

fourteen cases of glossitis during twenty years of hospital practice, and he thinks it not so rare as some have supposed. He believes that the inflammation commences at the base and extends forward. This seems of some interest, as most of the books speak of it as commencing at the tip and extending back. In the above case it commenced at the base, and gradually extended over the entire organ. In Mr. Croly's last case one side of the organ only was affected.

As regards treatment, Mr. Croly recommends purgatives and free incisions, and he gives some useful and important suggestions in regard to making the latter. Undoubtedly free incisions give great relief. They were proposed in this case, but were refused, and as many patients fear the knife more than almost any risk, the question arises as to whether or not most patients would not do quite as well without the knife as with it, provided that other treatment is not neglected. The rareness of reported cases of idiopathic glossitis in the journals has prompted me to report this case.

CASE OF ATRESIA ANI VAGINALIS.¹

BY HENRY TUCK, M. D. (HARV.),

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A. B., single, aged twenty-six, of American parentage, a resident of a neighboring town, was sent to Boston by a medical friend to be under my care in her confinement. She was a lady in good social position, but while riding with a young man, her intended husband, having been rendered unconscious by drugged candy, as she claims, was raped by him. This occurred on May 26th. In the following September, not having seen her catamenia for three months, and finding herself increasing in size, she consulted her family physician, who, not suspecting the nature of the case, treated her for amenorrhœa. Pregnancy was finally suspected, and she was treated by an irregular physician, who tried to bring on an abortion by the use of drugs. No operation, however, was attempted. After this she passed into the hands of a competent physician, who made a vaginal examination, and ascertained the real state of the case. By him she was a few months later sent to Boston and placed under my care. Confinement was expected about March 3d but did not occur till March 14th, making her period of gestation two hundred and ninety-three days. The head presented and the labor was normal in every way, except that it was rather long, twenty-three hours, and there was very little liquor amnii, as has been before noticed in cases of prolonged gestation. The

¹ Foerster's *Path. Anat.*, part ii., p. 98.

² Read before the Obstetrical Society of Boston.

child was a healthy, well-developed girl, and weighed eight and a half pounds. I was called to the case when the first stage was perhaps half completed. The patient lay on her side, with her back toward me. On making a vaginal examination, and passing my fingers from the anus toward the pubes, and into what was thought the vagina, the head of the fœtus was felt, but through what seemed a thick vaginal septum. On withdrawing the finger it was found covered with fœces, and I was rather mortified at having, as it seemed, mistaken the rectum for the vagina. Placing the patient on her back, and making another attempt at a vaginal examination, I found the os about half dilated and the head well down in the pelvis. My finger was again found covered with fœces, and, suspecting that something must be wrong, I made an ocular examination of the parts. At the normal site of the anus the skin was deeply pigmented, there was a depression to be felt, and it seemed as if there were a sphincter and covered with skin. On separating the labia at the posterior commissure, about a half-inch above it was the anus in the septum between the rectum and vagina. This anus was not patulous, but was closed by a sphincter, though rather a lax one. It was entirely under the control of the patient, who has never had any difficulty in retaining her fœces. On questioning her afterwards it was ascertained that she had no knowledge of her condition. She stated that through life she had been a good deal troubled by constipation, so much so as to often put herself under medical treatment for it. The only thing the patient had noticed was that after defæcation she had always had to wipe herself more carefully than women usually did. The patient was anxious to have some operation performed, but this was not advised, and she was simply told to use a rectal injection whenever constipated.

After her return home, the patient wrote that on questioning her mother it was found that she was aware of her daughter's condition, but had thought best never to speak of it to any one, not even to her own physician.



THE METRIC SYSTEM AS APPLIED TO THE OPHTHALMOSCOPE.

BY E. G. LORING, M. D.

It is proposed by the leading ophthalmologists to adopt a new system of notation for the expression of the power of lenses. A word, therefore, as to the effect of this system on ophthalmoscopes may not be inopportune. In the old system the strength of a glass was denoted by its focal length, which fortunately happened, with glass, to correspond with the radius of curvature on which it was ground. As the power of a lens is inversely as the radius of the sphere on which it is ground,