

and puerperium appeared to be normal. She arose on the seventh day and complained of being very weak, but had no fever. Five weeks later she was attacked with violent pains in the abdomen. These became so intense that the patient sought her bed and had to be carried to the hospital. Vaginal hysterectomy was performed. The uterus was large and infiltrated with pus; pyosalpinx was found on one side and a purulent salpingitis on the other. After taking many sections from the uterus, the following results were obtained: Forms clearly showing diplococci and corresponding in size to the gonococci were found in sections taken longitudinally from the fundus. The cocci were found in pairs, usually between the cells of inflammatory exudate and sometimes between the muscle cells. The cocci were found in sections taken from the anterior and posterior walls of the body and from the cervix. The author thinks that the failure to find the gonococci in the other cases was due to the length of time that expired after inspection before the examination was made. The gonococci remain for years in the mucous membrane, and can be demonstrated there, but the uterine muscular tissue is not a favorable soil for a prolonged stay or for propagation. They either perish there or pass through the uterine wall to the peritonæum. The author believes that many uterine abscesses are caused by the gonococci. Many of these abscesses followed abortion, and many did not show symptoms of infection by staphylococci or streptococci, but occurred during the latter part of the puerperium—indeed, post-puerperal infection has many characteristics of gonorrhœa.

In conclusion, Neisser's gonococcus is capable of penetrating the muscular tissue from the endometrium, and there causing inflammation. This inflammation may proceed to the formation of abscesses. This occurs most frequently in puerperal cases. The gonococcus soon disappears from the muscular tissue either by destruction or by emigration. By invasion of the serous membrane from the endometrium the peritonæum may be infected without any tubal disease. In this way perimetritis in gonorrhœa may be explained.—*The American Gynæcological and Obstetrical Journal*.

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NORMAL PREGNANCY AFTER ABDOMINAL HYSTEROPEXY.—Fraipont (*Ann. de la Société Médico-Chirurgicale de Liège*, 1894) reports four cases where pregnancy and labor were practically normal though the uterus of each patient had been fixed to the abdominal walls. In two of the cases the hysteropexy had been performed over five years before the pregnancy occurred, and although the bands of adhesion