

A CASE OF DOUBLE VAGINA AND UTERUS

By D. M. EDGERLY, M.D.

THE patient in whom this anomaly occurred was a poor Irish woman, 35 years of age, pregnant with her first child. Labor commenced Monday morning about 5 o'clock. Hoping to get through without calling a physician, she did not send for me till Wednesday noon—nearly sixty hours after labor supervened.

When I arrived, I found the patient very much exhausted; the pains were irregular, weak and inefficient. Upon making a digital examination, I found the head low down, and the pelvis capacious; the finger could easily be carried around the portion of the child's head occupying the right half of the maternal pelvis. But when I attempted to carry my finger over the part occupying the left half, it came in contact with what seemed to be a membrane drawn tightly over the presenting portion of the head in the median line extending antero-posteriorly. My first impression was that a lip of the os uteri was caught on the child's head and was obstructing its progress. But all attempts to get at that side of the head, either by carrying my finger under the membrane or passing it outside, failed. I found a membrane, continuous with that confining the child's head, extending to the outlet of the vagina. After making this discovery, I withdrew my finger, and found I could easily introduce it on the other side of the membrane, and feel the outline of the as yet inaccessible part of the head, but with a thick membrane intervening between it and my finger. Crowding the finger deeply down beside the head, it came in contact with what seemed to be a small cervix and os uteri. The condition of things was now evident. Withdrawing my finger and again introducing it on the right side, I partly succeeded, by using considerable force, in slipping the septum off the foetal head. I then gave ergot in large doses, which failed to invigorate materially the uterine contractions. After waiting a little I applied the forceps, and, with some difficulty, delivered the woman of a stillborn child. Appearances indicated that it had been some time dead.

The woman made a rapid and complete recovery.

When the lochial discharge had ceased, I made another examination, entirely confirming my opinion of the state of affairs at the time of confinement. On the right side I found a vagina of ordinary size and a uterus rather larger than normal, involution

not being yet completed. On the left side was a small vagina, not large enough to admit a medium-sized glass speculum—the smallest I had with me—also the cervix of a rudimentary uterus; the body of the second uterus could be felt resting on the cervix of the one which had been impregnated.

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Progress in Medicine.

REPORT ON PATHOLOGY AND PATHOLOGICAL ANATOMY.

By R. H. FIRZ, M.D. HARV.

(Concluded from page 268.)

SPECIAL PATHOLOGICAL ANATOMY.—NERVOUS SYSTEM.

Infantile Paralysis.—In a communication to the Section for Children's Diseases at the 44th meeting of German Naturalists and Physicians, Prof. Rinecker (*Jahrb. f. Kinderheilkde*, 1871, 5th year, 1 heft) gave the results of two autopsies, the only ones he had been able to obtain. In the one (by Förster), the peripheral nerve fibres were found altered; in the other (by V. Recklinghausen), there was atrophy of the muscles, with narrowness of the fibres, in spite of the presence of fat here and there. In the anterior columns and in the anterior portions of the lateral columns of the spinal cord, the nerve fibres and ganglion cells were atrophied, the vascular sheaths contained granular corpuscles. The diseased peripheral nerves were thin.

Pseudo-hypertrophic Paralysis.—Auerbach (*Virch. Archiv*, vol. liii., p. 224), Charcot (*Arch. de Phys.* 1872, vol. ii. p. 228), Knoll (*Med. Jahrb.* 1872, p. 1), and Berger (*Deutsch. de Arch. f. Klin. Med.* 1872, p. 363), have written at greater or less length with regard to this subject, all basing their remarks upon cases under their personal observation either directly or indirectly. Berger's three cases and Auerbach's one were adults, and the affection limited to one extremity. Auerbach found simple hypertrophy of the muscular fibres and increased development of the nuclei, without participation of the interstitial cellular or fat tissue. He considers that the appearances presented are those of the early stage of the disease.

Berger found pronounced muscular hypertrophy without nuclear development, and regarded the condition of the muscles as that of the first stage of the disease.

Knoll found the muscular fibres to vary in size; they neither contained nor were