or else there and then to have resected, yet I believe that anyone else who had examined the gut at the time of the operation would have thought that it was in sufficiently good order to return.

II.—To Resect the Bowel.

This can be done in only a few cases at the time of the relief operation. The main reason against it is the time which it takes. Yet I remember two cases of strangulated hernia in the two extremes of life, in which gangrenous bowel was resected with the happiest results. One was a boy under the care of Mr. Lockwood at St. Bartholomew's; the bowel was resected and sutured end to end. The other was a woman over 70 years of age, under Mr. Bloxam's care at Charing Cross Hospital. In this case the bowel was resected and the ends brought together by a Murphy's button. Both these cases have been published. But such cases are exceptional, especially the second, having regard to the age of the patient.

The main points to be taken into consideration in a proposed primary resection of the intestine are, first, the condition of the patient; and, secondly, the rapidity with which the operator can work; and of these the first is of paramount importance.

III.—To Remedy the Obstruction by Opening the Bowel.

This method is probably the safest in most cases of acute intestinal obstruction, when there is any doubt as to the condition of the gut, and when the patient's condition is such that any prolonged operation would greatly add to the danger to life.

The operation, whether the obstruction has been found or not, takes only a few minutes; the relief is complete, and the question of intestinal paralysis need not be considered. Finally, if for any reason it is not thought desirable to give a general anæsthetic, the whole operation can be performed under eucaïne.

The case recorded above was treated originally by this method, and, although the final operation of resection was for one reason and another somewhat unduly postponed, yet it was eventually undertaken at a time when the general health was very good, and the patient, therefore, in the best condition to undergo what proved a long and rather difficult operation.

ON DOUBLE CASTRATION FOR TUBERCULOSIS OF THE TESTES.

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As tuberculosis of the testis is frequently bilateral and in many cases leads to complete disorganisation of both glands, the question of removing the disease by double castration must often arise. It is a somewhat strange fact that though most works on surgery recommend the removal of the affected testis when the disease is unilateral, little or no reference is made to the propriety or otherwise of removing the remaining gland when it becomes similarly involved by an extension of the tuberculous process.

Morris, in his treatise on *Injuries and Diseases of the Genital and Urinary Organs*, does not refer to the question of double castration under these circumstances. Jacobson, in his work on *The Diseases of the Male Organs of Generation*, briefly discusses it, and approves of its adoption when multiple caseating deposits are present in both testes. Senn is apparently not in favour of this procedure, for in his recent monograph on *Tuberculosis of the Genito-urinary Organs*, he expresses the following opinion: "It seems to me that the cases are exceptional in which double castration is justifiable" (p. 77); and he mentions tuberculosis of both testes as one of the positive contra-indications to castration (p. 74).

The question has recently been discussed at some length by Watson Cheyne¹ in his Harveian Lectures on The Surgical Treatment of Tuberculosis, and it is interesting to note that he is opposed to double castration for this condition, on the ground that the loss of both testes exercises a very deleterious effect on the patients; for afterwards they often lose interest in their affairs, becoming lazy, irritable, morose, and in some

cases demented or maniacal; "a very considerable proportion have ultimately committed suicide."

These mental disturbances are attributed to the psychical effect of the loss of the testicles and the fear of consequent sterility, and also to the loss of their internal secretion, which is believed to exert a great influence upon the well-being of the patients.

Having during the last few years performed double castration for bilateral tuberculosis of the testes in four patients, a brief mention of the cases may perhaps be of interest, for so far they do not present any of those mental symptoms of which Watson Cheyne forewarns us. Two of the patients (Cases I, III) are following their occupation with their usual interest and energy; one (Case II) is wintering abroad, and was in good health and spirits when last seen shortly before his departure; the fourth (Case IV) is at present in hospital, as mentioned below, suffering from tuberculous disease of the ankle-joint. It is perhaps too early to say what their future will be, but so far the removal of the local disease has had a beneficial effect on their comfort and general health, and as yet there is no evidence of the tuberculous process having extended further onwards since the operation to other parts of the genito-urinary tract. Brief details of the cases are given in the following table, the body of the testis as well as the epididymis being in each instance more or less disorganised, and therefore necessitating removal.

Case of Double Castration for Tuberculosis.

No.	Age.	Family History of Tubercle.	Date.	Operation.	Other Evidences of Tubercle.	Present Condition.
128		Yes	Sept., 1896 Jan., 1899	Left testis Right testis	Both vesiculæ seminales enlarged and indurated at second operation; traces of pus in urine	Good; works as a weaver; no bladder or other symptoms, though vesiculæ seminales are still indurated, and a trace of pus is still present in urine.
235		Yes	April, 1898 June, 1899	Right testis Left testis	History of recent pulmonary phthisis; and evidence of disease of right medio-tarsal joint at time of first operation	Pulmonary disease quiescent; medio-tarsal joint quite recovered; no bladder or other fresh symptoms; general condition good when last seen.
324		No	July, 1898 Oct., 1898	Left testis Right testis	Vesiculæ seminales and prostate slightly enlarged and indurated at time of first operation	Good; has gained weight; worked on railway since last operation; free from any bladder or other symptoms
442		No	Sept., 1899	Both testes	Right ankle-joint affected at time of operation on testes; excision of joint performed on Jan. 6th, 1900	Good; no bladder symptoms; ankle-joint healed without suppuration.

Cheyne, in the lecture referred to, expresses his opinion that the operation of epididymectomy, which Bardenheuer was the first to advocate, is worthy of more consideration than it has yet received in this country; and in suitable cases, that is, when the tuberculous disease is confined to the epididymis, recommends its adoption in preference to castration.

I have recently had an opportunity of carrying out this plan of treatment, as a patient, aged 36, whose left testis I removed in July, 1899, for tuberculosis, has again come under my care with a recurrence of the disease in the right epididymis. On January 18th I removed the epididymis and $\frac{1}{2}$ inches of the vas deferens, leaving intact the body of the testis, which was unaffected. The wound healed readily, and though only a short interval has as yet elapsed since the operation, the result up to the present time is most satisfactory.

REFERENCE.

¹ BRITISH MEDICAL JOURNAL December 30th, 1899, p. 1721.