SURGERY

UNDER THE CHARGE OF

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The Pathogenesis of Renal Tuberculosis According to Observations on Two Autopsy Cases.—HERESCO and CEALIC (*Ann. d. mal. d. org. gén.-urin.*, 1911, ii, 1441) report two cases with autopsies, one patient dying after operation. In both cases one lung and the opposite kidney were involved by the tuberculosis, cavities being present in the affected lungs and kidneys. There were no adhesions between the visceral and diaphragmatic pleuræ, nor was there any involvement of the mediastinal or aortic lymph nodes, macroscopically or microscopically. In the first case there were found bacillary lesions of other organs, kidney, ureter, bladder, lungs, epididymis, and hip-joint. These facts seem to show that the path of propagation is by the blood, rather than by the lymph. Tendeloo has two cases in which autopsies were performed. In the first there were bacillary lesions of the lungs and tracheobronchial lymph nodes; adhesions between the right visceral and diaphragmatic pleuræ; bacillary lesions in the upper end of the right ureter; and a caseous node on the anterior surface of the vena cava. In the second case there was an enlarged and painful tracheobronchial lymph node, adhesions between the base of the right lung, the diaphragm, and the liver. The aortic nodes and those of the right renal vein were enlarged and caseous. From these two autopsies, Brongersma concluded that the primary infection is of the lung or the mediastinal nodes, and from there it is propagated by the lymph paths to the kidneys. The two cases reported by Heresco and Cealic demonstrate the opposite view, that the propagation is hematogenous.

The Cure of Prostatic Obstruction.—YOUNG (*Surg., Gynec., and Obstet.*, 1911, xiii, 269) says that his first operations on the prostate, were by the suprapubic route, by which he has operated on 45 cases with a mortality of about 10 per cent. He has done the Bottini operation in 85 cases, but has abandoned it and is using the perineal route, with which his mortality has been about 3 per cent. During recent years he has operated on about 70 cases, in which neither the suprapubic nor perineal prostatectomy were suitable, by a new method—the urethroscopic median bar excision by means of a special "punch." He has had in all about 700 cases, on which he has done one or the