

in the same way into the peritoneal cavity. The examinations of the guinea-pigs killed within a variable period of between thirty-six hours to seven days showed the presence of the ova in large numbers in about the middle portion of the tubes. In a few instances the ova had become glued together, forming a round mass fully the size of the natural ovum of the guinea-pig. This was found in the same situation in the tubal canal. The author draws the following conclusions from his investigations :

1. The cilia of the tube of a guinea-pig have the power of setting into motion bodies the size of the ovum of the guinea-pig, providing that the animal has arrived at sexual maturity.

2. The tube is enabled to take up ova not only from the ovary, but also from the free peritoneal cavity. Hence the old theory may be discarded, that it is necessary for the tube to be applied to the ovary in order to engage the ovum within its canal. The theory of transmigration—that is, the passage of the ovum from one ovary to the tube on the opposite side—receives new proof by the foregoing experiments.

3. The migration of the ovum is independent of the menstrual period, as none of the animals experimented upon showed any signs of rut, either while alive or at the post-mortem.

4. The migration is not dependent upon coitus.

5. The ovum travels along the first part of the tube much more rapidly than along the remaining part of the tube.

Lode attributes but a small rôle in the propulsion of the ovum to the peristaltic movements of the tube.

ACUTE POISONING WITH THERAPEUTIC DOSES OF CREOSOTE.—One frequently hears of patients taking very large doses of creosote without any untoward effects, but the following case reported by Dr. Zawadzski in the *Centralblatt für innere Medizin*, of May 5th, will perhaps make us a little more cautious in the use of this drug :—

A woman 42 years old was ordered creosote in doses of six drops three times a day, in milk. After she had taken three doses symptoms of poisoning showed themselves, including those of high irritation of the gastro-intestinal canal, anaesthesia, and partial paralysis of the soft palate and of the vocal bands, persistent burning in the

mucous membrane of the mouth and pharynx, albuminuria, signs of weakness of the heart, and especially exhalation of the odor of creosote from the mouth. Death took place in the course of four days, and the author thinks it was owing to an idiosyncrasy that made the patient abnormally sensitive to creosote. He expresses the opinion that we should avoid using creosote pure or in strong solutions, and especially that creosote should not be ordered to be taken in milk, since it is insoluble in milk and, when so prescribed, acts as if it were undiluted. Moreover, he thinks that not more than one or two drops at a dose should be ordered to begin with, and that this dose should be increased gradually.

RETENTION OF GUM ELASTIC BOUGIE MORE THAN ELEVEN MONTHS IN THE UTERUS.—The following most interesting case was reported in the June 2nd number of the *British Medical Journal*, by Alfred Sykes-Ward, M.D. On October 15th, 1893, Miss H. consulted me about a sinus, situated over the sacrum, which had been discharging for six months. I arranged to give ether, and lay the sinus freely open and scrape the cavity, which at the time of the operation was found to lead down to the bone. The day after operation my attention was called by the patient to a purulent discharge which came from the vagina. On examination I felt a foreign body, part of which was in the vagina and the remainder in the uterus. The vaginal portion was bent round, and rested on the posterior wall. With considerable difficulty it was removed by the finger, and found to be a piece of gum elastic bougie measuring $5\frac{1}{2}$ ins. There was no evidence of perimetritic inflammation or implication of neighboring viscera. On questioning the patient, she admitted that it had been inserted by a woman who is now undergoing penal servitude for procuring abortion in another case. The bougie was inserted on November 3rd, 1892. She miscarried two days later, and had suffered from pain in the back and purulent discharge from the vagina from that time up to April, 1893, when the sinus began to discharge. After the removal the patient did well, and was able to return to her occupation in a fortnight. The points which seem to me to be noteworthy are, first, the retention of the bougie after the miscarriage had taken place ;