purpose, and should the anatomical conditions present prove to be such as to encourage the operator to a further step, either the thermo-cautery or galvano-cautery, or the curved scissors, inasmuch as hæmorrhage is not to be greatly feared, will afford ready means of accomplishing the removal of the desired portion. Should prostatomy only be indicated, perineal incision and drainage, this latter being accomplished by the wearing of a drainage tube for a considerable time, as recommended by Harrison, of Liverpool, is to be followed. Not only does this method of after-treatment give decided relief to the cystitis, and its train of distressing symptoms, but it likewise tends to prevent a recurrence of the obstruction, which otherwise would naturally be expected.

Meinhard Schmidt, in this connection, expresses the hope, which will be echoed by all surgeons to whom this class of cases must always possess great interest, that these operative procedures upon the prostate may not be abandoned until further trials have been made. It may be that time and patience will yet evolve a means of bringing relief to those who, in those years of their life to which they have looked forward with anticipations of rest and comfort, are doomed to suffer, with an increasing certainty of incurability as the case now seems to stand, from prostatic enlargement.—*Centbl. f. Chirg.*, 1890, No. 32.

III. Lateral Prostatectomy. By PROF. DITTEL. The many disappointments experienced by surgeons in operations upon the enlarged prostate, both in older as well as in recent times, led Dittel to inquire more carefully into the subject of the anatomical conditions present in senile hypertrophy of this structure. The entire attention of surgeons has been directed to the middle lobe as the cause of the obstruction to the passage of urine, and the entrance of a catheter. That this should be the case is clearly set forth, and the reasons therefor given by the author. They consist in the statement, supported by experiments upon the cadaver, that although the most severe cases are those in which the middle lobe is involved, still, accompanying this, is to be found a high grade of hypertrophy of the lateral lobes and to this latter is to be attributed the real reason for the retention and its con-

sequences. This is shown by clinical experience, by observation during the median incision, and, as before stated, by Dittel's experiments upon the cadaver.

If, therefore, the surgeon seriously contemplates operative procedure in this class of cases, he will do well to bear in mind these studies by Dittel regarding the role played by the lateral lobes in obstructive hypertrophy of the prostate. This surgeon made the following experiments upon the dead subject. A cadaver was selected with the genito-urinary tract in a normal condition. During suspension the bladder was filled with fluid, and it was observed that this latter flowed away, completely emptying the bladder in a short time. In a cadaver selected on account of the existence of lateral prostatic hypertrophy, the fluid thrown into the bladder flowed away imperfectly, and after twenty-four hours of continual suspension, a considerable amount of residual fluid remained. In cases of bilateral hypertrophy of the prostate, and in which resection of the lateral lobes had been made, the entire fluid contents of the bladder flowed promptly away under the same conditions otherwise. Excision of a wedge-shaped portion of the middle lobe gave no result.

The method of carrying out this procedure upon the living subject as recommended by Dittel based upon his experiments upon the cadaver, is as follows:

The patient is laid either in the abdominal position, with the lower extremities depending from the edge of the table, or in the right lateral position with the thighs drawn up. The bladder having been emptied and washed by means of a rather heavy gum-elastic catheter, the latter is fastened in situ. The rectum is tamponed in order to be able to identify it during the subsequent steps of the operation, as well as to avoid injury to the same. The incision is made from the point of the coccyx in the direction of the middle of the external sphincter ani, coming around the latter to the raphe of the perineum. By means of this incision the ischio rectal space is entered, and the tamponed rectum is grasped and loosened by blunt dissection from its attachment to the right lobe of the prostate. The intestinal tube is then freed from its attachment to the left lobe of the prostate in the same

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manner. All vessels are carefully ligatured before proceeding to the resection, and the ischio-rectal space rendered antiseptic. The lateral lobes are then resected by removing from each a wedge-shaped portion corresponding to the extent of the hypertrophy in the same manner as enucleation of a tumor is performed.

The operation may be indicated in the first stage of cases of prostatic hypertrophy, when the urine is still in a healthy condition, and when pain and residual urine are not prominent, and in the second stage, when the patient may be convinced of the advantages of a radical cure over the palliative measures usually employed. — *Wien. Med. Wochenschrift*, 1890, Nos. 18 and 19.

G. R. FOWLER (Brooklyn).

TUMORS.

I. **A Case of Hygroma Proliferans Endothelialis.** By Prof. B. MORISANI (Naples). The neoplasms which develop progressively and have their origin in the mucous bursæ are very rare. The number of cases reported up till now amounts to 7, and belong to Holscher, Simon, Schuh, Dollinger, Mikulicz, who reported one each, and two cases were described by Ranke. The case of the author, being the eighth, is of special interest on account of its peculiar nature.

The tumor was observed in a girl, æt. 15. It arose at the internal margin of the right foot, was pyramidal in form and solidly implanted upon the internal tuberosity of the scaphoid bone. It was of a duro-elastic consistency, less so at its apex, where a small place of softening was noticed, which, as well as the soft œdematous base, presented fluctuation. Movements of the foot did not cause pain, but pressure with the finger upon the projecting part of the tumor excited pain. The patient has noticed since a year an increase in the size of the tumor, and it now has the size of a hazel nut. Her general condition is rather low; her mother died of some chronic disease of the thoracic viscera. The author's diagnosis was tuberculosis, and he proceeded to operate on this tuberculous focus. During the operation, however, he became aware that he had not to deal with a focus of tuberculosis. Morisani made a careful macroscopic and microscopic ex-