layers of the ground, in swamps, etc., the cholera-bacteria may find conditions in which they may, just as in our moist agar jelly, and perhaps much better, be preserved from death for five months, or even longer.

INFLAMMATION OF THE MUCOUS LINING OF THE FALLOPIAN TUBE, WITH PURO-FIBRINOUS EXUDATION.

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In subacute or chronic pyosalpingitis, an exudation containing many pus-cells is secreted by the altered mucous lining of the Fallopian tube. The fluid so effused may escape into the uterus, and be expelled. It may, however, be detained in the tube itself, and, accumulating, distend this structure. The disease is, in the majority of cases, secondary, and appears most commonly to accompany those inflammations of the genital tract which are of a specific nature, gonorrhoeal or syphilitic. It rarely develops as an independent disease in females previously healthy, yet it may accompany simple inflammation of the uterine lining in persons of a strumous habit of body, or those otherwise debilitated.

In inflammation of the mucous membrane of the Fallopian tube, with puro-fibrinous exudation, there is usually, in the early days, some elevation of temperature and increased frequency of pulse. The disease, however, may exist for months with no other subjective signs than pain and a varying amount of purulent discharge. In the later days, when fluid has begun to accumulate in and distend the tube, and inflammatory changes are apt to invade the surrounding structures, symptoms of a definite and truly characteristic nature invariably develop; and it is to these more especially that I now wish to draw attention.

Pain is a constant and troublesome symptom. Its seat and character, however, vary according to the extent and manner in which the pelvic nerves severally become involved. It is more or less constant or periodic, and is usually referred to that iliac region in which the diseased condition is to be detected. If both Fallopian tubes are the seat of change, as is commonly the case when the disease is due to specific inflammatory extension, pain is complained of in the neighbourhood of both groins. In many cases, the attacks of pain are periodic, lasting six or seven days, with an interval of immunity of like duration. The onset of the recurrence is generally accompanied by a feeling of faintness. The pain, as a rule, is materially altered by position, the patient experiencing relief and a feeling of comfort when lying on the affected side. It is aggravated by the upright posture and by locomotion; and a dragging sensation is often developed when the patient is lying on the opposite side to that on which the disease exists. Sometimes there is backache; occasionally there are sharp cutting pains in the vagina; usually there are radiating pains referred to the inside or outside of the thigh—as far as the knee—corresponding with the side on which the change in the Fallopian has arisen. Menorrhagia is the symptom, however, which is most likely to attract special attention; but, depending as it does upon an interference with the nerve-supply to the uterus, it seldom appears until the distension of the Fallopian tube has become marked, and the condition unmistakable. The hæmorrhage, as a rule, when once established, is more or less constant. Considering the close proximity of the pelvic viscera to each other, and the manner in which each derives its nerve-supply, it is not to be wondered at that change arising in one of these organs is more or less likely to affect and influence the functions of the others. In pyosalpingitis, there is usually a frequent desire to pass urine; but, during the time of hæmorrhage, the patient is likely to experience a difficulty in emptying the bladder, it being essential to strain much, and call into action those volitional muscles which may aid in the performance of the act. In some cases, there may even be complete retention of urine. It is but seldom that pain is complained of during the time of voiding urine; but, should the patient be obliged to retain the urine longer than usual, so that the bladder becomes somewhat distended, pain will be felt in the region of the diseased tube. Sometimes there is diarrhoea; occasionally there is pain before voiding motions, more especially if the rectum be loaded, and the disease exist in the left Fallopian tube, which may, by inflammatory adhesions, have become closely attached to the lower bowel. In a few cases, stiffness of the thighs is to be noted. In those cases in which there is frequent desire to pass urine, cold aggravates the condition.

CLINICAL MEMORANDA.

RELATIVE PROTECTION OF VACCINATION AND SMALL-POX.

FIVE years ago, I had occasion to revaccinate one hundred and fifty boys, between nine and fourteen years of age. On examining their arms on the eighth day, I noticed nine boys with primary vaccine vesicles, the same as if they had been vaccinated for the first time. On making inquiries into the cause, I found that each boy had been vaccinated when a baby, and had suffered from small-pox afterwards.
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FATAL CONVULSIONS DUE TO ROUND WORMS.

By a strange coincidence, the mail brought me the JOURNAL of October 31st, containing an annotation on the above subject (p. 842), about three hours after I had made a medico-legal investigation of a similar case.

B., aged 3, a Hindu child, was suddenly seized with convulsions, at 4 A.M., on November 20th, 1885. The day before, she had been running about as usual, but would eat little or nothing. The arms were extended, and the mouth tightly closed. There was no vomiting. She died about 11 A.M. The necropsy at 1 P.M. showed some pleuritic adhesions at the right base, but the lung-substance was healthy. The stomach and small intestines were practically void of food, but the latter contained large quantities of common round worms, in some places to be felt or seen as lumps through the intestinal wall. The other viscera were healthy. The brain was carefully examined, as the child had received a blow on the head the week before, but no cerebral lesion could be found. By exclusion, therefore, the worms seemed necessarily to be regarded as the primary cause of death.

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NOTES ON A CASE OF HÆMOPTYSIS.

THE perusal of the report of Dr. West's paper on hæmoptysis, read before the Medical Society on December 14th, has induced me to make this communication.

My patient was an active healthy looking man, aged 42. He commenced to spit up blood, without any warning, whilst sitting over a fire on the evening of November 29th. He spat up three or four ounces of bright frothy blood during the night, and the hæmoptysis continued next day, at intervals of a few hours, to the amount of five or six ounces each time. In the morning, I had ordered one-drachm doses of sulphate of magnesia every four hours, but in the evening I thought it right to make some further effort to arrest the hæmorrhage. Accordingly, I injected into the deltoid muscle seven and a half minims of a solution of Bonjean's ergotine (gr. j in ℥ 2½), and in a few minutes the hæmoptysis had quite ceased, and it did not return during the night. Next day, however, the blood-spitting recurred at intervals of a few hours. On two more occasions I injected ergotine, and each time the hæmoptysis ceased in a few minutes, and the interval between the attack and the next was prolonged. On the fifth day, as I could not be present often enough to control the hæmorrhage by repeated injections of ergotine, I determined to try the effect of hazeline, and ordered half-drachm doses every two hours as long as the hæmoptysis continued, and then every four hours. The man soon ceased to cough up blood, but when the frequency of the dose of hazeline was reduced, the hæmoptysis returned. Next evening, whilst the patient was spitting up blood in larger quantity than before, I repeated the dose of hazeline every hour as long as the blood-spitting continued, and when it had ceased, as it very soon did, the dose was taken every two hours for twenty-four hours. The patient continued to take hazeline, in gradually diminishing doses, for the next few days, and all that he spat up was a little dark phlegm.

My opinion of the power of ergotine in arresting hæmorrhage from the lungs is not based upon this case alone.

When I was house-physician at the Royal Chest Hospital, and at St. Bartholomew's, I used almost always to inject from three to five grains of ergotine in cases of serious hæmoptysis, and I can remember only one case (of very profuse hæmorrhage in a case of advanced phthisis) in which it failed to be of signal service in arresting the bleeding. It is advantageous to follow the injection by one of morphia in many cases, with a view of keeping the patient more completely at rest.

My experience of hazeline in the treatment of hæmoptysis is not so large, but in this case it certainly appeared to me to control the hæmorrhage in a remarkable manner in a short time, and I shall be glad if this communication shall lead to its more extended trial in similar cases.

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