

although in a considerable number of cases they are the seat of the primary form.

Tuberculosis of the tubes may occur in two forms. Miliary tuberculosis, in which the tubes present the general characteristics of miliary tuberculosis of other mucous membranes, and chronic diffuse tuberculosis, which corresponds to the like named process in the uterus, and is the form familiar to all under the name caseous pus tubes.

In advanced cases the tube is greatly enlarged, and if the peritoneum is involved, its external surface is studded with tubercles in various stages of development. It is densely adherent to the surrounding structures, and in some cases presents an almost stony hardness. In most instances the fimbriated extremity is occluded, but when patulous caseous material will be found protruding from it. On section the lumen is found more or less dilated and filled with typical yellowish caseous material, which varies greatly in consistency, sometimes being fluid, sometimes it forms a soft mass, and occasionally is dry and solid or even calcified. The normal appearance of the mucosa has disappeared, and presents a ragged, ulcerated surface over which are strewn tubercles in all stages of development.

A third form of tuberculosis of the tube has been described, chronic fibroid tuberculosis. It differs from the others in the excessive formation of fibrous tissue in and between the tubercles.

Ovary. Tuberculosis of the ovary is comparatively rare, and when seen is usually found in combination with other forms. The process may be limited to the surface of the ovary, or it may invade the entire organ. Macroscopically it appears in the form of miliary tubercles, caseous masses, or tubercular abscesses.

Symptoms. No period of life is exempt from genital tuberculosis, but the period in which its occurrence is