

THE CAUSES AND TREATMENT OF RETAINED PLACENTA.

AHLFELD (*Zeitschrift für Geburtshülfe und Gynäkologie*, Band 16, Heft 2) considers a cause of retention of the placenta to be stricture of the cervix and lower uterine segment produced by irritability of the uterine tissues; this condition frequently follows efforts to expel the placenta by pressure. Adhesion of the placenta to the uterus is also a cause of placental retention. Such adhesion results from inflammation of the placenta (specific or septic), from maternal nephritis, and from causes as yet unknown.

Regarding treatment, the placenta should be expelled spontaneously, if possible, and care should be taken not to irritate the lower uterine segment (Ahlfeld practises the expectant method in delivering the placenta). When manual interference is necessary the hand should not be inserted in the uterus, but gentle traction should be made upon the edge of the placenta with two fingers within the cervix. The strictest precautions should be employed to keep the vagina and cervix aseptic. Ahlfeld reports thirteen cases of retained placenta, only four of which had normal puerperal periods: One died, the remainder suffered from more or less septic infection.

THE TREATMENT OF RETAINED MEMBRANES.

EBERHART (*Ibid.*) states the practice followed in Kaltenbach's Clinic at Halle in retention of the membranes. It is believed that auto-infection does not occur unless the mother suffers from a pathological process during pregnancy which produces septic matter at labor. Normally, the uterine cavity is free from germs.

Retention of membranes is dangerous only when the membranes lie in the cervix and vagina, where they readily become infected. They should be removed from the cervix and vagina by two fingers gently inserted, but the uterine cavity should not be entered. The vagina should be frequently and thoroughly douched with antiseptic solution, and ergotin should be given to secure the expulsion of fragments remaining in the uterus.

RUPTURE AND SUPPURATION OF THE PELVIC JOINTS COMPLICATING PARTURITION AND THE PUERPERAL STATE.

DÜHRSEN (*Archiv für Gynäkologie*, Band 35, Heft 1) has collected thirty-two cases of rupture and suppuration of the pelvic joints complicating parturition and the puerperal state, to which he adds another, aggregating thirty-three. The passage of a large head; violence done by forceps; and in some cases in which a pathological condition exists in the joint, the passage of very large shoulders, are most frequent causes.

Suppuration may occur in pelvic joints not ruptured during labor; it is easily overlooked, but should be searched for when fever persists without apparent cause. The causes of suppuration in the pelvic joints are metastatic (pyæmic) inflammation; infection, not necessarily septic, from a vaginal wound occurring during the puerperal state; and tuberculosis. Fever, following rupture of the joints, during the first seven days after labor, does not necessarily denote pus formation; it may be caused by absorption of unde-