or of both, and the inference is that drainage was secured and pus escaped, leaving no remnants of this character behind, except in two of the specimens, in which I found pus cavities in the ovary containing each a drachm or more of pus.

These cases illustrate the fearful havoc which a septic process following parturition may occasion among the pelvic organs. A little fire kindleth a mighty conflagration, is literally true in more respects than one. In an experience with other cases I have observed the septic process in its very beginning when limited to the cervix and cavity, and I have seen the lying-in woman's temperature fall from 103° to normal within twelve hours after thorough cleansing and disinfection of the cervix and cavity in these cases, and a complete arrest of the process before the tubes were involved. In another case I have seen tubal and general pelvic-peritonitis in active force following immediately the infection in the cervix and cavity. This experience convinces me, despite all other theoretical teachings, that we have in the lying-in state an explanation of those intra-pelvic diseases which render the lives of so many women useless and oftentimes utterly miserable. Now is it necessary that the lying-in period should be surrounded with extra hazard, high temperature, and severe pain? A septic endomitritis following parturition may run a very mild and low grade course, and still result in sub involution, salpingitis, pelvic adhesions, and other intro-pelvic conditions which impair the normal function of these organs.

The lesson clearly taught by such experience is that aseptic conditions should be enforced in every case of labor, that the least suspicion of sepsis should lead to immediate investigation of the uterine cervix and cavity with a view to thorough cleansing and arrest of the septic process. If this be done, as I have done it in a number of cases, even with medical friends in consultation, we can cut short a sepsis and arrest a condition which will surely extend to the tubes and pelvic peritoneum in the absence of prompt attention.

Dr. B. B. Browne.—The fact that laceration of the cervix is so frequently found in married women suffering from tubal disease is, I think, because because the purilent discharge from the uterus passing over the torn surfaces prevents their union, while the septic material also extends to the tubes; when there is no septic material in the uterus the lacerated surfaces readily unite, and the tubes are not affected.

Dr. J. W. Williams.—The specimens exhibited represent a class of cases, that are very common, and which will become more so as we become more expert in bimanual examination. Indeed to a skilful palpator, it almost seems that the majority of women examined have more or less tubal or ovarian diseases. The specimens are particularly interesting to me because I have studied carefully the pathology of a large number of similar cases. The etiology in many cases is doubtful, but most observers appear to cling to Noegerrath's theory of latent gonorrhœa. Examination of the pus in cases of pyosalpingx brings forward most interesting facts. For in most cases it is impossible to discover any species of bacteria either under the microscope or by culture methods, which shows that the bacteria which caused the trouble have long since died, for closed pus cavities are not particularly favorable for the growth of organisms. In two cases we found undoubted gonococci, and in a case following an imperfect abortion, the streptococcus and in another case the staphylococcus aureus.

Clinically, the cases due to the pus organisms are much more acute and virulent than those due to the gonococcus. These results correspond with those of Zweifel of Leipzig, who has just published his observations. He also found the gono- and streptococcus, but not the staphylococcus. In one of his streptococcus cases, the subject was an undouöted virgin, and he accounted for the infection by an abscess following an attack of typhoid fever some years before.

Dr. Ashby speaks of the relation of lacerated cervix to salpingitis, etc. I cannot consider it a factor in the production of the disease, and regard it merely as a coincidence. If it were a potent factor in producing the trouble, we should find salpingitis and pelvic adhesions far more frequently than we do now; for we must remember that in most women there is more or less laceration of the cervix during labor.

Moreover, this cause is certainly inapplicable to the frequent cases occuring in nulliparous women, and especially in virgins.

A close study of the clinical history of a number of cases inclines me to believe that the majority of cases follow infection during labor or after an incomplete abortion; for in many cases it is impossible to obtain even a history of leucorrhœa before the labor, which would apparently exclude gonorrhœal infection.

By infection during childbirth, I do not necessarily mean the cases in which we have well-marked puerperal fever, but the milder degrees of infection as well; for most of the cases of so-called milk fever are due to infection, and may give rise to serious results.

Zweifel, on the contrary, who has just published a remarkable series of 79 salpingo-oöphorectomies, with only one death, believes in the gonorrhœal origin of most cases. Saenger traces most of the cases in virgins back to a gonorrhœal salpingitis during childhood, which has persisted and ultimately affected the Fallopian tubes. While I do not feel justified in subscribing to this view, I can say that it is quite probable, for lately I have seen a number of cases of undoubted gonorrhœa in little