the facts that the period two months before had been delayed in its onset, and that the one a month previous had also been delayed some days, and only lasted one day, and was accompanied by pain in the left iliac region. Twenty-one days after this so-called period, the pain in the left iliac region suddenly became agonising, and she was admitted into the Military Families' Hospital, Curragh, with the signs and symptoms of severe shock and internal hæmorrhage. A diagnosis of hæmorrhage from a ruptured left Fallopian tube was made, and laparotomy performed as soon as possible.

On opening the peritoneum blood welled out. The pelvis was at once explored, and a ruptured left Fallopian tube found, clamped, ligatured and removed. Handfuls of blood-clot were removed from the pelvis and peritoneum. As the general condition was very bad, 3 to 4 pints of hot saline were left in the peritoneum, and the wound was closed. At the end of the operation the pulse (150) was slightly better than at the beginning. On being taken back to bed 4 pints of saline solution were injected into the submammary tissues, at the rate of a pint in thirty minutes. This improved the pulse wonderfully.

From this time on she made a steady and uninterrupted recovery. The stitches were removed on the eighth day, and the wound having healed by first intention, the patient was, a week after operation, put on full diet, and a month after was able to walk by herself.

I must thank Major F. E. Gunter and Lieutenants A. G. Cummins and M. J. Lochrin, R.A.M.C., for their assistance in the case.

THE INFECTIVITY OF LOBAR PNEUMONIA.

By Lieutenant W. G. AVISS.
Royal Army Medical Corps.

The infectious nature of acute pneumonia was well recognised before anything was known of its bacteriology, and there are many records of severe epidemics in large towns, of outbreaks in jails and barracks, which point conclusively to its infectivity. As a rule, however, the source of infection cannot be traced in individual cases. It is, I believe, the rule rather than the exception to treat cases of pneumonia in general wards in hospitals, wards occupied by many patients suffering from other disorders. And yet how very rarely this apparently risky procedure is followed by any evil consequences! We cannot, however, always rely on the immunity of those in proximity to the patient, as the following facts which recently came under my own observation show:—

The family P. occupied a kitchen and two bedrooms, opening into one another on a ground floor. The family consisted of eight persons, viz., father, mother, and six children. They were apparently in good health. There was no pneumonia in the neighbourhood.

(1) On December 10th William, aged 11, was seized with pain in the right side, and when seen shortly after was apparently suffering from pneumonia, the respirations being hurried (40 per minute), pulse 120, and temperature 105·2° F. Later he developed typical signs of consolidation at the right base, and on December 17th (eighth day of disease) the temperature fell by crisis. (2) On the next day, viz., December 18th, Edward, aged 2, was taken suddenly ill with vomiting. Seen shortly after, the respirations were 64, and the temperature 104·2° F. He developed signs of broncho-pneumonia, and the temperature fell by crisis on December 26th to 27th (tenth day of disease). (3) Two days after Edward was attacked, viz., December 20th, the father, aged 36, and a son Leonard, aged 4, were taken suddenly ill, both with severe pain in the right side. In the father the temperature was 104·5° F., the respirations 56, and there were signs of pneumonia in the right lung. The temperature fell by lysis, complete on December 30th (tenth day of disease). (4) In the boy Leonard the respirations were 60, and the temperature 103° F.; this fell by crisis on December 30th (tenth day of disease). In him the disease was located in the right upper lobe.

The sputum was examined only in the case of the father, and contained the pneumococcus in abundance. In each of the last three cases the disease terminated on the tenth day—suggesting that one variety of pneumococcus was at work. With regard to the severity of the infection, the only patient to cause anxiety was the father, who at one time appeared unlikely to recover.

A CASE OF TUBERCULAR SACTO-SALPINX TREATED BY SALPINGECTOMY.

By Lieutenant J. F. C. MACKENZIE.
Royal Army Medical Corps.

It does not, as a rule, fall to the lot of the Army surgeon to have to deal with cases of this nature, and as this particular case was of extreme interest from the difficulty in diagnosis, I think it is worth while reporting.

Mrs. W., aged 23, had been married two years, no children. She was first seen by me at her husband's request, after having been ill for some time. She had been sent to the hills to recuperate, and had improved somewhat after coming up, but had again become ill after a game of badminton and a night's dancing. In view of the condition found at operation, it seems extraordinary that she could have done either. When seen, however, she complained of frequent and painful micturition, accompanied by constant pain in the bladder region. No history of tubercle in the family. On examination: temperature 99° F., pulse 100, tongue coated but moist, urine 1015, neutral reaction, no albumin,