

and her friends objected to the first method, and preferred to risk the second. This Zweifel performed by the extra-peritoneal method. His incision externally extended from the eleventh rib to close upon the crest of the ilium. The deep incision was then continued along the outer edge of the erector spinal mass, and outside the quadratus lumborum. The latter muscle was, accordingly, not cut into. There was some difficulty in enucleating the kidney from its situation, through want of room for the hand, but this was ultimately effected with the help of a Nélaton's forceps. The ureter and renal vessels were tied separately by passing an aneurism needle, armed with a carbolized silk ligature, between the ureter and the vein. Care was taken not to cut the kidney substance too close to the ligatures, so as to avoid any tendency in them to slip. The wound was sewed up, all except the lower edge, through which the ligatures were taken. Antiseptic precautions of the strictest character were observed throughout the operation and in the after-treatment. The case went to a successful termination, notwithstanding that an abscess formed in the track of one of the deep sutures, into which a small drainage-tube was passed, which became incarcerated in the wound. The patient recovered without any symptoms of injury. There was no cardiac hypertrophy, nor indication of urinary disturbance from the operation. The right kidney appeared quite sufficient for the wants of the economy.

Zweifel proposes, after Heineke, to introduce the term nephrectomy for complete removal of the kidney, and nephrotomy when the kidney is merely cut down upon for the removal of calculus or other cause.—*Edinburgh Med. Journal*, Nov. 1879.

— *Tubercle of the Urinary Organs.*

Dr. TAPRET terminates an article in the *Archives Générales* for October with the following conclusions: 1. Tubercle of the urinary organs is of more frequent occurrence than is supposed, if we are to judge by the small number of cases that have been published. It appears usually between the ages of sixteen and forty, and is rare in the female. 2. Tubercle may occur primarily in the kidney, bladder, prostate, and urethra, remaining stationed there, or becoming propagated in the course of a longer or shorter time, and after periods of arrest, to the genital organs, or invade the lung. Urinary phthisis is rarely associated at once with other manifestations of the diathesis. 3. When the disease commences by the kidney, its onset is insidious; on the contrary, its invasion of the neck and trigone of the bladder is usually indicated by frequent and painful irritation, hæmaturia, pus in the urine, etc. 4. The symptoms of vesical tubercle are grouped in a variable but regular order, and although some may be wanting, they constitute a characteristic morbid assemblage. 5. Its course, usually chronic, may be precipitated by the rapid or slow invasion of the testis or of the lung, rarely of the peritoneum or meninges. In spite of its periods of quietude, of greater or less length, it leads to consumption, and uræmia may terminate the scene. 6. The diagnosis is based on a thorough appreciation of the value of each symptom, direct exploration being employed only as a means of confirmation, and as rarely as possible. 7. Tubercle of the kidney, bladder, prostate, and urethra presents the same stages of evolution as that of the lungs, peritoneum, meninges, and testis. 8. Its treatment is that of tuberculosis in general, modifying injections being employed in some cases. The most painful symptoms may be assuaged by morphia. 9. The appearance of urinary tuberculosis may put us on the way of other varieties, and furnish valuable indications as to the nature of certain morbid phenomena of the pulmonary and genital organs.—*Med. Times and Gazette*, Nov. 29, 1879.