It becomes necessary in cases of chronic pancreatitis associated with biliary lithiasis to seek for a special symptom or shade of meaning in the hepatic syndrome which will permit the diagnosis of the pancreatitis. KNIKUT reported a case in which the patient found successively in his stool phosphatic calculi which were of pancreatic origin, those of hepatic origin consisting of cholesterol. A study of the reported cases permits one to say that in a general way, when hiliary lithiasis accompanies pancreatitis, the hepatic syndrome is not regular, the hepatic crisis does not clear up, it is abnormal in certain details. The location and character of the pain will be somewhat different. The point of greatest tenderness is not over the gall-bladder, but above the umbilicus in the epigastric region. Vomiting will be more frequent than in simple cholelithiasis. We see, therefore, that only certain details in the general symptoms can be attributed to the pancreas. Since the swelling in pancreatitis is almost always in the head, this can easily be confused with a distention of the gall-bladder. When the pancreatitis is associated with cholelithiasis, the condition of the gall-bladder is always the same as in isolated cholelithiasis; that is, small and contracted. The emaciation in grave pancreatitis is not more grave than in old chronic jaundice from cholelithiasis. Pancreatic glycosuria is rare because the pancreatitis is nearly always partial and does not suppress the internal glandular function. Jaundice from a calculus in the common duct is more frank, more fixed; that due to pancreatitis is less pronounced and varies more widely.

The writers believe that the best treatment for acute pancreatitis is drainage of the pancreas combined with drainage of the biliary tract, the seat of drainage in the latter (gall-bladder or common bile-duct) being determined by the seat of the calculus. The treatment of chronic pancreatitis with cholelithiasis is indirect and consists in removing all the calculi and draining the hiliary passages. The intrapancreatic portion of the common bile-duct must be especially explored, because calculi are frequently overlooked in that portion.

A New Method for the Radical Cure of Inguinal Hernia.—GRATSCHOFF (*Revue de chirurgie*, October 10, 1905) closes the canal by what he calls the direct method. An incision is made along the internal part of Poupart's ligament, six inches long, exposing the ligament and the external inguinal ring. The contents of the sac are reduced. A strong silk suture is introduced through the skin about 2 cm. from the internal angle of the wound and is made to unite the two pillars of the external ring at a sufficient number of points and to emerge through the skin about 1 cm. beyond the external angle of the wound. A specially devised steel arch is used to keep the suture tense and in position. The wound is then closed. In eight days the arch and sutures are removed.

While the recurrences after this operation have been comparatively common, the writer believes that they will be materially reduced by further experience. He thinks that the operation is advisable, because of its simplicity and lack of danger. The peritoneum is not opened, the sac is permitted to remain, there are no buried sutures, and the period of narcosis is very short. Local anæsthesia can easily be employed. The operation can easily be repeated for a recurrence.

A Contribution to the Study of the Evolution of Hypertrophy of the Prostate.—MOTZ and PEREARNAU (*Ann. des maladies des organes génito-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 tahloid containing cocaine hydrochloride, gr. $\frac{1}{2}$; morphine hydrochloride, gr. $\frac{1}{16}$, 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 dyspnoea 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.