

been deflected by the vertebra, passed upward through the thorax, emerged through the left axilla, entered the inner side of the left arm, and had lodged in the biceps muscle. The patient spat some blood. There was complete motor and sensory paralysis from a little below the umbilicus.

At autopsy absolutely no injury to dura or cord could be seen until after the pia mater was opened.

The condition was so typical of that described by O'Reilly, in Keen's Surgery, that I shall give it in full.

He says: "Destruction of the cord may occur as the result of transmission of energy from a missile of high velocity passing near the cord. This shattering of the cord by molecular vibration has been noted by all observers as the result of the use of the modern high-velocity projectile. It has occurred in cases where the bullet barely grazed the membranes of the cord.

"The cord is reduced for some extent to a custard-like material, and is as completely and permanently destroyed as though it had been severed by a missile."

In this case it could not be seen that the membranes had been even grazed.

**Renal Calculus.** By H. Horace Grant, Louisville, Ky. *International Journal of Surgery*, April, 1915, pp. 101-105.

The author believes the diagnosis of renal calculus is sometimes impracticable based solely upon the clinical signs, and emphasizes the value of radiography, cystoscopy with ureteral catheterization, and pyelography. The X-ray alone may be misleading unless the shadowgraph catheter be also employed.

Medical treatment of purely palliative: Morphine to afford relief during paroxysm of so-called nephritic colic; hot baths and hot local applications; free diuresis and urinary antiseptics by internal administration of boric acid, salol, urotropin, sodium benzoate, etc., ingestion of large quantities of water. Medical treatment especially indicated where infection already exists. Definitely formed calculi cannot be dissolved within the organism nor their expulsion caused by the internal administration of drugs.

Surgical treatment depends upon (a) location and size of calculi; (b) degree of obstruction; (c) structural damage; (d) complications. Calculi in pelvis and calyces, or impacted in renoureteral orifice, may be removed by pyelotomy; if located in deeper renal structure, nephrotomy is required; small calculi near uretero-renal orifice, also in lower third of ureter, and near uretero-vesical orifice, may be dislodged by ureteral injections of olive oil or glycerine; in neglected cases of obstruction from impacted calculi in mid-portion of ureter, with infection, ulceration, etc., ureterotomy or resection may be necessary; calculi within or slightly above the vesico-ureteral orifice may be extracted through the operating cystoscope; in chronic obstruction from calculi, with extensive renal infection, where conservation of a useful kidney would appear unlikely, primary nephrectomy is indicated.

The most serious complications and sequelae

are hydro and pyonephrosis, and anuria. Renal function should be determined before surgical intervention is undertaken. With early diagnosis and prompt surgical treatment the present mortality rate should be markedly reduced.

**Tumor of the Carotid Body.—Report of Case.** By Casa Collier, Memphis, Tenn. *Surgery, Gynecology and Obstetrics*, April, 1915, pp. 484, 485.

The carotid body, normally about the size of a grain of rice, is situated in the bifurcation of the common carotid artery. Both the origin and functions of the gland are disputed, but it is agreed that its functional activity ceases at or soon after puberty and fibrous degeneration occurs. Failing to degenerate the gland enlarges, and sooner or later becomes malignant.

The operation for removal of the carotid body is highly perilous and may require resection of the vessels and nerves of the neck.

Author's case.—Woman, age 50; tumor left side of neck first noticed 5 years ago. Has grown slowly and steadily since. No subjective symptoms except feeling of fullness in that region. Pulsation very weak in left temporal artery.

Removal under ether anesthesia. The common carotid artery entered directly at the center of lower pole and the external and internal emerged laterally near the top. The external carotid was ligated and cut, the common carotid then ligated below the internal carotid above. These were then cut and the tumor delivered. Wound closed with small gauze drain retained, which was removed three days later.

The patient made an uninterrupted and complete recovery. On second day she developed a mild degree of edema of larynx and considerable hoarseness. The edema gradually disappeared, but the hoarseness continued, owing to a paralysis of the left vocal cord. She left the hospital on the 16th day. Patient's voice was normal again six months after the operation.

Tumor removed was about the size and shape of a large walnut; color dark reddish-brown.

Diagnosis of perithelioma made by report, from laboratory.

**The Wisdom of the Past, A Prophecy of the Future.** By John Wesley Long, Greensboro, N. C. *Surgery, Gynecology and Obstetrics*, March, 1915, pp. 277-284.

The author makes clear the necessity of the association and the part that Drs. Davis, Haggard and McGuire et al., played in its formation. Much pioneer surgery has been done in the South. Crawford Long, the discoverer of anaesthesia; McDowell, who performed the first ovariotomy, and the immortal Sims, not to mention other Southern surgeons, are being accorded the credit they deserve.

The name and habitat of the association will ever remain Southern, but its membership embraces, without distinction, many of the brightest men in the North and West. The membership is limited to two hundred.

Dr. Long sums up his address in the following words: "What I have said is simply a review of that which you already know better than I; something of the famous surgeons of our Southland,