menstrual discharge failed to appear, and, the amenorrhœa continuing, she supposed herself pregnant, in which she was mistaken. I found her pale, anæmic, with serous infiltration of abdominal cavity and of the lower extremities. The dose of quinia taken on the previous day had arrested the paroxysm and she was able to be up and walk about, but her sight had improved but little or none since the beginning of the blindness on the 23d of February. She stated that, on that day, during a very high fever following a chill, she fell asleep, and when she awoke she could see nothing whatever for some time. The next day the left eye had so much improved that she could see to walk, but could not distinguish a man from a tree at the distance of twenty feet. The right eye was much the worst, not being able to see with it her hand before her face. Both eyes continued in this condition until I saw her on the 3d of March. The most careful inspection showed nothing abnormal. Examined with the ophthalmoscope there appeared to be a little congestion of the choroid in the right eye, but I could discover nothing unusual in the left. Patient had never felt any pain in the eyes except on going into the light or during fever.

I ordered blue shades to be worn constantly during the day, a blister (one inch square) over both eyes, and prescribed bark and iron for some weeks. From this time the eyes began to improve with the improvement of the general health. In one month she had almost recovered her natural acuteness of sight; but at every relapse of the fever there was a corresponding relapse of blindness, which, however, was cured by the treatment.

The blindness during the relapses was never so great as on the first attack. At the present time (July 1869) patient, though a little anæmic, enjoys reasonable health and sees well enough to read, sew, and thread a fine needle, though her sight has never been completely restored. She does not require glasses.

I ought not to omit to say that the amenorrhœa which began in February, 1868, lasted for some months, but the menses finally returned after the improvement in her health.

Double Vagina. By L. FRENCH, M. D., of Davenport, Iowa.

A married lady, aged 23, informed me that her left labia was larger than the right, and asked for an explanation. By digital examination I found the enlargement evident, but was unable to discover the cause. The vagina was apparently normal and os uteri in proper position.

Oct. 21 I was called to attend her in her first labour; found her in first stage of labour; pains natural and regular but tardy. In about four hours dilatation was complete, and membranes presenting far down but to right side of mesial line. Upon examination the enlarged labia was found to extend the entire length of left side of vagina. Thinking that position might aid in changing presentation, I placed the patient upon her left side, the only effect, however, being to render the general enlargement more marked. The membranes now ruptured, and the average quantity of liquor amnii escaped, and second stage approached normally. Head presenting naturally except far to right of mesial line, in a line from left to right, diagonally downwards. As the head entered the superior straits, I discovered the lateral diameter of passage to be obstructed by a firm, non-elastic band, which was being pushed forward by the head of the child, and was the cause of presentation being so far to the right. Persevering efforts were made by position and manipulation, in hopes it would yield sufficiently to permit the passage of the head, but to no purpose. Pains

were now strong and frequent, and head passed superior strait with band still in front, and apparently unyielding.

During a severe pain I noticed a peculiar strain upon what I supposed to be the labia interna of left side, and in searching for the cause discovered a small opening between it and the labia externa, about the size of a goose-quill, and corresponding exactly with the opening in a natural hymen. It gave way upon gentle pressure, and to my surprise I discovered a second vagina, of equal capacity with the first, except near the os uteri.

This firm band that offered so much resistance to parturition now proved to be an antero-posterior vaginal septum; the cervix opening into the right side. This septum appeared to be a fold or duplicature of the mucous membrane, with a considerable quantity of cellular tissue intervening. Its attachment commenced with that of vagina to uterus, and extended half around to anterior and posterior mesial line, thence by its edges to anterior and posterior vaginal walls. Pains now became urgent, the head resting on soft parts, and patient complaining of a tearing sensation. It now became evident that the septum must be cut or left to rupture, as the child could not be born with parts in this condition. At this juncture a severe pain ruptured the septum, and labour was completed in a few moments. The laceration began about two inches from uterus, completely severing the anterior attachment to vagina, forming a mass from three to four inches long and one to two wide, which hung from the vulva by its posterior attachment. In five weeks but a trace of it was left along the posterior attachment like a cicatrix. Patient's recovery was rapid, and labia are now of equal size. Duration of labor, nine hours.

DOMESTIC SUMMARY.

Concealed Accidental Hemorrhage of the Gravid Uterus.—The *American Journal of Obstetrics* (August, 1869) contains an interesting and elaborate paper on this subject by Dr. WM. GOODELL, Physician in Charge of the Preston Retreat, Philadelphia. The author relates the following case which came under his own observation, and adds brief notes of one hundred and five examples of this rare complication.

"C. M., æt. 30, a pale-looking Irishwoman, eight years married, was admitted into the Preston Retreat, September 4th, 1866. Has had four labours at term, each requiring the forceps, and progressively increasing in difficulty, although the infants were born alive. Her last labour was the most severe, notwithstanding the child weighed much less than the others.

For six days she cheerfully performed light work, making no complaints to me, but, after her death, I learned that on the day previous to her admission she had fallen down a flight of stairs, and had since spoken of "a pain in her liver," which prevented her from sleeping on her right side. At 1 A. M., the 10th inst., she was aroused by a spasm of pain, and soon after presented the following symptoms: Countenance pale and anxious; eyes hollow; pulse frequent and thready; extremities cold; frequent retchings, purgings, and eructations annoyed her; whilst a constant agonizing pain in the right hypochondrium, increasing at irregular intervals like cramps, caused her to utter loud outcries. The cervix uteri was conical; the os dry and impervious; every symptom of labor absent. The index-finger easily reached the promontory of the sacrum, showing a narrow conjugate diameter; the abdomen was distended and tympanitic; the uterus normal in form. She attributed her sufferings to a colic