OCCLUSION OF THE VAGINA OBSTRUCTING DELIVERY.

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Although I have been engaged in an extensive general midwifery practice for about twenty years, I must confess candidly that I was most astonished in attending upon the following case. It occurred in a patient whom I had attended previously four times in travail, on which occasions the genitals were natural. In my opinion, in a physiological and pathological point of view, it is of the utmost importance. The facts are these:—

On the 6th of February, I visited Mrs. S——, aged thirty-five years, of middle size, strong make, and apparently healthy constitution. She said that she had been in labour six hours. The throes were short, quick, and feeble. There was apparently a thorough occlusion of the vaginal cavity. The whole of the lining membrane of the posterior part of the vagina, commencing with the commissura inferior of the vulva, was apparently firmly organized together. Digitally, the fœtal head, within its coverings, could be distinguished in the pelvic cavity.

I advised an anodyne, left the patient, and ordered her attendants to inform me when the pains became stronger. I saw her again in about three hours. The throes were quick and very violent; the perinæum distended; the head, within its investments, advancing; the other parts as before. Immediately, during a most violent uterine throe, I felt an internal sudden shock and sensation of tearing, as if the os uteri had been organized together, and then suddenly burst asunder. Subsequently, I traced a small foramen, about the size of a pea, in the roof of the vaginal fissure, near the anterior part of the tuberosity of the right ischium, and behind it, the membranes of the placenta. Eventually, by digital dilatation of the foramen, and laceration of the adventitious connexion of the parts, occasioned by the expulsory uterine throes, a sufficient passage for the birth of the fœtus was acquired, which took place, *per naturales vias*, in about three hours after my arrival.

It is about five years since her preceding accouchement took place. In seven days afterwards peritonitis ensued. During the next two years her general health was bad. I did not attend upon her during the period. According to her own statements relative to it, she began to menstruate in sixteen months after the accouchement, and did so regularly monthly, until she became pregnant; but the menstruation was attended with an unusual degree of pain. During the whole of the two years, she had occasional very severe acute pain beneath the inferior angle of the left scapula, speedily removed on lying down, constant pain across the posterior superior part of the sacrum, and frequent and difficult micturition, accompanied with little or no discharge *per vaginam;* and that subsequently she had felt herself different from usual, from an obstruction in the vaginal passage.

Judging from the preceding facts, it is probable that the peritonitis was accompanied, and occasioned, by the vaginal inflammation; and that after the former disease had abated, the latter remained, and occasioned the occlusion. The adventitious organization was so complete, and the parts so very free from apparent disease, that had I not been previously acquainted with the case, I should have considered the condition of the parts congenital. The grand physiological question arising out of this case is—How, under such circumstances, could impregnation be effected?

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