

ical irritation of the uterus in producing vomiting, and would tend to show that where pregnancy acts as a cause of vomiting, the vomiting is owing to the mechanical irritation by the fœtus, and not to the changes in the uterine system accompanying pregnancy.

The purely reflex nature of the vomiting in this case is interestingly shown by the causes that would give rise to it: the slightest movement, the opening of a door, even speaking to the patient, would bring on an act of vomiting, just as the same causes would give rise to spasm in tetanus or in poisoning by strychnine.—*Pacific (Cal.) Med. and Surg. Journal*.

REMARKABLE CASE OF DELIVERY OF REMAINS OF FŒTUS PER ANUM

By JOHN LEWIS, M.D., of King William County, Virginia.

On the morning of the 19th of April, 1864, I was called to see a negro woman, between thirty-five and forty years old, said to be labouring under chronic dysentery. I found her feeble, very much emaciated, and confined to the bed. Upon enquiring into the history of the case, all the information elicited was, that she had been suffering, for several months, with chronic disease of the bowels, attended with frequent discharges of mucous, mixed with blood and purulent matter, with other symptoms, characterizing disease of the large intestines.

Of the previous treatment of the case, they were ignorant; and as the physician, who had formerly charge of it, had left the neighbourhood, I had no means of knowing. Suffice it to say, from the facts before me, I looked upon it, as a case of chronic disease of the large intestines. I directed milk toddy, made with brandy, and gave her some gentle astrigent and anodyne. On the 21st ordered a small dose of ol. Ric. guarded by an anodyne.

On the 22nd I was called in great haste to see her. The oil had acted partially, and the rectum was nearly occluded by some substance. Upon introducing the finger, I detected a small piece of carious bone; this I believed to be the coccyx of the woman, in a necrosed condition, and removed it with some difficulty. Further examination detected a mass of bones wedged in the rectum. Introducing two fingers of the left hand, into the rectum, and separating the parts, by distending the sphincter as much as possible, (which fortunately, was considerably relaxed, and seemed to adapt itself to the circumstances of the case) at the same time, with a delicate pair of forceps, in the right hand, I extracted, what I immediately recognised as the parietal bone of a fœtus, and continued to extract a second parietal, the frontis, the occiput, the clavicles, humerus, femurs, &c., until the greater part of the most compact and hardest