

A SUFFICIENT number of subscriptions have been obtained to insure the resumption of the publication of the *Index Medicus*.

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VARICOSE VEINS.—Mr. John B. Roberts, in *Philadelphia Polyclinic*, November 16th, remarks that internal treatment is of very little benefit. The application of elastic stockings or bandages afford some support. The preferable course to follow is to operate. This can be done subcutaneously by passing a needle through the integument round behind the vein and out at the point of entrance. The catgut ligature is then tied. This obliterates the vein. Or the vein may be cut down upon for several inches of its course. The upper and lower ends are ligated and the intervening section removed. The wound is then carefully brought together. Strict aseptic surgery should be followed to avoid septic phlebitis.

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TRILBY AND HYPNOTISM.—The *British Medical Journal* says in regard to the notorious Trilby: Trilby when she sings is in a perfect hypnotic sleep, unconscious of her audience and reduced to the state of a marvellous machine. The state is one of exaltation of certain muscular and mental functions, due to the removal of all inhibitory influences. She performs the marvellous feat ascribed to her, but has no recollection of anything she has done. The comment closes by saying, Mr. Du Maurier may be congratulated on having produced for the first time a literary masterpiece in which the conditions of hypnotism are used with the power of a genius, and in which their limitations and nature are correctly indicated if not fully analyzed or described.

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CASTRATION FOR ENLARGED PROSTATE.—Dr. T. S. K. Morton, of Philadelphia, in the *Philadelphia Polyclinic* for November 9th, mentions the case of a patient, aged seventy-one, with extremely large prostate, much distension of the bladder, and hæmorrhage from the bladder and prostate. It ultimately became impossible to relieve the patient by the use of the catheter. It was decided to castrate the patient. This was performed on August 28th. On August 30th there was marked improvement. On the second day after the operation he was able to pass a portion of his urine. In one week there was no residual urine, and the use of the catheter was discontinued. The prostate gland rapidly became reduced in size, and the consistency to that of the normal gland. There was a period of partial incontinence. In about three weeks from the date of the operation the action of the bladder had become normal. On October 29th he was in excellent health.