

opposite to the gestation sac which I have examined have never contained any such cells, and, as regards the point of decidual cells always existing in the uterus in ectopic pregnancy, I would state that I had a very good opportunity the other day of examining the interior of a uterus which I had removed in toto in a case of extra-uterine gestation, and in that uterus neither Dr. Duval nor any others who examined it were able to detect any such cells. I was very glad to hear the statistics upon the question of rupture into the broad ligament. I had always felt that my pathology was at fault for, so far, I have never yet been able to satisfy myself that any of the tubes I had examined had ruptured in this situation, but, when I note the relative rarity of the condition in the statistics just quoted, I feel satisfied that I have never come across the condition.

#### TWO CASES OF CÆSAREAN SECTION.

A. LAPHORN SMITH, M.D.—The report of these cases will be found on page 31 of this number of the JOURNAL.

#### KERATITIS LAGOPHTHALMIC WITH PATHOLOGICAL FINDINGS.

FRED. T. TOOKE, M.D. read a paper upon this subject.

J. G. ADAMI, M.D.—I was greatly interested in the sections from Dr. Tooke's case. Experimentally, if an extremely mild irritation be set up by touching the front of the eye with caustic few polymorphonuclear leucocytes make their appearance in the region; primarily the irritation shows itself by swelling, enlargement, and proliferation of the corneal corpuscles. Here in Dr. Tooke's case there is identically the same appearance obtained in man—almost entirely a proliferation of the corneal cells, whereas ordinarily in corneal inflammation pus cells and polymorphonuclear infiltration is in the ascendant. Whether we regard this as a case of simple exposure keratitis or regard the nerve disturbance as playing any part, we are dealing here with a very simple type and not the infective type of disturbance. There has been a question as to the existence of true neuroparalytic inflammation of the eye; the experience in other parts of the body indicates that following section of the nerves a form of inflammation is set up identical with that developed where the nerves are still intact. One is not justified in dividing off a true neuroparalytic inflammation. Here we have an exposure keratitis, an exposure, it may well be, largely brought about by paralysis of the trigeminal. If in general the tendency is for paralytic inflammations to develop more rapidly and be more intense, that certainly has not been the case here. At the same time I admit that this may not afford the picture seen in every case of neuroparalytic keratitis. By