

puscles. If the woman be plethoric the morphia may be given by the mouth with neutral mixtures and wine of ipecac, or in some other fever mixture. In some cases tonics are demanded. Occasionally the application of belladonna and blue ointment locally is of benefit.

The disease ends either by resolution, or in the secretion of pus. When pus is formed the tumor usually becomes a little softer, and this condition of things is accompanied by chills, night-sweats, and hectic fever, although these symptoms cannot be regarded as in any way pathognomonic. In nine out of ten cases the end is by resolution. When pus is formed the condition immediately becomes troublesome.

If the sickness, therefore, lasts for more than a week, and the local tenderness increases, apply the hot water douche to the tender cervix. Then you will very often find that after a few days the pain and inflammation subside, but that there is still some fever in the afternoon. Now is the time to apply flying blisters. Begin with a good-sized one applied over the sore iliac region. In some cases this will be all that is required. When the pelvic tumor still remains, however, put another blister on over the womb and then another over the other side of the abdomen and then begin over again, so going the rounds and keeping the skin raw in spots until you have gained the resolution of the exudation. In some rebellious cases of pelvic peritonitis a hard tumor-like mass may exist for some time in the abdomen. I say pelvic peritonitis, because cellular tissue would not harden in this way, but would degenerate and fall into pus. When the cellulitis preponderates you are more likely to have pus formed, and instead of the chronic local hardness you have a chill and high pulse.

Very often the pulse will have fallen below 100 and the temperature will have almost reached the normal, when a sudden chill will supervene and the patient will complain of pain in the opposite iliac region. This is quite common as a sequel of abortion and in the puerperal state, but is rare after operations. When this metastasis occurs the only thing to do is to begin all over again with large doses of quinia and of morphia, give ten grains of quinia at a time, and, if necessary, from $\frac{1}{4}$ to $\frac{1}{2}$ of a grain of morphia hypodermically. This second attack will generally be found to be more manageable than the first.

When pus is formed, tonics are demanded, and among them iron. Never give iron, however, in the early stages of the disease, as it is only too liable to send the blood to the womb and so increase the already inflamed condition of that organ. Never keep the poultices on after the formation of pus has begun. Some authorities hold that poultices tend to the formation of pus.

It is in these later stages of the disease that

muriate of ammonia is a very excellent remedy; so, too, is aconite. I usually prescribe the following:

R. Mist. glycyrrhizæ comp., f ʒ vj.
Ammonii chlorid., ʒ ij.
Hydrarg. chloridi corrosivi. gr. j.
M. Tinct. aconiti radialis, gtt. xxiv.

S.—A tablespoonful in water every six hours.

Suppose that you are convinced that pus has formed and that you are unable to secure its absorption by medicinal means. What do you do now? Examine the vagina and see if you can detect any soft point which fluctuates, or pits upon pressure. The most common site for the pointing of pus formed, as a result of pelvic cellulitis and peritonitis, is the vagina, the next most common site is the rectum. Of these two the vagina is the more desirable. Occasionally the pus empties into the bladder.

When the spot has been found where the abscess is beginning to point make an incision large enough to admit of a free drain of pus. Be as sure as you can be, however, before you cut an opening, that all the small abscesses, if such there be, have melted down to form one large one. If the abscess is very slow in pointing you will have a perfect right to search for the best point at which to introduce the aspirating needle. In this way you may empty as many separate collections of pus as you can find. After aspirating inject the cavities with dilute iodine—one part of iodine to nine parts of water; or you may use, instead, a five per cent. solution of carbolic acid. In some cases it is well to begin at first with a two per cent. solution.

When you find it necessary to aspirate the abscess through the vaginal walls, it is well to make but a small opening with the knife into the tissues, and then to pass a grooved director or a uterine dilator into the opening and enlarge it. In this way you will avoid the blood-vessels. After aspirating its contents keep the abscess open by inserting a drainage tube, or by making daily injections into it of disinfectant solutions, otherwise you will find that there is a tendency on the part of these abscesses to become chronic. Abscesses form in only about one case out of ten of pelvic peritonitis and cellulitis. Indeed, I myself have not had even so large a percentage as this.

On the other hand, if the result of the active inflammation be a hard tumor instead of an abscess, the inflammatory process may be relighted at every menstrual period, and I have seen several women waste away to mere shadows from this very cause. Therefore always endeavor to bring about resolution as soon as possible in these cases. Otherwise, and if the case become one of a chronic nature, the woman is likely to become sterile, a