symptoms. The paralysis of one side of the face was the most clearly defined of these. There were also sometimes delirium and unconsciousness. The strabismus might be called a cerebral symptom, but it is often reflex in children, and Dr. Charles S. Bull¹ mentions that he has seen strabismus in two cases of vertebral caries. As it was not constant in the present case, and at no time was very severe, it could not have been due to a permanent lesion of the sixth nerve.

The dilated pupils, sweating, flushed face, and rapid pulse were undoubtedly dependent upon lesion of the sympathetic. The vomiting might have been dependent upon irritation of the phrenic or of the sympathetic. The attacks which recurred every fourth day I considered at first to be intermittent in nature, but finding that quinine did not prevent them, I thought they might be epileptiform, and so gave the bromide of potassium, with benefit.

The spinal symptoms during the latter part of life were caused by meningitis and myelitis, not by compression. At first there was pain and contraction; later, when the conducting power of the cord was destroyed, entire loss of all motion, active or reflex.

GYNÆCOLOGICAL NOTES.

BY F. K. BAILEY, M. D., OF KNOXVILLE, TENN.

CASE I. *Imperforate Hymen*. — A girl of sanguine nervous temperament, fourteen years of age; large and stout, and of a good constitution. Had been in the vicinity a few months only, and it was ascertained that, although every month there had been symptoms of menstruation, yet "nothing had been seen." When summoned, I found the girl in intense agony, the pain referred to the pelvic regions and attended with bearing down efforts. Suspecting the cause, I made an ocular examination, and found, on separating the labia, a fluctuating tumor occupying the vaginal ostium. With the assistance of a medical gentleman who was called in to give his opinion, an opening was made in the middle line with a bistoury; there gushed out with considerable force, in a full stream, nearly a quart of a dark brown, almost inodorous fluid. The pain was relieved immediately.

Dark coagula continued to escape for several hours. A lotion of carbolized water was ordered, to be used freely, and at the end of five days there was still some discharge. At the close of another week, all discharge had ceased, and no further trouble was complained of.

In a month from the time of the operation, menstruation occurred normally, and no subsequent obstacle has presented.

The friends had noticed a slight enlargement of the lower abdomen

¹ American Journal of the Medical Sciences, July, 1875, page 60.

for some time previous to calling in medical advice, and it is probable, from the history of the case, that for months there had been a slow accumulation of menses, which the vagina had tolerated. When, however, it became necessary for the uterus to contain and store the accumulation from month to month, forbearance ceased, and expulsive efforts awakened attention and necessitated operative interference.

CASE II. *Stricture of the Vagina.* — A few years ago I was invited by a medical friend to visit with him a lady, in whose case he desired both advice and assistance. I found a remarkably well-developed and intelligent young woman, not over twenty-two years of age. She had been married six weeks. The object which she had in calling a medical adviser was to be relieved of a condition of the ostium vaginæ which had rendered sexual connection impossible.

On examination, I found the external opening of the vagina to be narrowed so as not to admit the end of a finger. There was an intolerance of the least effort at digital manipulation, and an operation was decided upon at once. I administered chloroform, and after the patient was completely under its influence Dr. — made a lateral incision upon each side, and at an angle of about 30° posteriorly. There was considerable hæmorrhage, as the parts were vascular and somewhat congested. The operation was performed at three P. M. and at nine P. M. a medium-sized rectal speculum was introduced, which caused some pain, but dilated the parts very effectually.

I will add some items in the personal history of this lady, which may be of interest. She menstruated at the age of eleven years, and became at once a sufferer from dysmenorrhœa, and also from a retention of the menstrual fluid within the vagina by the closure of the sphincter, which, though not complete, was sufficient to cause trouble. Moreover, at the menstrual periods she suffered from a “cramping” of the flexors of the toes. This was not confined to the period, but was induced by any unusual excitement; it was especially obvious after her marriage, upon any attempt at coitus.

Nothing has been heard from the parties since a short time after arriving home, when the accounts from the patient were entirely favorable. I will add that the contraction was so firm that the part resembled, on digital examination, the mouth of an India-rubber tube, one half-inch in diameter.