the fœtus; the pains still remained feeble and rare; the finger could barely touch the head of the fœtus, extremely high in the pelvis. The warm-bath was repeated twice in the course of the day without any effect, the contractions of the uterus remaining in the same state; during the night they were equally feeble. On the second day the face was natural; pulse feverish; tongue red and dry; the belly a little swollen, and slightly painful; the head of the child could be felt more distinctly, but it had not at all descended into the cavity of the pelvis. In this state of things, a new consultation was held, and it was resolved to divide the horizontal branch of the pubis on the left side, and to have recourse either to version or the forceps, as no result could be expected from the feeble condition of the mother. The patient at first refused to consent to this new operation, but agreed to submit at four o'clock in the evening. The operation was performed in the same way as that already described, and the head of the child, which was not at all engaged, was seized with the forceps, and brought down into the cavity of the pelvis, where it was left: the finger ascertained that the cranium had given way; and the parietal bones, which were detached from the rest of the skull, were easily extracted. As the death of the fœtus was now certain, the remainder of the brain was evacuated, and the fœtus easily extracted by the hand; there were two circles of the umbilical chord attached round its neck; the skin was so little altered, as to give rise to the opinion that the child was alive on the evening before. Although the manœuvres necessary for the extraction of the child did not last more than half an hour, and were performed with the utmost delicacy and caution, the patient immediately fell into such a state of prostration, that she seemed on the point of expiring; her countenance was cadaverous, the pulse insensible, and the body covered with a cold sweat. The means proper to revive and support her were immediately employed, and she passed a pretty tranquil night; in the morning the tongue was red and dry, and the pulse had rallied a little, but the abdomen was painful and tympanitic; a very fetid sanies was discharged from the vagina, and the patient expired during the night.

Autopsy.

The external genital organs were livid, and the wounds gangrenous: the anterior portion of the vagina was healthy, but the posterior wall was completely gangrenous and sphacelated in the portion corresponding with the symphysis of the pubis;

the cellular tissue surrounding the anterior part of the pelvis was infiltrated, and the divided bones were altered in their colour as in necrosis; the section of the bone was clearly made on the right side, but on the left the bone seemed rather fractured, and broken into scales. The symphysis of the pubis was not divided, but the bone had been cut a little to the right side. The peritoneum and abdominal viscera were perfectly healthy. The uterus, which was contracted, was healthy on its external surface, but internally livid; the sacro-iliac symphysis had not been injured.

TUBERCLES

DEVELOPED IN THE

ORIGINS OF THE THIRD, FIFTH, SEVENTH, AND EIGHTH NERVES.

Loss of Hearing, Sight, and Smell; Preservation of the Sense of Taste, and of the Sensibility of the Integuments of the Face.

By M. NELATON.

FERET, a girl, twenty-one years of age, was admitted into the Hôtel Dieu on the 10th of March; the immoveable expression of her countenance, her projecting and fixed eyes, and her slow manner of speaking, seemed to indicate the presence of idiocy in this female. She complained of constant pain in the head; six years ago she commenced to experience these pains, and since that period the sense of hearing has gradually failed, and within three months she has lost the power of smell. The sensibility of the skin remained unaffected, both on the face and rest of the body. Voluntary motion was freely exercised on both sides with vigour; the sense of hearing was nearly lost; the voice, which had become feeble when she first entered the hospital, was soon lost altogether; when the point of a stylet was moved along the surface of the ocular conjunctiva, it did not excite the least mark of sensibility, although the membrane was dry, and evidently much inflamed. The whole surface of the nasal fossæ might also be touched with a stylet introduced into the nostril, without the patient being conscious of it; ammoniacal paste, when placed under the nostril, seemed at first to produce no effect, but in a few moments excited efforts to cough. The peculiar sense of the tongue was however unimpaired, for the patient recognised salt when placed in the mouth; the general sensibility of the tongue was also un-

affected, and the gums were in a healthy condition. The patient died suddenly on the 3rd of May. On the examination of the body, the middle portion of the brain and the medulla oblongata were found much developed; the olfactory and optic nerves did not present any morbid appearance during their whole course; the fourth pair of nerves, the external ocular motor of the left side; the glosso-pharyngeal and hypoglossal nerves seemed also free from any lesion; but all the other nerves of the brain were increased to at least three times their natural volume; small spheroidal tumours, of two or three lines in diameter, were developed in the interior of the nervous chords, or attached to their sides. Some of these tumours were perfectly well defined, though without cysts, and others were irregular in their forms. They were all formed by a yellow opaque matter, similar to that which is found in the centre of tubercles imperfectly softened, and the nerve itself suddenly contracted in size, after having traversed this tubercular mass. The two common motor nerves of the eye were implanted on the summit of a cone formed by this substance, which was also found in the fifth nerve on both sides, but at variable distances from their point of origin; a small tubercle, half a line in diameter, was attached to the origin of the external motor nerve of the right side, but the greater part of the nervous filaments passed above it, and were not altered. The seventh nerve was diseased from its origin to the bottom of the meatus auditorius internus; the pneumogastric nerve was also diseased in the same manner, for the extent of an inch below its exit from the foramen lacerum posterius; the optic and olfactory nerves did not present any morbid change of structure in their whole extent.

* * If our memory do not deceive us, it was a theory ingeniously advanced by the professor of anatomy in the University of Dublin, that the extremities of all the nerves of sense required to be joined by filaments from the fifth nerve, for the full exercise of their special functions; and upon this theory he ventured to predict that a connexion would one day be discovered between the retina and filaments of the fifth nerve. The present case seems to support, in some measure, the supposition advanced by Dr. Macartney. One of the most remarkable phenomena was the loss of smell and vision, while the olfactory and optic nerves were

perfectly healthy, and the fifth nerve was diseased; we are not, therefore, to conclude, as Magendie has partly done, that the branches of the fifth are, more properly, nerves of sense than of sensibility, or that the optic nerve does not belong to vision, and the olfactory to smell. But, if we are not inclined to adopt the above theory, we may explain the loss of sense as some of the French writers would, who considered it indispensable that the general sensibility, which depends on the distribution of the branches of the fifth nerve, should be preserved complete, and that when this sensibility is altered, the parts to which the nerves pass become irritated, inflame, and no longer act as proper media for the exercise of the senses; thus, in the present case, the mucous membrane covering the eye was inflamed, ceased to secrete the mucus or fluid which keeps it moist in a state of health, and became unfit for the transmission of light.

MALFORMATION.

ABSENCE OF THE ANUS IN A YOUNG FEMALE 22 YEARS OF AGE.

Recto-vaginal canal; voluntary discharge of fecal matter by the Vulva; Absence of the Menses.

By M. RICORD, *Surgeon to the Venereal Hospital.*

THE following interesting communication has been made to the editor of the *French Lancet*, by M. RICORD:—

I was consulted fifteen days ago by a young girl of twenty-two years of age, who requested to be examined, saying that her lover accused her of having communicated to him a blennorrhagia, which was utterly impossible, as she never had connexion with any other person; she also asserted that she was not made like other women, and begged me in consequence to pay a little more attention than common to her case. Having been frequently consulted by many females on pretended deformities, which consist in nothing more than a slight prolongation perhaps of one nymphæ, or of the carunculæ myrtiformes. I am not in the habit of attaching much importance to their stories on this subject. The external genital organs did not present anything remarkable or morbid, and