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 faeces 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 faeculent matter from the vagina. The faeces 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 faeces 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