

steadily increased in size, spreading downwards and forwards so as to cover entirely the anterior triangle of the left side, and press upon the larynx and trachea in front. For some little time before admission the tumor has increased so rapidly as to cause a difficulty in breathing.

May 26th.—Dr. Slayter removed the tumor by making elliptical incisions extending from the lower border of the inferior maxilla to the edge of the sternum, and carefully dissecting the tumor and sheath from the attachment. Acupressure pins were applied to two small arteries, which readily controlled the hemorrhage. Two hours after the operation secondary hemorrhage came on. The wound was immediately opened and all clots removed. No bleeding point could, however, be discovered, there seemed to be a general oozing of blood from the surface of the torn tissues. No blood came from the acupressed arteries. Tinct Ferri Perchlor was freely applied at intervals for ten or fifteen minutes, but the oozing continued. Richardson's Styptic Colloid was then applied, and with the most perfect success, in five minutes all bleeding had ceased. Cold cloths were then applied to the wound, and the patient ordered beef tea, milk and whiskey.

May 28th.—Cold applications to be discontinued, and poultices substituted. Acupressure pins removed, but no return of bleeding.

June 7th.—The patient has been improving since the last date, the wound is now filled with healthy granulations.

July 13th.—The wound is entirely healed over, and the patient's health is quite re-established.

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Case of Occlusion of the Vagina—Operation—Death from Peritonitis and Pyæmia.

M. S., 20, a pale, delicate-looking girl, admitted into hospital July 3rd, 1868, under the care of Dr. W. B. Slayter. She states that about two years ago she first noticed symptoms of menstruation, —she suffered severely from pain in the back, loins and head, and had some shivering; from that time to the present she has regularly had all the symptoms of menstruation, but nothing ever made its appearance externally. On examining the vulva, no orifice in the hymen could be discovered, there seemed to be a complete closed sac. Very little pain was caused by pressure over the abdomen, and no tumor could be felt through its walls. She complained of great constipation, and not being able to evacuate the bowels without extreme pain and difficulty.

On introducing the finger into the rectum an immense tumor was felt projecting backwards towards the sacrum, and almost com-