Manganese for Amenorrhea has for some time been tried with much success by Drs. Ringer and Murrell. It may be used in solution (B. P.) or solid in 1 or 2 gr. pills. It is best to begin with 1 gr. three times a day, and gradually increase the dose to 2 grs. four times a day. The best time to give the remedy is three or four days before the menstrual period. If this fails to bring on the flow it may be continued steadily for 3 months. Its most noticeable success has been achieved in young persons from 18 to 25 whose usual regular flow has been arrested by cold or wet feet. Especially has it succeeded in those recently from the country. It usually takes about three days for the medicine to produce its effect, but in some cases the flow comes on after the 2nd or 3rd dose. The medicine can be continued during the flow, as it helps its escape. This remedy has succeeded when iron, aloes, nux vomica, pulsatilla, nitro-glycerine and mustard baths have failed. In scanty menstruation it has been found to increase and prolong the flow. In some cases in girls of 15 or 16, who had never menstruated, it generally brought on the flow. Its value has been proved also in cases of irregular menstruation in married women whose regularity has been interfered with by lactation. The manganese should not be given in cases of gestation; it is useless to induce the flow in advanced phthisis.

The pill form of administration is the best borne by the stomach.

The modus operandi of the remedy is not known. It is not by improving the condition of the blood, as it acts equally well in both plethoric and anæmic cases.

Diseases of the Fallopian Tubes has engaged the attention of Dr. Savage, London, and his remarks upon the three forms of Fallopian disease viz., hydrosalpynx, pyosalpynx and hæmatosalpynx, are worthy of attention. It is important to bear in mind the anatomy of the tubes which, like the uterus, is a portion of Müller's duct. The muscular tissue of the tubes being continuous with that of the uterus itself, they also have the same serous covering, and the mucous membrane of uterus and tubes are continuous. This latter fact accounts for the spread of disease from one part to the other, just as orchitis may arise from gonorrhea in the male. The reason why pus is not formed in the uterine cavity as frequently as in the tubes, is due to obliteration at each end, also to the small amount of areolar tissue in the uterus compared with that in the tubes. These tubular disorders are more frequent in the married than in the unmarried. The history generally shews that these patients have had some form of pelvic inflammation, or tedious convalescence after childbirth or miscarriage. Gonorrhea is also a frequent cause, and in its latent form will explain many obscure cases of peritonitis in newly-married women. Intra uterine pessaries may cause salpyngitis. Pyosalpynx may occur with acute rheumatism. Inflammation of the ovaries frequently occurs with that of the tubes, and is probably due to the same cause or causes. Menorrhagia is a frequent accompaniment of both hydro and pyosalpynx. The first effect of inflammation is to close both the uterine and the finitriated ends of the tube, hence the accumulation of fluid and the sausage-shaped distention. The character of the pus varies from that of a laudable character, to that of a most offensive character. If the tubes are not renewed they give way to repeated inflammatory attacks and cause death.

Cases of hydrosalpynx are not so serious as that of pyosalpynx. Dr. Savage thinks they are sometimes mistaken for a large Wollfian cyst, where a single tapping has been curative.

TREATMENT—Expectant and medicinal treatment are not to be relied upon. The presence of pus is much more serious than when clear fluid exists. The temperature of the patient and condition of pelvic structures point out the need of prompt action. To tap "*per vag*" is dangerous, as pus may escape into the peritoneum; its removal often is very difficult. As spontaneous absorption of two sacs of pus as large as an orange is not to be looked for, one of *three* things must result if left to itself: 1st: Absorption of the fluid, which is not apt to occur in any case, and impossible when the fluid is pus. 2nd. Chronic invalidism, constant pain, frequent high temperature or rigors, etc., etc., and 3rd; bursting the sac, which if it took place into the rectum might result in cure; but if into the peritoneal cavity, it would destroy life. The following cases are given in illustration, also Dr. Savage's concluding remarks in his own words.

CASE 1. Patient had menorrhagia, with a small lump on right side of pelvis. Tents were inserted, and the uterine cavity explored: nitric acid being applied to the interior. Died of septicæmia, with abdominal distention. At the *post mortem*, a pyosalpynx on the right side was discovered,