

more, a fine catgut bougie could be introduced into the cavity of the womb without causing any pain. One of Gutlieries urethratomes was now introduced, two incisions made, and the calibre of the canal was thus enlarged to an extent to admit of a No. 12 gum elastic bougie being passed daily, which was allowed to remain for some hours. After some time one of the largest sized of Simpson's uterine pessaries was introduced, and worn without any inconvenience. Her general health became much improved, the anæmic colour was followed by one of a healthy florid hue, the bearing down pains disappeared, though the menstrual discharge did not take place whilst she remained here, yet she had discharges of leucorrhæal fluid from the uterus at the periods corresponding to the usual return of the catamenia, and since her return home, she has menstruated regularly, and enjoyed uninterrupted good health.

The ease and safety with which the normal canal was discovered in the above case, and the success that attended the various steps adopted for restoring it to its natural dimensions, recommend this plan as far preferable to the hasty and dangerous one of puncturing the womb, without the certainty of the trocar following the course of the natural passage.

*Case 2.* A married woman, the wife of a trader in Saratoga, aged about 35, of a stout, plethoric habit, consulted me in August last, for the relief of a "closure of the womb," with retention of the menses, of *nine years duration*. She had consulted surgeons in various cities in the States, but had not obtained relief from any, and though the consciousness of her condition was before her mind constantly, yet as she suffered but little till lately, she had not allowed it to interfere with her usual occupations. The history of her case was as follows: Nine years ago she was delivered by instruments, after a tedious labour, of a dead child. Her recovery was slow, and much inflammation of the parts ensued. *She never menstruated after this illness*, and paid but little attention to this circumstance till about three years ago, when she consulted me. I then found the vagina closed, about half way between the orifice and the usual site of the cervix, by a strong membranous septum, which I divided by a crucial incision, in the presence of Drs. David and Howard. A small quantity of bloody fluid escaped, not having the character, however, of a pent-up collection, and it continued to flow for a few days. Circumstances unnecessary to relate, caused her to return home sooner than she expected, and before any further steps could be taken for her relief. During the next three years she consulted surgeons in several places, and took various remedies to induce menstruation, but all to no purpose. When I saw her this summer, the abdomen was much enlarged, and a well defined tumour, corresponding in situation and size to that of the uterus, at the seventh month of gestation was clearly detected. The vagina was of the usual dimensions,—it terminated in a cul de sac, preventing any trace of the cervix being exposed either to sight or touch, yet the existence of a hard, heavy body, could be detected through this diaphragm-like structure. This septum was traversed by strong shining striæ, concentrating at a point. The condition of the bladder and rectum was normal. All the functions were performed with regularity, and to look at her, one would suppose she enjoyed excellent health, yet her sufferings were of the most excruciating character, and came