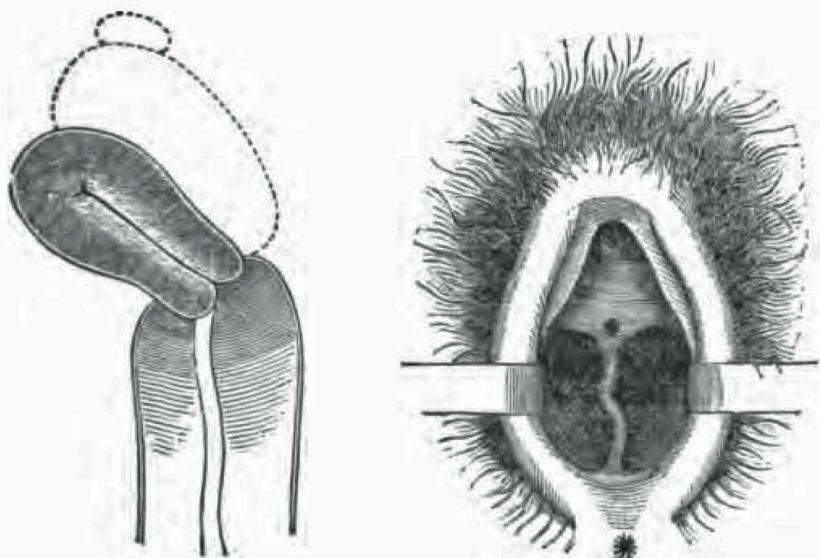


DR. ROBERT WATTS reported the following

CASE OF DOUBLE VAGINA WITH SINGLE UTERUS.

"M. S., æt. 27, married, was admitted to the Roosevelt Hospital, Nov. 22, 1876, and gave the following history:

Menstruation began in her fifteenth year, and was always regular and painless up to one year after her marriage, which took place five years ago. Then menstruation, which had come on naturally, was suppressed by exposure to cold, and inflammation of the bowels set in, causing an illness of about two weeks. The next menstrual period was preceded by quite severe constitutional disturbance, and each succeeding period has been accompanied by dysmenorrhœa. For the last two months she has had a moderate leucorrhœa.



Coition has always been somewhat painful to the patient and difficult to the husband, on account of some obstruction. Patient has never been pregnant, and seeks relief from the dysmenorrhœa and sterility.

Physical Examination.—The external genitals are well developed. On separating the labia there is seen a vertical septum dividing the vagina into two distinct canals, each of which will admit a medium sized cylindrical speculum with ease. The right vagina is a simple cul-de-sac, while in the left is a cervix of normal appearance with a small, circular os. The septum starts from a point on the cervix about half an inch to the right of the os, and extends down in the median line to the ostium vaginæ. It is complete, there being no com-

munication between the two canals. The uterine sound enters to the depth of two and a half inches, and shows the uterus to be inclined to the patient's right.

By conjoined manipulation, through the rectum, the uterus is felt inclined to the right; on its left side, closely attached to and movable with it, is a tumor of somewhat larger size, and on the top of this is a small, almond-shaped body, which is supposed to be the left ovary. A sulcus is felt between this tumor and the uterus, both in front and behind, and it gives the impression of a second uterine body; but from the history of previous inflammation, and from the fact that two separate cornua cannot be felt, it is considered to be an exudation in the left broad ligament. No opening can be found into the uterus, except the one in the left vagina, and no septum in the uterus itself can be detected. The uterine sound can be passed in no other direction than towards the patient's right.

The sterility is explained by the fact that owing to the inclination of the septum towards the right, coition always takes place in the right vagina, or cul-de-sac."

DR. PEASLEE said that he had recently seen two cases of vagina septa, and in both there was an os in each vagina. The uteri diverged somewhat, and the fundi were not united.

DR. NOEGGERATH said that the exact diagnosis could be made out by drawing the uterus down and passing a finger into the bladder. Since reading his paper on this subject he had had renewed proof of its advantages. He had often felt the whole of the uterus, the tubes, round ligaments, and all by this means. He mentioned a recent case where all external examination through a very flaccid abdomen failed to discover two small fibroids ($\frac{1}{8}$ " square) situated in the anterior uterine wall.

DR. THOMAS remarked that in cases like Dr. Watts' the diagnosis is not always made at the first examination. He had seen several cases of double uterus and vagina where the speculum had been repeatedly used without discovering the anomaly.

DR. MUNDÉ moved that, as the case was not fully understood, with Dr. Watts' consent, a committee of three be appointed to examine the patient and report thereon. Dr. Watts assenting, Drs. Mundé, Noeggerath, and Thomas were appointed such committee, and reported at a subsequent meeting that they entirely concurred in the diagnosis and explanation given by Dr. Watts. The tumor to the left of the uterus was undoubtedly an old cellulitis of the left broad ligament, and the small nodule on the top of this exudation-tumor might fitly be looked upon as the ovary. The tumor was slightly sensitive and firmly attached to the uterus, and movable only with it, and that to a limited extent. The uterus was in right lateroversion.

The septum was divided, Jan. 27th, 1877, by the galvanocautery, and the patient made a good recovery from the operation.