

secret, and have not been heretofore permitted to divulge it; and even now the injunction of silence is but partly removed.

Medical literature abounds with the recital of strange and unaccountable departures from the boundaries, to which Nature has restricted this and kindred functions. The mammary gland in man, though only rudimentary in structure and conformation, has been known to rival its congener in woman, developing lobes, vesicles, excretory ducts, and areolar tissue. Its lactiferous function has been perfected, under certain auspices, to such a degree as to yield its peculiar nourishment for an indefinite time. Women have been known to menstruate through unusual channels, and at unusual times—the anus, the mouth, the nose, the ears, ulcerated surfaces, and the very pores of the skin have been made tributary to this sexual function. Females have menstruated during pregnancy, during lactation, in old age, and even in the tender years of infancy; while others, in the vigor of life and in robust health have never menstruated at all.

But this case, so analagous in all its features to the catamenial phenomenon, has no parallel that has fallen under my notice, and I believe stands alone in point of its wide divergence from Nature.

Hoping that the subject matter of this paper may awaken inquiry, and perhaps arouse intelligent discussion, or that it may elicit the publication of similar phenomena, I have the honor to be, very respectfully,

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STERILITY AND DYSMENORRHOEA.

Mary H. L.—came to me first in May last. She was 32 years old; had been married four years, but had no children. Though she was in perfect health, she suffered severe pain each month, at the moment the menstrual period came on. The uterus was filled with blood, which caused intense bearing down pains, which would force out this fluid, thus giving her some relief. On examination I found inflammation of the mucous membrane of the uterine. The uterus was in its natural position, but the cervix very long, and had the peculiar conical form which usually causes sterility. The cervix was so long and small, that the spermatozooids would not enter, nor the menstrual fluid pass out, without pain.

I recommended slitting open the cervix about a quarter of an inch, and dilating the canal every day, to prevent the adhesion of the newly cut edges while healing.

Since the operation was performed, she complains of feeling "very much worse;" and says "*she has had no menstrual discharge, and suffers from constant nausea and vomiting.*" I have commonly had the same result from this simple incision of the cervix.