

already stated. It is especially to be noticed that the great mass of recoveries in rupture are the slighter cases; the graver ones do not recover, unless an operation is done. In any case, therefore, with severe or dangerous symptoms, the surgeon should lean toward exploration, and in severe laceration toward early nephrectomy. It will add a little to the risk and will probably save a considerable proportion of lives.

PRELIMINARY RESECTION OF THE FIFTH COSTAL CARTILAGE IN ORDER TO APPROACH THE PERICARDIUM.

DURAND (*Revue de Chirurgie*, 1896, No. 6) recommends this method of reaching the pericardium in operations on this structure. This operation was first suggested by Ollier. Some writers advise the resection of the sixth cartilage also, but Durand has found the space afforded by removal of the fifth entirely sufficient.

The author recommends the resection of the fifth cartilage preliminary to simple aspiration. He lays stress on the chance of serious injury from a puncture even with a small needle through an intercostal space, as the operator does not know where his needle is going. The operation has its chief indication, however, in performing pericardotomy for purulent pericarditis.

The chief difficulty in the operation is the costo-mediastinal cul-de-sac in separating the sternal end of the cartilage. In the tuberculous the cartilage may be very adherent. In those who have had no inflammatory affection of the lungs the procedure is simple. In some cases the recognition of the pericardium will be difficult. The perichondrium is to be removed with the cartilage.

Technique: 1. The incision is made on the fifth costal cartilage, parallel to it, and from 6 to 8 cm. long. It should commence in the median line. 2. Rapid denudation of the cartilage by a bistoury. 3. Resection of the cartilage by separating the sternal attachment and lifting from behind forward. Durand adds ligature of the mammary vessels. Secondary ulceration or accidental perforation are thus provided against. The fingers then loosen the *triangularis sterni*.

The border of the sternum may be removed by the gouge if more space is required.

OBSERVATIONS ON THE PATHOLOGY OF ENLARGED OR HYPERTROPHIED PROSTATE.

HARRISON (*The British Medical Journal*, December 28, 1895) regards senile enlargement of the prostate as an example of a muscular hypertrophy analogous to other similar kinds of overgrowth, and arising out of the muscular functions in which the part is unceasingly engaged. The author continues in the paper a study of the structure of the muscles, and wishes to prove that the prostate, in connection with its associated parts, has an arrangement and muscular function which are not sufficiently recognized; that its hypertrophy is to be regarded as a provision against structural dilapidations in adjacent parts, arising for the most part out of senile degenerations; that these changes are mainly compensatory, while in others they are hurtful and excessive; that in the latter respects it resembles the provisional hypertrophies.