was being compressed by Heath of Manchester for aneurism of the common femoral, when death resulted from rupture of an unrecognised abdominal aneurism above the point of compression. In my case, the rupture took place into the retroperitoneal tissue; and, therefore, death did not at once result, but a false aneurism was formed, which attained an enormous size. It is worthy of note, however, that in cases of distal ligature at the root of the neck, there has often not been increased pulsation in the sac, but, on the contrary, a speedy diminution in both the impulse and the size of the aneurism. Thus, while fully recognising the risks accompanying distal compression of the aorta, we are justified in adopting this treatment with some hope of success; and more especially because we have to do with a disease that is almost invariably fatal—it may be very speedily—if left to itself. I do not consider that my patient's life was materially shortened by the result of the treatment, seeing that he lived seven weeks after it, and that, when it was adopted, the aneurism was making rapid progress and the patient was apparently fast dying from exhaustion.

A CASE OF DIVIDED UTERUS AND VAGINA.*

By JAMES MURPHY, B.A., M.D.,

Lecturer on Botany at the University of Durham College of Medicine,
Newcastle-upon-Tyne.

As cases of divided uterus and vagina (a condition normal in the marsupialia) are not very common, and as they possess a certain amount of interest from an embryological point of view, I am anxious to place on record a case that has recently been under my care, in which both these conditions were very well marked.

But, first, I may say a few words on the etiology of this malformation. The whole female genital canal, from the vulva to the fimbriated extremities of the Fallopian tubes, is formed out of two (originally separate) tubes, called, from their discoverer, "Müller's ducts". Now, while the upper portions of these ducts, which go to form the Fallopian tubes, remain separate, under ordinary circumstances the lower portions, which go to form the uterus and vagina, become as it were fused together at the eighth week of embryonic life; and it is when they fail to coalesce that we have developed those conditions which are known as uterus septus and vagina septa.

Mrs. T., aged 32, married for seven years, never pregnant, consulted me a little time ago about a cyst in her right labium; and, on examination, I also found the following conditions present. A septum, springing from each labium minor, a little anterior to the fourchette, extended to the uterus, completely dividing the vagina into two portions: an anterior and larger canal and a posterior and smaller one. This septum, which was at its commencement about a tenth of an inch in thickness, but gradually became thinner as it approached the womb, was composed of a strong dense tissue covered with squamous epithelium, composed of those large cells peculiar to the vagina, with the mucous membrane of which it was continuous. The anterior canal was slightly smaller than a normal vagina, and the posterior one something smaller than its fellow, but the two combined were not much larger than an ordinary vagina; for, when one canal was dilated it encroached on the other, as the septum could be stretched to a considerable extent. The vulva was normal, and the carunculæ myrtiformes were well developed round the commencement of each vagina, so that it is probable a double hymen existed. In the anterior canal was a cervix, quite normal as to situation and form, but the size a little less than usual. Through the os a sound could be passed to the extent of about two inches, but there was a slight amount of stenosis present. In the posterior canal, a small short cervix could be felt, crowded up to the anterior superior corner of the canal, and through the os a small sound could with difficulty be passed for about an inch and a half. To determine if the uterus were divided, I passed a sound through each os, and endeavoured to touch one sound with the other; and as I failed to do this, after several patient and careful trials, I think I may fairly assume that the septum exists in the uterus also. By placing two fingers in the anterior canal against the anterior portion of the womb, and pressing the fingers of the other hand on the abdomen, well down behind the uterus—i. e., by the conjoined method of examination—I could make out the fundus, which appeared quite normal, and, as well as I could determine, there was but one ovary on each side, as would be expected. By changing the hand on the abdomen to the anterior surface of the uterus, and introducing a finger into the posterior canal, the double cervix seemed once and a half as large as usual. Being anxious to determine whether she menstruated from both wombs, I requested her to come back during

a monthly period; and, on examination with a speculum, I found the catamenial fluid flowing copiously from the anterior os, and very slowly, but still distinctly, from the posterior one.

The patient was not aware of anything being amiss, except the cyst, and that she had suffered from dysmenorrhœa for the last year, which

was owing to the stenosis existing in each os. I purposely dilated the anterior one first, without interfering with the other, when the dysmenorrhœa was much relieved, but still existed to a slight degree. I then dilated the second os; and she has been quite free from pain during the four periods that have since elapsed.

The accompanying drawing, which is fairly accurate, will convey a better idea of the case than I have been able to do by words.

BATH THERMAL MINERAL WATERS: THEIR USES AND ABUSES.

By A. B. BRABAZON, M.D.,

Physician to the Bath Mineral Water Hospital.

III.

Diseases of Skin.—The types of cutaneous affections which commonly are presented for treatment in the Bath Mineral Water Hospital belong to the pustular, papular, vesicular, and squamous classes. I have also seen one or two examples of the class bullæ. Under the head of pustular, I find acne, impetigo, or impetiginous forms of eruption, affecting various parts of the body. Of the vesicular class, eczema contributes the most numerous examples; of the squamous class, lepra and psoriasis are most abundant; lichen generally represents the papular form; and the class bullæ is occasionally represented by cases of pemphigus, though the occurrence is unfrequent.

I regret that a large number of cases are discharged under the simple head of "Skin-disease", but as to more determinate classification are "anonymous". I think I may confidently say that these cases may be considered as coming collectively under the classes above named, although I am unable to place them in a more decided classification. Of pemphigus, I have had under my own care two most decided cases, in both of which, rather contrary to my expectation, the eruption rapidly disappeared under treatment. Of the pustular class, I find cases of acne discharged cured, but whether acne simplex or acne indurata is not mentioned. I should, from the pathology of the disease, expect such a result. I find also cases of impetigo, or impetiginous eruptions, discharged cured or much better; and my personal experience

* Read before the Northumberland and Durham Medical Society.