

trapezium of the right thumb. It was the mother's fifth confinement; all the other children were born perfect.

In this case it is highly probable that the rectum opened directly into the membranous portion of the urethra, as, if the connexion was with the bladder, it is not probable the bowel would have been reached by a perineal incision.

Dr Craig remarks in his paper that examining the preparation of his case, it is evident that it was possible to pierce the bowel by a trocar or even a bistoury, but he says, "to have enlarged the opening sufficiently to have cut down upon the rectum would have been an operation such as few newly-born children could have survived, and even if the child could have survived, the want of development of the rectum would have prevented a successful issue in this case."

I cannot agree with Dr Craig's conclusions, for, if the bowel is not reached the child will certainly die, and I do not think fear of the severity of the operation should influence the surgeon in his endeavour to reach the bowel; again, as the rectum is pretty movable in the infant it can be brought down, as is shown in my case, even if the lower end is undeveloped.