has been well pulled down. When the traction on the bladder is released the bladder retracts and carries the flap well up into the newly formed cavity. The posterior wall is now made by using two flaps consisting of the labia. The rectum is pulled well down and the flaps are attached to it. When the rectum is allowed to recede the flaps are carried far up into the cavity. A plug covered with rubber is now tightly packed into the vagina. Ferguson reports excellent results in three cases in which he has employed this method.