

tions, and without entering into the theories advanced to explain their probable origin, a careful analysis has enabled the author to classify them under nine different species, an arrangement nearly but not quite the same as that adopted by Papindorf, and they are thus enumerated :—

*"First Species.*—This species consists of a preternatural narrowing of the anus at its margin, and occasionally extending a short distance above this point.

*"Second Species.*—In this species there is a complete occlusion of the anal aperture by a simple membrane; or by the common integument, or a substance analogous to it, more or less thick and hard.

*"Third Species.*—In this species there is no anus whatever, the rectum being partially deficient and terminating in a cul-de-sac at a greater or less distance above its natural outlet, without any communication whatever, either externally or internally.

*"Fourth Species.*—The anus in this species is normal, but the rectum at variable distances above it, is either deficient, obliterated, or completely obstructed by a membranous septum.

*"Fifth Species.*—In this species the rectum terminates externally by an abnormal anus, located in some unnatural situation, as at some point in the sacral region; or the rectum is prolonged in the form of a fistulous sinus and terminates by an abnormal anus, at the glans penis, the labia pudendi, or at different points in the perinæum. The natural anus being generally absent, its functions are performed by the abnormal one.

*"Sixth Species.*—The rectum in this species opens preternaturally into the bladder, the urethra, or the vagina; or into a cloaca in the perinæum with the urethra and the vagina. In these instances the normal anus does not generally exist.

*"Seventh Species.*—In this species the rectum is normal, with the exception that either the ureters, the vagina or the uterus, open preternaturally into it.

*"Eighth Species.*—In this species the rectum is entirely wanting.

*"Ninth Species.*—In this species the rectum and the colon are both absent, and there is usually an abnormal anus situated in some extraordinary part of the body."

It is scarcely necessary for us to detail the general symptoms which an occlusion of the lower abdominal passage would elicit. They are such as in general terms would simulate strangulated Hernia; but the existence of such a condition should be suspected if no alvine discharge should take place from a newly born infant within the first twenty-four hours from its birth. This should necessitate in all circumstances a close examination of the anal region by the obstetrician. If nothing is done to relieve the little sufferer, and malformation of a serious character exists, death occurs between the third and eighth day according to its inherent vigour. The author narrates some singular instances of retention of life under these unfavorable conditions. In one case no unfavourable symptoms declared themselves until the evening of the twelfth day, at which time the deformity was for the first time recognized. In another case a child lived three months, without having passed anything from its bowels. In another case in which the rectum was discovered after death entirely absent, the infant lived seven weeks and three days. A fourth case is narrated in which life was prolonged to six months, the infant having never had an evacuation from its bowels; and a fifth, under like circumstances lived one hundred and two days. These cases are however exceptions to the rule, death most commonly supervening within the time specified, from enteritis peritonitis or intestinal paralysis.

With regard to the prognosis we permit the author to speak for himself as we feel that we can scarcely condense his observations with propriety.