MORPHOLOGY.—SUPERABUNDANT DEVELOPMENT OF THE CLITORIS.

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I TAKE the liberty to forward you the accompanying two sketches, illustrative of superabundant development in a female. It will prove interesting to the morphologist, and also to the curious in anatomical pursuits.

The history of the individual is not known before she presented herself at the Mendicity Office with fever. She was forwarded to the Leeds House of Recovery, (Fever Hospital,) and there died; after which, the body, not being claimed, was sent to our School of Medicine.

FIG. 1.

A, probe introduced to the orifice of the penis (clitoris?) F, its exit from the confluence of the two passages; B, glans; C, confluence of the two passages; D, rugæ of vagina; E, orifice of penis (clitoris?)

FIG. 2.

A A, labia minora; B, glans penis vel clitoridis; C, penis vel clitoris; D, vagina; E, orifice penis vel clitoridis.

The sketches will explain themselves readily; I may only say, that No. 1 is the appearance of the enlarged clitoris or penis, when raised towards the pubes, to show the communications of the urethra at its root; and No. 2, when turned

down, to show the connexion of the crura with the labia minora, and the entire length. The urethra, which is perforate throughout the entire length, commenced, as in the male, at a proper orifice in the glans, and is nearly two and a half inches long. A probe is represented in the sketch, introduced to show both the extent and mode of confluence of the passages. The whole length of the attempted penis is now, when collapsed, two and a half inches, and when compared with a collapse and dead male penis, is full half the length. It must therefore, like the male penis and female clitoris, have been capable of erection in proportionate dimensions, and might then have equalled four or five inches. It was totally unconnected with the internal pelvic organs, and these were entirely of the usual female character. The ovaries, which are, however, unusually large, present a curious external surface, being circumvoluted or gyrated very much like the gyri of the brain surface, and on being cut into, the larger ones were protruded by the corpora lutea and undeveloped ova. This intimation will afford a sufficient proof of her real female character. The breasts had been enlarged; the glands were fully developed; the nipples protruded, and large areola, with corresponding sized mucous follicles, surrounded them. The skin is also marked with the usual white lines caused by distention during pregnancy, of which she showed also the usual signs in the skin of the abdomen, by numerous transverse lines over the whole surface. The uterus and the vagina gave also confirmatory signs of previous pregnancy. Her age is not known, but she appears about thirty-five.

Park-square, Leeds, June, 1849.

ON THE TREATMENT OF CHOLERA.*

By T. M. GREENHOW, Esq., F.R.C.S., Newcastle-on-Tyne.

In a letter, lately addressed to the mayor of Newcastle, the prophylactic measures of a general and personal character, which might properly be pursued on the expected approach of cholera, were briefly pointed out. It is our present intention, in consequence of the disease having shown itself in various parts of the country, though happily the cases have yet been but few, to endeavour clearly, but with equal brevity, to offer a few practical observations on its nature and treatment, deduced from extensive experience during the former epidemic in 1831 and 1832, and from occasional sporadic cases which have since presented themselves in the course of almost every year. Of these cases, it is true, some have been of a mild character, though their true nature was clearly evinced by the copious serous discharges from the stomach and bowels, equally devoid of biliary secretion and of feculent odour, which may be considered as distinguishing true cholera from the more familiar cholera morbus. But other cases have been marked by the most characteristic features of the disease in its intense type—the blue, shrivelled countenance, the shrunk extremities, failing or extinct pulse, and cold tongue and breath, being superadded, while the intellect remained unaffected; muscular spasms were common in all.

If by the term poison is intended to be expressed matter, whether solid, liquid, or aerial, which, being received into the human system, produces morbid actions, threatening death, or suspends vital actions essential to life, then must the physical cause of cholera be properly a poison; and the history of nearly every case of the disease proves that the first impression of this poison is made on the mucous membrane of the intestines, and the first effect is the entire suspension of its functions of absorption and secretion, while an increased or spasmodic action is induced in the muscular coat of the same viscera. Hence the copious and exhausting drainage through the former, and rapid expulsion by the latter coat of the intestinal tube of the thinner portions of the circulating mass of blood; and this is soon assisted by the extension of the muscular spasm to the walls of the abdomen, at the same time that similar diseased actions are extended to the respective coats of the stomach, giving rise to like discharges of serous fluid from both extremities of the digestive canal. So rapid is this drain, that not unfrequently, by rendering the blood viscid in quality, and greatly diminished in quantity, it very soon leads to the entire suspension of secretion, a direct abstraction of the material whence the secreted fluids are to be supplied is effected; and hence the absence of bile in the excretions, and the suppression of urine, by which cholera is characterized; hence, too, the almost entire suspension of the heart's action, and of the arterial and venous circulation, and, as a necessary

* Read at the Newcastle and Gateshead Pathological Society, Nov. 13th, 1848.