PATHOLOGY AND BACTERIOLOGY.

IN CHARGE OF J. CAVEN, W. GOLDIE, AND J. AMYOT.

Infarcts of the Placenta.

J. Whitridge Williams, in a paper on "The frequency and significance of infarcts of the placenta based upon the microscopic examination of five hundred placentæ," gives the result of a thorough study of the subject, illustrated by a series of fine plates. His conclusions are as follows: (1) Infarcts measuring at least 1 cm. in diameter were observed in 315 out of 500 consecutive placentas (63 per cent.). (2) Smaller infarcts, many just visible to the naked eye, were observed in the great majority of placentas, while microscopic examination revealed early stages of infarct formation in every full-term placenta which he examined. (3) The primary cause of infarct formation in the great majority of cases is to be found in an endarteritis of the vessels of the chorionic villi. (4) The primary result of the endarteritis is coagulation necrosis of portions of the villi just beneath the syncytium, with subsequent formation of canalized fibrin (as the process becomes more marked, the syncytium likewise degenerates, and is converted into canalized fibrin, which is followed by coagulation of the blood in the intervillous spaces, which results in a matting together of larger or smaller groups of villi by masses of fibrin). (5) The part played by the decidua in the production of infarcts has been greatly overestimated by many observers, it is more than probable, in many cases at least, that the tissue which they designate as decidual, is really fetal ectoderm. (6) Moderate degrees of infarct formation are not pathologic and exert no influence upon the mother or fetus, and are to be regarded as a sign of senility of the placenta, analogous to the changes which take place in the villi of the chorion at an earlier period. (7) Marked infarct formation is not infrequently observed, and often results in the death or imperfect development of the fetus. It is usually associated with albuminuria on the part of the mother, though at present we cannot account satisfactorily for the relationship between them. (8) Infarct formation is not particularly marked in cases of eclampsia, being usually observed only in those cases which were preceded by marked albuminuric symptoms. (9) There is no evidence in favor of the bacterial origin of infarcts.—*Philadelphia Med. Jour.*

Tuberculosis of the Female Genital Tract in Children.

Wollstein describes the case of a girl, two years old, in which the child had had a purulent vaginal discharge for several weeks before death, but it had not been investigated pathologi-