

attended a married woman, æt. 57 years, who had an attack of pelvic peritonitis, which afterwards developed into general peritonitis, and we found, on making the first vaginal examination, a pessary shaped like a Hodge and so corroded and adhesive that it could scarcely be removed; it was made of metal and rusted nearly through. When we called her attention to this foreign body, she recollected of a medical man in a town where she formerly lived placing it there 26 years ago. This neglect on her part cost her her life.

We also have a few cases of vesico-vaginal fistulæ, from the too long use of faulty pessaries, and Dr. Baker Brown, some years ago, in lecturing on operations for vesico-vaginal fistula, says: "Next to labor, stone, so far as my experience goes, is the commonest cause of fistulous communications between the bladder or urethra and vagina. Another source of these lesions, never to be lost sight of, is the long-continued pressure from the *old-fashioned wooden pessary*, a terrible instrument which unhappily is not yet obsolete." But in defiance of all that may be said of the injurious use of pessaries, we see many cases where they are found highly useful, and where they are so, they are so much less cumbersome than the uterine supporters in use, that their choice by patient and physician is a foregone conclusion.

### Selected Articles.

#### THE PATHOLOGY AND TREATMENT OF CHRONIC OVARITIS.

The study of the pathology of ovaritis derives a special interest from the fact that the ovary differs from all other organs of the body, in that its function is performed at the expense of a portion of its structure which is never restored to its original condition. The rupture of each Graafian vesicle in ovulation, causes the destruction of the vesicle. Rudimentary vesicles mature and repeat the function of their predecessors, and are in turn destroyed. Finally the supply ceases, and the ovary, worn out in structure, becomes functionally incompetent long before the general organization has reached the end of its life and activity. In all other organs of the body, function is effected through cellular disintegration and restoration.

This peculiarity in the natural history of the ovary makes it difficult for the superficial observer to distinguish between the normal degeneration, and the structural changes which result from chronic

ovaritis. Experts also find it no easy matter to distinguish, by gross appearances, the atrophy of old age from the cirrhosis of inflammation.

In discussing the pathology of ovaritis, I shall briefly point out some of the established facts, which are of most interest in relation to the diagnosis and treatment of this affection, and omit all that is ill-defined, uncertain, and of little interest to surgeons.

The pathology of ovaritis is characterized by changes of structure, brought about chiefly by areolar hyperplasia first, then by atrophy of the normal tissues, and finally by a condition of cirrhosis. In this respect the morbid process and its products more resemble degeneration than an inflammation such as is observed in other organs. It is more like certain forms of chronic nephritis in the natural history of its pathology. Owing to these peculiar and distinguishing features, the affection has little in common with acute puerperal or non-puerperal ovaritis, or with secondary acute ovaritis due to peritonitis and therefore all such conditions will be carefully excluded from the discussion of the subject in hand.

The first variation from the normal towards the pathological is deranged innervation; the ovary, owing to its important office and intimate relations to the other organs, being peculiarly prone to reflex disturbances. These, though temporary as a rule, when oft repeated and prolonged in duration induce changes in the circulation, which impair nutrition and finally produce changes of structure. This ovarian hyperæmia, the first step in the process, may subside and complete recovery follow. Reliable evidence of this has been obtained, first by clinical observation of cases which gave all the signs and symptoms of ovarian congestion, and which, under careful management, completely recovered. Secondly, by inspection after laparotomy. I have not infrequently found a prolapsed, tender and painful ovary which, upon inspection after opening the abdomen, was markedly hyperæmic, but presented no apparent change of structure, except œdema. After fixing it in place by stitching the utero-ovarian ligament to the upper border of the broad ligament, the signs and symptoms have all subsided. The continuation of the hyperæmia slowly produces those structural changes which are invariably affected by prolonged malnutrition. The first noticeable changes take place in the blood-vessels themselves. They become dilated and a peculiar degeneration of their walls occur. These changes have been elaborately studied by Dr. E. Noeggerath; he advanced the idea that these vascular changes were closely related to the genesis of ovarian cystomata. This may be true in certain cases, but it more frequently ends in hyperplasia of the stroma which gradually goes on, and in time crowds out all the normal structural elements of the ovary. Finally,