

pletely blocking up that passage; it was hard and inelastic, and did not give a sense of fluctuation to the touch. Assisted by Drs. Cowie and Woodill, Dr. Slayter made an incision through the hymen, and attempted to pass a director into the vagina, but found it impossible to do so as that passage was perfectly occluded. The fore finger was then pushed through the hymen and upwards in the direction of the vagina, care being taken to avoid the rectum. The finger was passed upwards to the extent of about two inches and half, when a second constriction was met with. No opening could be discovered, and the obstacle was so dense as to prevent the finger being pushed through it. A small incision was made and a director passed through it into a large sac above. A bistourie was passed along the groove of the director and the constriction divided backwards towards the rectum. An immense quantity of retained menses immediately escaped, and the tumor in the rectum disappeared. The sac was washed out with warm water and a pledget of lint introduced into the vagina.

July 4th.—Complains of great pain and tenderness in the abdomen increased on pressure, tongue furred and dry, skin hot, and pulse 120. Ordered morphia  $\text{mur gr. } \frac{1}{4}$  every third hour, hot turpentine fomentations to be applied to the abdomen, and beef tea to be given freely.

July 5th.—The patient feels much better—has very little pain—pulse 100. Ordered the morphia to be given every six hours, fomentations to be continued, and vagina to be washed out with warm water.

July 6th.—Feels very comfortable—no pain—pulse 90. To discontinue the morphia, hot flannels to be constantly applied, and the vagina washed out.

July 10th.—For the past three days has been free from pain, and could bear considerable pressure on the abdomen. Pulse varied from 90 to 100. To-day, however, the pain has returned—pulse 130—skin very hot, and tongue covered with a brownish fur. Ordered morphia,  $\frac{1}{4}$  gr. every third hour, and hot fomentations. Beef tea and brandy to be freely given.

July 11th.—Does not complain of much pain—pulse 150—skin cold, and covered with a clammy perspiration—breathing hurried, and abdomen tympanitic. The pain in the abdomen was so severe during the previous night that a large blister was applied, which succeeded in giving the patient ease. To-day she gradually became weaker, the breathing more hurried, and died in the afternoon.

Post-mortem examination thirty-six hours after death, made by Dr. Farrel:—