

salpingitis and generally a localized peritonitis and peri-oöphoritis. Several cases have been reported of acute diffuse peritonitis and pure cultures of the coccus obtained, but I was not able to find any record of a pure gonococcal peritonitis in the male.

The result in women of chronic gonorrhœa only too often is invalidism and sterility. In the more acute cases it is also either directly or indirectly a factor in puerperal sepsis and accountable for a larger percentage of complications and fatalities than is generally supposed.

In conclusion allow me to read the opinions of a few gynæcologists on the subject:—

Montgomery says,—in women, gonorrhœa is much more dangerous than syphilis, for when infection once occurs, the entire genito-urinary tract may become involved and the individual subsequently suffers from chronic inflammation of the uterus, suppuration of the tubes, inflammation of peritoneum and ovaries as well as cystitis, ureteritis, and all the affections of the kidneys. She not only loses her power of reproduction, but develops inflammatory conditions, which, if they do not cause a fatal termination, produce such destructive changes in the pelvic organs as to necessitate their removal in order to prolong life or render it endurable.

Dr. Holmes.—There is no disease that affects women, that should engage the serious and thoughtful consideration of the physician more than gonorrhœa, that deadliest of all enemies to female health.

Sir Lawson Tait.—In early life I heard an eminent surgeon say that if he were doomed to have venereal disease, he would rather have syphilis than gonorrhœa. I marvelled and disbelieved, but now I know that if he included women in his thoughts, he spoke truly.

Where syphilis kills tens, gonorrhœa kills thousands and it would take the sufferings of one hundred cases of syphilis to make up for the long weary years of agony in one case of gonorrhœal pyosalpinx.