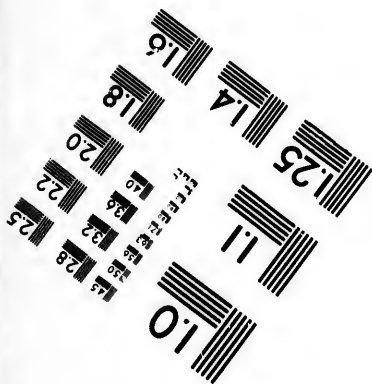
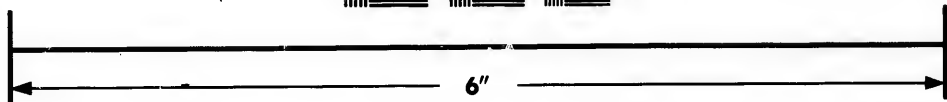
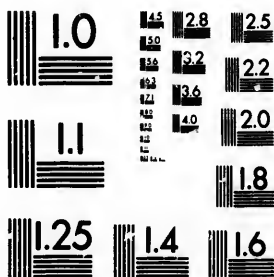


**IMAGE EVALUATION  
TEST TARGET (MT-3)**



**Photographic  
Sciences  
Corporation**

23 WEST MAIN STREET  
WEBSTER, N.Y. 14580  
(716) 872-4503

44 28 25  
32 22  
20  
8

**CIHM/ICMH  
Microfiche  
Series.**

**CIHM/ICMH  
Collection de  
microfiches.**



**Canadian Institute for Historical Microreproductions / Institut canadien de microreproductions historiques**

10  
71

**© 1985**

Technical and Bibliographic Notes/Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for filming. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of filming, are checked below.

L'Institut a microfilmé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de filmage sont indiqués ci-dessous.

- Coloured covers/  
Couverture de couleur
- Covers damaged/  
Couverture endommagée
- Covers restored and/or laminated/  
Couverture restaurée et/ou pelliculée
- Cover title missing/  
Le titre de couverture manque
- Coloured maps/  
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black)/  
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations/  
Planches et/ou illustrations en couleur
- Bound with other material/  
Relié avec d'autres documents
- Tight binding may cause shadows or distortion  
along interior margin/  
La reliure serrée peut causer de l'ombre ou de la  
distorsion le long de la marge intérieure
- Blank leaves added during restoration may  
appear within the text. Whenever possible, these  
have been omitted from filming/  
Il se peut que certaines pages blanches ajoutées  
lors d'une restauration apparaissent dans le texte,  
mais, lorsque cela était possible, ces pages n'ont  
pas été filmées.
- Additional comments:/  
Commentaires supplémentaires:

- Coloured pages/  
Pages de couleur
- Pages damaged/  
Pages endommagées
- Pages restored and/or laminated/  
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/  
Pages décolorées, tachetées ou piquées
- Pages detached/  
Pages détachées
- Showthrough/  
Transparence
- Quality of print varies/  
Qualité inégale de l'impression
- Includes supplementary material/  
Comprend du matériel supplémentaire
- Only edition available/  
Seule édition disponible
- Pages wholly or partially obscured by errata  
slips, tissues, etc., have been refilmed to  
ensure the best possible image/  
Les pages totalement ou partiellement  
obscurcies par un feuillet d'errata, une pelure,  
etc., ont été filmées à nouveau de façon à  
obtenir la meilleure image possible.

This item is filmed at the reduction ratio checked below/  
Ce document est filmé au taux de réduction indiqué ci-dessous.

10X	12X	14X	16X	18X	20X	22X	24X	26X	28X	30X	32X
					✓						

The copy filmed here has been reproduced thanks to the generosity of:

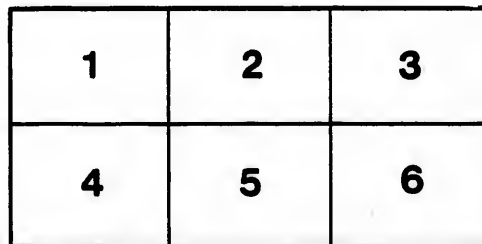
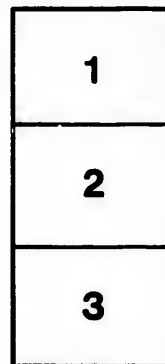
Medical Library  
McGill University  
Montreal

The images appearing here are the best quality possible considering the condition and legibility of the original copy and in keeping with the filming contract specifications.

Original copies in printed paper covers are filmed beginning with the front cover and ending on the last page with a printed or illustrated impression, or the back cover when appropriate. All other original copies are filmed beginning on the first page with a printed or illustrated impression, and ending on the last page with a printed or illustrated impression.

The last recorded frame on each microfiche shall contain the symbol  $\rightarrow$  (meaning "CONTINUED"), or the symbol  $\nabla$  (meaning "END"), whichever applies.

Maps, plates, charts, etc., may be filmed at different reduction ratios. Those too large to be entirely included in one exposure are filmed beginning in the upper left hand corner, left to right and top to bottom, as many frames as required. The following diagrams illustrate the method:



L'exemplaire filmé fut reproduit grâce à la générosité de:

Medical Library  
McGill University  
Montreal

Les images suivantes ont été reproduites avec le plus grand soin, compte tenu de la condition et de la netteté de l'exemplaire filmé, et en conformité avec les conditions du contrat de filmage.

Les exemplaires originaux dont la couverture en papier est imprimée sont filmés en commençant par le premier plat et en terminant soit par la dernière page qui comporte une empreinte d'impression ou d'illustration, soit par le second plat, selon le cas. Tous les autres exemplaires originaux sont filmés en commençant par la première page qui comporte une empreinte d'impression ou d'illustration et en terminant par la dernière page qui comporte une telle empreinte.

Un des symboles suivants apparaîtra sur la dernière image de chaque microfiche, selon le cas: le symbole  $\rightarrow$  signifie "A SUIVRE", le symbole  $\nabla$  signifie "FIN".

Les cartes, planches, tableaux, etc., peuvent être filmés à des taux de réduction différents. Lorsque le document est trop grand pour être reproduit en un seul cliché, il est filmé à partir de l'angle supérieur gauche, de gauche à droite, et de haut en bas, en prenant le nombre d'images nécessaire. Les diagrammes suivants illustrent la méthode.

(A) CASE OF  
ABSENCE OF THE LOWER END OF  
THE RECTUM,  
WITH PASSAGE OF FÆCES THROUGH THE PENIS:  
SUCCESSFUL OPERATION FOR RELIEF.

By FRANCIS J. SHEPHERD, M.D., C.M.,  
PROFESSOR OF ANATOMY IN M'GILL UNIVERSITY, SURGEON TO THE MONTREAL  
GENERAL HOSPITAL.

---

*Reprinted from the Edinburgh Medical Journal for August 1884.*

---

IN the March number of the *Edinburgh Journal* I notice the report by Dr Wm. Craig of a case of imperforate anus, in which the rectum communicated with the urinary tract. As Dr Craig states in his paper that he is not aware of any similar case to his own having occurred, and Mr Holmes, when speaking of cases where the rectum communicates with the urinary tract, mentions that he knows of no case where the bowel has been reached successfully through a perineal incision, I thought that it might be of interest to place on record a case similar to Dr Craig's, where operative procedures had resulted favourably. On the 16th of November 1883, Dr Molson delivered a woman of a healthy male child after a tedious labour. Next day the mother told him she noticed something strange coming from the child's penis. On examining the

parts Dr Molson immediately recognised the discharge as meconium, and, on further examination, discovered the infant had an imperforate anus. The mother having consented to an operation, Dr Molson requested me to take charge of the case. The patient was admitted into my wards at the General Hospital on 19th November, being then three days old, and having since birth passed a large quantity of feculent matter by the penis. The child, which was strong and healthy, had some distention and tenderness of the abdomen, but very slight fulness of the perineum. There was a well-marked median raphé, and a slight puckered depression at the site of the anus. I decided first to try and reach the bowel through the perineum. After placing the child under chloroform, I made a free incision in the median line, dissecting carefully backwards and upwards in the direction of the rectum, and frequently placing my finger in the wound to feel for fulness or fluctuation. I dissected in this way to a depth of fully 2 inches, when discovering a fluctuating tumour, I punctured it with my knife, and was pleased to see quantities of fæces escaping through the wound. I then enlarged the puncture in the bowel, and without much difficulty drew it down to the external wound, and held it there by catgut stitches.

Almost immediately after the operation the mother removed the child from the hospital, and I did not see it again till 9th June 1884. In the meantime Dr Molson had occasionally visited the case, and instructed the mother, in passing bougies, to keep the anus open. The mother, however, did not attend very scrupulously to directions, and after the operation the opening kept gradually growing smaller. When I saw the child last, it was six months old, and was stout and healthy; the opening had contracted so much that it with difficulty admitted a No. 12 catheter. The mother informed me that the child still occasionally passed fæces by the penis, but only when "opening medicine" was given. I intend, when I can get the mother's consent, to incise the opening, and I shall insist on her passing her little finger twice daily through the anus, as Dr Holmes recommends.

I forgot to mention that the child was the subject of another deformity, viz., absence of the metacarpal bone, and probably the

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.

