

A Case of Malformed Vagina

Submitted to the Medical Faculty

of

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by

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Hibry.

A Malformed vagina

The following case is reported from memory, not having the notes of the case before me which I took at the time.

The subject was a negro girl, the property of J. A. Morris of Lauderdale, and about 23 years of age.

I was called to visit her at night sometime during the winter of 1852, and was told that she had been in labor near 3 hours, with her first Child, and that she was some five or six months advanced in pregnancy.

I was told by the midwife in attendance, that she could see nothing about the case - that she could not introduce the finger more than half its length into the vagina - that she could not feel the mouth of the womb at all; or, that if she had felt it

She did not know it.

With this information, I made an examination per vaginam myself, and found to my astonishment, that the facts were pretty much as Mearns had represented them.

On the first examination I found the vagina a perfect Cul de Sac, so far as I could tell, and not more than one inch & a half long, forming a sharp Cone.

I could readily feel the Uterine tumor thro' the Cone of the Vagina, and also very plainly through the walls of the abdomen.

After waiting some four or five hours I found the pains had produced some effect on the upper portion of the vagina, but I could not feel thro' as before, the vagina being closed apparently, before reaching the Uterus.

The pains continued to increase and after a while I could feel a small opening at the apex of the Cone, under the Symphysis pubis.

and a short time afterwards, I felt another opening posterior to the former one, with a strong complete band dividing them - running from side to side, & the two openings, now plainly to be felt, were situated one above [&] the other below the band, or anteriorly and posteriorly.

The two openings became gradually larger, and in about the same ratio, as the pains increased.

When they became sufficiently dilated to introduce my finger, I passed it into the upper opening & hooking it over the band, drew it downwards and backwards. The head of the Child would also press the band in the same direction during a pain, but ~~at~~ ^{where} the pain was, the band seemed sufficiently unyielding to throw the head back again.

The labor proceeded in this way for some 8 or 10 hours, each opening becoming larger, the band longer, until with my help, the band was pressed far enough backwards to permit the head to pass through the anterior opening.

the remainder of the Child passed very easily.
After removing the placenta, I examined carefully
for the band again, but could not find it. I suppose
the band must have been lacerated by the birth of the Child
which was dead and had been for several days. I
was perhaps a six months Child.

The woman recovered without any antiseptic sys-
tem. I had determined to examine her
again after her complete recovery from the labor.
but was disappointed, as she was removed from
the County before I had the opportunity.

Pro. Meigs, in his work, on "Woman - her
diseases and remedies," mentions three cases
of double vaginas, all of these cases were
observed in primipara. The band or
bridge, or more strictly speaking, the parti-
tion, in his cases, extended from front to
rear, or anteriorly and posteriorly, and
he found it necessary to divide the band
with scissors in order to deliver the Child.

in the first case.

In the two other cases, the children were delivered through the right Channel of the vagina, and the band in both cases, remained unlacerated. The partitions in the cases was broad and strong, extending from the upper part of the vagina to the lower part & sufficiently firm to remain uninjured during the labor, tho' the forceps had to be used.

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