

"Never having seen, heard, or read of such a case previously, I gave my evidence to the effect 'that the presence of the tumour prevented the contraction of the womb, encouraged the formation of the coagulum, and caused death by the abstraction of the blood from the general circulation, which acting on a female of feeble powers, was sufficient to cause death.' A verdict to this effect was returned. I sent a portion of the structure to Dr. Kirkes, who kindly examined it microscopically, and wrote 'that the structure resembled placenta,' and threw out the suggestion of a portion of placenta left in utero. The attachment by pedicle, and the mark of the placenta proper a little to the left of its neck, with the smooth rounded shape of the mass, in my humble opinion negatived such a view. Dr. Kirkes very courteously at the same time directed my attention to an able paper written by Dr. Stadfeldt, of Copenhagen, and published in the November number of the *Dublin Quarterly Journal of Medical Science*, page 492: 'Dr. Stadfeldt states that Dr. Braun entertains the opinion that the fibrinous polypi are remains and products of pregnancy; he thinks, moreover, that they are not only consequences of abortions, abortive ova, mola carnosae, and retention of the placenta after a non-viable fœtus, but that also the remains of the placenta of a fœtus born at the full time may give rise to the formation of polypoid bodies in the uterus,' &c. Dr. Stadfeldt gives a case in illustration, with the *post-mortem* appearances. He says, 'The cavity of the uterus was enlarged, filled with an ovum-like body of the size of a large walnut, which from its porous, fibrous consistence and reddish-gray colour, was evidently composed of placental structure.' The report of such case will, I have no doubt, open a field for medical observation. The presence of such tumours may frequently be the means of causing death by obstruction to the proper closure of the womb."

46. *Double Vagina*.—Dr. CAPPIE communicated to the Edinburgh Obstetrical Society the following case, which he believed to be unique:—

"On the 27th June, 1859, I attended Mrs. T. in her first confinement. She was under the average size, spare in her make, and with sharp, rather irregular features. The first stage of labour was lingering, and after the os uteri was dilated and the membranes ruptured, the head still did not incline to enter the pelvis, although the pains were rapid, and rather strong.

"Having been away from the bedside for a short time, I returned, and on making an examination, I was surprised, and not a little embarrassed to find that apparently the os uteri had again contracted, and it was all I could do to get the point of the finger sufficiently within the os to enable me to feel the child's head. Moreover, there appeared to be no cervix to the uterus. The os was felt at the upper part of what seemed a smooth, regular *cul de sac*. This appeared very mysterious, and I felt quite at a loss what to make of it, or what to do in the circumstances. Previously, although the os could still be felt with the finger, it was completely dilated, and as the patient was in great distress, I had been intending very shortly to apply the forceps: but now the very possibility of giving any assistance seemed to be taken away. I withdrew my hand, and with more feeling of perplexity than I cared to show, I pondered for a while on the extraordinary occurrence. I never had heard of a case of the os contracting after it had been fairly dilated, and no satisfactory explanation presented itself to my bewildered mind. The case, however, was becoming urgent, and something must be done. I again made an examination, when—presto! change!—as if by magic, the original state of matters was restored—the head resting at the brim of the pelvis, and the os uteri dilated. Though now relieved, so far as the possibility of giving assistance to the patient was concerned, the mystery was as great as ever, and I made a careful examination to discover its nature. I then found that the vagina was divided through its whole extent by a fleshy septum—that, indeed, there appeared to be two vaginae, the one a very little larger than the other. At the lower part of the septum there appeared nearly as much room on the one side as on the other; but at the upper part, the neck of the uterus was on the left side. Close to the cervix, there was a communication between the two compartments, and it was through this I had been able to feel the head, when the finger had accidentally entered the compartment on the

right side. A satisfactory solution of the mystery was thus afforded, and also a probable cause of the labour being tedious. I did not get much time to reflect on the interest of the case, as symptoms of exhaustion were presenting themselves in the patient. She commenced to vomit black coffee-ground looking matter, and the appearance of prostration was so great, that I became alarmed for her safety. I immediately applied the Simpson's forceps, and on making traction, the septum gave way at the upper edge. I then tore it downwards with my finger as the head of the child made progress, and delivery was accomplished without any further unusual difficulty. On account of the apparent urgency of the case, I used force more strongly and with less interruption than I would have wished, and I believe it was owing to this circumstance that, though the child was lively the first day after its birth, it died on the third from convulsions. The patient herself recovered without a single unfavourable symptom, and I attended her in her second confinement almost exactly eleven months afterwards. Under strong, very forcing pains she was then delivered without instrumental interference; but in her third confinement, which was in March last, I had to assist her with the long forceps. All trace of the ridge caused by the division of the septum, and which was perceptible at her second confinement, had disappeared at her third. I have only to add, that on questioning the patient, she said she had never been aware that there was anything peculiar in her conformation.

"Dr. ALEXANDER R. SIMPSON had listened with much pleasure to Dr. Cappie's graphic narration of his very interesting and curious case. It was an instance of one of the rarest of all the varieties of malformation to which the female organs of generation are subject. A large proportion of these malformations could be referred to the circumstance that the organs had not advanced beyond a stage of development through which they normally pass at an early period of embryonic life. The uterus and vagina, as the Fellows were aware, were formed from the coalescence of the lower segments of the two ducts of Müller; and when, from any cause, the septum between these two tubes remained persistent, in whole or in part, instead of disappearing, there resulted to a corresponding degree, a duplicity of the genital organs; and when the many cases which had been recorded of uterine malformation came to be classified, they presented a beautiful parallel to the various types of uterus characteristic of different classes of the lower animals, and of different stages of foetal growth. We were sometimes reminded of these primitive types on observing the form which the uterus assumed in those cases of spasmodic contractions where the circular fibres running round the orifices of the Fallopian tubes, had been called into separate action, and gave the organ the appearance as if it were horned. Another indication of the original duplicity of the organ, of frequent observation, was the bulging downwards of the fundus between the Fallopian orifices. A case of this kind, but where the division into two horns were already becoming even more distinct, had come under his (Dr. A. R. S.'s) observation some time ago in a parturient woman who, during pregnancy, presented an appearance as if the child were lying to the right side of the abdomen, while a mass about the size of a child's head projected from the left side of the uterus, and in whom, after the child had been delivered, it was found necessary to remove the placenta. When the hand had been introduced in the interior, the right horn, which had been occupied by the fetus, contracted firmly round the thumb, while the four fingers passed into the left horn were engaged in detaching the adherent placenta. From this simple indication, as it were, of the original duplicity of the organ, all possible varieties might be met with of persistence of the septum, on to the development of a distinct uterus and vagina on either side of it. But Dr. Cappie's case presented this peculiarity, that while the septum between the two halves of the uterus had disappeared as usual, so as to form one single cavity capable of all the natural functions, the septum between the two halves of the vagina, which normally disappears before the intra-uterine one, had remained permanent, so as to form a double vagina. Such cases were extremely rare, and Kussmaul, in his exhaustive treatise on the malformations of the uterus, had contented himself with referring in a foot-note to a few recorded instances. In the atlas accompanying Förster's

systematic work on the malformations of man, two cases of this kind were figured, one of which—a preparation in the Würzburg Museum—very exactly resembled that observed by Dr. Cappie, even to having the septum imperfect at the upper part, so that the vagina had a single vault. The other figure showed a simple bridge consisting of a double layer of mucous membrane inclosing some muscular fibres, lying towards one side of the canal, and allowing of the passage of a thick quill between it and the vaginal wall. The only case in which he (Dr. A. R. S.) had met with this variety of malformation, was one in which, as in that instance, there was a small bridge of about an inch in length, lying half way up the left side of the vagina, underneath which he could pass the fore-finger: unless we might refer to the same category, a crescentic band of mucous membrane which he had felt in another case, to the right side of the cervix uteri, presenting none of the characters of cicatricial texture, but forming a small pouch or *cul de sac* towards the roof of the vagina that just fitted the tip of the finger.”—*Edinburgh Med. Journ.*, April, 1864.

47. *Double Uterus and Vagina*.—Dr. ALEXANDER R. SIMPSON communicated to the Obstetrical Society of Edinburgh, the following case of this:—

H. B., æt. 22, began to menstruate first after she had reached the eighteenth year of her age, and catamenia continued irregularly for about twelve months after its first appearance. Having gone to town in the capacity of a domestic servant the monthly periods had disappeared during an entire year, and during the succeeding year only appeared four times. She had now begun to suffer from leucorrhœa, headache, and some of the other indications of ill-health associated with amenorrhœa; and after having employed some of the ordinary remedial measures for a time in vain, he (Dr. A. R. S.) had introduced an intra-uterine galvanic stem pessary. He had done so under the idea that the amenorrhœa was connected with an imperfect development of the uterus, for on examining, per vaginam, he had felt the cervix small and flat, and on passing the sound, had found the cavity to measure only $2\frac{1}{4}$ inches in length. She had not worn the instrument many days when menstruation had set in, and lasted seven days. On introducing the finger afterwards to withdraw the instrument, he was amazed to find the vagina and os uteri empty, whilst the hard bulb of the pessary could be felt to the left side, as if it had been lying outside the vaginal wall. A little further examination, however, had solved the puzzle, by showing that there was a septum running down the centre of the canal to within a short distance of the external orifice, and dividing the vagina into two, whilst the uterus was also double. The sound passed into the right uterine canal rather more than a quarter of an inch further than into the left, and when sounds were passed at the same time into each of the horns, the right one was found to turn toward and somewhat in front of the left. Five months had elapsed since that period, and the patient had thrice menstruated freely.—*Ibid.*

48. *Hypodermic Treatment of Uterine Pain*.—Dr. J. HENRY BENNET gives his testimony (*Lancet*, March 12th, 1864) to the extraordinary efficacy of the hypodermic treatment for the relief of uterine pain.

“During the last winter,” he states, “I have used, with prompt and marked success, the hypodermic injection in several cases of severe dysmenorrhœa, with or without hysterical complications, and in several others of uterine and ovarian neuralgia, and of facial neuralgia having a uterine origin. The relief has been obtained in from fifteen to thirty minutes, without being attended or followed by the headache, loss of appetite, or nausea which are so frequently the result of the use of opiates in any other way, even by injection into the rectum. This latter mode of administering opiates has hitherto been my sheet-anchor in the treatment of uterine spasms and pain, and is certainly most efficacious; but it is not unfrequently attended by all the above-mentioned drawbacks, from which the hypodermic injection appears to be singularly free. In nearly all the instances in which I have tried this mode of introducing opiates into the system the sedative result alone has been produced: there has been no subsequent bad effect whatever.