

off by adhesions consisting of organized lymph and omentum and the general peritoneal cavity is saved.

Considering how near the appendix is to the pelvic organs and how often it is affected by the same causes which affect them, such as constipation, poor circulation, etc., and remembering that an infected appendix may dip into the pelvis and infect a congested or inflamed Fallopian tube even of the left side and in view of the lessened resistance of the economy in general, and of the appendix in particular, during pregnancy under modern conditions the writer believes that many cases of supposed pelvic disease and puerperal septicemia are due to disease of the appendix. In the case of the Fallopian tubes I am sure of it for in more than a dozen cases when I have been operating for the removal of pelvic abscess I have found the right tube, and in one case the left, with the appendix imbedded in the adhesions. I have had no death in my midwifery practice since twenty years, and before that time, although I had two from general peritonitis, we did not know enough about the appendix to even suspect that it might have had anything to do with the condition.

But the literature contains many authentic cases of appendicitis during pregnancy, and when I look back on my experience of many pregnant women who complained of pain in the right side, I am convinced that many of them were suffering from mild appendicitis or from the dragging upon adhesions of the appendix to the right tube, to the uterus, or to the wall of the pelvis. If this point were especially looked into by those who have an opportunity of making *post-mortems* on women dying during the last week of pregnancy, much light might be thrown on the subject of these severe but ill-defined pains which so many pregnant women complain of.

As all our studies and deliberations lead up to the one great end, viz., that we may give our patients better preventive and curative treatment, let us inquire what should be our treatment in these cases so that we may the better relieve suffering and save life.

Perhaps in no department of medicine has greater progress been made during the last twenty-five years than in the treatment of pelvic diseases and in the care of the pregnant woman. Previous to that time removal of pus tubes, tubal pregnancies and of tumors of the uterus and the ovaries, while they were yet small enough to remain in the pelvis, was very rare. At that time it was no uncommon thing to see a woman with a pelvic abscess which was allowed to burst into the bladder, rectum, or vagina, and even through the abdominal wall, die from prolonged and exhausting suppuration. At that time, too, it was the exception to give the pregnant woman any treatment whatever until she sent for her own or any other doctor to attend her in her confinement. In both these respects a great improvement has taken place; pus tubes are now recognized before