

street without assistance and with a much more steady and confident gait. Has walked to my office—a distance of half a mile—several times. Takes exercise for twenty minutes three times a day without fatigue, and lies down only one hour a day.

REMARKS.

1. It is necessary to gain the confidence and co-operation of the patient. Both these young women gave their best endeavors, and are still continuing the exercises enthusiastically. I have seen not a few cases with whom, in several months, little was accomplished, because in them no interest could be aroused.

2. A most important point upon which Roth lays stress is the re-education of the senses. Many of these patients, by an effort of the will, and aided by the surgeon's judgment, can almost or entirely correct the deformity; but so much have they become accustomed to a wrong position that they "feel crooked" when they are straight. Aided by a mirror, or by the judgment of the surgeon, or by a friend who has been instructed by the surgeon, they must be untiring in correcting every malposition and faulty habit.

3. In these cases the use of corsets was prohibited, as they prevent the normal development of the thoracic muscles. In case 2, low shoes were prescribed instead of tight high-laced boots, so that free display of all structures about the ankles might be permitted.

4. In adults, probably the bony deformity of the spine cannot be corrected, but it can be very much hidden, the symmetry of the shoulders and hips may be largely restored, or entirely regained in slight or moderate cases, and in children entire correction may be confidently looked for.

44 NORTH STREET.

CELLULAR ATRESIE OF THE NYPHÆ.

BY DR. J. R. LOGAN.

This curious congenital defect has received little or no notice in the ordinary text books, so I feel justified in calling attention to it by reporting a case which recently occurred in my practice.

F. G., a well-nourished and healthy little girl, aged 5 years and 4 months, was brought to me to be operated on. On examination I found the following condition: When the labia majora were separated, it seemed as if the skin of the one passed over and became continuous with the skin of the other, obliterating the entrance to the vagina and looking as if the perineum had been continued forward up to the meatus urinarius, simulating the male perineum. On searching with a probe I found a small aperture just behind the meatus, through which it passed into the vagina, and backwards to the perineum. I then introduced a grooved director, pressing the end of it outwards and backwards to protrude against the skin, where I judged the anterior edge of the normal perineum should be situated. I then incised the membrane, which was quite dense and fleshy, on the director, thus immediately restoring the parts to their normal condition. A light dressing of iodoform gauze, with cleanliness for the next few days, completed the treatment. In infants these adhesions can generally be torn through with a probe without loss of blood.

The child's mother informed me that she had an older girl who showed at birth an incomplete adhesion of the nymphæ, which was not continuous with the perineum, or was "open at both ends," as she expressed it. This lasted about a year, and was torn apart in washing the child. She also said that her older sister, the child's aunt, was born with complete adhesion of the nymphæ, as described in this case, which was operated on when a few weeks old.

The cause of this peculiar condition is probably, as described by Tait, a partial union of the anterior cloacal folds for the continuation forward of the genital and urinary tracts as a common canal as in the male, while the wolfian bodies have resolved upon producing ovaries instead of testicles, an exact counterpart of the arrest and closure of the same folds when the wolfian bodies have resolved on producing testicles instead of ovaries. He also makes the interesting remark that had the closure extended far enough forward to produce a rudimentary urethra on the under side of an enlarged clitoris, we should have had an exact reversion to the type of the female organs of the *Loris Gracilis*, a small nocturnal lemur found in Ceylon.