ORIGINAL COMMUNICATIONS.

CASES OF CONGENITAL MALFORMATION OF THE RECTUM AND VAGINA.

By GEORGE MALLETT, Esq.

CASE I. IMPERFORATE ANUS: RECTO-VAGINAL FISTULA: OPERATION SUCCESSFULLY PERFORMED. Mary I—n, aged two years and a half, apparently a healthy and well-formed girl, was brought to me, her parents being desirous to ascertain if anything could be done to relieve a disgusting defect, which had existed from birth. They stated that there was no anus, and that she had passed all her fæces through the vagina. An examination disclosed neither aperture nor depression where the anus should have been. Upon making further inquiry, I found that every second or third day she became restless and uneasy, and that she endeavoured to make them understand that she suffered pain in the lower or pelvic region. This state generally continued for an hour or two, when it was relieved by a copious discharge of fæculent matter from the vagina. The fæces were rarely liquid, their consistence being firm and about one-twelfth of an inch in diameter, or about the thickness of ordinary packthread. These deposits had a very curious appearance, the motions being at least two or three yards in length, and much resembling heaps of worms. After each evacuation she became perfectly well for two or three days, and seemed to enjoy excellent health and spirits.

Upon a careful examination of the vagina by means of a probe, I found at its further extremity a canal, evidently communicating with the rectum; and from the horizontal direction of the probe, I inferred that the communication was very near to the normal termination of the guts, and that probably the only defect was a closure of the natural outlet. I recommended an operation; and was then informed that several medical men had seen her previously, and that they had advised that the case should not be interfered with, as an operation might be dangerous and the result uncertain. Notwithstanding this, I still gave it as my opinion that the operation, if carefully performed, would not be attended with much danger; and that the result would most probably be favourable. In consequence the parents resolved that the child should be submitted to the operation, which was performed a few days after.

The little patient was placed near the edge of a table, and the thighs were drawn aside and elevated; in fact, she was placed nearly in the position for the performance of lithotomy. The probe was then introduced through the vagina into the rectum, and held steadily there by an assistant. There being no depression to indicate the natural situation of the anus, the integuments were divided by a scalpel, as near as we could judge would be the right place. The incision was carried about three-fourths of an inch in depth, when the end of the probe was felt, and another touch of the knife laid the bowel freely open. Almost immediately, a copious and rather firm motion was passed, apparently without much pain. Scarcely any blood was lost, either during or after the operation. The wound having been cleaned, a moderately sized candle, a bougie not being in readiness, was pushed in and allowed to remain.

On the following day, I found all going on well. The candle had been forced from the wound soon after my departure, and was followed by some more consistent feculent matter. A bougie was then introduced, lest the orifice should become too much contracted. On my next visit, I found that the bougie had shared the fate of the candle, and also that it had been followed by an evacuation.

It would be tedious and unnecessary to detail the further progress of the case: it will be sufficient to say, that there was but little trouble, and no anxiety, respecting its progress; and that, in about a month, the cure was complete. The recto-vaginal canal also became obliterated, no fæces having passed by that channel since the operation; and, at

my last visit, I tried to introduce the probe as before, but failed in the attempt.

I lost sight of the patient for nearly two years; and at the expiration of that time I had an opportunity of inspecting the parts. I found all as it should be, excepting that the anus was rather more retracted and puckered than usual. There had been no difficulty in passing the motions *per viam naturalem*, if I may be allowed to apply such a term to a passage artificially made. There was also the power to retain the motions; from which I infer that the sphincter ani muscle had been formed in its natural situation, and that the scalpel had passed through it.

CASE II. OCCLUSION OF VAGINA. OPERATION: CURE. I was requested to examine Sarah T—, aged five years, a healthy looking girl, who had had some defect from birth in the genital organs. The only opening into them was a very small orifice in the upper portion of the external labia, scarcely large enough to admit a crow-quill, without being somewhat dilated by it. Through this opening the urine had always been expelled in a small stream. A probe was introduced, which passing downwards and backwards seemed to enter into a wider space, which I concluded to be the vagina. I recommended that the labia externa should be divided; and the parents consenting, a director was immediately pushed inwards and downwards, and a free incision made with a bistoury. An accurate examination of the interior, displayed by the incision, could not detect any deviation from the natural form and condition of the parts. I had some trouble in keeping the divided edges of the wound from reuniting, and in preventing too great a degree of contraction. The operation was, however, by the unremitting use of sponge tents, at last permanently successful.

Bolton-le-Moors, Lancashire, August 1853.

DEATH FROM THE BITE OF A CAT.

By GEORGE ALLEN, Esq.

A REPORT of the following case has appeared in the local papers. I had intended to bring the subject before the annual meeting of the Bath and Bristol Branch, but was prevented by professional duties. I now publish the case, as a general reply to the numerous letters which I have received on the subject.

CASE. On June 6th, 1853, I was called to see Richard Hunt, who was stated to have been bitten by a cat eight days previously. The statement given to me was, that the cat had been ill for some days, that it had refused food, was very thin, and had a noise in the throat resembling that of croup, with hurried laborious breathing. A lad had taken the cat by the tail for the purpose of killing it. Richard Hunt, passing at the time, seized it by the loins, when the cat bit the joint of his left thumb, which became very painful, and before night the hand and arm were swollen and inflamed. On the following morning, bladders of water had formed round the wound, hand, and arm, but he refused to have medical aid. Linseed-meal poultices and lotions had been applied to the hand, and some Epsom salts had been given to him, and to all appearance he was going on well, until the third night, when he got inebriated. After this period he did not complain of pain in the thumb; the swelling of the hand and arm had subsided; but shivering came on with pains all over him, accompanied by great difficulty of breathing. No medical aid was sought for eight days after the accident.

When I first saw him, on the morning of the sixth of June, I found him excessively nervous and dejected. The eyes were sunken, the breathing short, the pulse feeble. Upon examining the thumb, and removing the thickened corrugated skin, a copious ichorous discharge followed, the surface below having a livid appearance; there was very little sensibility to touch.

I ordered the arm to be kept in a sling; brandy and barm in linseed-meal poultices to be applied, and removed

every three hours; and brandy in gruel and arrow-root, and strong beef-tea, to be given. The treatment consisted of ammonia, camphor, and opium, administered at intervals of three hours.

June 7th. He had some refreshing sleep during the night. His countenance was this morning more cheerful. The breathing was not so difficult; the pulse was firmer. The wound was looking healthier. He was directed to continue the same treatment in every respect.

June 8th. He passed a comfortable night. The wound was discharging pus; and he had no pain in or about the surrounding parts. Pulse 80, full but soft. He was down stairs. The same treatment was continued.

June 9th. He was in every respect as yesterday. The wound was looking healthy. He was ordered to continue the same treatment.

June 10th. He was in every respect as yesterday.

June 11th. This morning he was not out of bed. He complained of being chilly. The breathing was rather short. The right shoulder, particularly at the back part, was very intolerant of pressure; in fact, the whole of the right side and epigastric region could not be pressed upon without considerable pain being given to the patient. No pain was experienced on percussion or other manipulation about the spinal column, chest, or cardiac region. The wound was discharging healthy pus. The pulse was stationary at 80. He was ordered to have mustard poultices applied to the side and epigastric region. Powders, with sesquicarbonate of ammonia, hydrargyrum cum creta, and Dover's powder, were given every three or four hours.

June 12th. He had had some refreshing sleep during the night. The breathing was not so difficult. He expressed himself as being much relieved. He did not wish to get up, stating, that when he attempted to get out of bed, the pain became most violent at the right shoulder-blade. The wound was discharging healthy pus; but there was no appearance of granulation.

June 13th. He was in every respect as yesterday.

June 14th. He passed a restless night. The breathing was very short; the head hot and painful; the eyes intolerant of strong light; the pulse 96, small and thready. The hair was ordered to be removed, and the head sponged with cold vinegar and water. Mustard sinapisms were applied to the feet, and a blister to the chest. The room was ordered to be darkened. Saline effervescing medicine with opium was prescribed.

In the evening I found him very much relieved. The head was cooler; and light was borne with less distress. Pulse 90.

June 15th. He had had a restless night, but no delirium. The head and skin were hot; the pulse 98; the breathing short; the bowels irritable; frequent evacuations of biliary matter occurred; he had much thirst; the urine was turbid. The saline effervescing medicine was discontinued, and a saline mixture with opium and tragacanth mucilage substituted; and compound chalk mixture was ordered to be given occasionally. In the evening I found him rather better. The bowels were not so much relaxed.

June 16th. He had had some sleep during the night. The head and skin were not so hot; the bowels not much relaxed; the wound was looking healthy; pulse 90.

June 17th. I was hastily summoned to see him. He had been delirious, and had sprung out of bed; but was now lying perfectly calm. Vision was apparently gone; the breathing was stertorous; the pulse 130. In this state he continued until the morning of the 20th June, when he died without a struggle.

Decomposition set in so rapidly (favoured no doubt by the then hot and humid state of the atmosphere), that I had no opportunity of obtaining a *post mortem* examination.

Two persons who had been in attendance on the deceased have since been taken ill.

The first was a young married woman, at whose house the deceased lodged, and who had constantly attended upon him and dressed his wound. She was seized, on the morning of his decease, with "synocha" in its most aggravated

form, and had one symptom connected with the case of the deceased, by which I was most forcibly struck, viz. the same intolerance to being touched upon the right shoulder blade, whilst other parts of the body might be handled freely. Copious venesection, mercurial purges, with calomel, antimony, and opium, and saline diaphoretic medicine, cut short the attack; and in five days she became convalescent.

The second, a neighbour's servant (who had assisted in removing the bed-clothes), was seized with faintness, headache and vomiting; but nothing further occurred.

Lodway Villa, St. George's, Somerset, Aug. 3rd, 1853.

CASE OF DOUBTFUL SEX.

By R. M. MANN, Esq.

Miss H., aged 28, was brought to me by her mother for examination, on July 18th, 1853. She had never been examined previously by a medical man, or by any other person. It was stated that her chief reason for applying to me was, that she had had an offer of marriage, and was anxious to know if she could enter the matrimonial state.

On examination, I found to all appearance a perfect penis, from an inch and a half to two inches in length, with distinct glans, corona glandis, and præputium, with the ordinary white secretion so commonly observed between this gland and the prepuce. The orifice of the urethra was on the under part of the glans, and was capable of admitting an ordinary sized goose quill. There was a distinct scrotum, but without testes; and this part, as well as the pubes, was covered with hair in the usual way. The mammae and nipples were those of a female. No growth of hair had taken place on the face or chin; but the voice was decidedly masculine. She had menstruated regularly since sixteen years of age, for about three days at a time, and had pain in her side at that period. The discharge came through the urinal aperture (as there was no other), which had doubtless a communication by a rudimentary vagina with an uterus. She stated that she had experienced sexual desire. When she was an infant, the nurse, though doubtful as to the real nature of the case, advised female costume, which has been adopted ever since.

The above case appears to resemble in some respects that which is reported by Dr. Schneider, and detailed in the twenty-first volume of the *Dict. des Sciences Médicales*, p. 97.

Manchester, August 13, 1853.

BIBLIOGRAPHICAL NOTICES.

THE SOPHISTRY OF EMPIRICISM. 8vo., pp. 84. London: 1853.

THIS able work gives an interesting and instructive account of some of the most famous forms of modern quackery, such as Mesmerism, homœopathy, hydropathy, and bone-setting. We have also some excellent remarks upon the claims of scientific medicine, and on the circumstances which favour the production of empiricism.

The *herbalists* are thus depicted:—

"Their outward appearance is intended to represent something of the practical gardener; but the impudent effrontery of the itinerant showman is stamped on the forehead. Their eloquence is fluent and exalted, and they can descant with abundant fervour on the wisdom of the Creator in providing such a multitude of herbs for the benefit of the human race, who, without their aid, would be hastening fast to an untimely grave. On the other hand, the graphic tongue of such a sage can describe in glowing colours the destructive nature of minerals, with their necessary tendency to precipitate patients into the very habitations from which they were dug; and contrast their direful influences with the vivifying power of vegetables, which cause man to flourish like the lily of the valley, and mount into the heavens like the cedars of Lebanon. These worthies also find