

aged six years, who was seized with an attack of apparently ordinary tonsillitis. She complained of sore throat, and had a temperature of 103°, with large, edematous hyperemic tonsils, studded with white patches. The cervical and submaxillary lymph nodes were enlarged and tender. On the third day, when the throat condition was apparently improving, the child suddenly became acutely ill with symptoms of peritonitis. Immediate operation showed the peritoneum to be hyperemic and lusterless, with a small amount of thin pus in the pelvis. In spite of drainage the patient died in forty-eight hours, and autopsy showed an intense pelvic peritonitis, with much less involvement of the upper abdomen. There were no perforations, volvulus, or other demonstrable cause. The appendix was slightly hyperemic, but otherwise normal. The pelvic organs were all hyperemic, but the ovaries showed in addition some hemorrhages, and a few diplococci and short chain streptococci in the ovarian tissue. Cultures from the abdominal fluid at operation showed a pure growth of Gram-positive diplococci and short chain streptococci. Three quite similar cases from the literature are quoted by the author, who believes that these have all been cases of acute peritonitis, secondary to an ovarian metastasis from the throat infection.

Surgical Treatment of Benign Vesical Neoplasms.—The universally recognized treatment today for non-malignant intravesical growths—papillomata—is of course fulguration. As BEER (*Surg., Gynec. and Obst.*, 1917, xxiv, 646) points out, however, there are a few cases in which this method of treatment is not applicable. These fall under the following heads: (1) Patients that are intolerant to cystoscopy. With local anesthesia and morphin most of these can be overcome. (2) Patients that bleed furiously at every introduction of the cystoscope, so that no view can be obtained. (3) Patients whose tumors are so placed that they cannot be reached. (4) Patients suffering from papillomatosis of the bladder, either primary or following a surgical operation for papilloma, which operation has implanted many growths all over the bladder wall. For the small number of cases comprised in these groups, some form of cutting operation becomes necessary, but for the older method Beer substitutes an entirely new technic in order to safeguard the patient from the recurrences which almost invariably occur in the ordinary cystotomy performed for the removal of a papilloma. In Beer's method the intravesical operation is done entirely with the Paquelin (hooked point) cautery: the bladder is not filled with fluid before opening it; the incision in the bladder is gradually enlarged without any sponging or rough handling, and each tumor as it presents is burned to a crisp; every suspicious spot in the bladder is cauterized, and the edges of the bladder incision are similarly treated. Finally the whole operative field is soaked in alcohol to destroy any particles of viable growth that might have accidentally broken off during the manipulations. In order to get an adequate exposure the patient is placed in the Trendelenburg position and the bladder drawn out of the abdomen by its urachal end, this technic allowing the peritoneum to be stripped back without bruising the bladder or its contained growths.