

In cases of old iritis where there is much damage to the vision through the effusion and organization of lymph, I never do an iridectomy. Instead I cause its absorption by my method with far better vision than by any other procedure, operative or otherwise. In my earliest papers I said that any other organ or part of the body ought to be as easily influenced by this treatment as the eye. This case of iritis with diffuse scleroderma most satisfactorily emphasizes and bears out this contention of mine. It ought to encourage the members of the profession to give my treatment a fair and impartial trial.

In the eye minute changes for the better can very quickly be seen, whereas if the eye were much less easy of observation, a much longer time for the recognition of an improvement would be needed. This must not be forgotten when my treatment is applied to other organs not so easily observed as the eye. Hence patience must then be exercised, as an improvement may sometimes have been going on for quite a length of time before the observer has the changed condition drawn to his attention. This combined form of treatment applies equally to *syphilitic* and *non-syphilitic* affections.

After the many years of close observation regarding this treatment, I now feel that I can, and have a right to, speak emphatically as to its assured, and I might almost say unique, position.

THE REPAIR OF OLD LACERATIONS OF THE PELVIC FLOOR.*

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So much has been written on the subject of the perineum and pelvic floor of the female, that it would seem almost impossible to present anything new in this connection. My anatomic studies and investigations, together with my clinical experience, have convinced me that much that has been written has been based on imperfect knowledge of the anatomy and mechanics of the parts. Nor is this surprising when it is seen how lamentably defective the text-books on anatomy are in the description of this region.

The pelvic outlet of the male is often well described, while that of the female, even in some of our most recent anatomies, is almost entirely neglected. As the female perineum requires the attention of the surgeon many times as often as that of the male, this must be considered a serious omission.

* Read at the Meeting of the Chicago Gynecological Society.