

At the beginning of the disease, we may often prevent its further development by systematic massage, active and passive motions, hot air baths, hot water baths, with the application of extension apparatus at night. Any constitutional diathesis should be treated. In case the disease advances, or in somewhat more developed cases, we may try the result of multiple subcutaneous incisions, followed by the palliative treatment just outlined. In working persons, who can scarcely find the necessary time and means properly to carry on the palliative treatment, we should advise at once a radical operation as the quickest and surest means of effecting a cure. It should be advised at once also in advanced cases. This consists in nothing short of excision of the whole thickened, contracted fascia, with its processes, preferably by one or more longitudinal incisions. The final results of the operative treatment of Dupuytren's contraction are usually very satisfactory.

---

HENRY H. MORTON, M.D. "Perineal Prostatectomy, with Report of Ten Cases. *Medical Record*, October 8th, 1904.

The author expresses the conviction that all varieties of prostatic hypertrophy are of inflammatory origin, probably in the majority of instances remotely of gonorrhoeal origin. The evidence in favour of this view is not conclusive; many facts point in other directions. The technique of the operation is described and the details of ten cases are submitted. Dr. Morton summarizes his conclusions, which are:—

1. The comparatively low death rate.
2. The rapidity, ease and facility with which the prostate can be enucleated.
3. The trifling amount of hæmorrhage and shock.
4. The excellent bladder drainage and ability to keep the patient's bed and dressings dry.
5. The rapid convalescence, the patient getting out of bed within ten days.
6. The complete restitution of the bladder functions in most cases.

---

R. A. BICKERSTETH, F.R.S.C., Eng., M.A., M.B. Cantab. "The Intravesical Separation of the Urines coming from the two Ureters as an aid to diagnosis in surgical disease of the kidneys." *Brit. Med. Jour.*, October 1st, 1904.

The method of intravesical separation of the urine coming from each ureter as employed by French surgeons is described. The method consists in placing temporarily in the bladder a vertical watertight septum, in such a manner as to divide it into two equal lateral halves. The