of this sort, the strongest arguments in favor of change in the present mode of remunerating medical practitioners in this country; such a change, in fact, as should tempt the practitioner, on seeing his patients, to ask himself—instead of “What medicine shall I give in this case?”—“Is it necessary to give any medicine at all?”

There are many individuals who have always been used to such a diet as would suit the majority, but which is not proportionate to the demands of their constitution, and the exertion, either mental or bodily, to which their daily avocations call them. They suffer from palpitations, or frequent despondency, or repeated headaches. A moderate daily allowance of good beer or wine, with an increase of animal food, is a rapid, certain, and perfect cure for these complaints.

CONGENITAL MALFORMATION.

[Communicated for the Boston Medical and Surgical Journal.]

SOME time in August last I was called, in the night, to visit Dr. Webster's family, of Hill. Mrs. W. had been confined, the previous afternoon, of a male child, and was then comfortable. Nothing unusual appeared in the child at birth; its exterior was perfect, so far as had been discovered, and its features were uncommonly beautiful. Very soon, however, it was seized with spasms, attended with a livid appearance over the face and neck, and in some degree over the whole body, more especially when anything was put into its mouth. The nurse told me, on my arrival, that she believed the child could not swallow. Finding nothing in the mouth to obstruct the passage to the throat, and in order to satisfy myself as to what the nurse had stated, I directed her to give a teaspoonful of warm drink. The child made no effort to swallow, but was immediately convulsed, accompanied with the lividity above mentioned, and the drink which had been given was returned by the mouth and nose, mixed with bloody mucus. Supposing there might possibly be some spasmodic stricture of the œsophagus, and that gently stimulating the rectum would remove the difficulty, I advised an injection of warm water per anum. But in attempting to comply with the direction, no outward passage could be found; not even the vestige of an anus was seen; all was as smooth as the hand, except the raphe, which extended from the scrotum to near the point of the coccygis. All the circumstances of the case considered, it was not thought advisable to attempt any operation, and I took my leave, expecting soon to hear that the child was dead. It remained, however, much the same till the next day; it would sometimes lay quiet, as though nothing ailed it; and the anxious parents, desiring that something might be done, if possible, to relieve the little sufferer from its impending fate, sent for me again, and two others of the faculty. The result of this consultation was, that an attempt be made to open a passage into the rectum. An incision was made in the integuments, about an inch long, half way between the scrotum and coccygis, and an abscess lancet introduced about an inch and a half in the direction to pierce the lower portion of the gut, if it were in its natural situation. No portion of the intestine was reached,

and, of course, the operation failed—and the poor little thing was again left to its fate. It lingered a day or two, without any change of symptoms, and expired.

Post-mortem Examination.—The abdomen was considerably swollen, from gaseous distension of the intestines. No other abnormal appearance was noticed in the alimentary canal, except at its extremities. On dissecting out the lower portion of the track, it was found that the rectum, instead of pursuing its natural course down the concave surface of the os sacrum and coccygis, took an anterior direction towards the bladder, and terminated in a cul de sac upon the posterior portion of the neck of that viscus. The bladder could be inflated from the rectum by means of a blow-pipe, though the communication could not be traced by a common probe.

The condition of the upper end of the tube was still more remarkable. The pharynx terminated in another cul de sac, about two inches below the fauces. The œsophagus, tracing it upward from the cardiac orifice of the stomach, diminished in size as it ascended, till it finally ended in a few scattered fibres, passing through an opening in the posterior part of the trachea, to be inserted upon its inner surface.

I have procured a drawing of the dissection, which I enclose in this communication, and which, together with the communication, is at your disposal.

Sandbornton, N. H., Dec. 4, 1839.

FIGURE 1.—a, Portion of the perineum. b b, Ureters. c, The rectum ending upon the neck of the bladder. d, The urethra.

FIGURE 2.—a, The stomach. b, The pyloric orifice. c, The trachea. d, The pharynx, ending in a cul de sac. e, The œsophagus, ending upon the inner surface of the trachea. f, The tongue.

Yours, &c.,

THOMAS P. HILL.