

There are good physiological reasons for permitting the breasts to continue in functional activity if so disposed, sparing the ovarian function, promoting the involution of the uterus, and postponing impregnation. It is certainly not wise hastily to interfere with the course of nature in such cases. When necessary to interfere, the uterine douche will probably be a valuable remedy.—*REP.*—*Brit. and For Med. Ch. Rev.*

CYSTIC OUTGROWTHS OF THE VAGINA.

By WALTER CHANNING, M.D.

In the Journal of April 11th, last, J. F. Noyes of Waterville, Maine, communicated a case of cystic outgrowth of the vagina. It was soft and elastic, distending the vagina, and protruding from it. Sixteen years ago, during pregnancy, the patient discovered a small outgrowth within and on the front of the vagina. Since delivery it had rapidly increased, producing much suffering and anxiety. It had no connection with bladder or rectum. It was freely opened. The discharge was glairy, resembling in consistency and color thick honey. The cyst was dissected out, and the edges of the wound were secured with silver sutures. Three weeks after, the patient was well, "and considers now the organ in a normal condition." The date of this opinion of Mrs. S. is not given.

Two or three weeks after reading this case, my friend, Dr. J. Mason Warren, told me he had a case of cystic vaginal outgrowth for which he should soon operate, and kindly asked me to be present. Mrs. ——— was four months pregnant. The outgrowth filled the vagina and protruded out of it. It was elastic, smooth, and resembling in color that of the vagina. It was always external when the patient was erect, occasioning much annoyance during walking, from its size, and the weight and friction of the dress. It was neither vesico nor recto-cele.

An incision through the vaginal envelope of the cyst was made the whole of its external length. It was then dissected carefully and thoroughly out. The contained fluid very exactly resembled that in Dr. Noyes's case. No sutures were employed; the protruded vagina was put into its place, and a compress applied to prevent its protrusion. In a week, Mrs. ——— was judged sufficiently well to return to her friends in Canada.

Soon after this case, Mrs. ———, aged 26, called on me with a letter from my friend Dr. Stevens, of Stoneham, asking me to examine her case and to report to him my opinion concerning it. It was stated that Mrs. ——— was in the last week of the eighth month of pregnancy.

Upon examination, I found a large cyst protruding from the external organs. It was bi-lobed, the right lobe was much larger than the left. The whole surface was red, that of the small lobe the most so. It was tender—sore to the touch—which state could be readily accounted for by the weight and constant friction of the dress. In the horizontal position the cyst was much less in size than when Mrs. ——— was up and about. Upon further inquiry, I learned that about six months previous to the time of her call, when, about two months pregnant, Mrs. ——— had run some distance very rapidly, and soon after began to feel uneasiness in the vagina. This increased, and at length an outgrowth was felt, and having soon protruded, grew rapidly. Her general health was good. The outgrowth was reduced. A compress and T bandage were applied. Mrs. ——— returned home, with my opinion in a letter to Dr. Stevens, and a wish expressed to see her with him, whenever he would inform me of that being agreeable to him. In a few days, he desired me to meet him in consultation.

Upon reaching the address a meeting was arranged, and it was agreed to open the cyst freely, and discharge its contents, and to wait till after her delivery before doing more. At this time labor was looked for in two or three weeks. A long incision was made through the walls of the cyst. The discharge was a fluid exactly resembling pure water, but was found to be distinctly ropy after further examination. The largest lobe