so readily as the other symptoms; but it was, in many instances, kept up by the reaction which succeeded.

I have now stated all that at this time suggests itself to me; but should anything further occur to you, I have to request that you will kindly make it known: indeed, from the bustle I am now in, preparing to leave Caunpore, I fear it must be very imperfect, yet not so much so, I trust, as to leave a doubt on your mind as to the superiority of the practice to any that has preceded it. I have the honour to be, Sir,

Your most obedient servant,

(Signed) J. Forsyth, *Assistant-Surgeon.*

Caunpore, 7th October 1823.

Art. IX.—*Case of a Peculiar Malformation of the Female Genital Organs.* By Robert Hunter, Surgeon, and Lecturer on Anatomy and Surgery, Glasgow.

About three years ago, an aged female subject was casually brought into my theatre of anatomy, whose organs of generation were peculiarly malformed, and complicated with some remarkable morbid phenomena.

The *subject* being very fat, the external organs seemed, at first view, to present nothing unnatural. When placed, however, in a favourable position for displaying these organs, a thick fleshy membrane was discovered, extending from the urethra to the *fourchette*, and of course dividing the orifice of the vagina into two equal openings. This appearance of the parts immediately suggested the idea of a double vagina; but a closer examination proved the conjecture to be only partially correct, for this *septum* was found to extend upwards about an inch only into the vagina, and from that point to the uterus the canal was single.

The septum itself was strong and elastic; about a quarter of an inch in thickness; apparently of the same structure as the vagina, and covered with a mucous membrane full of deep rugae.

The mons veneris, labia majora, and clitoris were perfectly well-formed; but the nymphae, notwithstanding the fatness of the subject, projected a little beyond the external labia; and, instead of terminating, as they usually do, opposite the middle of the opening into the vagina, they reached the lowest part of the vulva, and were continued even into the lining membrane of the anus. No perineum, then, could be said to exist. The unnatural appearance of the parts, arising from the proximity of the vulva and anus, was very remarkable, and this was ren-

dered still more striking by other morbid appearances, the extremity of the rectum being contracted and studded around with small hemorrhoidal excrescences.

The internal generative organs were next examined *in situ*; but without waiting to describe minutely the morbid appearances which were displayed in this stage of the dissection, it may only be observed, that two tumours were, in the first place, discovered to arise from the anterior surface of the body of the uterus, one of which was as large as a lemon, and the other scarcely attaining the magnitude of a walnut. The larger was attached to the left half of the organ, and when cut into, appeared to be composed of condensed cellular membrane, traversed with streaks of a cartilaginous-looking substance. From the magnitude of the tumour, both bladder and rectum were compressed, and the uterus itself pushed somewhat into the vagina. The smaller tumour was seated about an inch from the right *cornu uteri*, and was evidently formed by a circumscribed swelling of the substance of the uterus; for, by an incision, it was found incorporated with the uterine paries, and distinctly evincing the same texture.

The uterus itself was about double the ordinary size; both ovaries were diseased, and the Fallopian tube of the left side impervious. The ovaries, however, were differently affected. The one on the right side consisted of two portions, and was altogether much shrivelled, and the one on the left side was converted into a bag containing a semi-transparent fluid.

After examining the generative organs *in situ*, they were removed from the body along with the other pelvic viscera, and more minutely inspected. Before the bladder and rectum were separated from the uterus they were also examined. The bladder was healthy, but the rectum was contracted, thickened, and a little indurated. No cicatrix, however, could be discovered, either on its external or internal surface.

By insulating the uterus, its size was accurately ascertained. It measured six inches from the one Fallopian tube to the other, and from the fundus to the os tincæ about four inches.

The vagina was next laid open from behind, without injuring the septum at its orifice, and a probe introduced into the mouth of the uterus to explore the uterine cavity. The probe had scarcely passed through the *os tincæ* when it became obstructed; when the point of the probe, however, was turned a little either to the right side or to the left it could be carried with ease to the fundus.

By continuing the dissection, the body of the uterus was found divided into two compartments, by a kind of partition, which descended in a straight line from the *fundus* to the

cervix. When the anterior and posterior walls of the uterus were forcibly separated from each other, this partition became remarkably distinct. When viewed in such circumstances, it was about half an inch in thickness at the fundus, and gradually became thinner as it approached the cervix, where it terminated by a rounded margin not exceeding three lines in thickness. When the walls of the uterus were *not* forcibly separated from each other, no distinct partition could be recognised, but the cavity of the uterus was divided into two compartments by an adhesion, apparently of the anterior and posterior walls, in a line from the *fundus* to the cervix. Both cavities presented overpowering evidence of much previous morbid action. The lining membranes of both was converted into a spongy fungous-like layer, and studded thickly with the germs of polypi. The left cavity likewise enclosed a polypus of considerable size, which arose by a narrow pedicle. It was of a pyramidal form, and decidedly of a fibrous texture. The right cavity enclosed two polypi of a similar description, and a fleshy tubercle about the size of a common marble.

Of the history of the *subject*, I unfortunately know very little, and for that little am indebted to a medical practitioner, who had been acquainted with her previous to her death. From that source of information, I learn that she died at the age of sixty years. When twenty years old, she entered into the married life, and was subsequently delivered of a daughter, who is at present alive. Her *accouchement* was eminently unfortunate. For years after that event, she could retain neither urine nor feces, and what added to the calamity, the feces passed continually by the vagina. In so miserable a plight was she left after delivery, that she was obliged to forego the pleasures of the nuptial bed; but, to render her husband as comfortable as possible under such trying circumstances, she invited a female cousin to her house, with whom the husband lived, and had afterwards a numerous progeny,

From this history of the subject, which I believe to be substantially correct, I think we are led to the conclusion, that the state of the parts above described is attributable rather to accident and disease than to original formation. Much disease had evidently existed in the internal generative organs. The magnitude of the uterus; its fleshy tubercles; the obliteration of a Fallopian tube; the conversion of an ovary into a bag of fluid; and the fungous-like state of the internal uterine membrane, prove that a long-continued, if not a violent, morbid action had been preying upon the parts. Amidst such a chaos of disease, it is not impossible that the anterior and posterior walls of the uterus should unite at different points, or even in

a line from the fundus to the neck, and thus form, as in the present instance, two distinct cavities in the body of the uterus.

Admitting this explanation to be satisfactory with regard to the formation of the septum in the *uterus*, how is the septum at the orifice of the vagina to be accounted for? Had such a septum existed *previous* to delivery, it obviously would have formed a strong, if not an insuperable, barrier to parturition. At all events, that barrier must have been broken down before the parturient act could have been effected; and if once destroyed, it is not likely that it would have been regenerated. The probability then is, that it had been formed *after* parturition; and how that must have taken place, I shall now attempt shortly to elucidate.

One striking circumstance in the parts above described, is the non-existence of a perineum. What then is become of it? Had it never existed, there would have been, I conceive, a less ragged diseased-like state of the parts than was found. If the perineum had been removed, we can only suppose that this took place during parturition; for, during that important crisis, the perineum is particularly interested. It is always overstretched, frequently partially lacerated, and sometimes even torn from the fourchette to the anus. These are common occurrences; but none of them could produce such a state of the parts as we have described above. Had the recto-vaginal septum, however, given way during the passage of the child's head, the perineum might have been very differently affected. The head of the child, under such circumstances, would have taken the direction of the anus, and the perineum, instead of being slit across, might have been torn altogether from its situation, or left attached by a shred merely to the surrounding parts. Had the loose extremity of the perineum, in such circumstances, come into contact with the lining membrane of the vagina, from the violent inflammation which must have been induced, adhesion obviously might have taken place, and a septum at the orifice of the vagina formed by the perineum would have been the consequence.

Glasgow, 47, *North Hanover Street.*

ART. X.—*Case in which the Head of the Humerus was successfully Excised.* By JAMES SYME, Esq. Lecturer on Surgery, &c. *(With an Engraving.)*

CHRISTIAN LAING, æt. 38, married, the subject of the following case, was recommended to my care by Dr Belfrage of Slateford, about the middle of last summer, (June 1825.)