

about the case was the condition of the blood, when opening the vein to "transfuse". It was extremely fluid and very dark coloured, and did not clot at all.

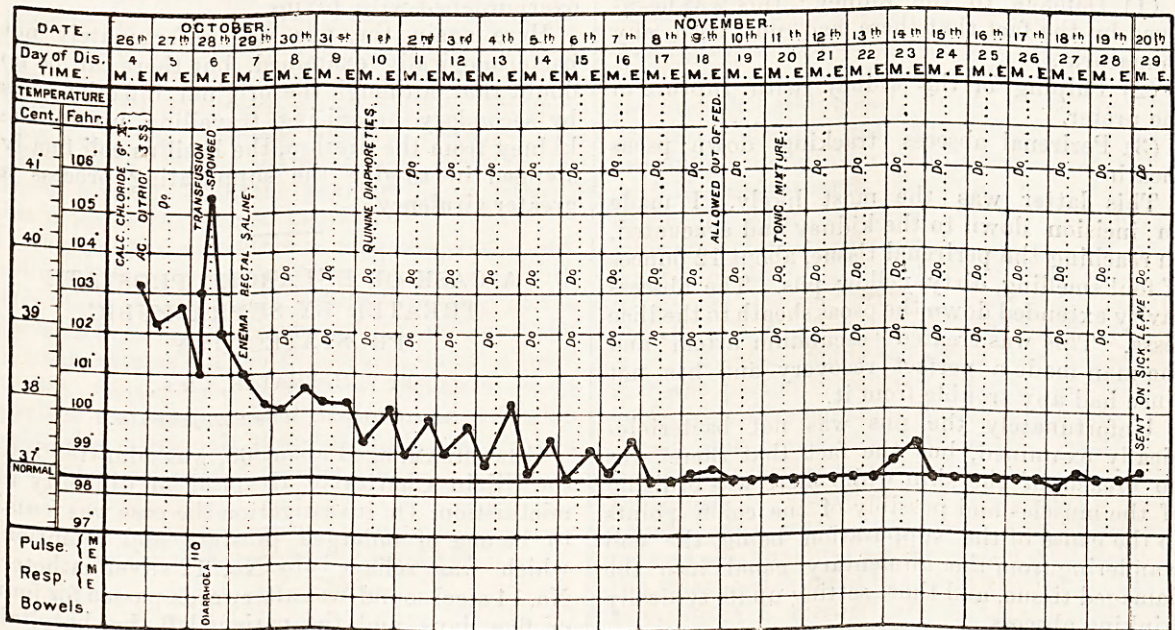
My thanks are due to Hospital Assistant Kapur Chand for unwearied and continuous attention to the patient, undoubtedly the principal factor in bringing the case to a satisfactory conclusion.

A CASE OF CONGENITAL ABSENCE OF UTERUS AND VAGINA.

BY A. F. HAMILTON, M.B., F.R.C.S.,
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OWING to the rarity of this condition, I venture to publish the following notes:—

a little hard fibrous nodule, from the upper border of which could be very plainly traced, two ligamentous bands representing the fallopian tubes, and on each side posteriorly could be felt the two ovaries, very small and freely moveable. With a sound in the bladder and a finger in the rectum, the two could be approximated. Nothing could be done in the way of treatment, as any attempt to dissect out a vaginal passage would have been useless, even if practicable. The patient had never menstruated, nor could she ever be expected to do so, with a small nodule of tissue in place of a uterus. The patient's general configuration pointed to the fact that her ovaries, though very small, were probably functional. The anal orifice was patulous and somewhat fissured, and had doubt-



A. B., Hindu female, æt. 17 years, applied for treatment, complaining of the fact that she had never menstruated. She had been married four years and was sterile.

A priori, it appeared to be a case of imperforate hymen with retained menses or else a genuine case of *emansio mensium* due to some other factor.

The patient was a well-developed young woman, breasts natural, pubic hair present. There was no history of monthly pain or increasing discomfort.

An examination under chloroform revealed the following:—Labia majora and minora well developed. A very thick fleshy septum of tissue representing the hymen stretched across the vulvar aperture extending up to the urethral orifice—and presenting no trace of a perforation or aperture. By pressure by the finger, the septum could be invaginated to the extent of about $\frac{3}{4}$ inch. There was no trace of a vaginal passage. Examination per rectum: situated where the uterus should normally have been could be felt

less taken the place of the vagina for purpose of sexual intercourse.

PERIRENAL ABSCESS.

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SOWAR. Æt. 25, 17th Cavalry, Bannu, cold weather, 1907, healthy, well set up, typical sowar, not too large and not too small.

History.—Was carrying a bale of grass on his head, stumbled over a charpoy, striking his right side against it. Came to hospital two days after, complaining of stiffness of his right side and leg and inability to hold his body straight or walk straight.

Examination.—Revealed nothing when lying on his back, but on standing up his right thigh was a little flexed and his trunk bent over a little to the right. Urine normal, no fever, normal pulse. There was no fracture of bones in the vicinity to be found; the symptoms