In the second group of fifteen women, in whom there had been one pregnancy within a short time of marriage, we assume, of course, that at the time of marriage their procreative machinery was intact. In all but two of these cases the story of pelvic peritonitis following their only labour placed them clearly in the group in which puerperal mischief had to be regarded as the cause. In the exceptional two the author believed that he failed to get the history rather from the stupidity of the patients than from an absence of the facts.

A third group was readily formed of fourteen women whose fecundity was not limited to one child. In this group were found the most acute and severe cases. At least eight of these women suffered from sub-acute, or even acute gonorrhoeal salpingitis of comparatively recent origin, the average time which had elapsed between the last pregnancy and the operation being three years. On the other hand, in the six other women in this group in whom the author could get no such history (or doubtfully in two of them) fourteen years had, on the average, elapsed between their last confinement and the date of the operation. These facts had a striking pathological significance.

The characteristics of the diseased appendages in the second group of cases were strikingly different from those of the cases of long standing, and there could be no doubt that the changes known in other organs in the various stages of the inflammatory process were exemplified here.

In the acute or early stage the appendages were intensely congested and swollen, and were very friable. In fact, it was a matter of difficulty to remove them entire. In the old standing cases the organs were contracted and atrophied, and few, if any, traces of normal follicles could be discovered in the cirrhotic and densely adherent ovaries. At this stage the tubes generally contained very little fluid, and their contents were sometimes cheesy. They might be purulent on one side and serous on the other. Certain it was that neither the quantity of this fluid nor its pathological characters bore any definite relation to the sufferings of the patient. The pain endured in these cases was related to the adhesion of the organs and to nothing else.

The author had been much interested lately in reading a paper by Dr. Sanger, of Leipzig, in which he determines varieties of tubal disease by the application of the germ-theory, giving to the varieties names based on the kind of lowly organisms found in the contents of the tubes. Thus, when a gonococcus is found, he speaks of salpingitis gonorrhoeica; and when he finds actinomycetes, he calls it salpingitis actinomycotica. If it is characterised by Koch's bacillus tuberculosis, he records it as salpingitis tuberculosa. This kind of distinction seemed to the author to have much attraction to the speculative mind, and but little for the practical pathologist. It had, besides, the initial difficulty that it was based on a doctrine which had yet to show that it was not mistaking the phenomena of decomposition for those of disease.

Since reading Sanger's paper the author had given some little attention to the fluid contents of the tubes, and he had found already evidence that, if the distinction of varieties was to be based upon the characters of the lowly organisms found in the fluid, the possibility was that their extension would be indefinite and easily multiplied.

In conclusion, the author submitted a *post-mortem* preparation, for which he was indebted to the kindness of Dr. Littlejohn, of Edinburgh. It was an example of the simple hydrosalpinx without adhesions; and, so far as the clinical history could be ascertained, the patient suffered little or nothing, but was perfectly sterile; also an admirable drawing made by Dr. Keiller, the eminent obstetrician, of Edinburgh, and used in his lectures nearly half a century ago, which showed the condition of occlusion and distension of the tube most beautifully; also some drawings of Dr. Price, of Philadelphia, showing the ovaries and tubes in a condition of acute gonorrhoeal inflammation.

COMPARATIVE NOTES ON ROTHELN, MEASLES, AND SCARLATINA.

By C. HAIG BROWN, M.D.,
Medical Officer at Charterhouse School.

THE somewhat rare opportunity of witnessing a considerable epidemic of rotheln at the commencement of last year, and one of measles in the middle of the year, among members of the same community, has suggested that a recapitulation of the most prominent symptoms in each outbreak, as gathered from notes taken at the time of observation, may be useful; and a few words upon an outbreak of scarlatina at the same time may add to their utility.

One case of rotheln occurred at Charterhouse in January, nine days

after the reopening of the school, the boy having contracted the malady at a children's party at Cheltenham, on January 13th, where three of his sisters were also infected. From this case (in spite of most active precautions as to isolation and disinfection) 202 others occurred, in batches, 179 of those affected being boys in the school, and 23 children or servants of the masters. From the notes of 159 cases I give the following particulars:

The period of incubation, noted accurately in 75 cases, the remainder being omitted in consequence of doubt as to the exact time of infection:

6 days in 7 cases.	12 days in 10 cases.
7 " " 3 "	13 " " 6 "
8 " " 1 case.	14 " " 11 "
9 " " 10 cases.	15 " " 5 "
10 " " 11 "	16 " " 2 "
11 " " 18 "	17 " " 2 "

The highest temperature, noted in 63 cases; in each case it happened that the temperature was at its highest point with the full development of the rash:

105° in 2 cases.	101° in 5 cases.
104° " 1 case.	100° " 9 "
103° " 2 cases.	99° " 11 "
102° " 1 case.	98° " 32 "

Injection of conjunctivæ, present in 112, absent in 47.

Catarrh of fauces and pharynx, present in 103, absent in 56. In 58 there was complaint of sore throat; in 26 the throat was admitted to be sore when the question was put; in 19 it was visibly injected, but swallowing did not cause pain.

Bronchial catarrh, present in 5, absent in 154.

Diarrhæa, absent in all.

Enlargement of posterior cervical glands, present in 75, absent in 84.

Malaise, severe in 2, marked in 7, slight in 75, absent in 73.

Delirium, present in 5, absent in 154.

Rash, very much resembling that of measles, but differing in being less dusky, in each spot "having an areola of its own before coalescence," and in appearing upon the chest before the face:

Appeared on the first day in 119 cases.

" " " second " " 39 "

" " " third " " 1 case.

Desquamation, fine and branny, usually limited to the face, in a few cases affecting the chest, in no case involving the palms or soles, present in 55, absent in 104.

Measly odour, noticeable in 5 cases, not detected in 154.

Complications and sequela, occurred in 46, did not occur in 113. "Weakness" of the eyes in 8; blepharitis in 4; styes in 1; follicular tonsillitis in 7; persistent cervical adenitis in 5 (in one case terminating in suppuration, with no detectable local cause); Eustachian catarrh in 3; herpes labialis in 4; persistent coryza in 3; laryngeal catarrh in 2; bronchial catarrh in 5; alveolar catarrh (pulmonary) in 2; albuminuria (febrile) in 2; nephritis in 1; boils in 1; purpura in 1. (All these occurred within 3 weeks of the onset.)

Previous Disease:

5 had previously had rotheln (?), 154 had not.

144 " " " measles, 15 " "

42 " " " scarlatina, 117 " "

Of the 5 supposed to have had rotheln, none had had measles; of the 15 who had not had measles, 14 contracted measles in the summer, that is, a few months after their attack of rotheln.

147 of these cases returned to their friends (after due "disinfection") fifteen days after the commencement of illness, with official permission; 11 returned earlier (none, however, before the tenth day), without official leave, but on the responsibility of their parents. None conveyed the disease to their families.

One case of measles occurred at Charterhouse in June, 21 days after the school reopened, the boy having contracted it on May 23rd, while on an afternoon visit to a house in Guildford. Seventy-six cases occurred from this boy, in regular fortnightly batches. I quote from the notes of 60 cases.

The period of incubation was 14 days in all.

The highest temperature, which in each case happened to coincide with the full development of the rash,

105° in 1 case.	102° in 8 cases.
104° " 16 "	101° " 6 "
103° " 25 "	99° " 1 case (second attack)

The day of disease on which the highest temperature occurred:

The fourth day in 47 cases.
" fifth " " 12 "
" sixth " " 1 case.