preponderated over the latter in the parietes of the right ventricle, having melanose deposits in different parts of its structure; but the other parts contained within the chest were almost exempt from the disease.

The subject of this disease, when it commenced in the left eye, was nearly ten years old; at the beginning the disease progressed slowly, being nearly seven years in destroying vision. At the latter stage it progressed with astonishing rapidity, causing the weight of the liver, in nearly six months, to become in proportion to the weight of his whole body, as 19 lbs. are to 1 cwt. It perhaps might be more correctly asserted by stating, that the disease occasioned a morbid irritability of the nerves distributed to the liver, and consequently a preternatural determination of blood to the organ, where it was partly obstructed, in consequence of the dilated and enlarged right ventricle being incapable of properly performing its functions; hence occasioning the condition of the liver, apparently differing from simple hypertrophy only in colour, consistency, and being interspersed with white cartilaginous bodies. Although such a condition of the right ventricle existed, accompanied with the enormous enlargement of the liver, no symptom of dropsy, arising from mechanical obstruction of the circulation at any stage of the disease, was apparent.

It was only a very short period previous to his death that his extremities became somewhat oedematous, and this condition apparently arose from exhaustion. There was no sign of previously existing inflammation of any portion of his body, except adhesions of the pleura pulmonalis and costalis of the left lung. The treatment, partly consisting of the preparations of iodine, was unavailing, either in removing or arresting the progress of the disease.

In this case the abstraction of blood was worse than useless, as evidenced by the blood-vessels in the left orbit being engorged with blood, when the excessive discharges of blood from the nostrils had occasioned generally extreme exsanguinity; and further, the liver enlarged in the same proportion as the exhaustion increased.

CASE OF ABSENCE OF EXTERNAL GENITALS, AND FORMATION OF AN ARTIFICIAL VAGINA.*

To the Editor of THE LANCET.

SIR,—In April, 1838, I was requested to visit Miss —, then about eighteen years of

* Forwarded to the editor by Dr. W. Houston, for insertion in this Journal, originally published by Dr. Magee in the "New York Lancet," edited by Dr. H.

age. I found her suffering from severe pain, which intermitted, and returned in aggravated and excruciating paroxysms, similar to those of parturition. On investigating the history of the case, I was informed that the pains had first made their appearance about twelve months before, and were then slight and transitory, similar to those anomalous ones of which young females usually complain about the period of puberty; that they were not permanent, but returned about every four weeks, increasing in duration and intensity; that the last two or three attacks had continued each time for more than a week, and were so severe that the patient could find no relief, except from large and frequently repeated doses of opium. The case, indeed, was first brought to my notice by a relative of the patient, who came to my office for the purpose of purchasing that drug.

On visiting the patient, I was informed by her mother that the organs of generation were wanting, but that her breasts were fully developed. After considerable hesitation she permitted me to examine the parts. I found the mons veneris, and that part of the ossa innominata called the ossa pubis, entirely wanting, and their place supplied by a semi-cartilaginous membrane similar in appearance to a cicatrix from a large and deep burn or ulcer. The labia were also absent, as well as the clitoris and nymphæ; neither were there any signs of a vaginal or urethral opening. Indeed, the whole space from above where the pubis is usually found to the anus was one even surface, except some corrugations of the integument.

The urine escaped by a constant oozing from an uneven, spongy and vascular excrescence, placed in the situation of the umbilicus, about as large and similar in colour to a ripe middle-sized tomato, but rough and papillous on the surface. During a paroxysm of the pain, I thought I could perceive a slight elevation of the integument over that part which should be the situation of the vagina. I supposed, therefore, that as the breasts were well developed, notwithstanding the external generative apparatus was wanting, the internal and most important might exist, and that the pains arose from the expulsive efforts of the uterus to free itself from the accumulating menstrual fluid. I administered a full dose of morphine, and remained until its operation had quieted the pains. I then prescribed a mild purgative, and ordered a second dose of morphine to be given after the operation of the aperient.

The next day I returned with my friend, Dr. Donation Binsse. The patient had passed a good night; the medicine had operated freely, but the pains were returning. After examining the parts with great care, Dr. B. agreed with me that it would be advisable to make an incision to permit the escape of the fluid, which was supposed to have accumulated.

I had the patient accordingly placed in a convenient position, and with a scalpel commenced dissecting cautiously through that part which seemed to be elevated the day previous. I continued this dissection with great care, for I was fearful, from the abnormal condition of the parts, that I should meet with some unusual disposition of other important organs.

After dissecting down about half an inch, or perhaps more, a dark substance began to ooze from the wound, of the consistence of tar, and in colour a shade darker than Spanish-brown paint, but without any offensive odour. I then introduced a probe-pointed bistoury, with which I enlarged the opening both upwards and downwards. Through this from two to three pints of the fluid above described escaped in a short time, followed by almost immediate relief.

On visiting her next day I learned that the discharge had nearly ceased, and the patient

was very comfortable. The opening was kept pervious by a roll of linen saturated with melted beeswax, and secured with a T bandage. I have seen her frequently since, and learn that the catamenial discharge is regular, and the opening permanent.

She has well-formed, pleasing features, and a full figure, somewhat inclining to *embonpoint*. I have not inquired whether she has any sexual desires.

Since I operated, I have frequently requested permission to take a plaster cast of the parts, which she has always refused until last fall, when the skin immediately below the tumour, already described, became abraded from the constant flow of urine, and being very painful I was sent for to prescribe. I then obtained a mould, a cast from which I shall be happy to send you, if you desire it. I am, Sir, yours, &c.

W. MAGEE, M.D.

Paterson, N. J., April, 1842.