to find in the same cell, nuclei which are from six to eighteen thousandths of a millimetre ($\frac{1}{1000000}$ to $\frac{6}{1000000}$ of an inch) in size; but in the majority of the cells, the length of the largest nuclei does not exceed twelve thousandths of a millimetre ($\frac{12}{1000000}$ of an inch), for the most bulky are ovoid.

There are few nuclei which show a nucleolus. The body of the cells in the spaces between and around the nuclei, is very much granulated. These granulations give to the cells a greyish tint, having but little transparency, when they do not reach a thousandth of a millimetre (about $\frac{1}{1000000}$ of an inch) in size, and are uniformly distributed. The cells are as much more greyish and deep colored as the granulations are larger and nearer together.

And besides, certain cells are rendered nearly opaque by a multitude of fatty granulations, which may have attained a size of two thousandths of a millimetre even ($\frac{2}{1000000}$ of an inch), yellow in the centre, with a deep-colored outline. They are scattered, or accumulated about the nuclei, but generally more abundant than those which we see in the analogous cells of the decidua of the human female.

These cells can be detected, under the microscope, in an isolated condition or associated together in fragments of various sizes, or even juxtaposed in hollow strings, suggesting, moreover, the form of the sheaths which cover the villousities of the mucous membrane of the uterus.

In the Guinea pigs, we observe facts analogous to the preceding; but at the surface of the placenta especially, the viscous greyish coat, which is formed from the epithelium, contains many cells which are regularly spherical or ovoid, in the midst of those which are polyhedral and hardly regular. These are from three to seven hundredths of a millimetre ($\frac{1}{1000000}$ to $\frac{7}{1000000}$ of an inch), or thereabouts. They contain one or more nuclei, which are particularly noticeable for their enormous volume. We find there some, indeed, which reach twenty-five thousandths of a millimetre ($\frac{25}{1000000}$ of an inch), and many have an average of fourteen to eighteen thousandths of a millimetre ($\frac{14}{1000000}$ to $\frac{18}{1000000}$ of an inch). The presence of two nucleoli is common. They are brilliant and yellow in the centre, and from one to four thousandths of a millimetre ($\frac{1}{1000000}$ to $\frac{4}{1000000}$ of an inch) in size.

CASE OF PLACENTA PRÆVIA.

BY EBENEZER STONE, M.D.

[Read before the Norfolk (Mass.) District Medical Society.]

ON the 23d of December, 1858, at 9 o'clock, P.M., I was called to Mrs. H. G., aged 33, in the seventh month of pregnancy, with her fourth child. I was informed that she had had slight hæmorrhage, for two or three days, which had now increased on the occurrence

of labor pains. These pains were described as short, feeble, cutting or tearing, and always attended with flooding.

On examination, I found the mouth of the womb but little dilated, with the placenta presenting. There was urgent nausea, with occasional vomiting. The contractions of the womb being slight, and the hæmorrhage at present not urgent, an anodyne was given. She became easy, with little bleeding, and slept most of the night.

On the 24th, she had one or two slight returns of pain, attended as before with nausea and hæmorrhage; but the pain subsided, as on the 23d, and she slept at night.

On the 25th she remained about the same, and slept as usual at night.

On the 26th, at 10½ o'clock, A.M., I was called in haste, on account of flooding.

I found my patient faint, pale, cold and almost pulseless, with nausea and retching. On examination, I found a large part of the placenta in the vagina, the mouth of the womb dilatable, and the head presenting. As the state of the patient would not, at this time, admit of artificial delivery, I administered a dose of ergot, and in a few minutes a strong contraction of the uterus expelled the placenta into the vagina, and all hæmorrhage ceased at 12 o'clock, M.

The patient was now very much exhausted, but as she was free from flooding, and had no labor pains, we endeavored, by the use of stimulants, rest and fresh air, to recruit her strength, and we so far succeeded that her pulse and countenance rallied, when her pains returned and expelled the child dead, at 7½ o'clock, P.M. No hæmorrhage followed the delivery, and I left her comfortable at 9 o'clock, P.M.

She had a good recovery.

This case, as far as it goes, confirms the principle laid down by Simpson, that the complete separation of the placenta arrests the hæmorrhage. In the present case, after the expulsion of the placenta into the vagina, there was for seven and a half hours scarcely sufficient hæmorrhage to stain a napkin.

When I arrived on the 26th, manual interference with the labor was not to be thought of, as the irritation of an examination produced fainting and nausea, with an effort to vomit.

Previous to this time, the state of the mouth of the womb admitted of no interference, with safety to the mother. I was informed that her previous labors had been easy and quick; I therefore judged, that if labor pains were present, the case would soon be terminated, and the result, on administering the ergot, was the expulsion of the placenta and the arrest of the hæmorrhage. We then had time to recruit the exhausted powers of the patient, and the last effort, resulting in the delivery of the child, was well borne.

I thought the case, from its rarity, might be of interest to the

profession. The number of ordinary placenta presentations, in Collins's report, is only 11 in 16,414, and the number of placenta prævia only three in that number.

Walpole, May 6, 1861.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE OBSTETRICAL SOCIETY OF BOSTON.
BY WILLIAM READ, M.D., SECRETARY.

Second meeting, MARCH 2d, 1861. Dr. WALTER CHANNING, President, in the chair.

The President stated that, owing to his not having been able to obtain all the materials which he needed to complete the paper on Puerperal Convulsions he had proposed to read this evening, he would give only an outline of what he intended to present, and would ask for the experience of the gentlemen present in regard to the question how far anasarca and albuminous urine were connected with convulsions?

Dr. COTTING remarked that the cases he had seen were anasarca only, and not tumid. In one case the patient was a delicate woman, who had an excessive flow of urine for three or four months previous to her confinement. The urine was albuminous. The convulsions were controlled by chloroform. In the same patient, at another pregnancy which occurred after an interval of three years, ether was used.

Dr. PUTNAM had seen cases of convulsions where there was no anasarca. There was no examination of the urine.

In regard to the examination of the urine, Dr. COTTING said it was not easy to procure enough for this purpose at the time of the fit, when there was great liability of an admixture of mucus and the discharge from the vulva. In the cases he had referred to, natural delivery took place three or four hours after the fit. The first child lived, the second died. Albumen was detected in the urine for three or four days subsequent to the delivery. In one case which he saw many years ago, where the convulsions took place after delivery, he bled the patient.

Dr. WELLINGTON said he had had two patients, in the last two years, in one of whom there was great anasarca and great secretion of albuminous urine for three or four months previous to delivery, but no convulsions, although they had been anticipated. The patient was very anæmic after labor, but has since entirely recovered. In the other case, the urine was not albuminous, nor was there any anasarca, but the day after labor she had a convulsion, which, upon the evidence of those in attendance, he considered to be puerperal. In two other cases in which artificial labor was resorted to, both patients died. He would remind the President of a case seen with him eight or ten years ago, in which, after all other remedies had been tried without success, an assafoetida enema procured immediate relief. In this case there was dislocation of the lower jaw several times during the convulsions.

Dr. PUTNAM thought it was a matter of great doubt whether any-