

of the first importance in estimating the advisability of the operation. I had not intended taking part in the discussion, not being a partisan of either side in the controversy. But I should have been tempted to offer a small contribution to the evidence on this subject had I not been prevented from being present at the time. Some years ago, in order to estimate the importance of diseases of the Fallopian tubes, I went through the post-mortem records of Guy's Hospital for the three years 1884-86. I chose those years because at that time the special attention of the pathologists had already been directed to diseases of the tubes, but not many operations for these conditions were yet performed at Guy's Hospital. There were 302 necropsies of women above the age of puberty. Among these were 26 cases, or 8.6 per cent., of inflammatory matting about the uterine appendages, not including any case of tumour or tubercle. There were twelve cases of distended tubes, but only two of pyo-salpinx, and no case of rupture of a distended tube into the peritoneum. Notwithstanding this, there were seven cases, including the two cases of pyo-salpinx, in which the lesion of the tubes appeared to be the primary origin of the fatal disease. No operation had been performed in any of these; and, for the most part, they were not sent down from the gynæcological ward, but had been in a medical or surgical ward for peritonitis, abscess or apparent tumour, or for some obscure abdominal disease. The mortality therefore amounts to 26.8 per cent., as compared with the number of cases of chronic adhesions, and 2.3 per cent. as compared with the total number of necropsies. The number of cases is too small to establish a general average of mortality, but I submit that this is positive evidence, as far as it goes, that inflammation of the tubes is not to be despised as a cause of mortality, and that such evidence is of more value than the general impression of a speaker that he has seen many cases of perimetritis and has rarely seen a fatal result follow. Other direct evidence to the same effect from the records of other hospitals has been published. Thus Dr. Kingston Fowler found within three years in the post-mortem room of the Middlesex Hospital fifteen cases of distended tubes, in eight of which the disease of the tubes had been indirectly the cause of death. Dr. Lewers, in 100 necropsies at the London Hospital, found seventeen cases of distension of the tube, in two of which the pelvic condition was the cause of death. In these three groups of cases the mortality of tubal inflammation, compared with the total number of necropsies, appears to be similar, although in Dr. Lewers' cases the relative proportion of tube distension is much greater.

It must be admitted that the cause of death is rarely or never perimetritis alone, but rather general peritonitis, burrowing abscess, or, occasionally, septicæmia or apparent tumour simulating ovarian tumour. In one of the cases of pyo-salpinx referred to above, as found in the post-mortem room of Guy's Hospital, the condition appeared at first sight to be one of double suppurating ovarian tumour. In two cases since that time I have found pyo-salpinx to simulate suppurating ovarian tumour, the patients being evidently in a dying condition from septicæmia. In one of these one tube contained 36 ounces, the other 24 ounces, of fetid pus. In the other the left tube contained more than 30 ounces of pus and had separated the layers of the broad ligament, burrowing under the sigmoid flexure, its muscular wall hypertrophied to more than half an inch in thickness. The right Fallopian tube was also converted into a pyo-salpinx, but retained its usual anatomical relations. Both these cases ended fatally after operation and go to swell my mortality from operations for diseased tubes. But I think that they furnish an argument, not against such operations, but rather in favour of their being performed before it is too late. If these patients had undergone operation while the pyo-salpinx contained only an ounce or two of pus, and before they had fallen into a septic condition, they would, in all probability, have recovered without serious disturbance. Evidently it is the sequela of perimetritis rather than the primary perimetritis which are liable to prove fatal. Thus I have met with one case in which the immediate cause of death was pyo-nephrosis and degeneration of both kidneys caused by pelvic pressure.

I am, Sirs, yours faithfully,

Wimpole-street, Nov. 22nd, 1892.

ALFRED L. GALABIN.

DEATH FROM IRRITATION OF ASCARIDES.

To the Editors of THE LANCET.

SIRS,—Mr. Hillyer, in THE LANCET of Oct. 1st, expresses the opinion that death from the irritation of ascarides is extremely rare. This may be the case at home, but in this

colony round worms not infrequently prove fatal without revealing at the necropsy clear evidence of the way in which death has been produced. On looking through my notes of medico-legal necropsies in cases of sudden death during six years, I find the following record as regards round worms:—In five cases the post-mortem examination showed either no lesions or only such as could be attributed to the presence of worms in the intestine. In two cases round worms were found associated with other conditions, once with malarial fever, and once with pregnancy and dilated heart. In one case death was due to asphyxia caused by a round worm impacted above the epiglottis.¹ The first five cases are those which concern the present inquiry. In one of these a volvulus was discovered in the ascending colon.² In another, cerebral effusion was found. This has been mentioned by Eichberg³ as a result of intestinal worms. In the other three cases, one of which has also been recorded,⁴ there was nothing beyond the presence of the round worms to account for death. Besides these cases I have seen four others in which the evidence of death from round worms seemed so clear that I did not consider necropsies necessary. If, then, this is the result of observation in one part of the colony during a limited period, it may fairly be argued that death from this cause is by no means uncommon out here. I understand that a similar frequent mortality obtains in the neighbouring colony of British Guiana. In my experience the cases usually terminate too rapidly for the supervention of congestion or inflammation of the intestine such as is described by Eichberg and others, and I have always regarded the cerebral symptoms as mainly reflex. It is of course conceivable that violent and prolonged convulsions may in some cases produce such conditions as cerebral effusion or volvulus.

I am, Sirs, yours truly,

Trinidad, Oct. 31st, 1892.

BEAVEN RAKE.

CHYLURIA.

To the Editors of THE LANCET.

SIRS,—Dr. Manson's want of success in the treatment of chyluria is no doubt disappointing, though he need not be discouraged in the face of the results of two cases recorded by me in THE LANCET of February 14th, 1891, which are the first examples of chyluria depending on filariæ in the blood I have ever seen permanently cured. The after history of these cases is as follows:—The second patient is at present well, and has had no return of chyluria or of filariæ in the blood. The first patient has also had no return either of the filariæ or of chyluria. But it is an interesting fact that he is now in an advanced stage of tuberculous leprosy, which commenced six months after he had recovered and the thymol treatment was stopped. Possibly there is a connexion between the two diseases. It must be borne in mind, however, that leprosy is endemic in Hyderabad. Dr. Manson's mechanical theory of chyluria is, I believe, hardly tenable. Are we to understand that filariæ possess an affinity for, or the power of selecting, a particular spot in the thoracic duct and there setting up inflammation and a stricture, and that this is the only damage to the system caused by their presence in the blood? To me the invasion and disorganisation of the blood by filariæ are more than sufficient to account for all the phenomena of chyluria described in such an interesting manner by Dr. Manson. Thymol cannot of course cure stricture of the thoracic duct, but it appears to kill the filariæ; and it is never illogical to remove the cause of a disease. In my cases filariæ in the blood were, as far as we could judge, the sole cause of the chyluria. As the filariæ died off under treatment with thymol the chyluria disappeared and has not recurred. A similar result has since been obtained by Dr. Hehir.

I am, Sirs, your obedient servant,

Hyderabad, Deccan, Oct. 30th, 1892.

EDWARD LAWRIE.

MANCHESTER.

(FROM OUR OWN CORRESPONDENT.)

Small-pox: Meeting of the Medical Officers of Health Society.

THE epidemic of small-pox cannot yet be said to be abating in the towns of Lancashire and Yorkshire, where its presence has been noted for some weeks past. In Warrington espe-

¹ Brit. Med. Jour., June 11th, 1887, p. 1274.

² Ibid., March 24th, 1888, p. 642.

³ Ibid., Oct. 31st, 1885, p. 842. ⁴ Ibid., Jan. 9th, 1886, p. 60.