in a small proportion. Guyon, who holds that it is due to atheroma, relies upon the change the wall of the bladder undergoes. In many of the cases in which it appears to be hypertrophied it is really merely thickened and indurated, but this is due to cystitis, and not to arterial degeneration, or it would not be confined to the bladder. But the best proof is that many of the cases recover when the obstruction is removed; how many I shall discuss later.

It is the direct outcome of the enlargement. If the lateral lobes are thickened without being elongated, the urethra is flattened into a slit, like the trachea in some cases of goître; the resistance is increased, and the walls become thicker and more rigid. If, however, the growth spreads upwards into the neck, projecting as a collar or nodule, or if the lateral lobes are so elongated that they raise up a fold of mucous membrane between them, the conditions are entirely different. The muscular mechanism for expulsion is thrown out of gear, the wave of contraction which normally spreads over the bladder on to the urethra in the act of micturition is broken, the orifice is closed before the cavity is emptied, a certain amount of urine remains behind, and that which fills the prostatic urethra dribbles away. Then by degrees those muscular fibres whose function it is to draw forward and empty the posterior fundus, being no longer equal to the task, begin to waste, the wall at the back grows thinner and thinner, while meanwhile that of the rest of the bladder may become hypertrophied, and at length a definite pouch is formed. This is the beginning; age, atheroma, cystitis, and persistent catheterism may help, but the prime cause of the loss of power is the overgrowth; without it in the vast majority of instances all the various troubles that follow would never occur.

ON THE ENUCLEATION OF ENLARGED TONSILS, AND ON HÆMORRHAGE FOLLOWING TONSILLOTOMY.

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LIGATURE of either the common or the external carotid artery for hæmorrhage after tonsillotomy is surely a very severe method of treatment, and one which would hardly be resorted to until (other plans having failed) the patient's condition was really critical. In the discussion which took place on Mr. Arbuthnot Lane's paper at a recent meeting of the Clinical Society, and in the two memoranda which have appeared in the BRITISH MEDICAL JOURNAL, the only alternative methods of treatment referred to were local pressure and styptics. There is, however, another plan which is surer and safer than either of them, and more in keeping with the surgical methods employed for the arrest of hæmorrhage in other regions, namely, ligature of the bleeding vessel itself in the throat.

Two cases of alarming arterial hæmorrhage after tonsillotomy have recently occurred in my practice, and in both of them the bleeding vessels ware tied in the wound with complete success. As both the patients were young and very timid children, chloroform had been given, and it was most fortunate that it had been. The first case occurred at the North-Eastern Hospital for Children. The right tonsil had been enucleated with the finger, and very little bleeding had occurred. The left was excised with Mackenzie's guillotine. The throat at once filled with blood, and continued to do so as quickly as the blood could be sponged away. A sponge fixed on a holder was plugged into the wound between the pillars of the fauces, whence the tonsil had been removed. It was held there for some minutes, but, on quickly removing it, a momentary glimpse was caught of two jets of blood issuing from beneath the anterior and posterior pillars of the fauces respectively, and making a cross fire towards the centre of the throat. The wound was again tightly plugged with a sponge, and preparations were made for securing the bleeding vessels. After the throat had been mopped dry the sponge plug was removed quickly by an assistant, and one of the bleeding points was instantly seized with a pair of Spencer Wells's forceps. The second vessel was picked up in a similar manner. In all probability the vessels might have been twisted with safety, but it was judged wiser to tie them, because, had torsion failed to check the bleeding, it would have been necessary to pick up the vessels a second time. There was no recurrence of the hæmorrhage, and the patient recovered as rapidly as if no unusual bleeding had occurred.

The second case was encountered in the out-patient department of University College Hospital. There was only one spurting vessel in that case. It was picked up and tied in the manner just described.

In connection with this subject I should like to refer to a method of removing tonsils which appears to me to be but little known and less practised at the present time. I mean the enucleation method. The operation may be done in the following way: The surgeon places the tip of his forefinger between the upper and back part of the tonsil and the posterior pillar of the fauces, tears through the mucous membrane at that spot, and then peels off the tonsil from the wall of the pharynx until it hangs loose in the throat by a short pedicle attached to its lower and anterior part. The pedicle may be either torn through by twisting it or snipped across with a pair of scissors. The operation is often an almost bloodless one.

Although advocating enucleation as a most useful method of removing tonsils in suitable cases, I freely admit that Mackenzie's guillotine and a pair of vulsellum forceps are ideal instruments for performing the operation in the majority of cases. I usually employ them for the purpose, but sometimes they are unsuitable. In some cases the tonsils, though very large and the cause of much obstruction to respiration, are so buried between the pillars of the fauces and so soft and friable that they cannot be drawn through the ring of the guillotine. The crypts are often at the same time very large and plugged with very septic concretions. Such tonsils may be partially destroyed and scarred by burning them with the galvano-cautery, but several sittings are required in order to do this satisfactorily. They may, however, be removed completely at one sitting under chloroform by the enucleation method which I have just described. I have practised this operation on many occasions, and have been very well pleased with it.

Lest I should be told that I am describing an old operation as a new one, I may add that I am aware that the operation of enucleation of tonsils is a very old one, and that it was reintroduced to the notice of the profession by the Italian surgeon Borelli in 1861.

MIDWIVES IN NEW JERSEY.—A law regulating the practice of midwifery was passed by the Senate and General Assembly of the State of New Jersey on March 28th. This enactment provides that every person practising midwifery in any of its branches must possess a certificate from the State Board of Medical Examiners. Midwives already in practice shall, on complying with certain specified conditions, be allowed to continue to pursue their calling, but all persons hereafter beginning the practice of midwifery must submit to such examinations as the Board of Medical Examiners shall require. Successful candidates will, on payment of 5 dollars, receive a certificate, which must be duly registered by the clerk of the county in which they reside. Licences may be refused to persons guilty of unprofessional or dishonourable conduct, and those already issued may be revoked for like causes, or for neglect to make proper returns of births and all cases of puerperal fever and other contagious diseases occurring in their practice to the various health officers. Any person practising midwifery without first complying with the provisions of the Act shall be guilty of a misdemeanour, punishable by a fine of not less than 10 dollars or more than 50 dollars, or by imprisonment in the county gaol for not less than ten or more than thirty days, or both at the discretion of the court.

ROYAL MEDICAL BENEVOLENT COLLEGE.—At the annual general meeting of the governors held on May 26th, the Earl of Derby was unanimously elected President of the institution; and Dr. Holman, Mr. J. J. Purnell, and Mr. T. K. Walsley were elected Vice-Presidents. Mr. John F. France has presented an additional scholarship at the School of St. Anne's Society, which makes the eighth that he has given to the Council of the institution.