

dlesome, the intention being to fill a gap rather than to restore lost muscular power. He attributes the success of the usual operations to the fact that the sac is ligatured high, and he expresses doubt that structures which are transposed and stitched together remain permanently in such a position.

Mr. Murray has used with much success the same simple method of operation in adults. Professor Kocher, of Berne, recommends a very similar procedure.

In elderly patients, where the sac is wide and the application of a truss is impossible, the writer advocates the use of a thick rubber pad, having an aperture for the transmission of the cord and vessels. This pad is imbedded in the tissues, and is held in place by sutures. He has also used gauze for the same purpose, and reports good results. c. n. s.

Observations Upon the Cause and Treatment of Perineal Abscess, and of Periurethral Suppurations Above the Triangular Ligaments.

Dr. Samuel Alexander, in *Medical Record*, October 28th, 1905, says:

It is claimed by many surgeons that periurethral abscess is sometimes not of urethral origin. These surgeons content themselves by merely incising such abscesses without opening the urethra, and include the later procedure only when there is urinary infiltration. Alexander has noted that many of these cases will recur at the original site of infection, even if, at the time of operation, no communication with the urethra is determinable. The author, from a long series of observations, believes that all cases of perineal abscess arise from the urethra; and in the cases noted above, the infection arises either through fissures in the urethra, or from infections above the triangular ligament, in the form of prostatitis, bulbitis or inflammations of the Littré or Cowper glands. Fissures in the urethra have been proven to occur by Delbet after over-distention of the urethra. For this reason Alexander condemns forced irrigations in the treatment of gonorrhœa. The infections of the Littré and Cowper glands in cases of perineal abscess have been abundantly proven after careful dissections by Matz and Bartrina in 1903. A third and obvious cause of perineal abscess is a laceration of the urethra by violence, either external or internal. The perineal infection from a Cowperitis, a Littréitis or a prostatitis may arise either by lymphatic infection along the membranous urethra or after rupture of the abscess into the urethra. The view that perineal