of pain require almost constant treatment. I find iodine to the vaginal vault much more effective than on the skin. Electricity has been mentioned, but as Apostoli first pointed out intra uterine galvanism is not well borne in these cases. Fine wire faradism is very soothing in conjunction with iodine and boroglyceride tampons. I agree with the reader of the paper when he says that cases of gonorrhœal salpingitis are not good cases for conservative gynæcology. It is better to leave them alone than to take out one tube and ovary and to leave the other. I have been induced to do this in a dozen cases against my judgment, and they have proved very unsatisfactory to all concerned. I have also had to do a second operation for removal of the remaining ovary in about ten cases where it was left in at the first operation by the operators.

A. E. Garrow, M.D. Only recently in a case which I had under observation, where it was well known that a chronic infection of the pelvis from this condition existed, there was also associated an acute appendix inflammation. In discussing the condition with Dr. Chipman he expressed the opinion that the symptoms then present, and probably present on a previous attack two weeks before, were probably due to a recrudescence of the pelvic inflammation. I felt positive that the patient had acute appendicitis, and advised removal. Dr. Chipman took charge of the case, and the appendix, macroscopically at least, showed some little evidence of disease in addition to the other condition. On more than one occasion I have operated in acute appendicitis with pus formation, a catarrhal process and distended appendix; in which an examination of the appendages revealed undoubted gonorrhœal inflammation and that apparently the case had run a normal course afterwards. It is extremely interesting to know just how to exclude such cases in which the two conditions co-exist. It is true that an inspection of the lower mucous passages will assist very materially in confirming the diagnosis of gonorrhœal pelvic inflammation, nevertheless, in the presence of typical abdominal signs and symptons one is justified in diagnosing appendicitis. Another point is the distribution of the infection from one side of the pelvis to the other. If (as I understood Dr. Chipman to say) infection be carried by the lymph stream through one Fallopian tube to the other and thence to the pelvis, why does the ordinary staphylococcus and streptococcus infections not spread as readily?

A third question was the type of inflammation most frequently met with in these cases, either in the acute recurrent attacks or in the chronic cases. It is evident that pus formation is not very common, that the pathological condition is evidently of the same type as we