A Case of Malformed Wagina

Submitted to the Medical Faculty of

The Nashville University

by

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of

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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 three 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 three 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 M. E. had represented them.

On the first examination I found the vagina a perfect Cul de sac, so far as I could see, and not more than one inch in diameter, forming a sharp cone.

I could readily see the Uterine Tumor, the Cone of the Uterus, and also a very slender thread passing through the walls of the vagina.

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 the uterus, the vagina being closed at its upper part, before reaching the uterine.

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 one to side of the two openings, now plainly visible. This felt, was situated one above the other below the band, or anteriorly and posteriorly.

The two openings became gradually larger, 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 and hooking it over the band, drew it downwards and backwards. The head of the

Chief would also press the band in the same direction during a pain, but as the pain was over, 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 cord again, but could not find it. I supposed the cord must have been damaged by the birth of the child which was dead and had been for several days. It was perhaps a six months child.

The woman recovered without any centors and by Tom. I had determined to examine it 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 "Roman--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 partition, 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 unaccorded. The partings in the cases were 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.

James A. Lackey

Feb'y 23, 1858

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