Jacoby: Gonorrhea in Women. Medical Record. 1921, xcix, 14.

Gonorrhea is responsible for more than 50% of all female pelvic inflammatory conditions. From a study of a series of cases—60% of infections were combined cervical and urethral, 30% cervical alone and 10% urethral alone. In a series of examinations of 300 cases, 100 were clinically diagnosed as gonorrhea. One smear examination of the 100 cases resulted in 8 positive and 12 doubtful microscopic reports. After taking an average of five smears from 50 of the cases of clinical gonorrhea 47 or 94% showed positive smears or about 32% positives among the entire 300 cases examined. Single smear report is not to be relied upon. Complications and end results of gonorrheal infections are discussed by the author and proper treatment is outlined. Extreme conservatism is advised in meeting complications. Whether the patient remains a source of infection depends largely upon the thoroughness with which the freedom from infection is determined, the author giving 5 conditions which should be carried out before discharging a case from observation and treatment.

C. O. MALAND.

Rubin: Vaginal Discharge in Children. Diagnostic and Specific Value of Smear Examinations. Boston Medical and Surgical Journal, 1918, clxxviii, 147.

The writer studied this problem on 255 selected cases in the Special Clinic for Vaginitis, maintained in the Mt. Sinai Hospital Dispensary, New York. In this paper two points receive special attention: (1) the incidence and prevalence of gonorrheal vaginitis in children, and (2) the value of smear examinations in the diagnosis of this disease.

The general consensus of medical opinion undeniably favors the gonococcus origin in the vast majority of cases of vulvo-vaginitis in children. Upon this assumption are based all rules for prevention, control and cure of the disease as applying to homes, hospitals and communities. Observations in this class of cases have led Rubin to a conclusion contrary to the one prevailing. Too much value is placed on the outcome of the smear examination for diagnosis. Cases with a positive first smear are reported negative for one or more times consecutively, then again to turn positive. The same inconsistency can be observed in regard to first negative smears. Results of smear examinations are out of all logical relation to the clinical status of the case, the character, amount or duration of the discharge, and especially to subsequent examination. Frequently without any treatment a second report was negative, a third positive, then changing erratically. Even after all discharge had disappeared after treatment no reliability could be placed on the outcome of the smear. This obviously proves a great drawback in the study of a useful therapy. Rubin started with the strong silver solutions, recommended by Kelly. The immediate result invariably was an increased discharge, often with positive, occasionally with negative smear reports. Changing to weaker silver solutions at least the amount of discharge lessened or disappeared. Again smear reports remained erratic and unreliable. From these weaker solutions Rubin turned to applications in longer intervals until finally, for purpose of control, he simply observed those cases without any treatment which at least clinically did not seem