

feeble men, the mortality of four cases in twenty-four (16.6 per cent.) must be considered, as Mr. McGill puts it, "lower than might reasonably be expected." Granting, however, that recovery was the result in so large a majority of these cases, so far as the operation itself was concerned, the question still remains to be answered as to what was accomplished in the direction of radical cure. In reply we have from McGill the following figures, excluding from the twenty-four tabulated cases seven in which the operation was undertaken for the removal of stone and the prostatectomy was incidental: four deaths, three resulting immediately from the operation, and one from pneumonia during convalescence; two cases still under observation, and one lost sight of—fourteen in all—ten remaining in which the final result can be stated. "Of these ten, eight have continued well, but one requiring the passage of a catheter, and that only after excessive drinking." The ninth case was one in which it was found impossible to remove the prostate, owing to its extreme hardness, and in which accordingly only supra-pubic drainage was attempted. The tenth case died ten months after the operation, having, however, been relieved for a time. To have afforded permanent relief in eight out of ten cases seems to us a most creditable showing.

We cannot forego alluding to the very graceful manner in which Mr. McGill acknowledges as the first surgeon to perform supra-pubic prostatectomy Dr. Belfield of Chicago, the date being October, 1886.

The discussion which was elicited by Mr. McGill's paper was scarcely less interesting, and the unmistakable bent of opinion was in favor of radical operation in properly selected cases of prostatic enlargement.

Let us hope that American surgeons, many of whom have already performed supra-pubic prostatectomy, will give it the fair trial that it so richly deserves. Surely, the above results invite it.—*Med. News*.

NON-RETENTION OF URINE BY YOUNG GIRLS AND WOMEN.—H. Marion Sims attributes this troublesome condition to the contraction of the bladder walls from hypertrophy of the muscular coat, its holding capacity being thereby lessened. Of the cases which he has treated, both in chil-

dren and adults, he has cured all but two completely, with nothing other than the forcible dilatation by warm water. The water is injected with a Davidson syringe and ordinary silver catheter. The water used was just comfortably warm, and the quantity measured by knowing the capacity of the bulb of the syringe. The quantity which could be held in one of the cases was at first but one and three-quarter ounces, but was increased daily until eighteen ounces could be held without severe pain. The treatment lasted three months.—*American Journal of Obstetrics*.

OPIMUM IN THE INTESTINAL HÆMORRHAGE OF TYPHOID FEVER.—Dr. J. A. Lindsay, of Belfast, writing on hemorrhage from the bowel in typhoid fever, says that he has always been accustomed to follow Murchison's instructions, and has given tannic acid, laudanum, and turpentine, with ice externally and ergotin by hypodermic injections. Some good authorities prefer to omit the turpentine, but he cannot say that he has ever seen any harm resulting from its use, and its power as a hæmostatic is undoubted. In one of his cases he gave laudanum pretty freely, in spite of the presence of albumen in the urine, and with good results—no sign of narcotism appearing. He is disposed to think that in hæmatocle and other forms of internal bleeding, opium may be given fearlessly, and pushed even to heroic doses. Stimulants are certainly required in some cases, but must be regulated with much caution. While intestinal hæmorrhage in typhoid fever is a serious symptom, it is by no means usually fatal, and prompt and decisive treatment is called for, and will often prove effectual.—*Dublin Jour. of Med. Sciences*.

CODEIA IN GYNÆCOLOGICAL PRACTICE.—Dr. Freund, of Strausburg, who was induced by the favorable opinion of Professor Schroder on the suitability of codia for the treatment of pain in diseases of the female genital organs to give it a trial, has published the results of his experience in the *Therapeutische Monatsheft*. He found that pain originating in the uterus, and depending upon either acute or chronic affections of that organ or upon dysmenorrhœa, was only affected in a very transitory way by codeia, and never to nearly the same extent as by opium or