TOXICITY OF THE URINE OF PATIENTS WITH SUPPURATIVE AFFECTIONS.—Nanotti and Baciocchi (*Rif. Med.*) have sought to ascertain whether in all suppurative processes, from the most trivial to the most severe, the pyogenic organisms are eliminated by the kidneys. As the result of their labours they affirm: (1) That in every suppurative process, no matter how limited, even if there be absence of any general reaction, the microbes are eliminated by the kidneys without producing any appreciable renal lesion. (2) That pyogenic organisms eliminated in this way are still possessed of considerable virulence. (3) That the urine of such patients has a toxicity distinctly greater than that of normal urine. (4) That such urine is capable of producing wound infection. The practical deductions to be drawn from these results are as follows: First, in suppurative affections to encourage elimination by the kidney, choosing, however, those diuretics which do not greatly affect the renal circulation. Secondly, the infective nature of the urine is a sufficient indication of the desirability of disposing of this efficiently.—*British Medical Journal.*

ALEXANDER'S OPERATION MODIFIED.—Chalot (*Nouv. Arch. d' Obstét. et de Gynec.*) shortens the round ligaments in a more complete manner than has hitherto been practised. The inguinal canal is laid almost completely open, so that without difficulty the entire thickness of the round ligament is detected even in the fattest women. Each ligament is dissected deeply up to and beyond the internal ring, even into the peritoneal cavity. The uterus is not held in its reduced or normal position by an assistant, but reduction is performed by firm traction on the two round ligaments. Each ligament is fixed by suture along the whole of its course in the inguinal canal. No pessary is applied after the operation. Chalot has successfully operated in six cases of painful reducible retroflexion. In the earliest case, performed fourteen months before publication, the uterus remained in its normal position. Chalot maintains that his operation is certain of its aim, and more complete than its prototype established by Alexander. Owing to more thorough exposure of the parts, it is simpler and easier.—*British Medical Journal.*

NASAL CATARRH.—Dr. Louis Jurist, Chief Assistant in the Laryngological Department at Jefferson Medical College, in lecturing on "Diseases of the Upper Air Passages," said that all those suffering from dyspepsia will have more or less disease of the upper air passages, and in order to effect a cure of the nasal or throat trouble the digestive tract must be treated, and very frequently the patient will be cured without any special treatment for the throat or nose. The doctor who depends entirely on local treatment of nasal affections will surely fail to cure the trouble. He called attention to the fact that women suffering with chronic uterine troubles very frequently will have some nasal affection. The first element in the treatment of nasal catarrh is cleanliness, and this is most important. This is best maintained by the use of an alkaline wash or spray. For the removal of odour any one of the following may be used: Solutions of permanganate of potassium, boric acid, salicylic acid, creolin, or peroxide of hydrogen.—*College and Clin. Record.*

DIGITAL STUDY OF THE NASO-PHARYNX.—Ziem, of Danzig, recommends the routine employment of palpitation of naso-pharynx as superior, in many instances, to posterior rhinoscopy. The necessary relaxation of the palate is secured by the pronunciation of the French *on*. The lips of the Eustachian tube mouths must not be mistaken for abnormal tunifications, but the teaching as to the consistency, as well as the form, renders the method decidedly superior to visual study.—*Therapeutic Gazette.*

RUPTURED TUBAL PREGNANCY. — Mersch (*Centralbl. f. Gynak.*) not long ago exhibited a most instructive specimen before the Obstetrical Society of St. Petersburg. It was a tubal pregnancy discovered at a necropsy on a woman who had died of phthisis. The tubal sac had burst. The skeleton of the fœtus was found strongly adherent to the lower end of the mesentery. The soft parts had been almost completely absorbed. The entire process must have caused but little general disturbance, for there was no history of any serious illness excepting pulmonary disease.—*Medical and Surgical Reporter.*