

water, was begun and continued for twelve hours at the rate of about seven or eight gallons per hour. On seventh day the temperature was 100° , pulse 115, and general condition improved. Irrigation was stopped, the temperature rose higher than ever. On eighth day irrigation was resumed, and maintained for twenty-four hours; temperature fell to $99^{\circ}5$. the midwife stopped the irrigation, and on the tenth day the temperature was $106^{\circ}5$, the pulse was 180. The patient had several rigors, was delirious and had tympanites. Irrigation was resumed; seven to twelve gallons of water per hour being passed into the uterus for forty hours, with four intermissions of an hour each; the temperature fell to 100° . Even during the intervals the temperature rose, and on the twelfth day after a few hours there was a slight rigor, and the temperature rose to 101° . Irrigation was again commenced, and kept up for three days, with intermissions of not over three hours, when convalescence was established. Over 2,200 gallons of water were passed into the uterine cavity in ten days. The recovery in this case is the more remarkable, as pneumonia developed on the tenth day.—*Edinburgh Med. Jour.*

Tubal Foetation.—Mandl and Schmit (*Archiv. f. Gynäkologie*, Bd. 56, Heft. 2) find from experiments on animals that, when the Fallopian tube had been ligatured close to the uterus directly after conception, no tubal foetation results. They conclude (1) that closure of the tube is not sufficient to produce a tubal pregnancy, and (2) that the tubal mucosa is not, as a rule, capable of forming a decidua. In the second part of the paper the writers describe in detail 77 cases which were operated on in Schauta's clinic in Vienna. It is remarkable that a great number (27) of these tubal foetations occurred in women suffering from gonorrhœa. Out of 67 cases where the pregnancy was interrupted in the first four months, it was due in 11 cases to rupture, in 56 to tubal abortion, and in 4 to both simultaneously.

GYNECOLOGY.

Ectropion of the Female Urethra.—By Isaac Mossop, F.R.C.S. Ed. (*Brit. Med. Jour.*, October 1, p. 988).—Ectropion or prolapse, of the female urethra is not often seen, and is, in children, usually ascribed to irritation from intestinal worms, especially ascarides, less frequently to vesical calculus and other conditions. The urethral opening is visible in the centre of the rounded projection, complete disappearance on reduction, and reappearance when the support is withdrawn. The symptoms are frequent and painful micturition, with occasional bleeding on straining. A well-nourished girl, aged 9, had frequent and painful micturition, and passed blood for 2 or 3 weeks. A small rounded dark-red swelling, the size of a cherry, was seen around the orifice of the urethra, the meatus being in its centre. It was very tender, and bled slightly. Careful examination revealed that it could be reduced. It was, repeatedly, by means of a small piece of cotton wool on sinus forceps. The swelling immediately returned as soon as the pressure was removed. The urine