

48 hours. When the patients were seen three months afterwards, the results were found to be very satisfactory, so that M. Horteloup recommends this simple method in cases of phimosis without hypertrophy of the prepuce, and where there is no inflammation or thickening of the integument, and he thinks this plan will be found of great service in children.—*London Med. Record*, Nov. 15, 1878.

Mechanism of Orchitis.

In a recent paper on the mechanism of recurrent orchitis, and inflammatory orchitis generally, M. DESPRES arrives at the following conclusions: 1. Recurring orchitis and inflammatory orchitis are both due to the retention of semen in the testicle. 2. The cause of this retention is not always situated at the same point, but it is more than probable that swelling of the mucous membrane of the ejaculatory ducts and vas deferens, or of the lining membrane of these canals at the periphery in the prostate, or of the mucous membrane of the urethra, is the ordinary cause of retention of the semen. 3. The rarity of suppuration in cases of orchitis allows these inflammations to be designated seminal engorgement of the testicle, in the same way that the retention of milk in the mammæ has been called lacteal engorgement. 4. The appearance of orchitis on from the tenth to the twentieth day of gonorrhœa, is in accordance with the functional activity of the testis; those patients with an actively exercised organ should develop orchitis towards the end of the urethritis. 5. The orchitis occurring during convalescence from gonorrhœa is not produced by the same mechanism as those following an injury. 6. Orchitis due to a wound, or to some urethral irritation, can be explained by swelling of the affected parts, particularly on a level with the ejaculatory ducts and vesiculæ seminales, which rapidly prevents the flow of semen into its reservoir, the vesiculæ seminales.—*London Med. Record*, Nov. 15, 1878.

Sarcoma of the Male Breast.

Dr. D'AMBROSIS relates the following case in the *Annali Clinici dell' Ospedale degli Incurabili*, 1878 (*La Medicina Contemporanea*, August, 1878). In 1873, a man aged 30 came under his care. In the centre of his left breast, in the situation of the nipple, was a fungoid tumour, apparently divided into two lobes by a narrow fossa; it was entirely destitute of skin, which formed a somewhat raised and hard ring at its base. The base of the tumour was rather wide, but it appeared to be quite movable on the subjacent tissues, and free from all attachment to the ribs. It was 7 centimetres (2.8 inches) in height; its greatest circumference was 12 centimetres (4.8 inches), and that of the base 6 centimetres. Its surface was studded with large granules; and to the touch it had a firm elastic consistence. The patient was constantly troubled with lancinating pains; the glands had not undergone the least change; his general appearance was healthy. The growth had commenced eight months previously without known cause; there was no hereditary predisposition. The tumour was removed, and the patient was soon afterwards discharged cured. It was diagnosed to be a spindle-celled sarcoma; and this was confirmed by microscopic examination.—*London Med. Record*, Nov. 15, 1878.

Sarcoma of the Palm of the Hand.

At a recent meeting of the Société de Chirurgie (*La France Méd.*, 1878, p. 253), M. Tillaux read a communication from Dr. GROSS, of Nancy, giving an account of a peculiar growth which he had recently removed from the palm of the hand. The tumour was developed in the subcutaneous cellular-adipose tissue.