sary had in part entered the womb; in the *New Orleans Medical and Surgical Journal*, 1883, a case is given in which the socket of a brass candlestick, three inches and one-fifth in length, four-fifths of an inch in diameter, and having a rim an inch and a half in diameter, was found in the uterus; this foreign body had first been introduced into the vagina.

Dr. Lever ‡ reported the following case: A woman while applying some ointment by means of a bone netting-needle, to allay irritation of the vagina, is disturbed by some one unexpectedly entering the room, and sits down suddenly; the instrument is forced into the vagina, and through the vaginal wall; in her efforts to remove it, it passes entirely out of the vagina and lies in an oblique direction to the right side of the latter. Nearly seven months after its introduction, this foreign body, which was six inches long, was removed, the removal being preceded by dividing it.

The foreign body remaining in the vagina may be incrusted by a mineral deposit. This deposit is composed of the triple phosphate and calcium salts. One of the most interesting specimens of such incrustation was presented, a few years ago, to the Philadelphia Pathological Society, by Dr. Getchell. || This calculus had been removed from the vagina of a girl nineteen years of age: it was three inches long, one inch and a quarter wide, three-eighths of an inch in thickness, and had been formed about a hair-pin as a nucleus. In the discussion following the presentation of the report and the specimen, the view taken by those Fellows who discussed the origin of such formations, was that they were usually derived from urinary salts. Such origin may be admitted as probable, though by no means proved, if there be a genito-urinary fistula; but if there be no such abnormal communication, how can urine enter the vagina, especially its upper part, where the foreign body is most frequently found? Breisky, in describing the effects of these foreign bodies in producing irritation, etc., of the vagina, states that the deposit comes from the stagnant secretions in the vagina, and he compares the foreign body thus incrusted to a foreign body in the bladder which serves as the nucleus for a vesical calculus.

A remarkable case of vaginal, uterine, and vesical calculus under the care of Prescott Hewett * occurred some years ago at St. George's Hospital. The patient had introduced into her vagina, eleven years before, the neck and shoulders of a large corked vial. The portion of the vial was covered with calcareous matter, and was in the vagina; the os uteri was blocked up with a mass which proved to be the cork similarly incrusted, and there was a calculus in the bladder: this patient had a small urinary fistula at the fundus of the bladder.

‡ Medico-Chirurgical Transactions, vol. xxxi.
|| Philadelphia Medical Times 1873.
* Medical Times and Gazette, 1854.

In some of the cases where perforation of the vesico-vaginal wall has occurred, the tissues gradually worn away by the foreign body, it has not been mentioned that any urine escaped from the vagina, and yet the portion of the foreign body remaining in the latter was covered with abundant incrustations; in one of these cases where the rectum and the bladder had each been entered by a part of the foreign body, so perfectly were the openings plugged by the body, it is expressly stated there was neither a urinary nor stercoral fistula.

Another consequence of the presence of a vaginal foreign body observed in some cases is the production of abundant granulations from that part of the vaginal wall with which the body is in contact, so that after a time the latter is more or less completely imbedded, hidden from sight and touch, it may be. There may be associated with this a very marked stenosis of the vagina, the lower portion being of full size, while a small aperture leads to the upper part which contains the foreign body.

In the case where a large piece of sulphate of copper was passed into the vagina, sloughing of the entire vaginal mucous membrane resulted. The victim was a girl seventeen years old, and the perpetrator of the crime a young man who introduced the foreign body after having had intercourse with the girl. A few hours after its introduction it was removed, and then weighed six drachms and a half.

In general the effects produced by these foreign bodies depend upon their form, size, material, the greater or less violence done in their introduction, and the length of time they remain.

They usually produce more or less irritation of the vaginal mucous membrane, with increased secretion. In many cases an obstinate leucorrhœa, compelling the patient to seek professional advice, leads to the discovery of the foreign body. The increased vaginal discharge is at first mucous, then muco-purulent, or purulent, or it may be serous, but after a time becomes more or less offensive in odor—in some cases so offensive as to suggest malignant disease, a suspicion which may be confirmed by the occasional or frequent occurrence of hemorrhages. The foreign body may interfere with the functions of neighboring organs, especially those of the bladder and rectum; hence vesical irritability or dysuria, or rectal tenesmus, in some cases dysentery.

The vaginal surface may be abraded, or ulceration of the walls occur from pressure of the foreign body; adding to these the offensive character of the retained vaginal secretions, we have the conditions which may lead to septic infection.

Kottman* has reported a death from this cause in a woman twenty-five years old, who introduced a spool into the vagina, and who had suffered from leucorrhœa several years. The spool was found

* Schmidt's Jahrbucher, 1875.