

to be rejected as much as massage." Massage may be of benefit in some old cases of pelvic cellulitis, but in cases of salpingo-öophoritis is distinctly dangerous, as one never can be certain of the absence of pus cavities among the adhesions.

The ultimate conclusions arrived at are (1) "Medical treatment suffices in at least one-half of the cases of salpingo-öophoritis. (2) Medical treatment being insufficient or contraindicated, one should *never* at the outset perform a radical operation of any sort. (3) The first operative stage should *always* be posterior colpotomy. (4) When by means of posterior colpotomy it is discovered to be a matter of tubercular affection, hysterectomy should be performed as soon as possible. (5) In cases of hydro-salpinx which do not yield to repeated colpotomy and necessitate other intervention, and in cases where one wished to try and remedy sterility in women, the conservative abdominal operations (resection, salpingotomy, salpingo-ovary-syndosis) are indicated. (6) Salpingorrhaphy as an accessory operation to a course of laparotomy performed for no matter what other operation."

Genital Tuberculosis.

VEIT, J. (Translated by C. P. Noble), "Concerning tuberculosis of the female sexual organs and the peritoneum." *American Gynecology*, Sept., 1903.

While tuberculosis of the female genitals does not occur any more frequently at present than it formerly did, improved methods of examination enable us to detect it much more readily, autopsies on tubercular subjects showing that in from 4 per cent. to 30 per cent., the genitals were affected.

In deciding the question of the possibility of the occurrence of primary genital tuberculosis, we must be certain that no other organ or tissue than the genitalia, where the trouble can originate, is affected. Judged by this strict criterion, Veit considers that those authorities who quote the higher figures (18 per cent. and up) are unreliable. In diagnosing the condition, one may rest satisfied if undoubted tubercles are found, as it is often almost impossible to detect the bacilli in a given case. The tube is the locus most frequently affected, the uterus ranking second, while "no case of primary ovarian tuberculosis is known."

While the bacillus may traverse the genitalia in an ascending or descending manner, only those ascending can give rise to primary genital tuberculosis, as those which descend must come from an already existing focus in the patient's body. While this axiom is