

correct, it should be borne in mind that the bacilli may travel down from a primary lesion in the tube, but even here the bacilli have had to first ascend and be deposited in the tube.

The organisms may be introduced into the genital canal during coitus, or by the examining finger or instruments, or, in the descending form, they may enter it from the peritoneal cavity, or such contiguous structures as may be adherent to the tubes. In addition, however, to the above two routes, *i.e.*, tubal and vaginal, the germs may enter the patient's body through vaginal and vulvar wounds and so get into the blood and lymph streams.

For the diagnosis of this condition, it will be necessary to examine scrapings from the cervix or endometrium or else the uterine discharge, and to find either tubercles or bacilli if we wish to be certain. When these cannot be found and the presence of tumours of the genitalia cannot be otherwise explained, examination of the chest and other parts of the patient's body may reveal some tubercular process and so suggest a probable diagnosis.

The only cases suitable for radical treatment are those of primary origin, but spontaneous cures of genital tuberculosis have been recorded. The treatment should be prophylactic as well as therapeutic.

Veit holds that marriage disseminates tubercle and that, therefore, marriage of a tuberculous person should be discountenanced. Sanitary treatment, in fact the usual treatment of pulmonary tuberculosis, should be urged.

In local treatment, the free use of iodoform, antiseptic douches, etc., should be tried. If these fail and the disease is primary, Veit advocated the removal of uterus, ovaries and tubes by the abdominal methods, as after less radical measures fistulæ are apt to remain. The abdominal route is chosen because by the vaginal operation adherent coils of intestine are apt to be injured.

Necrotic Changes in Uterine Fibroids.

FAIRBAIRN, JOHN S. "A contribution to the study of one of the varieties of necrotic change in fibromyomata of the Uterus." *American Gynecology*, August, 1903.

The form, "necrobiosis," here considered results in the conversion of the fibroid into a livid or red softened mass, surrounded by the whiter uterine tissue.

Virchow described tumours which had become necrobiotic as "soft myomata," pointing out that the surface had lost its white whorled appearance and had become "red or plainly fleshy."

The term "necrobiosis" or maceration was given to these tumours