

ABORTED TWIN PREGNANCY; OR, VAGINAL PREGNANCY.

The accompanying specimen, manifestly that of a human fetus in the early weeks of its development, was passed from the vulva by a married woman, aged 26, without pain, or other premonitory warning, at the breakfast table. Seven or eight months thereafter she gave birth to a child at full term. The question arises: Is it a case of twin intra-uterine pregnancy, one of which aborted, like the small green apple falling from its fellow, or is it a case of vaginal pregnancy? The last catamenial period terminated on March 11th, 1882. Coitus occurred on March 13th, and again on March 29th, and at no other time in the interval. The fetus was expelled April 10th. Delivery of a healthy and fully developed female child occurred on December 20th, 284 days after the last catamenia, and 254 days after the abortion. This specimen is presented by Dr. Wm. Morton, of Wellesley, who states that having been intimately acquainted with the family for years, he can vouch for their veracity and intelligence.

NOTES OF A CASE OF UMBILICAL HERNIA WITH STRANGULATION, GANGRENE, AND RECOVERY, (PROBABLE) WITH ARTIFICIAL ANUS.

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May 13th.—Was called at 7 p.m., to see Mrs. M., æt. 60; found her suffering from an old umbilical hernia of 27 years' standing.

History.—On May 11th, towards evening sneezed very hard two or three times, felt her old hernia suddenly enlarge, immediately followed by great pain; sent for a medical practitioner who tried the taxis, using considerable force and giving her great pain, unsuccessfully. He left her two small powders "to quiet her cough," as she had a slight cold; he saw her again

on the 12th, and morning of the 13th but did nothing further. On the evening of the 13th they sent for me, when I sent the messenger for the original attendant but he refused to go and turned the case over to me.

Present Condition.—Pulse 130, tongue heavily coated; umbilical tumour very hard and tender, with three small soft spots in it, tumour about five inches in diameter, surrounding tissue indurated to a further extent of about $1\frac{1}{2}$ inches all around, suffering great pain, incessant vomiting, but not stercoraceous, bowels constipated since the morning of the 11th, previously very freely opened by a purgative. My examination gave her so much pain that I considered it unadvisable to further try the taxis that night. Put her on $\frac{1}{2}$ gr. morph. mur. every three hours, with large hot fomentations to the bowels.

May 14th, 8 a.m.—Saw her in consultation with Dr. N. O. Walker; found her much easier; pulse 120, tumour still very hard and tender, tongue heavily coated with a yellowish fur, skin of a yellowish tinge; gave her a large injection containing spirits terebinth; but with almost no effect, kidneys acting freely, urine not very high coloured; considered an operation inadmissible, on account of the state of the tumour and the patient's surroundings, continue the morphia and fomentations, and give her what beef-tea she can take. A good deal of tympanitis above the umbilicus.

6 p.m.—Much easier, pulse 116, not much change except in the pain, kidneys acting freely, skin not hot or dry, continue morphia, beef-tea and fomentations.

May 15th.—Pulse 112, tongue coated, much easier; slept several times through the night, sometimes for an hour at a time; vomiting much less; considerable tympanitis above the obstruction; continue same treatment.

May 16th.—Pulse 130, tongue heavily coated, and yellow, decided yellowish tinge on skin, rested pretty well, great soreness