A CASE OF IMPERFORATE HYMEN WITH RETAINED MENSES, SIMULATING A UTERINE TUMOUR.

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ON the 15th August, 1930, S., a well developed Hindu girl of 16, was brought to my dispensary from a near by village, for retention of urine and severe pain of a bursting type in the lower abdomen.

The history obtained was of a very vague type, and all that could be gathered from her parents, was that the trouble commenced some 20 days previously when the patient had sudden pain in the abdomen and general malaise. Gradually, a swelling was noticed in the lower part of the abdomen, and with the increase in its size, she felt increased difficulty during micturition and lately during defæcation as well. For 24 hours prior to her admission to the hospital, she had had complete retention of urine and had had no motion for over 48 hours.

The supra-pubic region was found occupied by a hard, rounded tumour about the size of a large coconut reaching about 3 finger-breadths above the symphysis pubis and being slightly deflected to the right. It was tender on pressure and dull on percussion. This naturally led me to regard it as a distended bladder. I asked the nurse to empty the bladder and instructed her to see, before passing a catheter, if she could find out anything by making a vaginal examination. She reported that everything was very much "swollen" and that she could not make out anything. A vaginal examination by me was proposed and was agreed to.

On making the examination, the labia majora were seen apart from each other with a tough cystic tumour presenting between them, which firmly resisted the passage of the finger. At every attempt to pass the finger, it slipped into the external urinary meatus which was somewhat larger and more dilatable than usual, admitting the tip of the little finger. A sterilized metal catheter was passed in the bladder and about 20 ozs. of urine were drawn off, but there was only a slight reduction in the size of the abdominal tumour, while the one between the labia remained unaffected, nor was there any change in the pain and discomfort.

The nature of the tumour, however, still remained undetected. A finger was then passed into the rectum and showed that a hard cystic swelling was present in the region of the vagina and cervix, and was pressing on the anterior wall of the rectum. On being further questioned, the parents said that menstruation had not commenced and the girl, though married some 4 months back, was, according to the custom in their community, not sent to her husband's residence at the time of marriage nor ever since.

As her struggling would not allow me to obtain a perfect view of the parts and to make a thorough examination, she was given chloroform and put in the lithotomy position. I then separated the outer lips with the right thumb and index finger and found that the tumour was firmly adherent to and continuous with the inner lips (labia minora). Definite fluctuation could also be made out by placing one hand on the tumour and pressing over the supra-pubic region by the other.

At this stage it struck me that it must be an imperforate hymen with the menses retained behind it. I made an incision about ½ inch long at its lowest part and nearly 1½ pints of dark, thick menstrual blood were let out and with its exit disappeared the supra-pubic tumour as well. The hymen was very tough and thick, being more of a muscular structure than a mere membrane. A finger was then passed into the vagina, but no other abnormality was found except that the cervix was enlarged and patulous owing to the long retained blood and consequent stretching.

A sterilised pad with dressing was put on. After this the patient passed urine and stools quite comfortably and had no pain or discomfort of any kind. The flow continued for about two days and then stopped, after which the patient was discharged cured.

AN UNUSUAL COMPLICATION OF INGUINAL HERNIA.

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S. K., a Mahommedan boy, aged 16, has had a reducible inguinal hernia on the left side ever since he could remember. About a year ago he had a fall and hurt himself in the left groin. This resulted in a painful swelling which burst and discharged pus. Gradually the pus diminished and a swelling appeared in this region which five days before admission into the hospital became large, burst open and discharged fæcal matter. Since then he has been passing motions through the opening in the groin.

On examination there was a mass, the size of a cricket ball covered by mucous membrane which periodically discharged fæcal matter. On careful examination the mass showed two openings, through one of which fæcal matter was escaping and through the other just a little mucus. The condition was diagnosed as hernia of the mucous membrane of a cæcal inguinal hernia.

On 17th January, 1930, the abdomen was opened by a left para-rectal incision for excluding the fæcal fistula by a short circuit. The lower end of the ileum formed the afferent and the ascending colon the efferent loop. A lateral anastomosis was done between these two portions of the gut. Subsequently the patient passed fæcal matter per anum and also small quantities through the fæcal fistula. On 31st January, 1930, the mass in the groin was excised and the afferent and efferent loops closed by two layers of sutures. The wound did not heal by first intention, but the patient was discharged cured a month later.

This case is of interest on account of the cæcum forming the contents of a *left* inguinal hernia. Suppuration in the neighbourhood of a hernial sac resulted in adhesions between the sac and the contents, ulceration of the wall of the intestine and the formation of a fæcal fistula with hernia of the mucous membrane.

We have seen such herniated mucous membranes on the right side in fæcal fistulæ resulting from appendicular abscesses and many more on the left side in cases of artificial anus after resection of the rectum for carcinoma, but the hernia of the mucous membrane of the cæcum in an inguinal hernia on the *left* side is rare and is worth recording.

A CASE OF ERYSIPELAS.

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CASES of erysipelas are frequently to be seen in the rural parts of Bengal. Treatment is very difficult, especially where serum and vaccines are not easily available. Tinctura ferri perchloridi, creosote, ichthyol, etc., for external