MECHANICAL ATRESIA VAGINÆ.

ABOUT two years since I was consulted by a woman, not far from twenty years of age, who had been married six months. She gave me the following history of her case, which became more and more interesting to me as a continued treatment developed all its peculiarities.

Her husband was possessed of strong passions and wished for sexual commerce very frequently. Upon her part each sexual act caused the most intense suffering, and she had come to dread his approaches more and more until for the past few weeks the intolerable anguish which she suffered had led her mate to advise her to consult a physician.

A vaginal examination disclosed the following: The vagina was somewhat elongated, its diameter was less than three fourths of an inch, indeed I was unable to introduce my finger for more than an inch, and the slightest inward pressure caused my patient to cry out from pain the most acute. I discovered, by the means of a small speculum, that a prominent ridge extended the entire length of the vagina upon its anterior surface. This ridge was hard and fixed. The whole vaginal tube seemed to be entirely undilatable, while the lining membrane was in a state of active inflammation, no doubt from forcible congress. I asked her history as to her disease and she said as follows: "When I was about ten years old I went with other girls after berries. In our course we reached a stone fence upon the further side of which there was a fringe of alder stubs, about two feet high, with sharpened extremities. I was the last to get over, my foot slipped, and as I fell one of the sharp sticks entered my vagina, and I fainted from pain and fright; they carried me to the nearest house, called my mother, and one physician after another was called till three of the best in town were with me. They found a piece of splintered and knotty wood in my body and it was more than two hours before they could extract it. It was eight inches long and had passed up the vagina into the cavity of the abdomen between the womb and bladder, lacerating the vagina through its whole extent. I was confined to the house for over two years." The result of this terrible injury was a firm cicatrix upon the anterior wall of the vagina, fastening the tube to the bladder very rigidly. The patient wished to be cured if possible, and indeed I had learned before this stage of the examination that she was well advanced in pregnancy, so an operation was in the highest degree necessary. I called a neighboring physician to aid me in administering ether, and when she was anæsthetised I proceeded to operate, and with my knife blade and handle, etc., I at length succeeded in separating the cicatrix from the adjacent tissues, then dilating the tube I packed it carefully and firmly with lint well saturated with antiseptics. I continued this plugging till the wound was well healed and, that too, with no contraction of its normal diameter. I forbade any intercourse till a year after labor, supposing all went well up to that time. Soon after the favorable issue of this treatment I lost sight of my patient.

A year or so after this I received a letter from her in which I was informed that she was the mother of a healthy boy, that the labor was favorable, with no laceration, and then came many expressions of gratitude for her deliverance from so grave a complication.

MANLIUS.

New Instruments.

URETHRAL SYRINGES.

BY EDWARD L. PARKS.

IN the number of the JOURNAL for March 3d two separate instruments for the treatment of gonorrhœa are represented by plates and descriptive articles. Neither of them seem to me superior, at least, to a simple instrument which I devised a few years ago and presented at a meeting of the Suffolk District Society.

One of my instruments is now before me, made by Messrs. Leach and Greene, and they promised to sell single ones for seventy-five cents. An ordinary English plastic catheter of 22 F. calibre is cut off at about three inches (less would be better) from the inserting extremity. The cut end is surrounded by a metal flange (simply a perforated disc) and an ivory mouth-piece added. This is to be used with a syringe. Also before me I have what I believe to be the most suitable syringe — one for the eye and ear — a small rubber bulb with a nozzle, but no connecting tube.

The patient is to insert the catheter as far as it will go, and then, filling the bulb as many times as directed, by inserting the nozzle of the syringe in the mouth-piece of the catheter he throws the fluid through the catheter.

In this way a large quantity of fluid can be injected, though the instrument enters the urethra but once, being retained in position. The fluid returning outside the catheter (as experience justifies me in believing it does) unfolds the rugæ of the mucous membrane already evenly distended by it. This is a simple instrument, and if your instrument-maker does not have one he can readily make it. It is easy to select a catheter whose eyelet will not engage the mucous membrane.

Boston, March 9, 1881.

Reports of Societies.

PROCEEDINGS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

T. M. ROTCH, M. D., SECRETARY.

MARCH 14, 1881. DR. T. B. CURTIS presided.

DIPHTHERIA.

DR. HALL CURTIS reported a case of diphtheria, fatal on the third day from cardio-pulmonary thrombosis and (perhaps) embolism. Vide page 267 of this number of the JOURNAL.

DR. FITZ thought the cause of the rapidly fatal suffocative symptoms was rather to be attributed to cardiac paralysis than to thrombosis or embolism, in the absence of other causes of suffocation. He had made but one post-mortem examination where sudden and unexpected death had occurred as a result of diphtheria. The case was that of a child who had apparently recovered from the immediate effects of the disease, but died while being removed from a carriage after her return from an airing. A general and extensive fatty degeneration of the heart was found.

The sudden termination of cases of diphtheria in the manner reported was not to be regarded as an extremely rare occurrence. One such instance had taken