

organs, which involves rapid impairment of health, notwithstanding the trifling character of the local symptoms; secondly come puriform discharges in cases where deep ulcers, granulations, and new growths are absent; and scanty, clear discharges, with narrow, bright red erosions of the os externum. Catarrh of Cowper's ducts; small, pointed condylomata near the orifice of the vagina, or forming a circle close to the anal orifice; the presence of granular colpitis, and the evidence of salpingo-perimetritis; and lastly, glandular ovaritis, are all important indications, when several or all are found in the same case. Dr. Noeggerath probably takes a very gloomy view of the question of latent gonorrhœa, much as he may have retracted his former and yet more extreme notion that 90 per cent. of husbands who had contracted gonorrhœa before marriage infected their wives. Nevertheless, it is certain that gonorrhœa in the female is a grave complaint if not cured before a woman becomes pregnant. After abortion or delivery at term, the raw interior of the uterus must be a favorable receptacle for specific discharge, and the Fallopian tubes form a highway into the peritoneum. Fortunately Dr. Bumm has shown that the gonococcus is not septic, and hence, according to his theory, the relative mildness of gonorrhœal salpingitis as compared with the deadly puerperal perimetritis.—*British Medical Journal*.

RETENTION OF THE PLACENTA FOR SEVEN WEEKS.

Dr. Varnex, writing in the *Trach* on the question of the management of retained placenta, mentions a case which occurred under his charge in the Basman department of the Moscow Artisan Hospital, which he thinks shows that, even where the placenta is found tightly locked up in the uterus several days or weeks after labor, there need be no necessity for recourse to such serious measures as were adopted by Schlutze, who in a similar case performed abdominal section and extirpated the uterus. Dr. Varnek's patient was a married woman, and had been attended by a midwife, who, after a great deal of very painful intra-uterine manipulation, had assured her that she had got

the whole of the after-birth away. The patient attempted, after the sixth day, to attend to her household duties. She was, however very weak, and, as she grew worse and began to suffer from pain in the abdomen and back, she sought admission a fortnight after the confinement under Dr. Vornek. She was found to be in a low, weak, anæmic state. The abdominal walls were lax. The uterus could be felt as a dense hard mass, extending up to the umbilicus. The external os admitted the finger, but the internal os was much too contracted to permit the cavity to be entered. There was but little discharge, and this was inoffensive. The patient was treated by warm vaginal injections of carbolic water (1 in 50), iodoform suppositories, and the internal administration of ergot and ergotine. The condition improved slightly for a time, but in about a month from the time of confinement hæmorrhage occurred; the temperature (which had been normal) rose, and shortly afterwards the discharge became very offensive. Attempts were then made to examine and clear the uterine cavity. The internal os having somewhat dilated, a partial exploration was made, which revealed the presence of the placenta in a very hard dense condition, firmly attached to the uterine walls. Persistent efforts both with the fingers and with a sharp curette failing to remove it, and the patient being much exhausted by the manipulation for which she had been placed on the operating table, she was put back to bed, and prolonged irrigation with a 1 per cent. solution of carbolic acid ordered, a mixture of iodoform and glycerine having been first applied to the interior of the uterus. For the next few days irrigation was practised for from four to ten hours daily, the general condition improving. In a little more than a week a portion of the after-birth came away, which was entirely inoffensive, and the next day the whole of the remainder was got rid of. After this the patient made a rapid and complete recovery. Here the placenta had remained in the uterus fifty days after the confinement, and its ultimate removal is attributed by Dr. Varnek mainly, if not entirely, to persistent and prolonged irrigation.