Dr. A. B. Carr was appointed Necrologist.

The Chairmen for the Bureaus were appointed as follows:

(Dr. B. Fincke had been previously appointed Chairman of the Bureau of Homœopathic Philosophy.)

Bureau of Materia Medica, Dr. Geo. H. Clark; Bureau of Clinical Medicine, Dr. A. R. Morgan; Bureau of Obstetrics, Dr. Julia Morton Plummer; Bureau of Surgery, Dr. W. L. Reed.

The following resolution was presented by Dr. Custis and was adopted:

Resolved: That it is the sense of this meeting that we take part in the World's Congress of Physicians at Chicago, if practicable, and it is desired that we meet in the vicinity of Chicago.

BUREAU OF OBSTETRICS.

D. C. McLaren, M. D., Chairman.

A MISCARRIAGE BETWEEN THE FOURTH AND FIFTH MONTHS.

Samuel A. Kimball, M. D., Boston, Mass.

This case illustrates the possibility of a continuous hemorrhage from the uterus, putrid in character from the products of decomposition, extending over a period of three months, without producing a miscarriage until between the fourth and fifth months.

A woman, unmarried, about thirty years of age, menstruated the first week in October, 1891.

She did not mensturate in November, but it was not unusual for her to be two or three weeks late.

She menstruated again the second week in December, so she informed me, and the flow continued, a bloody, excoriating, offensive discharge.

There was nausea, vomiting, faintness, craving for different articles of food; pain in the uterine region with soreness of the abdomen and epigastrium.

I was suspicious of pregnancy, but this was absolutely denied and no examination was permitted. Various remedies afforded only a temporary relief. The flow at times increased and would be bright red in color, then again, pale and watery, and at one time greenish, but always very offensive and excoriating; yet she was up and about.

February 11th.—She had a severe attack of pain in the uterine region, with the expulsion of a large amount of clots. The flow was bright red and hot, the clots large and black. She was very nervous and excitable, very sensitive to a jar of the bed. The vaginal and uterine regions were so sore to touch that any attempt to make an examination caused such an aggravation of all her symptoms that I desisted. Two doses of Bell.^{cm}, Johnstone, in water stopped the pain and severe flowing in two hours. After this she was much debilitated, but was up and about the house in two weeks. The bloody discharge still continued.

March 1st.—She had another attack of severe uterine pain and passed a male fœtus. It was nine or ten inches in length, the genital organs were formed but there were no signs of life.

It must have been between the fourth and fifth month of development, as the last menstruation was the first week of October.

She then told me that the menses not appearing in December, an abortion was attempted, which was followed by profuse flowing. This she referred to when she informed me she had menstruated at that time.

After the birth of the fœtus, the placenta was retained in utero, not coming away until the next day. It was four inches in diameter. One quarter was of a grayish color, and it had an intolerable odor.

This accounted for the offensive discharge of such long standing.

Then her breasts became hot, swollen, and painful, and there was considerable secretion of milk.

The lochia were very offensive, but her temperature was about 99°, one day reaching 99.6°. No douches were used, but the indicated remedies were prescribed, the utmost cleanliness observed, and in three weeks she was able to go out.

Discussion.

Dr. Campbell—Does Dr. Kimball mean that he is in the habit of using douches?

Dr. Kimball—I never use them. I merely stated that, because it is the practice of others to use douches in such cases. As I mentioned in the paper, an abortion had been attempted but was not successful. She told me that a catheter was introduced into the uterus and blown into; this detached a portion of the placenta, which caused the hemorrhage and later the foul odor.

Dr. Campbell—I had a very similar case; the flow did not continue as long, but the result was the same.

Dr. W. L. Morgan—In the last eight years I have had two such cases with excessively foul secretion, and all the indications of septicæmia. I have never used douches or washes, but simply give the remedy. Each case made a good recovery and had no bad sequelæ.

Dr. Dever—I think Dr. Kimball brought out one very important diagnostic symptom, and that was the fetor. I do not remember ever having had one of those cases with this fetor that had not been meddled with.

Dr. F. Powel—I have had several cases similar to that of Dr. Kimball's. I have never used douches, but have always been able to control the trouble by means of the internal remedy.

Dr. Kennedy—The American Institute seems to be growing in this direction. Last week at the meeting many members said that they had almost entirely discarded douches in obstetrics.

Dr. Tompkins—Some years ago I had a case of death of fœtus at seven months from placental disease, in which there was no effort of nature toward expulsion till at least a month had expired. There had been no motion of the fœtus for more than a week when I was called. I prescribed for what slight constitutional disturbance the mother exhibited, and simply watched the case. Two or three weeks later labor pains appeared and the fœtus was expelled in a somewhat macerated

state but with no sign of decomposition about it; no hint of fetor even.

A particularly notable thing about this case was the fact that the flow following the birth at no time took on a lochial character, but was in all respects like the patient's ordinary menstrual flow. Would not this indicate that the area of placental attachment had not recently been "freshened"? And that the dead fœtus had been preserved from putrefaction for a month, at least, while having no placental connection with the mother? Again there seems to be an indication that the menstrual impulse, in this case, became the motive power by which the uterus rid itself of its profitless burden.

PUERPERAL CONVULSIONS.

R. E. Jameson, M. D., Jamaica Plain, Boston, Mass.

Mrs. A., aged thirty-two, of a decidedly psoric constitution. Mother at climacteric season for four years and died of insanity. Her aunt, sister to her mother, died of puerperal convulsions at thirty-two. When eighteen was thrown from a carriage and spine injured. Suffered for several years with uterine disease, and received all kinds of local treatment at the hands of so-called homœopathic physicians. In January, 1882, gave birth to a daughter, and was in poor health for several years. Between the birth of her daughter and 1890, when I first became acquainted with her, had two miscarriages. In 1890 became pregnant again and called me in to relieve her of various symptoms incident to her condition, and prevent if possible another miscarriage. She had a good deal of leucorrhœa, constipation, headaches, and indigestion, with vomiting. Her headache and the gastric symptoms were aggravated by motion, and I gave her Bryonia^{cm}, which relieved all the symptoms but the leucorrhœa. For that I gave her Puls. and Sepia, which helped it very much but did not entirely cure it. She went to term and was delivered of a girl, that lived only twenty-four hours. She