

and delay the cure, so as soon as the suppuration has stopped I have used iodoform in powder and plain gauze as a packing to stimulate the growth of granulations.—*The Journal of the American Medical Association*, Jan. 9th, 1897.

TREATMENT OF PROSTATIC HYPERTROPHY AND RETENTION BY CAUTERIZATION THROUGH THE RECTUM.

NEGRETTO (*Gazz. degli. Osted*, December 27th, 1896, extract from *British Medical Journal*, January 16th, 1897) records 4 cases of prostatic retention with much success by the above method. After thoroughly emptying the rectum, the patient anæsthetized, and a rectal speculum passed, the upper part of the bowel is plugged with gauze, and then, under the guidance of the finger, a specially devised hook with graduated stems is passed into the prostate to steady it. The prostate is then cauterized with a Paquelin or galvano-cautery over the extent required. The operation only lasted two minutes. The bowels are kept confined for a few days, and a catheter kept permanently in the bladder for some time. On the sixth or seventh day a purge is given, and at the end of ten or twelve days the catheter is removed, and the patient urinates by himself. The patients were 56, 62, 74 and 78, respectively, and had suffered from prostatic disease from three to five years on an average. In each case cauterization per rectum not only speedily relieved the congestion, but caused a notable diminution in the size of the prostate. The author believes this method to be superior both in its immediate and remote effects to castration or excision vas deferens.

TREATMENT OF APPENDICITIS.

MCBURNEY (*Medical News*, Vol. LXIX, No. 24, extract *British Medical Journal*, January 16th, 1897) points out that there is no medical cure for appendicitis, even though some cases recover without operation; and whilst he considers appendicitis a surgical disease, yet operation may not be necessary in every case. The true cause of this affection is probably a stoppage of the drainage from the appendix to the colon, and the preliminary treatment is often worse than useless. The opium treatment relieves pain and discomfort, but entirely masks the symptoms at a most important time, for it is in the first 24 hours from the beginning of the attack that we can decide not only as to the diagnosis, but as to the probable course and the result of the case. If in 5 or 6 hours there is no increase in urgency, the patient is not in immediate danger if kept at perfect rest in bed; if in twelve hours there is still no increase in the severity of symptoms, the patient should soon begin to improve. On the other hand,