

the force of affinity, moved towards those which had been its neighbors during life, and in a short time I felt myself re-made; the edges of the wounds of the heart were united; it commenced to beat, and the blood again flowed through the most distant windings of the vessels. As if awaking from a fearful dream, I raised my head and looked around, and hearing no sound I arose from that dread repository and proceeded to the door. I was naked, and I must cover myself with something; it would have made a devil of a row, and they would have shut me up again in the asylum if I had gone out in that state; and yet those young fellows had seen and examined me from head to feet; so I took down from its peg your black gown and put it on me; I put a white covering on my head, and then I went forth from that place which I shall never be able to forget.

Once outside, I became mistress of myself; I went around, as is now my custom, among the people; to-day I walk in professional vestments, which suit me just as well as any other, in which I disguise and conceal myself.

You have now, my dear Professor, the story of the post-mortem of a living woman. You may be grateful to me for the secret, as I am to you for all the kindness lavished on me by you, and for all the experiments made on my body both in life and supposed death. I do not kiss your hand, fearing that I might thus infect you with a little of my own whimsicality; but I make you a low courtesy, and I hope to see you soon again, in some new and interesting resemblance.

Continue to me that friendship which was so great a favor to me, and which shall never be forgotten by

Your most devoted,

LA PAZZIA.

SOME OBSERVATIONS ON LACERATIONS OF THE PERINEUM.*

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In opening this section with a short paper upon lacerations of the female perineum, it may be objected that the subject has been so fully and exhaustively handled by eminent gynecologists, that not only is it presumptuous on the part of a gene-

ral practitioner to take it up, but that there is actually nothing left to say. My only excuse is, that it is one of general and universal interest to every physician engaged in general practice; and though I may be unable to throw any new light, yet one may fairly be justified in believing that, among the many able gentlemen present, information of interest and importance may be elicited from the discussion which it is the object of this paper to call forth.

I have said that it is of special interest to the general practitioner, for the reason that every physician meets continually with cases in practice, and the secondary effects of an unremedied laceration form one of the most fruitful sources of female suffering and distress. Those physicians who declare that they seldom or never meet with instances of this lesion, may fairly be regarded either as imperfect observers, or else of limited experience.

I have not been able to gather statistics, that are of a satisfactory character, as regards the frequency of the occurrence of lacerations. In fact, statistics are more or less worthless—because what one man will call a laceration, another will not. Indeed, quite extensive tears may easily be overlooked, especially when confined to the vaginal mucous surface. As far as I can judge, about thirty per cent. of primipara suffer from laceration to a greater or less extent. The cause of this frequency of occurrence is difficult to ascertain. It is supposed that in earlier times and among half civilized communities it occurred much less frequently than at the present time and among civilized nations, and it has been thought that this was due to the enlarged size of the fetal head, naturally evolved from the cultivation of the intellect and improvement of the mental faculties. It may be observed, however, that the process of nature would not be complete without the compensating provision of an enlarged female pelvis.

We may briefly mention some of the more commonly occurring causes which predispose to laceration. As broadly classified by Mekerttschiantz, they are as follows: From the side of the mother—*anomalies of the pelvic outlet, projections of the sacral vertebræ, anomalous sacral curvature, capacious sacral hollow, deep symphysis and anomalous axis of the rami, ankylosis at the sacro-coccygeal joint, anomalous pelvic obliquity, rigidity and alterations and abnormalities of the soft parts.* Fur-

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