usual faintness and palpitation of the heart, and that her pulse under all circumstances had been uniformly about 80. In the different periods of illness, in which I attended her, there was in all a most astonishing development of sensibility. She would, at times, remain unconscious for several days, still her muttering indicated intense suffering from pain in the head. At other times she would remain totally blind for several days, yet she appeared susceptible to light, as a candle brought into the room would cause vomiting followed by general spasms.

She was subject to turns of reverie in which the mental powers seemed poetically developed, as she would change all subjects introduced, into poetry on the instant. Her religious and other lectures given in her reveries were pre-appointed by herself and given with perfect regularity. It appeared in some of them that all vitality was concentrated about the head as her face would be flushed, while the surface and extremities became cold and pulse scarcely perceptible.

At times she was remarkably clairvoyant, and would tell the time and read the smallest print in total darkness. We gave her a very small testament in one of her reveries, I drew up the bed clothes between her eyes and the book, and she read a part of the 5th chapter in Matthew, and part of one in Revelations. During this time her eyes were closed and the room without light. She also read the very small print under the picture of Christ instructing Nicodemus. My wife and Dr. Barnard, now of Texas, were present with others. In the post mortem I first mistook the stomach for the colon. It was about 10 inches in length and 2 in breadth. In cutting, it had the brittleness of tendon, and altho' she died of peritonitis the stomach did not appear inflamed. The walls of the uterus from appearance had been closed before menstruation ever took place. The upper two thirds of the vagina was full of red points from which the menstrual blood had flowed. These were rather pores resembling those in hogs leather. The brain was healthy in appearance but somewhat engorged with blood.

A case occurred about four years ago which illustrates the functional character of the descending bowel. I was called to counsel with Dr. M. The woman had been sick, as they supposed dangerously, about three days. She had most violent periodic pains in the line of the descending bowel. Dr. M. had bled, cupped and given her physic without relief. The latter they said operated well. She told me that she had, at times, got relief from change of position, yet the pains would return. She had none in the transverse colon or in the small intestines and altho' she was free from tenesmus and dysuria, I suggested an examination. I could not reach the os-tincæ with the finger, but on passing the finger up the rectum I found that the uterus had fallen directly back and was so firmly