the difficulty will end. It will be necessary to warn the patient against overexertion of any kind for some time to come, and also to insist that the vaginal douche be employed for some considerable time after she passes from under your care. If rupture of the perinæum exist, it is most desirable that this be repaired, so that due support to the uterus may be given by the vaginal walls. This will not only add to the comfort of your patient, but remove a grave risk of a recurrence of the uterine mischief. Lastly, I come to speak of the treatment when elongation of the cervix exists. Doubtless, local treatment generally is successful in giving relief, but it may be looked upon as almost a certainty, if impregnation do not immediately ensue, that the endometritis will recur. I, therefore, of late years, have always insisted on removing the redundant tissue, an operation which has hitherto invariably been followed by the most satisfactory results.

ON THE DIFFERENTIAL DIAGNOSIS BETWEEN DISTENSION OF THE FALLOPIAN TUBES AND FIBROMYOMATA OF THE UTERUS.

By P. HORROCKS, M.D., B.Sc., M.R.C.P.,

Assistant Obstetrician to, and Demonstrator of Practical Obstetrics and Gynaecology at, Guy's Hospital.

IN the JOURNAL for March 27th, I pointed out the differential diagnosis between my case of "Pelvic Tumour" (*vide* JOURNAL, March 6th) and distension of the Fallopian tube. In that paper, I confined myself rigidly to the clinical account of the case, and showed that, in all probability, the case was one of fibromyoma.

The diagnosis of distension of the Fallopian tube, in the present state of our knowledge, is very difficult; indeed, those who have had the largest experience in operating for this disease, admit that they are never sure that the tube is diseased or distended until they have got it outside, through the abdominal wound. But this difficulty of diagnosis is due to the similarity between distension of the Fallopian tube and many other conditions, more especially pelvic cellulitis, pelvic peritonitis, and ovarian disease. It is, as a rule, not difficult to distinguish between fibromyoma of the uterus and distended Fallopian tube. The broad distinctions between these two conditions are as follows.

1. Fibromyomata are usually accompanied by menorrhagia, and distensions of the tube are not.

2. Fibromyomata, especially when intermural, cause uterine enlargement; whilst, in distension of the Fallopian tube, the uterus is not enlarged, or only slightly, unless complicated by some other condition.

3. Fibromyomata are usually painless, except that there is often dysmenorrhœa (as in my case, published March 6th), and, if large, a bearing-down pain, or sense of weight; whilst, in distension of the tube, the pain is constant throughout the intermenstrual period, aching in character, and aggravated by the menstrual period.

4. Nutrition is not much affected in fibromyomata, whilst it is in distension of the tube, especially when the distension is caused by pus; hence, wasting or loss of flesh is a valuable distinction.

5. The temperature is normal in fibromyomata, raised more or less according to nature and amount, in distensions of the tube.

6. Fibromyomata, when intermural, move much more rigidly with the uterus than distensions of the Fallopian tube.

7. Fibromyomata are much less painful, on pressure, than distensions of the tube.

8. Fibromyomata are usually much firmer in consistence than distensions of the tube.

9. Intermenstrual discharges, usually yellow, are much commoner in distension of the Fallopian tube than in fibromyomata.

10. The position and direction of the uterine cavity is much more affected by fibromyomata than by distension of the tube.

11. Fibromyomata are usually more or less spherical, distensions of the Fallopian tube cylindrical.

12. Aspiration yields serum or pus in hydrosalpinx or pyosalpinx; and blood in fibromyomata and hematosalpinx.

13. Distensions of the Fallopian tube are accompanied by pelvic inflammation much more frequently than fibromyomata.

These are, in my experience, the broad distinctions between these two diseases. Exceptional cases occur where the diagnosis is not so easy; but distension of the Fallopian tube is much more likely to be mistaken for some disease of the ovary or broad ligament, rather than for fibromyoma of the uterus. My experience does not agree altogether with the statements of Mr. John W. Taylor in the JOURNAL for April 17th, but I agree with him that the discussion may be profitable.

A CASE OF LAPARO-NEPHROTOMY.

By H. LANGLEY BROWNE, F.R.C.S.E.

E. C., aged 46, was admitted into West Bromwich Hospital in December last. She had an abdominal tumour, occupying the right half of the abdomen, and extending across the median line towards the left iliac region. It was dull on percussion, except in two places, where there was adherent intestine. Obscure fluctuation was observed. There was a history of renal colic extending over twenty years. Many calculi had been passed *per urethram*, but none during the last five years, although there had been very frequent attacks of pain. For five months only had the enlargement of the abdomen been noticed, and the pain been constant and severe. There was no pus in the urine. On January 21st, ether was given, and an incision, about four inches long, was made in the median line, below the umbilicus, exposing: 1, adherent intestine; 2, stretched out mesentery; 3, a tumour with a dark blue thick wall, evidently containing fluid. The intestine and mesentery were detached and drawn up, and a small puncture made into the cyst, through which

a small ovariectomy trocar was pushed, and about three pints of pus escaped. The finger, introduced into the incision, came into contact with a small calculus lying loose; and, when this was removed, a large mass was felt deep down on the right side, firmly imbedded in soft friable tissue, which bled very freely. Partly by cutting, and partly by tearing, this mass was removed in two portions, and, by a thorough exploration of the tumour, five other smaller calculous masses were detected and removed. (See diagram.) The tumour was so adherent