erythema, is a process characteristic of chemical poisoning or of poisoning by the chemical products of microbic action rather than of the direct action of microbes themselves. Thus it is quite analogous to the erythematous rashes caused by the use of certain drugs and by septic absorption, these erythemata being often followed by desquamation. Desquamation much more profuse than that seen in scarlet fever follows the eruption of erythema scarlatiniforme desquamativum, yet there is no reason to think that the process in any of these cases is a microbic one.

The writer has endeavored in a small way to collect statistics by observing whether patients discharged from hospitals while still desquamating, though otherwise apparently free from infection, were more frequently followed by "return cases." Of 2500 cases discharged, 8 per cent. showed some trace of desquamation; but of the cases which carried out infection (by giving rise to "return cases") only 6.5 per cent. had been noted as showing traces of desquamation. In the absence of bacteriological evidence, it appears that the only way in which this question can be settled is by specially collected statistics.

GYNECOLOGY.

UNDER THE CHARGE OF

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Vesicovaginal Fistula.—DREW (*British Medical Journal*, No. 2159) devised an ingenious method for closing a vesicovaginal fistula, one-half inch in diameter, due to the ulceration caused by a Zwanck pessary, and situated at the junction of the cervix with the anterior vaginal wall. An incision was made in the median line of the anterior vaginal wall from close to the urethral orifice to the margin of the fistulous opening; this incision was prolonged around the margin of the fistula. The vagina was then carefully separated from the bladder, and the two flaps thus made were drawn aside. A U-shaped flap of mucous membrane was dissected from the anterior lip of the cervix and accurately sutured, by Lambert's method, to the margins of the fistula. The vaginal flaps were united in the middle line and their upper margins sutured to the raw surface on the cervix. The fistula was permanently closed, and the vaginal wound healed well.

Vaginal Shortening of the Uterosacral Ligaments.—BOVÉR (*American Gynecology*, vol. 1., No. 1) gives the following technique for shortening the uterosacral ligaments to correct retrodisplacements of the uterus: The patient is placed in the extreme lithotomy position, the perineum well retracted, and the cervix grasped with a volsellum forceps and drawn forward. A longitudinal incision, starting at the cervicovaginal junction, is made