

period) given a live birth, and the conditional probability of dying in the remainder of the first year (the postneonatal period) given survival to 28 days of age. As such, our measure takes into account a portion of the distinctly nonlinear mortality function (with respect to age) which is so characteristic of infancy. Of course, if more detailed information is available, it becomes possible to specify the nonlinearity more closely. However, when the rates in infancy are very low, the increased precision is not worth the additional effort (as we pointed out in the previous communication). For example, I have recomputed the infant mortality rate for the United States in 1973 (a), using the neonatal and the postneonatal periods (b), and using 22 subdivisions of infancy (c), as given in our vital statistics.¹

Infant mortality rate:		
(a) per 100,000 births	(b) per 100,000 at risk	(c) per 100,000 at risk
1,771.8	1,778.1	1,786.5

Another point worth mentioning is that in our previous communication we did not advocate the use of our measure. In fact, there was no discussion of it at all. The procedure was carried out to illustrate the difference in the overall risk of death in infancy when more precise information is used in the denominators. Clearly, it is useful and desirable to present the infant mortality rate per 1,000 births for comparative purposes. However, this does not preclude the use of other measures of risk which incorporate more "precise" information. The main point of our previous communication remains unchanged: it is useful to use the maximum information available to specify, more closely, the population at risk.

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REFERENCE

1. U. S. Department of Health, Education, and Welfare: Vital Statistics of the United States 1973, Vol II. Mortality, Part A (Washington D. C.: Government Printing Office), Table 2.2, p. 2.3.

Removal of ovaries with vaginal hysterectomy

To the Editors:

I would like to comment on a paper by Smale and co-workers.¹ The adnexa are removed by a technique similar to the one used at abdominal hysterectomy, but without peritonealizing the pedicle of the infundibulopelvic ligament. I wish to commend the authors on an excellent report which again documents the feasibility and safety of expanding the vaginal approach in the treatment of gynecologic conditions.

This paper is, however, presented as the first reported series in which the adnexa are removed at the time of vaginal hysterectomy. I would like to call attention to a paper² published 4 years ago which was apparently overlooked in their review of the literature. An alternative technique is described in this paper which would be of interest to the gynecologist. This technique is useful in vaginal hysterectomies associated with decensus, but is particularly applicable in patients where the ovaries are high and exposure difficult.

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1. Smale, L. E., Smale, M. L., Mundy, C. F., and Thomas, T. L.: Salpingo-oophorectomy at the time of vaginal hysterectomy, *AM. J. OBSTET. GYNECOL.* **131**:122, 1978.
2. Wright, R. C.: Vaginal oophorectomy, *AM. J. OBSTET. GYNECOL.* **120**:759, 1974.

Reply to Dr. Wright

To the Editors:

We are truly sorry our "off-line" search missed vaginal oophorectomy. We respectfully give credit where it is due!

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First description of vaginal agenesis

To the Editors:

The first description of vaginal agenesis is attributed to Realdus Columbus,^{1, 3-7} although this anomaly was already known,^{5, 8} but authors do not agree upon the date. Whereas Gray and Skandalakis⁴ affirm that the first description was in 1559, other authors mention 1572^{1, 3, 5, 6} and 1593.⁷

Columbus described a case of a woman with normal vulva but without a vagina and with a rudimentary uterus who suffered terrible pain upon coitus. The description can be found in the last book (Rare findings in anatomy) of Columbus' treatise² first published posthumously in 1559, a few months after author's death, by the Bevilacqua in Venice. There were further editions: in Paris by Wechelun and by Gillium and in Frankfurt by Lechlenum (1593).

We must therefore consider 1559 as the year of the first description of vaginal agenesis in medical literature.

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