

accompanied by hyperæmia of the grey matter or white tracts. In this case there was certainly considerable hyperæmia of the internal tract and lenticular nucleus.

(To be continued.)

A CASE OF IMPERFORATE ANUS.

Meconium passed per urethram—Operation—Death—Autopsy.

By S. L. NASH, M.D., Bridgewater, Ont.

On November 19th, 1879, I was called to see a male child a few hours old. Found child well nourished, healthy, and perfect in all its parts and functions, with this one exception—entire absence of anus and (?) rectum.

As there was no bulging about the anal region, I decided to wait twenty-four hours before operating.

Visited child next day, in company with Dr. Dafoe—child then being thirty-eight hours old, active and healthy, nursing well, urine normal, and to all appearance in perfect health. No bulging in anal region.

Commenced operation by making an incision about one and one-fourth inches in length along median line, from coccyx towards scrotum, carried the dissection back and up, following the curve of sacrum. By passing probe in urethra, found it to approach abnormally near coccyx. The probe in urethra assisted us in keeping away from that organ. Although Dr. Dafoe and myself very carefully examined the region along curve of sacrum, posterior to urethra, and bladder, we failed to feel anything like the distended gut. The narrowness of the pubic arch, together with the close approximation of the tubera-ischii, forced us to use a probe instead of the finger for examination, as it was with extreme difficulty that the little finger could be introduced through the pelvic outlet. We carried the operation no farther when we became satisfied that so much of the bowel was deficient that nothing would be gained by reaching it. The child lived eighty hours, and, before death, passed with urine, by urethra, a black fluid like meconium.

Post-mortem examination revealed entire absence of rectum,