the city he found the lid was again becoming adherent. Six weeks previously Dr. Gilmore made a thorough dissection, freeing the lid and making a deep cul-de-sac, leaving the upper half of the eyeball covered by mucous membrane and the lower half bare. A semicircular band of conjunctiva, one-third inch wide, close to the cornea above, leaving a bridge of tissue at each end. This band was dropped into the cul-de-sac below and carefully stitched to the ball. A semi-circular plate of silver long enough to fill the space between the external and internal canthi, with two holes at the circumference, one-half inch apart, threaded with silver wire, was dropped into the cul-de-sac to prevent adhesions, and fastened by bringing the wires through upon the face and fastening them by small lead plates and perforated shot. For this operation Dr. Gilmore claimed priority. The object of the operation was neither to improve the appearance of the eye nor to restore vision, but to relieve the irritation of the other eye, by allowing coordinate movements of the two eyes. There was enough clear cornea left to make an artificial pupil in case the patient ever lost his well eye. There was little reaction, and at no time much pus, while the well eye has grown stronger in spite of the presence of the plate.

DR. TILLEY thanked Dr. Gilmore for showing this case, but thought that if the Doctor were to go out of town again for two months as in the first instance, he would find at the expiration of that time the conditions relatively very much the same as on his return after the first operation. He thought there was little fundamental advantage likely to be associated with the operation, as he thought that in a short time the wire and plate would cause a certain amount of atrophy of the intervening tissue and the plate be forced up out of position, making the operation of no avail. If he was so unfortunate personally as to be placed in a similar position, he would have his eye enucleated.

DR. E. L. HOLMES thought it unwise to say that a certain thing could not possibly be accomplished, but he had been through the experience of putting in plates, and seeing it done, and never saw one permanently successful. It is different with a very narrow symblepharon in which the globe and eyelid are grown together, where by dissection and transplanting the mucous membrane excellent results may be attained. He thought the plate would irritate the cicatricial tissue and cause it to be very much thickened, and after a few months, or weeks even, when everything is removed, there will be the same tendency to creep over the cornea and make adhesions with a broad union. He thought it absolutely impossible to get an artificial eye to fit. A very small eye might be used and temporarily make it appear that the patient was better off, but that small eye will often irritate and cause the cicatrix to increase.

THE PRESIDENT thought this case one of the same category that is so troublesome to the general surgeon, the improvement of deformities from cicatrices of all kinds, in which relief comes only in the way that Dr. Dudley has applied in gynecology, after the divided cicatrix has been separated as widely as pos-

sible, by drawing together the healthy skin or tissue between the two ends of the divided cicatrix. This method has long been in use in general surgery. So far as his experience went the application of any foreign body between these divided surfaces has never been followed by success, so far as prevention of contraction goes.

THE PRESIDENT presented an

ENCAPSULATED SARCOMA OF THE THIGH.

It had been in alcohol for some time, and was reduced about one-third in size. It had grown the full extent shown in three months, and was removed from an old lady aged 69. It was found growing upon the posterior part of the upper portion of the thigh; was a firm, smooth tumor to the touch, and as far as external manipulations determined could not be distinguished positively from other parts of the surrounding tissues. He could not determine whether it was or not attached to the bone, but from external appearances it was diagnosed to be of a malignant type. The external surface was crossed by a large number of varicose veins. After removal it was shown to be a sarcoma. The interesting point was the rapidity of its growth. He thought it a singular coincidence that about a year previous he had removed a similar tumor from the upper portion of the left arm of an old man of 72 years, which had also grown to the full size in three months. Upon exposing the tumor a perfect capsule was reached, and it was easily enucleated from its bed.

GYNÆCOLOGICAL SOCIETY OF BOSTON.

Annual Meeting, January 14, 1886.

THE PRESIDENT, HENRY O. MARCY, M.D.,
IN THE CHAIR.

H. J. HARRIMAN, M.D., SECRETARY.

The following

NEW MEMBERS

were elected: Drs. Helen L. Betts, Emily Pagelsen, Grace Wolcott, Lena V. Ingraham, N. O. B. Wingate, A. E. McDonald, and J. E. Kelley.

The following were elected

OFFICERS FOR THE ENSUING YEAR:

President, Dr. H. O. Marcy; Vice-President, Dr. H. C. White; Secretary, Dr. H. J. Harriman; Treasurer, Dr. W. Symington Brown; Pathological Committee, Drs. E. W. Cushing, A. P. Weeks, and H. O. Marcy; Nominating Committee, Drs. H. M. Field, E. C. Keller, and C. W. Stevens.

Stated Meeting, February 11, 1886.

THE PRESIDENT, HENRY O. MARCY, M.D.,
IN THE CHAIR.

DR. A. L. NORRIS read a paper on

CERTAIN PATHOLOGICAL CONDITIONS INCIDENT TO
THE FŒTUS;

illustrated by a series of cases.

Case 1.—Mrs. S., married, age 26 years. Mother of one child. Last menstruation, April 5, 1885.

Had no symptom of pregnancy except cessation of menses. During previous pregnancy had suffered from nausea and vomiting. Was examined August 1, 1885, and appeared to be about three months pregnant. She did not think that she could be pregnant, but decided to wean her child, which was 13 months old. She was examined again on Oct. 22. Had appearance of being pregnant at four months. No motion; no foetal heart-sounds. Abdomen was not much larger than at August examination. In the meantime she had been examined by other physicians, who thought a uterine or ovarian tumor to exist. January 4, 1886, the abdomen seemed less in size than at October visit. On January 6 she was delivered of a 4½ months foetus which was mummified and enclosed in membranes. Foetus, membranes and placenta were extracted in one mass nine months from date of last menstruation. The usual amount of hæmorrhage followed delivery. No odor. Convalescence normal.

Case 2 was similar to case 1. A foetus was carried five months without symptoms other than cessation of growth. Cases 3 and 4 were cases of triplets. In case 3 the mother had had eight single births previously. One boy and two girls were born at a quick and normal labor. Mother nursed the three children until they were several weeks old. One girl and the boy died when six weeks of age. The other girl still lives and is in good health. In case 4 a primipara was delivered of two healthy girls and a still-born boy. The foetus of the boy was of three months development, and was mummified. Both girls are alive and well.

Case 5 was one of spontaneous amputation *in utero* of both arms at the shoulder. During the last four months of gestation the mother suffered from intractable chronic diarrhœa and from vomiting. Boy is still alive and well, and uses his toes with almost as much facility as other boys use their fingers.

Dr. H. M. FIELD, in discussing Case 1, asked Dr. Norris if he regarded pregnancy as a bar to further nursing. He called attention to a series of articles by Dr. Dolan on the influence of drugs upon lactation, in which that writer takes exception to the popular opinion upon this point. He found that the milk of pregnant women was not impoverished, and concluded from this fact that pregnancy was not a contra-indication to further nursing in a majority of cases. In France the laws forbid a pregnant woman's acting as wet-nurse, upon the ground that the milk of such women is inferior both in quantity and quality, and thus the health of the nursing child is in danger.

Dr. NORRIS, in reply to Dr. Field, said that in his opinion a pregnant woman should not nurse a child. Abortion was likely to follow such a practice, and the health of the child was endangered. Children nursed by pregnant women were invariably ill-nourished, as proven by loss of color and flesh.

Dr. WARNER took exception to Dr. Norris's conclusions in regard to his first case. Dr. Warner thought it far more probable that the foetus had continued to live up to the time of its expulsion, but through some vice of nutrition had ceased to grow,

than that it had died during the early months of gestation and been retained until the ninth month.

Dr. A. P. CLARKE described several cases which were similar to Dr. Norris's first case.

Case 1.—Mrs. B., 38 years old; multipara. Miscarried three times. Menses regular until last August, when they disappeared. She suspected she was pregnant, though no morning sickness or other usual symptoms of pregnancy appeared. A foetus was expelled and the placenta found to be fatty. Amount of amniotic fluid was small. Foetus was buff-colored, somewhat flattened, and measured seven inches in length.

Case 2.—Mrs. W., 36; multipara. When first seen was suffering from severe uterine hæmorrhage. Vaginal examination revealed a cyst presenting, which was ruptured by the examining finger. A blighted foetus, three inches long, which had undergone mummification, was removed. Placenta had been attached until time of expulsion, and fresh hæmorrhage followed its removal. Menses had been absent for eight months preceding the expulsion of the foetus. At first patient had suffered from morning sickness, but during last five or six months had had no such trouble. The breasts had increased somewhat in size. Patient had grown stouter, but abdomen had not increased in size during later months of gestation.

Case 3.—Mrs. W., 34; multipara. Labor normal and female child born at term. Child well developed. On the removal of the placenta a flattened and mummified foetus was expelled. Was of a buff-color, six inches in length, enclosed in membranes.

In reply to Dr. Warner, Dr. Clarke said that mummification usually takes place in cases where the foetus dies, the fluid elements of the body are reabsorbed, and the membranes are unruptured. If, however, the membranes are ruptured and the air enters, putrefaction takes place.

Dr. E. W. CUSHING said that there was nothing impossible about a foetus being carried for months after its death, as claimed by Dr. Norris. There are cases on record which seem to prove it beyond a doubt.

Dr. M. D. CHURCH described the case of Mrs. M., who, at nearly full term, received a fright and fall in a horse-car on March 26, 1883. Was delivered of a still-born foetus, twenty-two inches long and fully developed. Funis was drawn tightly about the neck of the child twice. The epidermis slipped on all parts of the body. He raised the following questions: 1st. How long must a foetus be dead *in utero* before the skin will slip? 2d. Was the tight funis the cause of death? 3d. Was the fall in the horse-car the cause of the tightening of the cord?

Dr. KELLER described the following case: Mrs. S., 35. Five children at term. Miscarried five times on account of lacerated cervix. The fifth time had been pregnant eleven weeks when she had "a profuse flow of blood with clots." She was carefully examined by a physician, who concluded that the uterus was empty. The flow continued nine weeks when an ovum entire with foetus 1½ inches long was expelled. No odor. The product of conception seemed perfectly healthy when cast off.

DR. HELEN BETTS, in referring to the question of a woman nursing when pregnant, thought that few women were able to nurse a baby and carry a foetus at the same time without injury either to themselves or to those in their charge. In most cases it seemed wise to withdraw a part of the burden by directing that the child be weaned.

THE PRESIDENT, in commenting upon the specimen presented by Dr. Norris, said it was one not only of exceptional interest, but represented a whole series of placental changes which, until recently, had been but little understood. The late distinguished Professor G. B. Ercolani, of Bologna, rendered a service to the profession of incalculable value in his studies of placental development, and his demonstrations, after long and patient research in the large field of comparative as well as human anatomy, are of the first importance to science. He shows conclusively that foetal alimentation in all mammals is carried on by a single, universal law of physiological modality, that the foetal villus is simply a means of absorption of nutritive material, which is, in all cases, furnished by a glandular, secretive organ of maternal development. The expression of this anatomical type is of the widest variety, and in woman, in the fully developed placenta, reaches a complexity of form confusing in the highest degree. The chorial villi, which during the earlier months of pregnancy are developed over the entire surface of the chorion, are composed of two parts, internal and external. The first, which was called by Robin chorial tissue, and by Virchow mucous or myxoma, is in direct contact with the chorion; the latter, which consists of an epithelial envelope, entirely surrounds it. The villi, at the placental site, increase normally in number and volume. Elsewhere, they are arrested in their growth and disappear by atrophy and fatty degeneration. The decidua is, at first, a single bed of cells of new formation, and afterward proliferates to a remarkable degree at the placental site—the decidua serotina. The epithelial covering of the placental villi is perceived same time after they have been enveloped by the cells of the serotina, but disappear at an early period. Not seldom, in case of so-called mole pregnancy, the choroid villi, which should atrophy, increase in volume. Under these conditions the external epithelium does not atrophy, but proliferates, and has been mistaken for the internal surface of the epithelium furnished to the placental villi from the modified cells of the serotina. At the later stages of pregnancy, the examination of any remaining choroid villi shows them still covered with an epithelial layer, while the placental villi have lost this envelope and are formed only of the fundamental myxomatous tissue which encloses the foetal vessels, and thus the external parenchyma of the villi is in contact with the internal epithelium of the surrounding glandular organs.

Pathological conditions, such as are represented in this specimen, where the foetus has been for some time dead and the placenta has remained undisturbed in its attachments to the uterus, give confirmatory evidence of the truth of the demonstrations of Ercolani. I have frequently observed, microscopically,

the close contact of the chorial villi with the epithelial covering of the maternal vessels when the placenta has been undisturbed in connection with the uterus for a considerable period after the death of the foetus. The chorial villi have become shrunken, and are easily separated from the decidual sheath, the cells of which have undergone active proliferation. In one instance this was observed to have taken place and continued in a stage of active development, in a portion of a placenta removed three months after the expulsion of the foetus.

Dr. Marcy was glad to have the attention of the Society called to this class of specimens. They are of interest from the practical side of observation and often involve danger to two lives. The pathological committee of the Society will gladly investigate and report upon any specimens which may be forwarded to them.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

Stated Meeting, February 17, 1886.

VICE-PRESIDENT, JOHN B. HAMILTON, M.D., IN THE CHAIR.

T. E. MCARDLE, M.D., SECRETARY.

DR. C. V. BOARMAN read a paper on

JAUNDICE FOLLOWING CONCUSSION OF THE BRAIN.

On December 30, 1885, I was called to see J. B., age 30; married; a laborer at the Monument; who, whilst assisting at some mechanical work, lost his balance and fell a distance of thirty feet, striking upon his head, tearing the scalp from and exposing for several inches square the vertex of his skull, he also bruised and lacerated his forehead in several places. His body and limbs were also bruised. I found him at his home (to which he was brought in a carriage), in a sitting posture, apparently dazed; would answer questions in monosyllables after their repetition in a loud voice, was spitting blood and his nose bleeding.

I washed the semi-detached scalp in carbolyzed water and reapplied it in its proper place, holding it there by means of a stitch and adhesive plaster, ordered him to be put to bed at once and lotions applied to his face and other bruised parts. About six hours after a messenger came to my office to ask for something to relieve Mr. B.'s sick stomach, and also notified me that he had vomited about a pint of coagulated blood, and that there was still considerable retching and nausea. I at first thought that the above might be caused by compression, but as I gave the injury a very thorough examination at the time I saw it and discovered nothing of the kind, I concluded that it was due partly to the concussion, and also the blood which had run down the oesophagus from the posterior nares, as there was considerable epistaxis. I ordered ice, lime-water and milk, also some ingluvin, and after a few hours bromide potass. in solution, as there was considerable excitement, groaning and jactitation.

December 31. Mr. B. was quietly resting upon