

advisor to those suffering from pelvic disease to familiarize himself with the details of a thorough and systematic examination of the pelvic contents, and to persist in the practice of these details until he becomes an adept at it. The palpation of the tubes and ovaries, though not as easy in many women as some would lead us to believe, may yet generally be made to yield valuable information, especially when placed by the side of the subjective and other objective symptoms, and the decision may be the saving or losing of a life.

Noeggerath, William Japp Sinclair and Tait and Virchow, have taught us much of the pathology and prognosis and treatment of these cases. They have taught us that in desquamative salpingitis the ciliated epithelium is destroyed; that the tubes deprived of the cilia which perform the double office of carrying the ovum along towards the uterus and preventing the spermatozoa from passing from the uterus along the tube, are the tubes in which an impregnated ovum may lodge and develop. The timely removal of such tubes would prevent the possibility of the occurrence in the patient from whom they were removed of the results of tubal pregnancy and rupture. They have also taught us that in salpingitis one or both ends of the tube may become occluded, and that constrictions or strictures result. Then between these strictures pus may form, increasing under favourable conditions, distending the tube, thinning its wall, and finally, in a percentage of cases, rupture, setting up localized and sometimes general peritonitis of more or less severity. These are the grave disastrous results that may follow a salpingitis, and I will illustrate them by briefly mentioning a few cases. The minor results of salpingitis being pelvic pain and distress, and malnutrition incapacitating the sufferer to a degree for the duties of an ordinary life.

It has been noted by several writers that a history of tubal disease precedes in many cases tubal pregnancy, as in the following cases:

Mrs. L., æt 30, began to menstruate at 11 years of age, and from the first suffered from severe premenstrual pain. Her first and only child was born twelve years ago.

Eight years ago she was treated for some weeks for pelvic pain. In April, 1891, when shopping, she was suddenly