

could trace the outline of a huge tumor, smooth, fluctuating, and of a general character, which at once invited attention to the uterus.

Per vaginam, the same tumor was evident, and was soon discovered to be the uterus itself, loaded with a *fœtus* and its accompaniments.

Gentle friction over the pubes (*a la Dewees*) immediately threw the organ into action. The membranes protruded, were ruptured; a hand followed; was replaced; the feet brought down, and the woman delivered of a four months' *fœtus*. Decay had advanced until, in spite of care, the head parted from the body while clearing the arch of the pubes. This was soon recovered, and the secundines removed.

The woman went to sleep, and has progressed to complete recovery without a bad symptom.

Was the child a "twin," dying at the period of quickening, and retained through the labor which gave birth to the other child, and for six months thereafter—occupying the womb for fifteen months in all?

Or, did she conceive in a month or two after her confinement?

However this may be, as the rectum and anus were in a state of sanity which half Christendom might covet, we are clearly justified, I think, in transferring the epithet "*blind*" from the piles to the diagnosis.—*Nashville Med. Journal*.

DR HUGHES BENNETT ON ANÆSTHESIA.

Dr Hughes Bennett, at the meeting of the British Medical Association, stated that "he had always considered that anæsthesia was due to the pressure on the brain, caused by an alteration in the circulation—for instance, congestion of the capillaries. No doubt it was by the same kind of mechanism that sleep was produced. The regular or irregular action producing sleep was a kind of congestion in the brain. Dr Richardson gave the preference to bichloride of methylene, of which there was not yet much general experience. It was asserted by the American surgeons that there never had been a death caused by sulphuric ether; but how far that was correct he did not know. Dr.