## A Case of Unilateral Hæmatokolpos, Hæmatometra and Hæmatosalpinx.

By C. E. Purslow, M.D. (Lond.), Consulting Surgeon, Birmingham Maternity Hospital.

The patient, who was 16 years of age, was admitted to the Queen's Hospital, Birmingham, on December 20th, 1920, with the following history: Menstruation had commenced in January 1920, and had been fairly regular since; the amount lost was normal, and there was no pain until the July period, when she had a pain in the back passage which lasted one day and caused a desire to defæcate. At each succeeding period the pain became more continuous and severe, and at the September one it extended into the right iliac and lumbar regions, and she had to stay away from work for four days; and at the following period it was agonizing, and she had "to be held down." Her bowels had acted regularly and there had been no retention of urine, though micturition had at times been smarting and painful.

On examination. The external genitalia were normal, the hymen was intact and presented a normal opening. A recto-abdominal bimanual examination disclosed a round, firm mass to the right and somewhat in front of the rectum, and gave the impression of being fixed to the pelvic wall.

Operation. The abdomen was opened in the middle line and the pelvic contents examined. It was then seen that there was a double uterus and that the greater part of the pelvic tumour was formed by the distended right half of a double vagina; this was verified by vaginal examination. The right tube was also considerably distended, and the right uterus slightly distended. The left uterus and appendages were normal.

The right uterus was removed at its junction with the vagina, and the opening sutured and covered by peritoneum; the right appendages were also removed. The abdominal wound was closed. The patient was then placed in the lithotomy position and a free opening made from the normal left vagina into the distended right one and a large quantity of tarry blood evacuated. A drainage tube was fixed in the opening; this was removed three days later.

The patient made a good recovery, and when seen some months later had had no return of symptoms, and there was no sign of distension of the right vagina.