avail. We have seen Mr. Fergusson, at King's College Hospital, dissect them out, under such circumstances, with good results. And we can call to mind an instance that came under our notice some months back, at University College Hospital, under Mr. Erichsen's care, of a girl who had a bursal tumour of this character wholly removed.

In October last, Mr. Quain had a girl, aged nineteen years, under his care in the same hospital, in whose left knee was a fluctuating bursal tumour, of the size of a small orange. This was treated by a thread seton, with the result of causing evacuation of its contents, mild suppurative inflammation, and obliteration. In that instance the tumour had been present ten months, and arose from kneeling while scrubbing.—*Lancet.*

TWO CASES OF OBSTRUCTED VAGINA.

By Samuel L. Abbot, M.D.

Several years since, I was called upon, by an unknown lady, somewhere between 20 and 30 years of age, who said she wished to consult me about a peculiar difficulty, and to know whether it admitted of a remedy. After some hesitation, she said she thought she must be different from other women. She had been married but a few months and her experience during that time had been one of so much suffering that she had at last made up her mind to consult a physician. She accordingly applied at the Massachusetts General Hospital, having it under consideration to enter that institution as a boarder, if it were deemed expedient.

It being evident that there must be something abnormal about the sexual system, an examination was asked and somewhat reluctantly permitted. Everything about the external organs was natural, but on introducing the finger within the vagina and pass ing it towards the uterus, its progress was suddenly arrested, towards the upper part by a transverse diaphragm or partition. This was extended across from one side to the other, and had nothing of the character of a contraction or an adhesion of the opposite walls. In its centre was a circular opening, so far as could be judged by the touch, which readily admitted the tip of the fore-finger, and without much difficulty that of the ring-finger also. Above this diaphragm, say from three quarters of an inch to an inch, the os uteri was felt, apparently in a normal condition, surrounded by the *cul de sac* of the vagina, of its usual dimensions. The membranous partition had a very firm, inelastic feel, and, as far as could be judged by the finger, was at least an eighth of an inch in thickness. It was very rigid. Considerable force was used by separating the tips of the fingers, to determine if it was in any degree distensible or could be lacerated. No impression was produced upon it, and the effort caused considerable pain. Here was a serious obstacle to sexual intercourse, and the patient stated that every act was attended by intense suffering, the whole of the neighbouring parts being dragged upon and forced upwards in the most painful manner. It was evident that such an obstacle would be somewhat serious, should the lady become pregnant, at the time of labor; as its very unyielding character would probably require surgical interference to remove it, and a sudden rupture might lead to an injury of the vagina; it was altogether too firm to be trusted to the laceration which an advancing head might produce.

The patient was accordingly advised to submit herself to treatment for the removal of the obstacle at once. She left, promising to consult with her husband on the subject and never returned. Perhaps her case may have fallen subsequently under the eye of some other physician, and it would be interesting to know what was the final issue of it. It should be added that the patient was not aware of having at any time sustained a local injury which could account for the existing state of things, nor was she, previous to her marriage, conscious of its existence. In fact, the character of the partition was not that of an inflammatory adhesion or the result of any mechanical injury.

Case II.—*Imperforate Hymen at the time of Labor.*—Mrs. ———, in labor with her first child. On making the first examination, not suspecting anything abnormal, a little