

week. The mole itself represented a mass about the size of a normal placenta at the fifth month. It had undergone fatty degeneration; its amniotic sac was filled with a dark-colored blood-clot, and contained the above-mentioned embryo. The history of the case was as follows: The patient, a young woman in her third pregnancy, had menstruated last in January, 1883. In March (two months afterwards), she received a severe fright, and had a slight flow of blood. From this occurrence she had no more discharge until the expulsion of a mole on 13th December following. During the months of February, March and April she had all the early symptoms of pregnancy; had noticed considerable increase in size, which continued until about June or July. She remained stationary in this respect for a short time, and towards the latter part she noticed herself reducing in size and the vagina giving exit to a muddy-brownish discharge (non-offensive). Dr. Alloway alluded to the interesting way in which these moles occur, and gave Scanzoni's views as follows: "The ovum remains with the dead foetus for a considerable time in the uterine cavity; the coagulum (utero decidual) undergoes certain changes, and so gives rise to the formation known as a *fleshmole*. The effused blood (utero-decidual) becomes decolorized by rupture of the blood corpuscles and absorption of their coloring matter. The fibrin, Scanzoni supposes, becomes cellular tissue, and in this way is established a communication between the ovum and the uterine wall, which renders further development possible. The chief seat of this carneous degeneration is the decidua-vera. The amnion undergoes little change, and may be found adhering to the inner surface of the chorion, containing within its cavity a quantity of bloody fluid, and in which will be found what remains of the embryo." Dr. Alloway said his specimen corresponded to the description of a mole as given by Scanzoni; that he was sure the patient had become pregnant in, or before, March (nine months ago), and that the embryo had been retained in the amniotic sac in its mummified condition during that period. Dr. A. was also of opinion that many such cases occurred, but the embryo, not having been looked for, escaped in the discharge, and was thought to have been absorbed.

Dr. Geo. Ross said he had failed many times to find the embryo in an early abortion, and had no doubt but they are often dissolved in utero.

Dr. KENNEDY said that if there was any separation from the uterine wall then the embryo was rapidly dissolved. Had a case where the embryo was perfect; left it in the amniotic sac over night, but by the morning it was entirely dissolved. He (Dr. K.) did not believe that Dr. Alloway's embryo had been in the uterus very long, certainly not anything like what Dr. A. seem to think. She might possibly have had one or more miscarriages early, but from the size of this specimen did not believe it was more than five or six weeks old. The relatively large size of the placental mass was due to its continuing to grow after the death of the foetus.

Dr. TRENHOLME agreed with Drs. Ross and Kennedy.

Dr. ALLOWAY, in reply, said he gave the Society the exact facts of the case, and wished the members to form their own opinion regarding the possibility of the embryo and membranous mass exhibited having been in the uterus for the length of time mentioned. In defence of the mass being what is known as a true mole, he gave Scanzoni's definition, which corresponded to his specimen. In reference to the black clot found in the amniotic sac, it must have been recent, otherwise it would have undergone the changes explained by Scanzoni and which take place in extravasations in other parts of the body.

Dr. ALLOWAY also exhibited a *small piece of decidua* (about one inch square), showing, on the inner side of it, a distinct lining of amnion. The history of the case from which he had removed the specimen with the dull curette was as follows:—Patient, a woman about 40 years of age, mother of 12 children, had been losing blood from the vagina for several days; had been taking medicine from a physician, and had had her vaginal passage plugged daily to arrest hemorrhage. She was found by Dr. A. in a dying condition; no pulse at wrist, surface completely blanched, and extremities cold. Could not obtain an answer to questions. Heart's action could be heard very faintly through chest walls. She had received the last rites of the church, and was, in fact, dying. Removed all the cloths and packing in vagina; felt a fringe-like substance high up above the internal os, but could not reach further with finger. Passed up curette and detached the piece of decidua, and withdrew it with forceps. Washed out parts with antiseptic solution. Patient could not swallow. Administered hypodermic of ether. Ordered