

behind the cervix in the vaginal vault, and removed; symptoms of peritonitis were well marked, and the patient died; the post-mortem showed purulent exudation in the pelvic peritoneum, especially in the recto-uterine cul-de-sac at a point corresponding with that which the spool had occupied in the vagina.

Runnals † has reported a case of death from pyæmic pneumonia and peritonitis, occurring in a girl of twenty-four years, caused by the retention of a piece of sponge in the vagina; the measurements of the sponge, removed after death, were three and a half by two inches.

A girl, ‡ eighteen years of age, was admitted into Hotel Dieu, Orleans, apparently in the last stages of marasmus, and complaining of hypogastric pain, and diarrhœa. The next day she died, and upon post-mortem examination, there was found in the vagina a pewter cup, which had been introduced fourteen months before; it is stated that the cup could not be removed before dividing the pubic joint.

Dr. Kelly,\* of Philadelphia, was consulted by a woman seventy-five years old, who had worn a pessary fourteen years without inconvenience, until recently difficulty in defecation and urination, together with an offensive vaginal discharge, led her to seek professional help. The doctor, not without considerable difficulty, removed the pessary, but the woman soon manifested a typhoid condition, and died three weeks after the removal.

The presence of a foreign body having been determined by vaginal examination, by touch, mediate or immediate, by sight, where possible, and the vaginal examination assisted, if necessary, by examination through the bladder and the rectum, the plain indication is to remove the foreign body.

Here one cannot refrain from stating the very great advantages the practitioners of to-day have given them by Sims' speculum and anæsthetics in such removal.

An anæsthetic is not necessary in all cases, but is especially in children, and when the foreign body is large.

So far as methods of removal are concerned, these vary with the size and form of the body, and its material, and as to its being free or fixed in the vagina. In many instances the conditions require a new method to be devised.

In some instances the foreign body can be best removed by acting on it through the rectum. Thus Meissner removed a pebble from the vagina of a girl 2½ years old; of course very much less violence was done by the finger in the rectum than if it had been introduced into the vagina. Small round bodies can be best removed by throwing into the vagina a stream of water, while the perineum is retracted by Sims' speculum. The removal of fragments of glass, especially of a syringe,

is often difficult; if forceps be used there is danger of breaking the glass, or of wounding the vagina; in the only two cases I have had to remove the pieces of a broken glass syringe, this was done by the fingers, and, in general, flat bodies are thus best removed.

One of the most ingenious devices for the removal of fragments of glass was used many years ago by Dr. Levis. A woman had a broken glass pessary in the vagina, and the efforts that had been made to remove the pieces had only resulted in reducing them to smaller pieces, comminuting them in fact; a severe vaginitis—due chiefly to the fragments of glass, but in part, probably, to the attempts at extraction—was present when the patient came under the care of Dr. Levis. He threw into the vagina by means of a syringe a mixture of plaster-of-Paris, and after two or three days removed the mass, the solidified mixture having fixed in it the various pieces of glass. This unifying process, so ingeniously resorted to by Dr. Levis, seems like a material illustration of Plato's axiom that the end of philosophy is the intuition of unity.

In some cases it has been necessary to reduce the size of the foreign body before extracting it. Thus Dupuytren broke the pomade-pot, and, by means of strong forceps, devised for the purpose, divided the ivory pessary in the vagina and in the rectum, removing one part through the latter, the other through the former. In other cases the vaginal orifice has been enlarged by incision, as was done by Gaubius for the removal of the calcified uterine fibroid, and by Sutton for the removal of a globe pessary. If granulations have fixed the foreign body, these must be detached by the finger, or divided by scissors.

If the foreign body have its size greatly increased by mineral incrustations, it is advised to remove these first. Another reason for their removal lies in the fact that in some cases the rough, jagged surface may injure the vagina when extraction is done. Sabatier speaks of his fingers being wounded by the "asperities of saline incrustations," which had made the tumor "as rough as a rasp."

In some cases the ordinary polypus forceps is an excellent instrument for removal of a foreign body, but this removal should then be made by sight rather than touch—a Simon or a Sims speculum being used to expose the vaginal cavity.

In others the foreign body has been so large that the obstetric forceps has proved necessary for its removal. Roux, probably, was the first to use the instrument for this purpose, though some since his day have suggested its utility, imagining they were proposing something new; this is like many other novelties in the medical world which are exhumed from the grave of years, or even of centuries.

Whatever means, manual or instrumental, are used for the removal of foreign bodies from the vagina, it is well to be guided by the words which

† British Medical Journal, July, 1882.

‡ Lancet, vol. i., 1848.

\* Medical News, Philadelphia, 1884.