

THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,
CRITICISM AND NEWS.

VOL. XXIV.] TORONTO, JULY, 1892. [No. 11.

Original Communications.

REPORT OF THREE CASES OF MALFORMATION OF THE FEMALE ORGANS OF GENERATION, WITH REMARKS.*

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Mr. President and Gentlemen of the Ontario Medical Association,—Surgical diseases of women at the present time are so well understood, such clear and practical advances have been made within the past few years in the treatment of all lesions that pertain to the female sex, that, in presenting the following cases I know I am not offering any particularly new or striking problem for the seekers into all that comes under the realm of gynecology, yet I believe they are worthy of presentation, and to go on record as a bit of additional knowledge on the subject of gynecological practice.

CASE I.—February 2nd, 1891, I was requested by Dr. Hun to see in consultation, Miss —, aged 17 years, who gave the following history: Presented the appearance of a well-developed, healthy girl, face showing a very pronounced case of acne. She had for two years given symptoms of menstruation at each monthly period, but had never menstruated. She had been examined by Dr. Lusk, of New York, who very kindly wrote me afterwards as to his diagnosis, that of possible presence of the ovaries, with much doubt as to the development of the uterus. On examination I found the breasts well developed for a girl of that age; the external labia and orifice of the urethra absolutely normal; development of the hair about the mons normal. There was a slight discharge from a small orifice connected with the

inner portion of the right external labia, partially from above, on pressure causing a pus-like substance to exude. She was given an anæsthetic, and on making a thorough bi-manual examination, with one finger in the rectum, the other hand pressing over the hypogastric and inguinal regions, I could feel some trace of an ovary on the left side, yet was unable to make out the neck or body of the uterus. Did not pass a finger into the bladder, passed in a sound, and could feel it through the tissues, per rectum, but it did not afford much assistance in the diagnosis. After further consultation with Dr. Lusk, it was thought best to attempt an operation for possible finding of the cervix by formation of a vagina. With the assistance of Drs. Townsend and Hun, patient being thoroughly anæsthetized, I began an external incision by means of the flat point of the thermocautery, starting just below the meatus and extending back in the median line to within about an inch of the anus. Having penetrated to nearly the distance of an inch, I then dissected carefully with a scalpel and serrated scissors, and opened up a vaginal passage three and one-half inches in length. I then found by introducing finger in rectum, and with sound in bladder, that my incision was getting dangerously close to both the rectum and bladder, and felt it unwise to go farther. By the most earnest efforts I failed to detect any development of the uterus. An earnest effort was now made to keep this artificial vagina open by means of bougies and the wearing of a stem pessary, but it was found very difficult to do so. At the present time it is almost entirely closed. I may say that this has been the experience of many other operators. During past eight months patient has suffered every month from all the symptoms of menstruation, much pain through abdomen, much dizziness of head, and, at times, an almost complete loss of consciousness. Her case has been fully explained to her and her parents, and she has expressed a strong desire for relief. I have recommended to the family an abdominal incision, and removal of whatever could be found of the uterine appendages, believing it would be wise to bring about an early menopause, thus saving her the suffering that comes each month, evidently an attempt on the part of nature to establish menstruation. This information was conveyed to Dr. Lusk, their family physician,

* Read before the Ontario Medical Association, June, '92.