ally followed by gradual absorbption; but as he does not feel safe with nothing, he has adopted the movable truss, such as recommended by Pye, which does not exert any undue pressure on the cicatricial tissue.

PELVIC PERITONITIS.

In the *American Journal of Obstetrics*, Dr. Joseph Eastman states that from his experience in the past year he feels warranted in emphasizing the importance of pelvic peritonitis—a disease often overlooked, yet the most common disease of the female pelvis. According to the text books, pelvic cellulitis more frequently follows labor than pelvic peritonitis. Post-mortem examinations, and, within the past few years, abdominal sections, are demonstrating that without some pre-existing peritonitis, the traumatisms of child-birth, and other causes heretofore related, would less frequently result in cellulitis. He refers to the autopsies (for all diseases) made by Winckel—well marked pelvic peritonitis was found in one-third of the cases The same authority found pronounced disease of the Fallopian tubes in 182 cases, out of a total of 575, which were examined post-mortem. These instructive statements should lead to the early medical treatment of salpingitis, which so frequently causes inflammation of structures contiguous to the tubes, owing to their movements and periodical engorgement.

The sharp, stitch-like pains felt by young women, before, during and after menstruation are, as in the chest, significant of more or less inflammatory adhesion of some portions of the serous covering of the pelvic structure. The term pelvic peritonitis may be applied to a circumscribed spot of inflammation, or signify coexistence of perimetritis, perisalpingitis, perioöphoritis, pericystitis, and periproctitis. The delicate silky membrane at first becomes opaque, then adheres to the fold of peritoneum nearest in contact. Thus the uterus, rectum, tubes and bladder may become adherent one to the other, or all together : and each recurring attack of inflammation strengthens the adhesions. The serum poured out may become purulent, forming abscesses in the broad ligament, or between coils of intestines; these seriously impair various functions, sometimes causing intestinal obstruction. Should they discharge into the bowel or bladder the ultimate cure is seriously complicated.

Congenital defects in the sexual organs may favor the development of peritonitis. The brain cramming of our school systems is also a predisposing cause, since it interferes with the normal development of the pelvic organs in young girls. Allusion is made to the observation of Tait that disease of the tubes is at times due to the exanthemata, which probably act by causing catarrh of the tubes, or by interfering with the proper development of the epithelial lining of these organs. Dr. Eastman has removed diseased tubes from several cases in which the history clearly showed that scarlet fever was the cause of the disease. While gonorrhœa is admitted to be a frequent cause of pelvic peritonitis, the extreme views of Noeggerath and Saenger are not accepted. Still there is reason to shudder at the fate of marriageable young ladies, when it is remembered that a large percentage of marriageable young men have suffered from gonorrhœa, and have been imperfectly cured, or rather, not cured at all. The teaching, heretofore extant, that gonorrhœa in the female is less serious than in the male, is wrong, and must be rewritten. The statement of Van Buren and Keyes that gonorrhœa sends more to the tomb than syphilis" is quoted with commendation, and it is added that the same foul virus sends twice as many women to the grave as men. While serious lesions in the urethra (resulting from gonorrhœa) are less common in the female than in the male, the Fallopian tubes and ovaries furnish a secret lurking place for the gonorrhœal virus, where its work of destruction is beyond the reach of remedial agents. Means used to prevent conception, especially cold water injections used after coition, cause many cases of tubal and ovarian inflammation. Indeed, abortion is a prolific cause of peritonitis from which many deaths result.

The treatment given refers more particularly to advanced stages of the disease, in which operative treatment alone offers a prospect of benefit or cure. Opium is still accorded the first place in the treatment of acute peritonitis; but we are warned against its use in chronic cases, lest the " opium habit" be induced. Hot applications to the hypogastrium, combined with hot antiseptic vaginal douches, given with the Hildebrandt douche (which instrument allows the use of water ten or fifteen degrees hotter than can be borne by the external parts) are also regarded with favor.

In case that each recurring menstrual period rekindles the inflammation, removal of the uterine appendages, to relieve the pelvis of its periodical congestion, is undoubtedly a warrantable operation, if all other methods of treatment have failed. In answer to the claim that uterine appendages are being removed without sufficient cause, Eastman states that from his limited experience he believes that for every case in which these structures have been removed, unnecessarily, ten women have gone to the grave whose lives could have been saved by timely removal of the appendages by skillful hands.

The attention of those who condemn salpingo-oöphorectomy is called to the following propositions, and they are requested to use anatomical physiological, pathological, and therapeutical common sense in the consideration. Could the ovaries and Fallopian tubes, like the testicle and