

his wife did not exceed the presence of chronic urethritis and cervicitis. In the secretions of both gonococci could be found. Repeated bimanual palpation failed to reveal changes at the uterine appendages. Both parties felt quite comfortable until the husband, in order to get rid of the frequent urinary calls, underwent an energetic treatment of his chronic gonorrhœa. This treatment, consisting in dilatations, instillations, etc., cured, according to his physician's opinion, the chronic process. The husband, afraid on account of his improved condition that his wife might become pregnant, following the suggestion of his family physician, had his wife use a soft-rubber pessary. In about six weeks the wife was taken with a serious attack of inflammation of the uterine appendages and pelvic peritonitis. She said in her history that shortly after the pessary was inserted she noticed an increase of leucorrhœa, which inside of two weeks turned into a yellowish flow. The conclusion seems not far-fetched that the irritation of a foreign body helped along the development of an ascending gonorrhœa, or may be that a "mixed infection" took place on account of the decomposition of the retained secretion.

To sum up the prominent features of these cases, which are reported at some length, because they are the most typical and best observed of a series of similar cases, I may say this: The use of soft-rubber caps as preventive pessaries is always a dangerous measure. The practice of leaving it in the vagina during the interval between two menstruations is to be condemned. If they are used at all, they must be removed at short intervals and effective antiseptic douches should be regularly employed. These rubber caps may produce inflammatory catarrhs in pelvic organs that have never been attacked by a specific infection. The secretion of such inflammation may cause a non-specific urethritis in the male. These pessaries are especially dangerous in cases in which the tissues are weakened and made susceptible for new infection by a previous gonorrhœa, and they are apt to increase the virulence of a latent gonorrhœa.—*Medicine.*

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#### SIGNS ON THE SKIN OF CERTAIN COMMON DISEASES.

Galloway (*British Medical Journal*, May 3rd, 1902), in a recent address, calls attention to the important subject of the relationship between the functions of internal organs and those of the skin, and briefly refers to certain eruptions which occur as sequelæ or complications of internal diseases. In nephritis, although skin manifestations are less frequent than one would expect, slight eruptions are apt to occur as the result of the