the operation. Indeed, I was indebted to Dr. Richardson for much timely help.

The wound was dressed with antiseptic cotton, and the child given to its mother; it died about half an hour after the operation.

No further examination of child's head was allowed.

TUBAL PREGNANCY: OPERATION, RECOVERY.¹

BY GEORGE HAVEN, M.D.

Mrs. M. consulted me on March 27, 1889, and gave the following history. Is thirty-one years old; has been married for ten years, and is the mother of five children, the youngest being now seventeen months old. She remained in bed for five days after her last confinement, and felt perfectly well and strong. Thirteen months after the birth of the child, she menstruated for the first time, the flow lasting for three weeks. She now felt much pain in lower abdomen and back, and was compelled to remain in bed from one to three days each week; had very little appetite, and vomited almost constantly. Nine weeks later she had one or two labor pains and passed a mass about the size of a pear. She now grew rapidly worse, having much more pain, and rarely leaving her bed. Says that when the pain came on, her abdomen was very tense, that her knees were flexed upon it, and that the slightest weight gave her great pain. The bowels were constipated, and when a movement was produced, the pain was excruciating; vomited constantly. Morphine was given in solution, a teaspoonful of the mixture being taken p. r. n.

A, Mass in tube. B, Broad ligament. C, Ovary.
D, Uterine end of tube.

She looked pale and anxious; abdominal wall lax; examination painful; Douglas's fossa was filled by a mass of uncertain shape, which extended towards the right side; the uterus was pushed forward, felt large, but was freely movable. Laparotomy advised. She was asked to see Dr. C. M. Green, who also advised an operation.

On April 5th she went to a private hospital, and on the 6th I opened her abdomen. Dr. Green was kind enough to be present, Drs. Reynolds, Lovett and Sears assisting. The peritoneum was thickened by old inflammation. The mass was easily felt on the right side, and was adherent to the sides of the

pelvis, with adhesions running in all directions. It seemed at first an almost hopeless task to free it; but after much tearing, it was brought outside of the abdomen. The larger adhesions were tied and cut; the tube, ovary, and broad ligament were all removed together. The tissues were very friable, and it was only by tying very lightly that the ligatures were prevented from cutting. The abdominal cavity was washed out with warm water, and the wound closed with seven silver sutures. A drainage-tube was inserted, but was removed on the second day.

The patient left the hospital on the twentieth day after the operation. The temperature was never over 100°, and the highest pulse was 90. I have seen her twice since she left. She looks like a different woman, and says she feels perfectly well. Dr. H. H. Sears kindly examined the specimen for me, and says, "The most interesting part of your specimen; namely, the mass in the tube, showed at place of insertion, under the microscope, the presence of chorionic villi, thereby settling the diagnosis of tubal pregnancy."

Reports of Societies.

AMERICAN OPHTHALMOLOGICAL SOCIETY.¹

AFTERNOON SESSION.

THE TREATMENT OF CARIES AND NECROSIS OF THE ORBIT,

by DR. H. KNAPP, of New York.

The upper wall of the orbit is the most frequent seat of disease and here its consequences are most dangerous. In every case of caries and necrosis of the orbit the condition of the neighboring cavities and especially the nose should be carefully investigated. Foci of suppuration should be freely opened, the cavity thoroughly cleansed and drainage established. This can be well accomplished by small silver tubes provided with flanges. Rough bone should be scraped away with a sharp spoon, necrosed portions of bone should be removed as soon as they become loose or when they can be detached without injury to adjacent tissues. The eye-ball should be protected and if there is insufficient closure of the lids, a plastic operation should not be postponed until the cornea becomes ulcerated from exposure.

MULTIPLE CYSTS OF THE IRIS OCCURRING IN BOTH EYES,

by DR. H. W. WILLIAMS, Boston.

The subject was a girl nine years of age. In the right eye there was a projection resembling a large cyst extending from the upper margin of the pupil. A similar growth projected from the temporal border. At the inner part there were two small pedunculated growths. All were of the color of the iris. In the left eye, two somewhat oval cysts filled the pupillary space. Through the square opening left in each pupil there was a little oblique vision.

SARCOMA OF THE OPTIC NERVE.

by DR. T. Y. SUTPHEN, of Newark.

The patient was ten years of age. The tumor involved the left orbit and was of two years' duration.

¹ Reported by invitation, to the Obstetrical Society of Boston, April 13, 1889.

¹ Concluded from page 137 of the Journal.