revealed the tissues of the penis to be in a very swollen and painful condition, with a profuse purulent discharge from the meatus, the lips of which were much inflamed and angry looking. He complained of great pain on urination, and was restless at night. I gave him the peroxide of hydrogen as above, directing him how to use it, and requested him to call again in the course of five or six days. When he again presented himself five days later, I found that the inflammatory process was subdued, the pain on urination had disappeared, and the patient expressed himself as feeling in every way comfortable. Ten days after this he reported himself as entirely cured.

It will be understood, of course, that in these cases I have directed the patients to observe the usual rules for diet and internal treatment.—Dr. Sullivan in *Cincinnati Lancet-Clinic.*

A CLINICAL HISTORY.—A contemporary prints the following: Elderly spinster to doctor (who has been asked to call between eleven and a quarter past, at a distance of many miles from his house: "I thought, Dr. Corax, that perhaps I might as well see you, as I fancy I have got a cold, and I think I had better tell you how I caught it. It was last Friday—or was it Thursday? What was the day when it rained so in the afternoon and evening? You don't remember? I think it was Friday, because the *Weekly News* always comes on Friday evening, and I half remember that when I came in the paper was lying on the hall-table. I wanted to post a letter to my sister who lives in Dorsetshire, to tell her how very sorry I was to hear of the loss of so many of her best poultry—a fox had got at them, and made sad havoc in the poultry-yard—but that is neither here nor there—and Sarah being out, I slipped on my cloak and ran across to the post office. But the ground was very wet after all the rain that had fallen that afternoon, and not being able to find my goloshes—" Doctor, breaking in: "Exactly. You got your feet wet—a most common cause of a cold I shall be able——" Patient: "Please here me out. As I could not find my goloshes, I put on a pair of thick felt boots, which could not have let any water in, so I am sure it did not arise from my getting my feet wet. But just as I got to the post office door a gust of wind blew my bonnet off." Doctor: "A perfectly clear statement. I will now——" Patient: "Will you allow me to explain myself? After all I do not believe that I got the chill in this way. Over and over again I have told Sarah by no means to allow the passage-window to be open on cold or wet nights. Only a few days ago I said to her: 'Sarah, you may be used to it, but I am not. In this house my will is law. I desire you to pay attention to what I have said about the passage-window.' 'Yes, ma'am,' says Sarah, as uppish as you please; but——" Doctor (who has got his thermometer ready): "Ah, yes; exactly. Allow me to place my thermometer under the tongue; and will you kindly keep the mouth closed for the three minutes that are necessary for ascertaining your precise temperature. I will prescribe at once." During the three minutes the prescription is written, the doctor puts on his gloves, gathers up his hat and umbrella, and notes that there are no obstacles in the way of escape. All being prepared, he ejaculates emphatically: "Thank you. A normal temperature, I see. Good morning. You will find yourself quite well to-morrow taking what I have prescribed," and vanishes.

CERTAIN ASPECTS OF GONORRHŒA IN WOMEN.—Dr. Noble (*American Journal of Obstetrics*) says an interesting phase of gonorrhœa in women is the invasion of the womb, Fallopian tubes, ovaries and peritoneum. In the urethra, the vulvo-vaginal glands, the vagina, the uterus and the Fallopian tubes, the general facts are the same—the disease has little if any tendency to undergo a spontaneous cure. The rule is that a chronic catarrhal condition succeeds the acute inflammation,—if the disease has not been chronic or "creeping" from the beginning—and that in some fold of membrane, crypt or follicle, enough of the specific poison remains to set up acute inflammation anew. The known chronicity of the disease, and its rebelliousness to treatment in accessible regions, offer but little encouragement to expect a perfect cure in an inaccessible tube from which drainage is difficult, if not impossible. Personally he knew of no case in which a gonorhœal salpingitis had been perfectly cured. He believes that the rule of practice should be to remove all such uterine appendages when the health of the patient is compromised by their presence. There is reason to believe that gonorrhœal salpingitis invariably produces occlusion of the tube, except in those cases where the infection spreads quickly to the peritoneum and induces rapidly fatal peritonitis. In respect to the question as to removing both uterine appendages when only one is infected with gonorrhœa, he mentions the fact that when one uterine appendage has been removed for inflammation the disease is likely to attack the other tube subsequently. Therefore, in operating upon women, the mothers of families, and who are approaching the menopause, it is certainly wise surgery to remove both uterine appendages, even though one is healthy. In young women desirous of bearing children, where only one tube is infected, it should be left to them to select whether one or both tubes should be removed, as they alone must suffer the consequences of success or failure. Probably the percentage in which extension to the healthy side will occur can be materially reduced by appropriate treatment.—*Sheffield Med. Journal.*