

II. Traumatic Lesions of the Penis and Scrotum. By DR. IVAN P. SELIVANOFF (Voronej, Russia). An athletic peasant, æt. 30 years, when trying to oil the revolving flywheel of a threshing machine, was caught by a strap, his trousers being entangled together with his genitals. When seen by the author 12 hours later, the "man was lying on a dirty floor at his hut, infested by myriads of flies," with flexed and widely separated thighs, between which "there was hanging a hideous, bloody and dirty mass of flesh." The whole scrotum proved to have disappeared together with the left tunica dartos, and the inferior half of the sheath of the penis, while the upper moiety of the latter was still present in the shape of an irregular shrunken flap attached to the right side, at some distance from the glands. The left testicle with its epididymis was wholly crushed, its tunica vaginalis lacerated; the right testis, however, as well as the body of the penis, were intact, while on the glans there was seen an extensive, though fairly shallow abrasion. Dr. Selivanoff's proposal to remove the crushed testicle and cutaneous flap was flatly refused. Nor did the man consent to be removed to a hospital near by. All that he and his family required from the doctor was "some lotion," in addition to various "medicines" of their own. Being compelled to accept the situation, the writer supplied the people with dressing materials, and gave due instructions in regard to nursing. In spite of "most murderous conditions" (including abominable dirt, flies, domestic doctoring, etc.) fever lasted but for a few days and "suppuration went on energetically." Still, the man was able to get up (with his wounds yet open) not before the end of two months. On examination about five months after the accident, there was found an insensitive, irregular contracted, cutaneous lump, 2 cent. high, 9 cent. in circumference, situated about 2 fingers' breadth above the right half of the glans. The remaining portion of the penis and the right testicle were covered with a soft shining cuticle. The left testicle was represented by "an indurated depression admitting a forefinger's pulp." The patient stated that erections, previously very painful, of late had become all right, but he had been abstaining from sexual intercourse, all through, since he feared that it might spoil the healing process. As before, he

declined any surgical interference, though he believed that the "biggest lump" might prove an obstacle to coition.—*Vratch*, No. 44, 1888.

VALERIUS IDELSON (Berne).

III. The Operative Treatment of Obstructive Prostatic Hypertrophy. By DR. MEINHARD SCHMIDT (Cuxhaven). The author reports in detail the case of a man, æt. 52 years, who for three years had suffered from symptoms of chronic cystitis and hypertrophy of the prostate. The patient was made the subject of the *sectio alta* by which the bladder was opened and emptied of some small sized calculi. The middle lobe of the prostate was then removed by means of excision. The writer used forceps and knife, removing the diseased lobe of the prostate piecemeal and mostly by his sense of touch. Hæmorrhage marked. There was good reaction of the patient from the operation, but there was no relief found from the bladder symptoms. There was still prostatic obstructions in the urethra. The patient was then made the subject of a second operation by which the median incision of the perineum having been carried out the urethra was opened and the prostatic portions dilated by incision with a probe pointed long scalpel and sound, a silver female catheter being then passed into the bladder. After this the patient carried a permanent soft catheter, of large size, in the urethra, after the method advocated by Harrison, of Liverpool. He was eventually completely relieved.—*Zeitsch. f. Chir.*, bd. 28, heft 4 and 5.

HENRY KOPLIK (New York).

IV. Castration for Primary Tuberculosis of Testicle. By Dr. PAVEL A. GEIER (Kalüga, Russia). A strongly made and well-nourished married soldier, who had previously enjoyed flourishing health, noticed a gradual enlargement of the left side of his scrotum. He never had had either syphilis or gonorrhœa, or sustained any local injury. After a while he applied to a hospital, where an abscess (on the outer side of the scrotum) was detected and opened to empty a tablespoonful of bloody pus. An obstinate ulcer developed at the site of the incision to discharge a thin purulent matter ever