embarrassment was momentarily felt in tracing the topography of the parts. The finger did not readily enter the vagina, but passed beyond it in an awkward way, suggestive of unprofessional bungling, not at all flattering to one's *amour propre*. A little care, however, on a second essay, led to the discovery of an unruptured hymen. There was a small central opening in this membrane, which admitted the tip of the fore-finger, and taking advantage of the presence of a pain, it was gradually worked through by a little pressure, without much opposition from the patient, until the uterus was reached, and the presentation made out. The patient was at once assured that there was no serious obstacle to the birth of the child, and that all things would issue well. This gave her great relief, as she said the apprehension of serious consequences had been a heavy burden on her mind for a long time, as she knew there was something wrong about her, but delicacy had prevented her speaking about it. As the hymen was not very firm, it was allowed to wait for the advancing head to come down upon it. As labor progressed, and the vagina became more and more relaxed, the orifice in the membrane was observed to be gradually dilating, until it was about an inch across, and the membrane itself had become proportionately thin. At last as the head pressed upon it, the stretched edge was felt to give way under the finger by gradual rents at different points, like a piece of wet paper, without the consciousness of the patient, and the obstacle was removed. On subsequent inquiry of the husband, it was learned that the barrier had been a sufficiently embarrassing one, preventing entirely complete coitus, but, as events proved, not enough to prevent impregnation; one of those facts, by the way, which overturn entirely the theories of those who argue that fruitful congress can only occur by the apposition of the orifice of the urethra to the os uteri at the moment of sexual orgasm, in which it is contended that the female must also of necessity participate. Such cases show conclusively that it is not necessary to suppose any *power of suction* in the uterus at that moment to introduce the spermatozoa within its cavity, and that their power of rapid movement is not altogether a superfluous endowment. The patient has had a second child since, and it was found at the time of labor that the occlusion had not been reproduced.—*Boston Med. and Surg. Journal.*

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## TREATMENT OF DYSMENORRHŒA.

Dr. Snelson recommends, especially in the rheumatic and neuralgic varieties, two grains each, sulphate of quinine, and ferrocyanide of iron, three times a day during the intervals. The period itself he treats with opium and the warm bath.—*St. Louis Medical and Surgical Journal.*