A Contribution to the Study of the Evolution of Hypertrophy of the Prostate.—MOTZ and PEREARNAU (*Ann. des maladies des organes genito-urinaires*, October 15, 1905) find that adenomyomas, which constitute the essential lesions of hypertrophy of the prostate, are extremely frequent in aged persons. They develop always from the periurethral glands, which are separated from the true prostate by an intraprostatic sphincter, visible sometimes in the normal condition and almost always in hypertrophy of this gland. In moderately or greatly hypertrophied prostates the prostatic tissue proper is compressed toward the periphery. It is more or less atrophied and constitutes the pseudocapsule. The spheroid bodies which are developed from the periurethral glands are due to a glandular and muscular new-formation. The glands are multiplied by a budding formation, accompanied by a proliferation of the stroma, separating the new-formed culs-de-sac. Some spheroid bodies, composed only of muscular tissue (myoma), appear to be surrounded by an agglomeration of new-formed capillaries. In the greater number of prostates with adenomatosis there were also evidences of prostatitis. Chronic prostatitis can in some very exceptional cases be the cause of retention or of incomplete evacuation of the bladder.

Tracheotomy under Local Anæsthesia.—THOMPSON (*British Medical Journal*, October 14, 1905) performed his last nine cases of tracheotomy under local anæsthesia with cocaine (Schleich's method). In the conditions for which tracheotomy is done, the already disturbed breathing may be arrested by the administration of a general anæsthetic, the patient's narrow margin of breathing capacity being lost. The presence of this danger increases the operator's worry, and, therefore, the risk of some false move. The general practitioner may be called upon to do this operation, when he will probably not have the assistance of the desirable skilful anæsthetizer.

Thompson has never used more than 1 cm. ($\frac{1}{2}$ gr.) of cocaine in an operation, and has never seen the slightest toxæmia from this dose. In many cases half the quantity has sufficed. A tabloid containing cocaine hydrochloride, gr. $\frac{1}{2}$; morphine hydrochloride, gr. $\frac{1}{10}$, and chloride of sodium, gr. $\frac{1}{2}$, is dissolved in 56 minims of sterilized water. To this is added adrenalin chloride of full strength (that is 1:1000) in the proportion of 1 drop to every 15 minims of the solution, so that 4 minims of the adrenalin would be contained in 60 minims of the prepared fluid. It is important to give sufficient time for the cocaine-adrenalin solution to act, at least twenty minutes being required to obtain satisfactory analgesic and hæmostatic effect.

Although in some cases the dyspnœa was intense, it was never increased by the local anæsthesia. The youngest patient was a boy of fourteen years, and in his case the method was most successful. It would hardly be as successful in small children. Thompson suggests that the "mixed method" might be more successful, that is, sufficient chloroform to quiet the child, so that the cocaine-adrenalin solution might be injected. It is advisable to give a light meal with a little stimulant (brandy, tea, or coffee) shortly before the operation, and in a nervous patient to administer a preliminary hypodermic of morphine.