

done? Only a few years ago, comparatively, it was hoped that in parenchymatous injections of the enlarged gland we should find a means of producing shrinkage, but extended experience has proved its utter valuelessness. Prostatotomy and prostatectomy, either internal or external, have much to commend them. I am becoming more and more convinced that in all the severer forms of chronic cystitis in the male, either perineal section or suprapubic cystotomy should be made. By a comparatively slight operation, the opening of the membranous urethra, we may readily get at the prostate, recognize the position of, and so be able to remove by knife, punch or snare, a bar or ball obstructing the neck, and in the majority of instances be able with the finger to sweep a part or the whole of the mucous wall of the bladder, thus locating any tumor that may be present. Through such perineal opening any existing prostatic or vesical calculi may be removed. Further, and more importantly, thorough and complete drainage of the bladder may be secured, a full-sized tube being easily introduced, comfortably well borne, and readily removed; no such objections resting against its protracted use as we have seen lie against a permanently-retained catheter passed through the unopened urethra.

Experience has shown that the pressure of a drainage tube thus employed causes a dilatation of the neck and prostatic portion of the canal that may be expected to be permanent, and which will permit, after some weeks or months, of the removal of the tube and the allowing of healing of the wound. By drawing off the urine as fast as it comes into the bladder there is secured to that organ the rest which above all things else is the essential element in the treatment of any surgical affection. If the cystitis depends (as it probably does much oftener than is commonly supposed) upon a vesical tumor, the perineal operation permits of the determination of the location, size and nature of the neoplasm; of its removal, if practicable; and, under all circumstances, of the cleansing and draining of the cavity.

In those distressing cases, met with usually in young subjects, of cystitis dependent upon local tuberculous deposits, where the symptoms of stone are so strongly simulated, perineal section with dilatation of the prostatic urethra or division of the gland, gives more relief, and that more speedily, than anything else that can be done. Guyon and his followers of the French school urge that the opening into the bladder should be supra-pubic; and there are unquestionably advantages in such operation over the perineal one, with, however, associated disadvantages, so that extended experience alone will suffice to clearly indicate which should be regarded as preferable in the ordinary run of cases. In any and all forms and grades of chronic cystitis the prime indications of treatment are to remove the cause and give the organ rest; and just in proportion as these indications can be fulfilled will relief be afforded and a cure effected.—*Cincinnati Clinic.*

BLEEDING FROM THE NOSE OR EPISTAXIS.

This hæmorrhage may arise from two conditions of constitution. (1). It may arise in the young, plethoric, full-blooded subject, caused by vascular excitement owing to determination of blood to the head. It may also be vicarious, as when the menses are irregular in young full-blooded females (epistaxis helps to relieve the vascular tension), and also it may occur in woman at the change of life. (2). It may also be passive, arising from a low, debilitated condition of the constitution; and as a rule this form comes on in older subjects from a passive draining of venous blood owing to some obstruction of the circulation such as disease of the heart or liver would induce, or to a morbidly thin state of the blood with general relaxation of the blood vessels, which is found in scurvy, purpura, and in the last stages of fever. Druitt mentions that from 15 to 25 is the commonest age for *active* epistaxis and from 45 to 55 for the *passive* form.

Treatment.—In cases of bleeding from the nose in young plethoric subjects, such hæmorrhage seems to do them a great deal of good, and gives great relief if they suffer from congestive headaches in hot weather, and this epistaxis may be looked on as very salutary, being merely nature's method to relieve the vascular tension of the blood. However, if it does not soon stop of its own accord, steps must be taken to stop it by therapeutic means. Some simple plans have been recommended:—(1) The hands to be held perpendicularly over the head. (2) A cold key to be placed under the clothes on the spine so as to act by reflex action. (3) Cold to be applied to the forehead and the patient to lie motionless on his back, for when the nose bleeds the patient generally leans over a basin with the head down. This position obviously favors its continuance. 4. Ether spray to be pumped on the outside of the nose at each side. A piece of ice applied to the back of the neck or the roof of the mouth will generally stop it. 5 Snuffing up the nostrils powdered alum, tannic acid or gallic acid or powdered nutmeg or cobweb so as to entangle the fibrin. A small plug of cotton wool may be introduced and left in the bleeding nostril, and the patient, cautioned not to blow the nose, as this will only disturb the natural clot, if forming. Wetting the cotton wool or strips of lint with strong alum water or dilute tincture of the perchloride of iron or dipping it in powder of tannin or matico, then introducing it up the nostril, will at times prove effective. (6) A wooden paper clip fastened across the bridge of the nose so as to compress the alæ together has also been pressed into service in such cases with a satisfactory effect. Pressure on the facial artery as it passes over the lower jaw has also been recommended. (7) Washing out the nostril with a continual flow of very cold or iced water. When the patient is directed to breathe through the mouth the soft palate is so raised up behind as to effectively close the posterior nares, and the water injected into one