In the present state of our knowledge of the subject it would seem that the theory of idiosyncrasy must be accepted as the most reasonable explanation of carbolic gangrene occurring in the few, while the majority escape, if we remember the enormous number of patients in whom the application of carbolic dressings used to be adopted, and yet the relatively small number of cases of carbolic gangrene which have been reported. This is still more probable if we recall that a few years ago the use of dressings soaked in 2½ or 5 per cent. carbolic lotion with waterproof coverings were much in vogue, more particularly in the treatment of septic fingers.

It is not my desire to make too much of these cases, but it is undoubtedly the fact that very sad accidents occur, and that we cannot foretell when in this simple way a man may be severely handicapped for life. If we had no other means of treating wounds or localized sepsis we should be justified in using carbolic dressings in their treatment, but there are other equally good methods which are free from risk. The doctor in prescribing, the chemist in dispensing carbolic acid in any form, should warn patients that it is a dangerous substance, and that it cannot be used as a dressing to a finger or toe with impunity.

Personally I deprecate the use of such a dressing to a finger under any circumstances.

REFERENCES.

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AN EARLY SPECIMEN OF TOTAL ENUCLEATION OF THE PROSTATE REMOVED BY THE LATE MR. MCGILL.

By J. A. CAIRNS FORSYTH, M.Sc., M.B., Ch.B.

THERE has been considerable discussion of late as to the nature of the operations on the prostate gland performed by the late Mr. McGill. It is urged by some that all his operations were only partial prostatectomies in which hypertrophied portions of the gland, especially the so-called "middle lobe," were removed piecemeal, and that enucleation as a whole was never practised.

The specimens exhibited by Mr. McGill at the Leeds Meeting of the British Medical Association in 1888 are preserved in the museum of the Leeds School of Medicine. An examination of these shows that the above statement

Fig. 1.—View of upper surface of prostate.

is true in the great majority of cases. Most of the preparations consist of fragments of prostate gland snipped out with scissors or torn off with forceps. In several cases larger masses, presumably adenomata, have been enucleated.

There is one specimen, however, which is undoubtedly a complete enucleation. Its number in the museum is F 150. The description in the catalogue states that it was removed in 1888 from "J. H., aet. 73. The portion of prostate surrounding the urethra laterally and below was removed in one piece."

The accompanying photographs of the preparation, which are two-thirds natural size, give views of the upper

surface (Fig. 1) and under surface (Fig. 2) of the specimen, a piece of glass tubing having been passed through the urethra. The upper surface is smooth, the separation in this region having been very clean. On the under surface the two lobes have been partly separated in the middle line. The specimen weighs 2 oz. It is evident from the photographs that the specimen is what is now termed a

Fig. 2.—View of under surface of prostate.

complete enucleation of the prostate, and has been acknowledged as such by other observers.

Another similar and somewhat larger specimen, removed by the late Mr. Atkinson about the same time, was also preserved in the museum. Unfortunately that specimen cannot now be found.

The claim that McGill and others had performed the operation of total prostatectomy in the late Eighties was no doubt based on the knowledge that this and other specimens existed, and it seems advisable that a description of what was probably McGill's first specimen should be published.

The Oliber-Sharpey Lectures

ON

NEW FACTS IN RELATION TO THE PROCESSES OF

NERVOUS DEGENERATION AND REGENERATION.

DELIVERED BEFORE THE ROYAL COLLEGE OF PHYSICIANS, LONDON, APRIL 29TH AND 30TH,

By W. D. HALLIBURTON, M.D., LL.D., F.R.S., F.R.C.P.,

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LECTURE II.

REGENERATION OF NERVES.

THE chemical meaning of nervous degeneration, to which I alluded in the first lecture, was studied by Mott and myself in correlation with the anatomical appearances which are observable by the microscope. We found it impossible to study this question without taking into account the closely-related subject of nerve regeneration. From the microscopic study of the distal portions of divided nerve trunks, we arrived at the conclusion that the activity of the neurilemmal cells has some relation to the development of the new nerve fibres. At any early stage in degeneration their nuclei multiply; later they participate with phagocytes in the removal of the broken-up myelin droplets; subsequently they elongate, and becoming connected end to end lead to the formation of what some have termed "embryonic nerve fibres." These three stages are illustrated by the drawings from microphotographs shown in Figs. 5, 6, and 7.

We were, however, extremely doubtful whether this appearance really indicated the formation of real nerve fibres capable of conducting impulses, and felt that such