with the discharge of menstrual fluid I again operated, and exposed a cavity lined by pulpy granulations. After separating numerous dense intestinal adhesions I was able to remove the right ovary, tube, and appendix, which had been matted together. The tube and, to a less extent, the ovary proved to have been infiltrated by tubercle, which had caseated. The appendix, although involved in the adhesions, had remained unaffected by the tubercle. The left tube and ovary were buried under adhesions. After this operation a sinus persisted for some months, and discharged blood-stained fluid at the monthly periods; finally it healed. I have seen this patient several times in the interval, as well as quite recently—twelve years after the operation. She has remained in good health, free from abdominal pain, and menstruating regularly.

I have not been able to find a case similar to the first on record. The tubes play some part in menstruation, and changes similar to those occurring in the mucous lining of the uterus have been described. Haematosalpinx, apart from atresia of the cervix uteri or of the vagina, and ectopic gestation, is rare, and is generally ascribed to some infection,¹ but Bazy² did not include a mention of tuberculosis. Macnaughton Jones³ described a case of haematosalpinx from primary tuberculosis limited to the mucous membrane of one tube. In both my cases the invasion of tubercle seems to have been from the peritoneal aspect. An intermittent discharge of bloody fluid from a dilated tube occurred in a case described by Knaggs,⁴ but this happened in a woman about the climacteric who had been exposed possibly to both gonorrhoeal and puerperal infection. Doléris⁵ noted the intermittent escape of large quantities of a thin fluid from a tube affected by papilliferous degeneration of the mucous membrane.

REFERENCES.

- ¹ Thomson, *Cent. f. Gyn.*, 1898, xxii, 1227; Thorn, *Zent. f. Gyn.*, 1904, xxiii, 971. ² Bazy, *Revue de gynécologie et de chirurgie abdominale*, 1910, T. xv, 1. ³ Macnaughton Jones, *Brit. Gyn. Journ.*, 1899-1900, xv, 438. ⁴ Knaggs, R. L., *Trans. of Obstet. Soc. of Lond.*, 1894, xxv, 213. ⁵ Doléris, *Bull. et mèm. de la Soc. Obstét. et Gyn. de Paris*, 1890-1891 p. 12.

THE ADMINISTRATION OF GUAIACOL IN PULMONARY TUBERCULOSIS.

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I BELIEVE that guaiacol is not used nearly so much in pulmonary tuberculosis as it might be. It has, no doubt, been used by a considerable number of practitioners, but abandoned as of little use. (1) It was not given in large enough doses; (2) it was not continued for a sufficiently long period; (3) it may not have been possible for the drug to be administered regularly. Even intervals of a few days in the administration have a prejudicial effect.

For eighteen months I gave systematically guaiacol in a fairly large number of cases, mostly of the bronchial type, and though I got no satisfactory results with 5-minim doses three times a day for a couple of months, I found that by gradually increasing the dose up to 12 minims three times a day, and prolonging the period to four months or over, highly satisfactory results were obtained. Many cases of pulmonary tuberculosis no doubt recover when removed from unsuitable to suitable surroundings; and those who claim to have cured cases by tuberculin under such conditions are always open to this criticism, which applies also to guaiacol, but in most of the cases in which good results were obtained the patients had been in the institution for some time, and showed no signs of deriving any benefit from their stay; on being put on guaiacol improvement gradually set in, and became more apparent as time went on. It has been said that guaiacol upsets the digestion; I always gave it before food, and in no case did it cause harm in any way.

The following short details of five cases on which I have taken special notes leaves no doubt in my mind as to the efficacy of the drug:

1. S. C., aged 22. On admission both lungs were affected, and the amount of purulent sputum in the twenty-four hours was 6 oz. The sputum was so fetid that other patients objected to sleeping in the same cubicle, and he had to be removed to a single cubicle. After 175 days he gained 9 lb., the disease was arrested, and the sputum had entirely disappeared. The patient returned to work, and when last heard of was doing well.

2. W. F. H., aged 26. On admission both lungs were extensively affected, and the disease was spreading rapidly. The amount of sputum in twenty-four hours was 2½ oz. After 204

days' treatment he gained 27½ lb., the disease was arrested and the sputum had entirely disappeared.

3. A. R. H., aged 18. On admission both lungs were affected. He was very weak and had had severe hæmoptysis, which had not ceased on his admission. He had a second hæmoptysis seven weeks later. The amount of sputum in the twenty-four hours was 4½ oz. On discharge he had gained 22½ lb., the disease was arrested, and the sputum had entirely disappeared.

4. H. J. W., aged 37. On admission both lungs were affected. He had a severe hacking cough which kept him awake all night and was not relieved by the ordinary sedative mixtures. The sputum in the twenty-four hours measured 5 oz. On discharge, after 175 days' treatment, he had gained 15 lb. in weight, the disease was arrested, cough was very slight, and the sputum had almost entirely disappeared.

5. J. J. B., aged 42, was readmitted after two and a half years with both lungs affected, and in the right was a large cavity. The sputum in the twenty-four hours measured 3 oz. On discharge, after 193 days in the sanatorium, he had gained 13½ lb. in weight, the disease was arrested and the sputum had practically disappeared.

I administer the drug in the following mixture, and as a rule find it practicable to increase the dose of guaiacol by 2 minims each week until a maximum of 12 to 15 minims is given three times a day: Guaiacol 5j, spirit. vini rect. 5j, syrupi limonis 5j, spirit. chloroformi 3ij, aqua ad 3vj. The dose of this is 3ss thrice a day.

I have records of a considerable number of further cases in which marked improvement has ensued on the administration of guaiacol according to the above formula, and feel confident that other practitioners, if they take up this treatment on the lines indicated, will have similar success.

EPIDEMIC CERVICAL ADENITIS.

BY

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THE cases so clearly described by Dr. J. Gordon Sharp in the JOURNAL of November 15th, 1913, in which the patients are suddenly seized with fever and soon show great enlargement of the lymphatic glands of the neck, without sufficient cause in the throat or elsewhere to account for the condition, seem to belong to the group first described by Dr. E. Pfeiffer in 1889 under the name of glandular fever—*Drüsenfieber*. A very complete and succinct description of the disease occurs in Allbutt and Rolleston's *System of Medicine* from the pen of Dr. Dawson Williams. Dr. Sharp refers to an article in the JOURNAL of June 14th last, where a correspondent describes an epidemic of the fever which had occurred in an institution, and which he considered "to be a new disease." His cases, too, all fit in with the classical accounts of glandular fever, except that he says that the heart was frequently involved—the title of his communication, indeed, was "An Epidemic characterized by Adenitis, Tonsillitis, and Cardiac Complications." This involvement of the heart does not appear to have been previously noted, and it is just possible that the systolic murmurs—and they were all systolic—that so often occurred were merely "functional" in origin and would disappear when the patients fully convalesced.

Until last spring I do not remember having come across any cases of glandular fever, but then my attention was painfully drawn to the condition by two cases which appeared in my own family. They were, shortly, as follows:

CASE I.

Girl, aged 14 years, previously in perfect health, except for the occurrence of measles several weeks before, came home from school one day feeling out of sorts, and with a temperature of 104° F. Very soon the glands in the left side of the neck became enlarged and very painful, and a few days later the swelling and tenderness shifted to the right side. The throat was slightly congested, but showed nothing to account sufficiently for the adenitis. She remained quite ill for some days, and had several attacks of epistaxis and vomiting, with a good deal of abdominal pain, and then the temperature fell by lysis, and she gradually made a perfect recovery. We learnt that a number of other girls (about eleven) at the school were taken ill at the same time in the same way.

CASE II.

Boy, aged 11 years. Exactly a week after his sister had come home ill he was seized in the same way with high fever and, soon, pain in the neck, with greatly enlarged lymphatic glands. The throat was scarcely at all reddened. He had no epistaxis, but persistent vomiting and a good deal of abdominal pain. The swelling at first was on the right side of the neck, but soon the