the lungs extended rapidly and the pericardial friction-sounds persisted. The condition grew progressively worse, and death ensued. When the soft tissues were reflected from the front of the neck and chest they were observed to be markedly œdematous; but there was no subcutaneous emphysema. The tissues lying in front of the trachea were thickened, opaque, and vascular, as if from the near presence of inflammatory change, and in cutting into the region of the right submaxillary gland a foul-smelling abscess was opened. Both pleural cavities contained from six to ten ounces of fetid pus, and the loose connective tissue of the mediastinum, from the suprasternal notch to the diaphragm, was infiltrated with pus and practically in a condition of slough. This sloughy condition was abundantly present on the external surface of the anterior layer of the pericardium; but the pus-infiltrated tissue could with tolerable ease be separated from the underlying pericardium. On opening the pericardium a very recent and very moderate generalized pericarditis was disclosed, sufficient to cause only a slight roughening of the surface. The right pleura presented old connective-tissue adhesions infiltrated with purulent matter. On dissecting the structures in front of the trachea a direct channel of communication was found between the submaxillary abscess and the mediastinum. No roughness or other evidence of disease of the lower jaw could be detected. The mucous membrane of the larynx and trachea was congested and covered with blood-stained mucus.

SURGERY.

UNDER THE CHARGE OF

J. WILLIAM WHITE, M.D.,

PROFESSOR OF CLINICAL SURGERY IN THE UNIVERSITY OF PENNSYLVANIA; SURGEON TO THE
UNIVERSITY AND GERMAN HOSPITALS;

ASSISTED BY

ALFRED C. WOOD, M.D., AND C. L. LEONARD, M.D.,

INSTRUCTOR IN CLINICAL SURGERY, UNIVERSITY ASSISTANT INSTRUCTOR IN CLINICAL SUR-
OF PENNSYLVANIA; ASSISTANT SURGEON, GERY IN THE UNIVERSITY OF
UNIVERSITY HOSPITAL. PENNSYLVANIA.

THE PRESENT POSITION OF THE OPERATION OF CASTRATION FOR HYPERTROPHY OF THE PROSTATE.

J. WILLIAM WHITE, in an address before the American Association of Genito-urinary Surgeons, gave a summary of the history and present position of the operation of castration for hypertrophy of the prostate (*Medical News*, 1894, vol. lxiv., No. 22). Dr. White instituted experiments on dogs in connection with this subject in December, 1892. In an address, given by invitation, before the American Surgical Association, on "The Surgery of the Hypertrophied Prostate," at its meeting held at Buffalo, N. Y., June 1, 1893, the results of these experiments were given, and the statement that castration might cause the hypertrophied prostate to diminish in size was advanced.

The results of the experiments in detail and the line of thought which led to these conclusions will be found in full in the *Annals of Surgery* for August, 1893, an abstract of which appeared in THE JOURNAL, 1893, vol. cvi. p. 723.

Considerable discussion in the current literature followed the publication of this article, and the following operators have reported cases: Ramm, of Christiania, reports two cases practically cured after this operation; Haynes, of Los Angeles, California, reports three cases, the first is said to be practically cured, the second much improved, and the third had been operated upon too recently to record the result; Smith, of St. Augustine, Florida, operated upon "an apparently hopeless case of hypertrophied prostate with marked sepsis, cystitis, beginning uræmia," etc. "The patient fifteen weeks after the operation had gained forty-five pounds, and had no symptoms of cystitis or other urinary trouble. He urinated freely and normally."

In January, 1894, the author operated on a medical man, aged sixty-nine years, whose prostate was about half the size of an orange, who had passed no urine except by the catheter for years, whose urine was loaded with mucus, was offensive, and at short intervals was profusely mixed with blood. Fourteen weeks later, rectal examination showed a reduction in the size of the prostate to about the normal dimensions. He had not urinated spontaneously, but while before the operation it was necessary to introduce the catheter nine and one-half inches before reaching the bladder, at the time of making the report urine began to flow when the catheter had been passed but eight inches. Furthermore, its introduction is easy and painless, instead of difficult and very painful, as it was before the operation. The urine is normal in appearance, odor, and all other respects, and no blood has appeared for two months.

INTUBATION AND TRACHEOTOMY.

VON RAUKE (*Münch. med. Wochenschr.*, 1893, No. 44; *Centralbl. für Chir.*, 1894, No. 6) has summarized the statistics of about 2500 cases of intubation that have been reported in hospital and private practice. The comparison of the results from tracheotomy and intubation in the first years of life give in the first two years better results from intubation than from tracheotomy. The proportions are, in the first year, 13.9 per cent. of recoveries by intubation, to 5.4 per cent. by tracheotomy. In the second year, 32.3 per cent. by intubation, to 25.4 per cent. by tracheotomy. There were also more intubations than tracheotomies. The author believes that the O'Dwyer tubes have proved themselves to be the best means for the purpose.

A NEW METHOD FOR THE RADICAL TREATMENT OF FEMORAL HERNIÆ.

FABRICIUS (*Centralbl. für Chir.*, 1894, No. 6) describes the following operation. An incision four to five inches long is made from the insertion of Poupart's ligament parallel to it, down through the superficial fascia, exposing the superficial epigastric vein. If the hernia passes under the lesser falciiform process the sac may now be seen; if, however, it has passed beneath the superficial layer of the fascia lata, that must be cut before it is exposed. The hernia should now be reduced, the sac ligated and removed, and the stump returned into the abdomen. If the constriction is too great, Poupart's