tive when administered in this way. Thirty grains are usually sufficient to produce a somnolent condition in which the pains become less frequent but stronger, and in which nervous excitement is calmed. The patient frequently drops into a light sleep between the pains, but rouses as soon as they recur.

The use of chloral does not in any way interfere with the use of chloroform. The use of chloroform, however, is not required so early and the amount administered as a rule can be much less. We are convinced that too free use of chloroform retards the pains and that the tendency to post-partum hæmorrhage is somewhat increased. We have not seen this after the use of chloral.

The time is long since past when arguments are required to establish the propriety of administering anæsthetics during the course of labor. It is the duty of the physician not only to cure disease, but to relieve pain and suffering. The physician who neglects to relieve suffering when he can do so without detriment to his patient is seriously remiss in his duty.—*Gaillard's Med. Jour.*

THE PATHOLOGY OF THE PROSTATE.—The theories current at present regarding this condition (hypertrophy) are: 1 That based upon the anology between it and fibroid disease of the uterus. 2. That it is merely an occurrence in a constitutional disorder which begins as an arterio-sclerosis and ends in fibroid degeneration, affecting the genito-urinary organs in a special manner. 3. That it is secondary to and developed as a compensatory measure to primary changes in the bladder.

These three theories are disproved by the following facts: 1. The prostrate is not the homologue of the uterus. 2. Uterine growths originate as fibromyomata and have little or nothing to do with the mucous membrane; neither does the enlargement begin as a fibroid degeneration, but as aglandular overgrowth. 3. The prostrate is of sexual origin and has to deal only with sexual function. It has nothing to do with micturition, which, if the prostate remains undeveloped or undergoes atrophy, takes place just as if the prostate were normal. There are, however, certain facts which we know that suggest the real cause. The enlargement is dependent in some way upon the testes. The evidence in favor of this is in brief as follows: 1. The normal development of the prostate is undoubtedly controlled by that of the testes. Up to puberty there is no prostate worth mentioning. 2. If castration is performed before puberty the prostate never grows; if after puberty, it wastes and disappears, and the same has now been shown to be true of the abnormal development known as enlargement. This rarely begins after an age at which it may be presumed that the testes are no longer functional, and it disappears if they are removed. There are now nine cases on record in which castration has been followed by a complete disappearance of the enlargement within a few weeks. How the testes act is questionable. The mere induction of sterility (such as by section of the vas deferens), although it may cause atrophy of the testes, does not appear to be sufficient. The influence, whatever it is, comes from the testes themselves and exists so long as they are present. It may be exerted through the nervous system or through the circulation. Three cases have lately been reported of unilateral atrophy after removal of one testicle. If post-mortem examination of these cases should show this to be true, it is probable that the influence is exerted through the nervous system.

If this suggestion that enlargement of the prostate is dependent upon some change which takes place in the testes during the latter part of their active life, should be accepted, it will be a curious instance of the way in which modern views are sometimes foreshadowed by the speculative theories of a long past date.—*Lancet.*

THE TREATMENT OF CYSTITIS.—Dr. Gardner W. Allen, of Boston, read a paper on this subject, based on the records of a number of cases which had come under his observation during the past eight years. Many of these cases had been of gonorrhœal origin, and in nearly all the inflammation had been confined to the neck of the bladder. Extension of gonorrhœa into the neck of the bladder, accompanied by a sharp onset of urinary symptoms, was, of course, common enough. In non-gonorrhœal cases the cause of the cystitis was not always clear, but in a certain number the disease was apparently traceable to a posterior urethral catarrh resulting from congestion of the prostatic portion, with or without inflammation of the seminal vesicles, and brought about by prolonged and repeated sexual excitement. It began insidiously, had little or no tendency to recovery, and was apt to prove intractable to treatment.

As regarded the treatment of cystitis, of the various internal remedies the author said that he preferred the saline diuretics, especially benzoate of sodium. Few surgeons nowadays, however, long deferred local treatment of the disease. For the simple purpose of washing out the bladder, perhaps a saturated solution of boric acid gave, on the whole, the best results. For the purpose of producing a decided impression upon the mucous membrane of the vesical neck the author said that he had had very gratifying experience with nitrate of silver and permanganate of potassium. Of the nitrate of silver, he rarely used it stronger than in one-per-cent. solution, injecting from ten to fifteen minims. The injections appeared to be more effectual if preceded immediately by the passage of a large sound, excepting in the more