perthermy. Two facts which demonstrate the predominant influence of the morbid pleuritic process on the general state, or at least on the general temperature.

All that precedes applies to pleurisy left intact or untapped. M. Peter afterwards states the result of his researches in tapped pleurisies. He arrives at these conclusions :—

That the local hyperthermy, subsequent to puncture, in pleurisy as in ascites, is the consequence of the hyperæmia *à vacuo*.

That, in cases of pleurisy, this, altogether mechanical, hyperæmia is necessarily added to the anterior phlegmatic hyperæmia, against which the puncture has been absolutely devoided of curative effect.

That thus we have two hyperæmias in place of one ; that there hence necessarily results an increase of tension in the vessels of the still inflamed pleura.

That thus the fluid effused *de novo* may be richer in leucocytes and in red blood corpuscles ; that the possible purulent transformation of the renewed effusion inevitably occurs in certain cases where the tapping has been done during the very febrile stage of the pleurisy.

That thus this accumulation of hyperæmias, the sudden return of blood into the pleural cavity, aggravated by the local hyperthermy, explain the syncope, the pulmonary congestion, the subsequent albuminous expectoration, the pain, the oppression sometimes amounting to suffocation, observed in those cases of sudden depletion, that is to say, of sudden hyperæmia by evacuation, positively demonstrated in his researches on local hyperthermy.

Treatment of Glandular Engorgements. —Following the example of Nélaton, Dr. Quinart, a French surgeon, counsels the application of blisters not only on enlarged glands, but on those in which pus had already formed ; and he says that by this method he has succeeded in obtaining the resolution of inflamed glands which have already contained many ounces of pus. When the perforation of the skin is imminent, he punctures the tumour at its most depending part, and as soon as the pus has been discharged he covers it with a blister which is extended to a margin beyond its limits. The next day the blistered surface is dressed with mercurial ointment, and a new blister is applied as soon as the first surface begins to dry up.

Surgery.

ON THE TREATMENT OF ENLARGED PROSTATE.

BY WASHINGTON L. ATLEE, M.D.

[Read before the Philadelphia County Medical Society, January 23rd, 1878.]

One of the most troublesome, annoying, and distressing diseases that I have been called upon to treat during a long professional career, and one whose treatment until recently has been most unsatisfactory, has been Enlargement of the Prostate. As this has been the universal experience of the profession, I need not collate and record the past history of the treatment of this malady. So far as a reduction of the size of the gland is concerned, it has been an entire failure. The mechanical obstruction to micturition was considered to be a permanent difficulty, and required mechanical means to overcome it.

Neither need I lengthen this paper by detailing the symptoms of this disease, as every member of this Society must be too familiar with them.

I wish merely to call your attention to a few anatomical, physiological, and therapeutical facts, which led me to institute a rational practice in the treatment of enlarged prostate, and which, I am happy to say, has proved highly satisfactory, and has surprised me in its results. My experience has now extended over several years, and although the success of the practice is, perhaps, not what many could wish, yet it accomplishes results heretofore unknown.

"The prostate is essentially a muscular body, consisting of circular or orbicular involuntary fibres, with one large central hole for the passage of the urethra, and another smaller oblique opening, directed upward below the former, for the transmission of the common ejaculatory seminal ducts to the central urinary canal . . . Its circular fibres are directly continuous behind, without any separation, with the circular fibres of the bladder." *Ellis.* "The prostate is thus essentially a circular involuntary sphincter to the neck of the bladder, and expeller of the seminal fluid ; but although it contains many mucous glands and follicles, intermixed with muscular fibres, it is by no means entitled to