PREGNANCY AFTER OPERATION FOR HAEMATOCOLPOS.

Sir,—In my paper on malformations, in your issue of September 30th, I asked if any of your readers had come across a case of pregnancy following an operation for haematocolpos. Dr. Balfour Marshall kindly wrote to me and I have his permission to ask you to publish his letter. As I expressed in my paper great doubt as to the possibility of such an occurrence, I think it right to report Dr. Marshall's case.

Dr. Marshall's letter is as follows:

"The patient, aged 23½, and married three months, with occlusion of the lower third of the vagina, had a haematocolpos reaching to above the level of the umbilicus (size of a six and a half months pregnancy, my report states). At the time of operation a haematometra was found as well as this enormous haematocolpos. I quote the following from my short paper:

"*After-History.*—The patient has proved unusually fertile, as I examined her in April, 1899, little more than two years after operation and found her between two and three months pregnant for the *third* time. During the last two years she has been delivered of two full-term children.

"This case is, I think, exceedingly interesting. It was one of the largest examples of haematocolpos I have ever seen, which you can believe considering her age. She became pregnant shortly after going home, and, if I remember rightly, there was not quite eleven months between the first and the second child, and she was pregnant between two and three months about five months after the birth of the second child. I have not been able to trace any other cases as the operations were done on girls and unmarried."

Dr. Marshall tells me that the report of this case appeared and is to be found in the *Transactions of the Glasgow Medico-Chirurgical Society*, vol. ii, page 352, May 12th, 1899.—I am, etc.,

London, W., Oct. 27th. Arthur E. Giles.

TUBAL GESTATION.

Sir,—In a leading article in the Journal of October 21st, p. 1023, you discuss the probable cause of tubal gestation, and state that Dr. Rabinowitz has come to the conclusion that the most frequent cause is a previous salpingitis of gonorrhoeal origin. It seems to me that not only gonorrhoea but anything which will cause a salpingitis may bring about ectopic gestation, in short, that a previously pathological change, not only in the mucosa but in the whole tube, is a necessary condition.

We must, however, know something beforehand of the phenomena associated with the passage of the ovum. I endeavoured to show in a previous issue of the Journal (1908, vol. ii, p. 1671) how, during the physiological excitement of menstruation, a saline water bath is prepared in the Fallopian tube, and how, when the ovum has entered, a peristaltic contraction begins in the muscular coat, and this, with the ciliary movements of the mucosa, propels the fluid, with the floating ovum, towards the uterus. It is impossible to imagine that the ovum at any time during its passage comes into direct contact with the mucosa. Ciliary motion propels fluids, not bodies, which, if they happen to be present, are washed along with the fluid.

In the course of some work on hydrosalpinx at the Liverpool University I found that a perimetritic hydrosalpinx, that is to say, a hydrosalpinx caused not by salpingitis, but by a closure of the fimbriated end of the tube by a perimetritis—contained a clear, watery saline fluid, like the parotid saliva, with an alkaline reaction and a total absence of protein. Evaporated to dryness, it simply showed crystals of sodium chloride. This fluid, then, was the bottled-up secretion of the Fallopian tube. On the other hand, in a salpingitic hydrosalpinx, where the tube always showed evidences of previous inflammation, protein was invariably present in the fluid—large in amount in small cysts, not so rich in large cysts, owing to dilution, from constantly added natural secretion.

Now, after an acute salpingitis, if the inflammation has not been too severe, it gradually subsides, leaving trails in the shape of small-celled proliferation and sclerosis of the blood vessels, and it is easy to see how, when such an oviduct is called upon, it is heavily handicapped from a feebleness of its blood supply, and fails to supply the necessary quantity of secretion, the result being that the ovum is easily caught by one of the numerous folds of the mucous membrane, remains there and becomes implanted.

Exactly the same phenomenon may be observed by throwing, say, a wooden ball into a tortuous stream with overhanging branches at each side dipping into the water. Should the stream be in flood, the ball is carried swiftly along, and, if caught by a branch, is easily swirled away by the force of the current. With a low, and therefore slowly moving stream, it is more readily entrapped, and more likely to remain.

Anything, therefore, which causes salpingitis may indirectly cause tubal gestation, provided the ostium abdominale remains open, and the inflammation is not so severe as to cause a shrivelling of the tube—provided, also, the inflammatory exudate does not become purulent, and thus destroy the mucous membrane. We have thus among these causes not only gonorrhoea, which is "a dog with a bad name," but also mild puerperal infections, and endometritis from pathological growths of the uterus and laceration of the cervix. How many times have I been called to women, three to seven days after delivery, with a burning pain in one or other groin and a temperature of 101° or 102°! I always look upon the future child-bearing period of these patients with a certain amount of anxiety.—I am, etc.,

J. Thomson Shirlaw.

Upholland, near Wigan, Oct. 25th.

THE TEACHING OF AURAL SURGERY.

Sir,—Your commentary on my remarks upon the above subject made at the meeting of the Otological Section of the Royal Society of Medicine (October 20th, 1911) makes it clear that I have inadequately conveyed the exact meaning it was my intention to convey. To put the matter briefly, my contention is that the time has now arrived when otology should be made a compulsory subject in the medical curriculum, and that attendance at an aural clinic for from three to six months should be insisted upon.

I did not for a moment mean to convey the idea that the student's whole time for from three to six months should be devoted to otological work, but merely that a portion of his day, say one hour three times a week for from three to six months should be given up to the study—practical and theoretical—of this important subject.

By devoting even such a short time to the study of otology the student would at least learn the rudiments of the subject—the essentials of diagnosis and the methods of manipulation—knowledge which would subsequently be of great service to him in practice.

My experience as a teacher of many years has convinced me, however, that for the average student to acquire even this minimum of knowledge, the subject will have to be made *compulsory*, otherwise the tendency will in the future be as it has been in the past to leave it alone until all *compulsory* subjects have been passed, after which time its study will become even more problematical than before graduation.—I am, etc.,

Manchester, Oct. 30th. William Milligan.

THE GENERAL MEDICAL COUNCIL ELECTION.

Sir,—It is possible that many of the members of the Association will not understand why I am standing as a Direct Representative on the General Medical Council after the vote of the majority of Representatives present at the Representative Meeting was taken, and resulted in the selection of the present Association candidates. The reasons are:

First, the large number of votes I secured on the two last occasions when I was a candidate—namely, in 1906, 3,985 votes; and in 1911, 4,049 votes.

Secondly, when I was asked a question in the Representative Meeting as to my connexion with a society called the Imperial Medical Union, I fear I did not properly explain the position. This no doubt prejudiced me in the eyes of many of the Representatives. I should like to explain that when I consented to be connected with the Imperial Medical Union I was distinctly informed that it was in no way to be antagonistic to the British Medical Association. No resolution has been passed or action taken in any way reflecting on the British Medical Association that I am in the least cognizant of. The views expressed