duction in a satisfactory state of the ferrocyanic pellets, the idea crossed my mind of papers soaked separately in the two agents and dried, but I did not act upon it, as I thought the presence of the paper in the test tube would be undesirable, and that it would be best, if possible, to keep from any extraneous substance. In the pellets there is nothing besides the two agents actually constituting the test, and their nature is such as to be perfectly harmless in every way. Properly preserved in a bottle I have no reason, from the opportunity I have yet had of judging, to think otherwise than that they will keep for an indefinite time. They are made by Mr. Cooper, of 58, Oxford Street.

CASE OF LABOUR COMPLICATED BY CICATRICIAL OCCLUSION OF VAGINA.

By J. A. MANSELL-MOULLIN, M.B., M.R.C.P., ETC.,
Assistant-Physician to the Hospital for Women, Soho Square.

MRS. M., aged 42, a thin spare woman, came to consult me on account of the gradually increasing size of her abdomen, fearing that she might have a tumour, and thinking that, for certain reasons, anything else was out of the question. The menses had appeared for the first time at the age of eighteen, and had then been absent for a year; they had never been regular. The patient had given birth to three children, the youngest of whom was thirteen and a half years old. Considerable difficulty had attended the last confinement, which was conducted by a midwife. According to the patient's account, the child was a very large one, and the midwife failed to extract the shoulders for two hours after the head had been born. *Post partum* hæmorrhage had been severe, and coloured discharge persisted for five weeks.

Since that time, her general health had been very good, but the catamenia only made their appearance two or three times in the course of the year, although the menstrual molimina were more frequent. When the catamenia were present, the discharge was very dark in colour, profuse, and continued for about ten days. The last period had occurred five months previous to my seeing her.

On examination, pregnancy between the fourth and fifth month was diagnosed without difficulty; the foetal heart-sounds were plainly audible. On bimanual examination, the vagina was found to be completely occluded; the finger passed into a *cul-de-sac* about an inch and a half in depth, and not the smallest orifice could be detected either by the finger or with the aid of the speculum. The roof of the vagina was perfectly soft; there was no bulging or tumour, and I decided to let matters rest.

Labour took place at the full term; and I was somewhat relieved to find, on examination, that the stricture had yielded somewhat during the process, and would just admit the tip of the finger; and further, that it was a foot presentation. Three or four small incisions in the sharp margin of the stricture materially assisted the dilatation, and the presence of the hand in the vagina set up strong uterine action. The child was then delivered without difficulty, the patient declining any anæsthetic.

Some slight *post partum* hæmorrhage followed. This was found to proceed from a small vessel in the torn cicatricial tissue, and was easily checked by the application of a little tinct. ferri perchlor. on a small pledget of cotton-wool. A large fibroid tumour was then discovered to occupy the posterior wall of the uterus.

Convalescence was uninterrupted. The vagina was syringed out daily three or four times with solution of permanganate of potash. No rise of temperature occurred. There was no fullness of the breasts, nor formation of milk.

Three months subsequently, the patient came to see me. I found, on examination, that the fibroid had entirely disappeared, and the uterus had returned to its normal size. The annular stricture in the vagina was again closing, and would only just allow the point of the finger to pass. The menses had not returned.

This case is of some interest in showing under what adverse circumstances conception will sometimes take place. I imagine the explanation of the case to be that the menstrual fluid was retained above the stricture until a sufficient amount had been collected to put the parts upon the stretch, and so cause slight dilatation, and then followed the profuse dark discharge which appeared at intervals of five or six months. Conception accidentally occurred immediately after one of these discharges. The menstrual molimina took place with more or less regularity in the intervals between the discharges, and it is somewhat astonishing that no greater inconvenience was occasioned necessitating medical interference.

SURGICAL MEMORANDA.

CASE OF EAR-DISEASE, WITH INTRACRANIAL ABSCESS: TREPHINING.

CHARLES C., aged 10, had been healthy, with the exception that, when two years old, he had scarlet fever; since which time he has been subject to discharge from the right ear. One week before admission, he was taken ill, somewhat suddenly, with headache, earache on the right side, vomiting, and bleeding at the nose. During the week, he was very ill, and had on one occasion a temperature of 105° Fahr.

The patient was admitted on September 8th, 1882. On admission, he was dull, but quite conscious. There was no rash, and no signs of disease in the heart or lungs. The spleen was enlarged. Temperature 104° Fahr. During the day, he complained of pain in the right ear, the membrane of which was destroyed. There was some general tenderness in the neighbourhood of the ear, but not confined to the mastoid region; no swelling or redness. In the evening, he had a rigor. Temperature 103.8°. During the next few days, the rigors continued, with high temperatures: on two occasions rising to 108.8°. The tenderness in the region of the right ear continued; and, on the 16th, there was some general swelling behind the ear, with pain on movement of the head. On the 18th, there was distinct and defined swelling, with redness and tenderness directly behind the right ear. He had now had, in the nine preceding days, ten rigors, three of which were on the 17th, with temperatures of 103.8°, 107°, and 109.2°; and, on the morning of the 18th, he had two more, with temperatures of 106.5° and 107.6° respectively. Consciousness was completely preserved, though he was somewhat restless, yet drowsy. It was decided to trephine at the centre of the swelling, three-quarters of an inch behind the right ear. Here, with the smallest sized crown of the trephine, an opening was made through the skull into the interior of the cranium (not into the mastoid cells, but behind them). About one ounce of thick, very offensive pus escaped; and it was seen that it had been contained in a space between the skull and dura mater, which were here completely separated; the separation was felt with the probe to extend for an inch posteriorly from the trephine opening.

The patient was much quieter after the trephining, and slept a good deal; the rigors ceased. He had had altogether twelve rigors during the ten days he had been in hospital; but they now ceased, and he had no rigor for seven days after the evacuation of the abscess. He became more drowsy during the next few days, and gradually passed into a comatose condition, which continued till his death. On the 20th, it was noticed, on syringing the ear, that some of the fluid injected at the meatus escaped through the trephine wound. On the 19th, there was some swelling of the right eyelid: this rapidly increased, and the next day there was also proptosis of the eye, and so much chemosis that the conjunctiva projected between the lids, and required pricking. The swelling of the lids and proptosis gradually subsided; but, on the 29th, a small abscess appeared on the inner side of the orbit. On the 25th, an abscess had formed in the neck, about two inches below the right ear; this was incised. On the same day, he had a rigor, with a temperature of 109° Fahr. (This was the first rigor since the trephining seven days previously.) On the 26th, 27th, and 28th, he had on each day two rigors, and, the coma gradually increasing, he died on the 30th.

Post Mortem Examination.—On opening the cranium, there was found general, though slight, purulent meningitis, more at the convexity than at the base of brain. The abscess cavity between the skull and dura mater, behind the right ear, was found to contain a few drops of pus. The right lateral sinus was plugged with firm adherent clot, which in places was breaking down into pus. The inflammation in the sinus had extended forwards, along the petrosal and cavernous sinuses, into the ophthalmic vein. In the orbit, several of the veins were found to contain pus, and the orbital fat was infiltrated with pus. There was a small defined abscess between the external rectus and the eyeball, and a second behind the upper eyelid. The jugular vein was natural. In the neck, on the right side, three distinct abscesses were found: one beneath the sterno-mastoid (which was opened on the 25th); this led down to the axis and atlas, on both of which there were small surfaces of bare bone. The petrous bone was not carious. The mastoid cells contained a cheesy, semi-solid material. The lungs contained numerous infarcts, some of which were suppurating. The spleen was much enlarged, but there were no infarcts.

REMARKS. - The abscesses in the right orbit, and in the right side