

arms remains impacted with the head, could have been easily delivered, if the head was not abnormally enlarged, her statement, the inferior and superior limbs and trunk hanging out, to the contrary notwithstanding. The absence of the presence of a humerus; a second malar bone; a second petrous portion of temporal bone; a second tympanic bone, &c., explains a statement she made, that some small bones had come out of the fistulous orifice, from time to time. Why, then, the number of these bones indefinite; might not bones have escaped, which would show the case one of extra-uterine foetation? Because by examination, after the remaining bones had been extracted, neither the opening into the colon, nor the passage through the cervix uteri, could have been confounded with the openings through the fallopian tubes, their size, form, position excluding the possibility of such an error.

The time which elapsed after she aborted, before the first appearance of the opening in the abdomen, could not be determined, and the exact condition of Mrs. H—— from the time she severed the body of the foetus from the head, to the time she was admitted into the Hospital is unknown, the probability, however, is that the detritus of the foetus passed out per vaginam, and the uterus contracting down upon the bones of the head caused them to ulcerate their way through its walls. Adhesive inflammation was set up, which prevented the escape of the discharge into the peritoneal cavity, the exudation of plastic lymph, forming a distinct cavity, by agglutinating the edges of the uterus with those of the abdominal walls. The fistulous opening into the colon was, most probably, formed by the bones cutting through its walls. The exudations of plastic lymph, as in the external opening, formed adhesions similar to an artificial anus. This internal opening, so to speak, had closed entirely before Mrs. H—— left the Hospital, as evidenced by the absence of any faecal discharge.

It is unfortunate the patient did not remain in the Hospital until the perfect closure of the opening through the abdominal walls had been effected; it was, however, granulating healthily, then about $\frac{1}{4}$ inch in diameter; this fact, with her generally improved condition, warrants the opinion of recovery, the principal difficulty (the opening into the intestinal canal) having already been perfectly closed.

Mrs. H—— was much agitated at the probability of legal investigation, suggested by some of her female enemies, who, hearing the horrible enormity of her mode of delivery, seemed determined to torture the unfortunate wretch by exposure. With this anticipation hanging over her, she left the city by stealth. Means were employed to follow her, but with no success.—*Boston Med. and Surg. Journal.*

THE UTERINE DOUCHE IN THE TREATMENT OF GALACTORRHŒA.

By Dr. ABEGG.

Dr. Abegg, referring to the influence of excitation of the breasts upon the uterus, conjectures that a corresponding influence may be exerted by excitation in the opposite direction—namely, from uterus to breasts. He has applied his idea to the arrest of galactorrhœa. A woman, aged thirty-one, always in good health, was delivered of her first child two years before, and had suckled it until its death when nine weeks old. On the 28th October, 1854, she was again delivered of a weakly child that died on the 1st of December following. She had weaned the child on the 15th November on account of sore nipples. Galactorrhœa continued, in spite of iodine, iron, and compressive bandages, until the middle of January. Menstruation had not returned, but there was profuse leucorrhœa. On the 3rd February the warm douche was applied for 15", and repeated until the 14th; on the 15th a slight discharge of blood appeared from the uterus, and lasted fourteen days. During this time the secretion of milk gradually disappeared. Menstruation became re-established. Dr. Abegg relates a second case in which the douche seemed equally efficacious. [It deserves to be considered whether the anxiety generally evinced to suppress the milk after the premature loss of the child is rational.