patient having been the subject of previous inflammation of the organ. In this case, however, the cyst extended almost to the iliac region, and was not nearly so prominent or high as in this case. The same author relates nine other cases, in all of which there are symptoms pointing to kidney disease, recognized during life. In speaking of this subject last summer, to Dr. Keith, he told me that he had seen but one such case in his practice.

Montreal, Oct., 1872.

Case of Imperforate Hymen. Operation and Recovery. By JOHN BELL, A.M., M.D.

(Read before the Medico-Chirurgical Society of Montreal, Nov. 16, 1872.)

B. W. first came under my care in August, 1871, suffering from ammenorrhœa. She was then 18 years old; had always lived in the country; was of medium height; tolerably well built; breasts not large; eye, hair, and complexion dark—the latter pale and somewhat sallow; in manner diffident, reticent, and apparently somewhat stupid. Has suffered since childhood from headaches, backaches and vomiting. Has never menstruated, and has had no recurring symptoms, which could be said to be an abnormal manifestation of this phenomena. Ferruginous tonics were prescribed, and directions as to exercise and diet were given.

A few days after this she got married to a farmer, and went back to the country to live. In a few weeks after this event all the symptoms became aggravated, the lassitude, headaches, and pain in loins and thighs, and she became still more depressed, on the discovery of a tumor, protruding between the labia, which some old woman asserted to be a displacement of the womb, and was a warning to avoid all doctor's medicines, as this had been brought about by the strength of the remedies which she had been taking.

She returned to me again on the 3rd of October last, having remained in the country during the intervening fourteen months, and suffered constantly from the above symptoms. On examination, the tumor between the labia presented itself as a rounded conical protuberance, of a little more than an inch in length, occupying the position of the hymen, and very much resembling a glans penis. It had along both sides slight markings, which met above or below, including an eliptical space, and appeared as if they represented a third pair of lips or *labia minorâ*. In the centre of the space, and at the apex of the tumor, was a small depression, like the meatus urinaris of the male. On pressure, the tumor easily collapsed, and the finger could be introduced so as to completely invest it, to its fullest extent, into what seemed to be a well-bounded cavity of some kind. The urethra was so much dilated as to admit of the introduction of the little finger. The finger on the urethra could be very easily felt by the finger on the rectum, so that there appeared to be no more tissue than that of the urethra and bowel, and yet, as the vagina was there, it will be seen how thin the walls at this part must have been. Through the walls of the abdomen, a hard rounded tumor, of about four inches in diameter, could be felt above the *os pubis*, and inclined to the right of the median line. The lower part of this tumor could be felt through the rectum, low down on the pelvis, of a hard, rounded, and somewhat ingise character, giving the impression to the finger that the walls of the uterus were not only strongly distended with fluid, but that they were also firm and thick themselves.

On the 4th of October, Dr. McCallum saw this case with me, and we proceeded at once to introduce a small canula and trocar through the septum, when a quantity of tawny fluid, like treacle, of a dark brownish color, quite devoid of odor, appeared. A crucial incision, across the whole diameter of the hymen, was then made, when about a quart of the above fluid came away without any pain, and the tumor in the belly subsided on the introduction of the finger; the vagina felt soft and pliable, for about two inches up, where it became thick and hard, as if the muscular layers had become hypertrophied, in endeavoring to expel the accumulated fluid. A plug of oiled lint was introduced through the wound, and the patient instructed to remain quiet in bed, to allow more of the fluid to drain away. She felt greatly relieved, and appeared bright and comfortable next day. On the second day after the operation (October 6th,) she was feverish, but with no local pain. She was troubled with a severe cough at this time, and got but little sleep on account of it. A liquor ammonia acetates and ipecac. mixture, with a weak solution of Condy's fluid for injection per *vaginum*, completely relieved these symptoms in a couple of days, and she would no longer remain in bed. The aperture was occasionally stretched by the introduction of two or three fingers, until the edges of the wound healed, which took place in about ten days. She then left for home, and has been quite well ever since.

It is singular that the accumulated menstrual fluid, which has, in many of these cases, been pent up for many months, and even years, in such close proximity to the rectum, should not have the slight-