before confinement. A macerated fœtus was delivered with great difficulty by means of forceps.

The child was 57 cm. long, and weighed 10,260 grammes (22 lbs.-10 oz. nearly). Only three measurements were taken:—

B.P. ... ...10.5 cm.
Bisacromial .. ..20. cm.
Bitrochanteric .. ..14. cm.

The most striking feature was the enormous development of the thorax.

No reason was assigned in either case for the unusual size of the child.

Histological Cause of Adherence of Placenta.

EDHEM.—"Histological Cause of Adherence of Placenta."—*Bulletin de la Société d'Obstétrique de Paris, 1903, p. 251.*

Until quite recently, the study of placental adhesion has been chiefly from the clinical and anatomico-pathological standpoint, and for the various theories which have been proposed regarding its causation, histological proof has been wanting hitherto. Edhem's investigations have been made with the view of furnishing this proof.

In 1875, Langhans stated that he found the decidual cells to be small and fusiform in adherent placentæ, and that there is an increase of intercellular tissue as well as a defective development of the glandular layer. He attributed these changes to an inflammatory process which ended in the substitution of a compact tissue for the normal spongy layer in which utero-placental separation usually takes place. Subsequently Matthews Duncan, Leiss, Leopold, Neumann and more recently Hense published observations which throw more or less light upon the subject. Hense whose work is the best thought out attributed placental adherence to a defective development of the uterine mucosa, and secondarily to atrophy of the decidua. The results of Edhem's observations may be summarized as follows:—

1. Placental adhesions are due to an alteration in the uterine mucosa, and tend to recur in subsequent confinements.

2. They are not inflammatory in nature.

3. Histologically they show a hyperplasia of the interstitial tissue of the decidua (especially the Serotina), which ends in the disappearance of the spongy layer where uteroplacental separation normally takes place, either by the substitution of a layer of dense compact tissue, or by its suppression in places permitting immediate contact between the villosities and the uterine muscle.

If these conclusions are confirmed by subsequent observations, we