

readily to the previous depletion. Internally, no remedy is so important as opium. Indeed many cases of pelvi-peritonitis will make good recoveries under it alone. I am in the habit of giving the opium, in combination with quinia and the extract of conium, in the proportions previously mentioned. No one need withhold it for fear of constipating the bowels. This should be desired rather than feared. There are no "peccant humours" to be purged away, and *rest* for the whole body, the intestinal canal included, is a most important element in the successful treatment of the disease. Once in four or five days is often enough for an evacuation from the bowels; and when this does not occur spontaneously, a copious injection of warm water, especially when thrown high up in the bowel by means of a long tube, will generally have the desired effect. If any laxative is administered by the mouth, it should be one of the milder salines, and then only as an efficient preparation for the better action of the enema, which should succeed it in three or four hours. At the approach of a monthly period efforts should be made to secure a free discharge. These failing, when the menstrual *molimen* is manifest, two or three leeches to the neck of the womb will be of great advantage.

"Warm hip-baths after the acute stage of the disease has passed are often exceedingly agreeable to the patient, and are of some value in lessening the long-lingering soreness in the lower part of the abdomen.

"Of course, too, once this acute stage is passed, the practitioner will give suitable attention to any condition of the womb which may have been the cause of the menstrual disorder. An endo-metritis, a flexion, narrowing of the cervical canal, etc., may require to be cured before the patient can be assured against similar attacks at other monthly periods.

"It is important that the patient should be warned against an early resumption of her ordinary avocations. Better too prolonged rest than too early exercise. Probably no well-marked case of pelvi-peritonitis recovers entirely, under the most favorable circumstances, in less than six weeks or two months. The *abdominal corset* previously mentioned, or some similar bandage, will be found in many cases of great advantage, enabling patients to sit up and walk without discomfort, when not wearing it their suffering would be acute at every movement or jar. Whether, as Bernutz teaches, his bandage *immobilizes* the uterus, or whether it lifts upward and backward the abdominal viscera, so as to prevent so much pressure upon the recently-inflamed pelvic peritoneum, there can be no question as to its great utility.

"It will be observed that in the enumeration of therapeutic agents in this disorder no mention has been made of mercurials. I believe that calomel, or any other mercurial, administered as a cathartic, is decidedly injurious, and that the supposed antiphlogistic action of small doses is unnecessary. Opium is enough."

*The Length of Time an Ovum may be retained after Death of the Fœtus.*—Dr. Jacobi exhibited to the New York Obstetrical Society, March 7, 1871, a specimen showing the length of time an ovum may be retained in utero after the death of the fœtus. Last December (1870) Dr. Guleke was called to see a woman who said she was five months advanced in pregnancy—she ought now to be in the eighth month—but forty-eight hours ago, after the usual labour-pains, she expelled an entire ovum, much shrunken in appearance. The placenta was pretty well formed, but in a state of fatty degeneration. It was evident from the appearance of the surface of the placenta, that its attachment to the uterine wall had but recently been disrupted. The fœtus was apparently but ten or eleven weeks old. The ovum was retained about five and a half months after the death of the fœtus. No hemorrhage followed the expulsion of the mass. Dr. Jacobi said the longest time he had ever seen an ovum of this size retained after death of the fœtus was seven months. He now has a lady under observation, who, when at the third month, was taken with flooding; on examination he could feel the ovum, but made no attempt to remove it, as he considered it to act as a plug preventing further hemorrhage; the os closed, and the cervix resumed very nearly its former length, though it was a little softer and larger than in the unimpregnated state; the uterus is now slightly anteflexed, the ovum is still retained, and the uterus has not in-

creased in size during the last three months; the woman is in good health and does not menstruate.

Dr. NOEGGERATH said it not unfrequently occurs that the entire ovum may be retained a number of months after death of the fœtus, though more frequently a part of the afterbirth or decidua is retained. He has seen two instances which show how long a part of the placenta may remain without being detached. He is now treating a lady who aborted six years ago at the third or fourth month. The physician in attendance thought the ovum did not come away entire, the patient had considerable flooding at the time and made a slow recovery, and when menstruation became re-established she suffered from severe menorrhagia. Some time after she again became pregnant, went to full term, and was safely delivered, the secundines being removed entire. After getting up she still thought she had uterine trouble, as she suffered from bearing-down pains, menorrhagia, and metrorrhagia. Her physician advised her to go to Europe, where she was under the care of a prominent gynæcologist in Berlin, who said a latero-version existed, as also a granular erosion of the cervix uteri, which condition he considered sufficient to account for her hemorrhage, anæmia, etc. While in Berlin she wore a stem pessary, with some relief to her symptoms. On her return to this country she again had severe metrorrhagia and sent for Dr. Noeggerath, who found some catarrh, a slight erosion, and latero-version; the uterine canal measured one inch longer than normal. This condition of affairs would be called imperfect involution, a state which Dr. Noeggerath believes never to exist unless it is connected with some trouble of the living membrane of the uterus. Accordingly he used sponge-tents to dilation, and on introducing the finger he felt something like large granulations at the fundus; by scraping he removed two pieces as large as peas, which proved by the microscope to be old villi and degenerated decidua. Dr. Noeggerath feels certain, from the microscopic appearance of the old villi, which were covered with epithelium, that the masses removed were retained in the uterus during the second gestation, and that they were the remains of that portion of the fœtal envelopes which were retained at the time of the abortion six years ago.

Dr. Noeggerath said a second variety of retention occurs in which the secundines are expelled entire and the fœtus remains. He related the following case: A lady came to him saying that she aborted at the third and a half month, and that the physician who was present said that the fœtal envelopes came away, but there was no fœtus expelled. She, however, had no trouble following the abortion, but came to Dr. Noeggerath to find out whether the fœtus was retained or not. On examination Dr. N. found the uterus retroflexed, and the canal larger than normal. In order to bring about menstruation he ordered cold douches, as the uterus seemed relaxed. About four weeks after she expelled a fœtus, entire and perfect in form.

Dr. CHAMBERLAIN mentioned a case which was related to him by a physician whose wife aborted at the third month. The membranes were discharged, but diligent search failed to discover the fœtus. The patient had continuous hemorrhages and suffered from puerperal phlebitis of the lower extremities. Twelve weeks after the expulsion of the membranes a three months' fœtus was expelled in a state of partial decomposition.

Dr. PEASLEE said he presented a case two years ago to the Pathological Society, where seven months elapsed before the ovum was expelled. The patient flooded at the third month, after which there was no increase in the size of the uterus; the husband of the patient was away during the four months previous to the expulsion of the ovum. Dr. P. had seen eight or ten cases where no fœtus could be found on opening the membranes; most of these cases, however, were not older than the ninth or tenth week. There are cases where the placenta retains its vitality indefinitely. He remembers a case like that related by Dr. Chamberlain, in which the membranes were expelled, the patient having many hemorrhages subsequently, and at last went into a typhoid state. Dr. Peaslee was then asked to see her in consultation. On examination he found his finger would easily enter the os, and by pressing high up he detected a mass which he withdrew and found to be a three months' fœtus, which had been retained in all about three months after the expulsion of the membrane.—*Am. Journ. Obstetrics*, Nov. 1871.