

nancy cannot be positively accepted, there being an absence of the necessary proofs. Martin reports a case observed by him in which an ovum of four months had developed on the fimbria ovarica. Further developments would have resulted in the implantation of the placenta on the adjacent peritoneum, giving the impression that it had been from the first a primary abdominal pregnancy, while in reality it was of tubal origin.

The author reports five cases of ectopic gestation—tubo-ovarian—four of these were classified as tubal pregnancy, and one as ovarian. Martin explains his meaning of *ovariotube*: an adhesion of the fimbriated end of the tube to the ovary, just at the site of the recently burst Graafian follicle. This has been previously described by Buxnier.

M. has operated on 61 cases: of these, 20 cannot be classed strictly under the head of tubal pregnancy. The remaining 41 he divided into three classes.

1. In 14 cases the ovum was found more or less intact in its sac—there was no blood in the abdominal cavity, the ovum being found in various degrees of maceration or resorption.

2. The second group embraces nine cases of rupture.

3. The third of 16 cases is classed under the head of tubal abortion (expulsion of the ovum through the physiological opening of the tube).

M. does not agree with Werth and Veit, whose theory is that the expulsion of the ovum results from a contraction of the muscular fibres of the tube, but believed that its passage is furthered by the hæmorrhage which takes place at the seat of insertion of the ovum.—*Medical and Surgical Reporter*.

Labour and Heart Disease.—Tarnier (*Jour. des Sages-Femmes*, January 16th, 1894) notes that in heart disease all great and sudden efforts put the patient in peril, and labour is no exception to the rule. Running upstairs, racing to catch an omnibus or train and sexual intercourse may all cause fatal syncope. The danger of labour is not special in this sense; it is dangerous in heart disease simply because it involves much effort. Tarnier induced premature labour in a lady who was subject to advanced heart disease. Notwith-

standing all precautions, she became moribund in the course of her labour. Directly she died, he turned and delivered a live child, which survived. A woman was brought into Tarnier's wards in January, 1894, in labour, with advanced heart disease and asystolism; she was apparently dying. Immediately about 300 grammes of blood were withdrawn, and the symptoms of suffocation diminished. The patient grew calmer. As it was extremely advisable to bring on labour quickly, as the forceps is apt to fatigue the patient, and as, in particular, the child was dead, the basiotribe was applied and delivery effected. A few days later the mother was doing very well.

Gonorrhœa in Women.—Carry (*Lyon Medical*, January 28th, 1894) has made extensive researches amongst prostitutes and fallen women of other classes, suffering from vaginal discharge. In only one-third of the number was the gonococcus of Neisser detected. Carry insists that the gonococcus is absolutely specific of gonorrhœa. It is very easy to recognize, being quite different in form from any other microbe. In four out of five cases its seat was found to be the urethra, in one in five the cervix. The periurethral follicles, the vulvo-vaginal (Cowper's) glands, the vagina, and anus are exceptional seats of the gonococcus. Gonorrhœal urethritis in women is the almost exclusive source of gonorrhœa in man, and the absence of discharge, pain, and local tenderness all tend to hide the source of contagion.

Treatment of Eclampsia.—Tarnier (*Jour. des Sages-Femmes*, February 1st, 1894) maintains that eclampsia represents a true poisoning of the blood. It is not caused by retention of urea or carbonate of ammonia in the blood. In eclampsia the blood is absolutely poisonous, as experiment has shown. On this account Tarnier holds that blood must be abstracted in a case of puerperal eclampsia. But then the patient would have less blood (and loss of blood is a great evil under the circumstances), and that blood would be as poisonous from the first as the blood removed. Hence the advantage of milk diet, which is, to a great extent, absorbed, so that the blood becomes diluted, increasing in bulk, with diminution of the proportion of poisonous material. Free purgation