quarters of an inch apart. This does not allow a prolapse of the vaginal wall, as when the perinæum is lacerated, whilst it permits of an equal extent of dilatation of the outlet by the glass plug.

In some cases I have found the hæmorrhage following these operations sufficiently serious, and in one of these I have to thank my friend Dr. Horne, our Hon. Secretary, who was called in in my absence, for the arrest of very alarming loss of blood, occurring some hours after the operation, in the case of a young lady on whom I performed Sims’s operation.

It should be observed, however, that even in cases of vaginismus so extreme as to effectually prevent complete marital intercourse, the disease is not necessarily an absolute barrier to impregnation. In one instance of this kind that came under my observation some years ago, so extreme was the local hyperæsthesia as not only to preclude the probability of complete cohabitation, but also to prevent the patient’s submitting to any local treatment for the relief of the morbid condition. Nevertheless conception occurred, and I subsequently was called in to deliver her at full term, and in doing so was obliged to incise the still unruptured hymen, by which delivery was obstructed.

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Art. XI.—Notes on Famine Diseases. By Alexander Porter, M.D., F.R.C.S., M.R.I.A.; Brigade Surgeon, I.M.S.; Fellow of the Madras University; and Professor of Medical Jurisprudence, Madras Medical College.

(Continued from Vol. LXXXII., p. 476.)

V. GENERAL PATHOLOGY OF THE ALVINE FLUXES.

The general pathology of these 360 cases may be now considered. They consisted of 173 men, 123 women, and 64 children. The average height of the men was 5 feet 5 inches nearly, the extremes being 4 feet 7 inches, and 5 feet 9 inches; and of the women, 5 feet 0½ inch, the extremes being 4 feet 7 inches, and 5 feet 8 inches.

No native knows his own age, but the average of the ages guessed in each case is 45 years for the men, and 44 years for the women, the extremes in both being 18 and 70 years. The average for the children is 3½ years, the extremes being 1 and 13 years.

The state of the body as to nutrition was emaciated, often to a
skeleton, in 310 cases; dropsical in 27; and, if not always plump, at least neither emaciated nor dropsical, in 23 cases; as shown:

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emaciated</td>
<td>151</td>
<td>100</td>
<td>59</td>
</tr>
<tr>
<td>Dropsical</td>
<td>11</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>Plump</td>
<td>11</td>
<td>10</td>
<td>2</td>
</tr>
</tbody>
</table>

The weight, in the emaciated cases, averaged 75\(\frac{1}{2}\) lbs. for the men, and 59\(\frac{1}{2}\) lbs. for the women; in the dropsical, 104 lbs. nearly for the men, and fully 89 lbs. for the women; and in the rest, 92\(\frac{3}{4}\) lbs. for the men, and 79\(\frac{1}{2}\) lbs. for the women.

The state of the body as to rigor mortis varied a good deal without apparent cause. In some cases it was well marked and remained on for a long time, while in others it hardly appeared at all, and soon left; for instance, in case 83, an emaciated old woman, about sixty years of age, who died from bowel complaint with ulceration of the gut, rigor mortis was still present when the autopsy was made, fifteen hours after death, in the month of June; while in case 172, that of an emaciated old man of about the same age, who died from the same complaint a few days previously, the rigor mortis had gone off when the autopsy was made six hours after death. Again, in case No. 23, that of a boy, about eight years old, who died—a skeleton from pneumonia complicating diarrhoea—the rigor mortis had gone off when the post mortem was made two hours after death.

The skin was covered with scurf in most cases, but in many it was soft and silky, hanging loosely on the emaciated figure. Itch is so common in natives that its presence or absence in these cases was not noted. The only skin disease observed was eczema of the scalp in one case, and, in a child, the skin was desquamating after small-pox. Bed sores were present in only two cases, a man and a woman; ulceration of the cornea in only two, a woman and a child; chronic ulcer of the leg in a woman, and a scrofulous ulcer of the chest in a child.

Sloughing of the instep was seen in a man with edema of the feet. A slough was found protruding from the anus like a gangrenous prolapsus in a man, and sloughing of the tissues around the anus was seen in another man; neither was