the uterus causes it to project markedly from the cervix, especially in front. The shape of the whole uterus has been likened by Grandin to an old-fashioned fat-bellied jug. This striking relation between the corpus and cervix is readily distinguished by one moderately skillful in making the bimanual examination. A quite characteristic bogginess, softening, and compressibility of the lower uterine segment is also detected. This sensation is brought about by the effects of the physiological congestion of pregnancy upon the uterine tissues, and partly, also, by the fluid contents of the uterus.

The condition just described is an almost positive sign of pregnancy, especially if in addition there is marked fulness and pulsation of the vessels on both sides of the pelvis, without evidence of pelvic inflammation, and a more or less distinct purple hue of the vagina. It is reliable as early as the sixth or eighth week.

It would seem theoretically, that this method of examination had one marked advantage over combined rectal and abdominal examination, for not only can the physical condition of the lower uterine segment and increased mobility of the corpus be made out nearly as well, but the striking jutting out of the corpus over the cervix is much greater in front than behind and therefore more easily detected through the vagina than through the rectum. Naturally the employment of both methods of examination would give more trustworthy information than either alone. This condition of the lower uterine segment was apparently known to Dr. Rosch as long ago as 1873, but he failed to appreciate fully the subject and only laid stress on the feeling of fluctuation to be obtained by bimanual examination.—*Med. and Surg. Reporter.*

GONORRHŒAL DISEASES OF THE UTERINE APPENDAGES.

BY JOSEPH PRICE, M.D.,
Of Philadelphia.

Read before the Philadelphia County Medical Society, February 12th, 1889.

The attitude of numbers of professional men who express either incredulity or absolute disbelief in the causative relation between gonorrhœal diseases in women and pyosalpinx and abscess of the ovary, is sufficient justification for a still further discussion of this subject. My views upon the matter are based neither upon theory nor upon microscopic examination. They are from surgical experience only or from confessions of men whose wives have been diseased by them. From the time that Noeggerath first formulized his belief upon this subject it has been smiled at, contradicted or controverted, but never in its essentials disproven. In his earlier paper Naeggerath fell into the common error of enthusiasts, that of attributing too much to his discovery and claiming too wide a pathological field as the sequelæ of this trouble. This, without doubt, led many otherwise fair-minded men to pass over his paper as unworthy of attention, thus impeding the progress that otherwise would have followed its discussion and the observations based upon its claims. In taking up most of the later surgical works we find the etiology of ovarian and tubal diseases considered from this standpoint omitted—a missing link, or differentiated out of sight. This is wrong. As early as 1877 Mr. Lawson Tait and others insisted upon the relation existing between gonorrhœa in man and tubal diseases in women. Noeggerath antedated him about five years. Mr. Tait also insisted on its causative relation to perimetritis, this as late as 1883. Schroeder, in the early editions of his *Gynæcology*, insisted upon this as bearing a causative relation to ovarian and tubal troubles. In the very latest edition he says: "Gonorrhœa, in the highest degree, appears as a causative disease in women." Sänger also is an ardent advocate of the same belief. He is wrong, however, I am persuaded, in holding that the gonorrhœal infection is always late in revealing its presence in the woman when transmitted by the man. To this subject I shall refer later.

Without further collation of authorties upon this subject, I shall proceed briefly to its discussion. Whether or not the presence of the disease can be diagnosticated absolutely by the presence of gonococcus of Neisser, is of small importance, if by the chain of common evidence we can connect the presence of one disease with the other in their sequence. If, on discovering tubal disease in a woman who has never aborted nor had any of the diseases incident to childbed, who has been healthy up to a time, after which vaginitis has occurred, contracted from her husband, after which the woman from time to time experiences increasing pelvic pain, losing strength and weight—the case, it seems to me, is made out, save as quibbling may dispute it. This history occurs in most of the cases I have handled. Of the many cases that have come under my observation, I choose the following as illustrative and typical:—

A young married woman, one child. Her recovery from childbed excellent: no gonorrhœal infection of the child at birth. Some months afterward she had inflammation of the vulvo-vaginal glands, with suppuration. Later she appeared with abdomen tense and painful, enlarged tubes and ovaries, tender and painful on the slightest movement or pressure; she had lost in weight and strength. Her husband confessed to the infection of his wife. The diagnosis was made of gonorrhœal pyosalpinx, and operation proved the correctness of the opinion. Both tubes contained pus, were cheesy and friable—the ligatures cutting through all but the vessels. The abdomen was full of fluid,