

men. There was no œdema. The urine was normal and the lungs were free. The absence of dilated veins under the skin of the abdomen was striking, and in view of the age of the patient a clinical diagnosis of peritonitis carcinomatosa was made, although neither a tumor nor intestinal obstruction was evident. Under local anesthesia an incision was made in the right inguinal region as for an inguinal hernia. The peritoneum was punctured with a knife and from 12 to 15 liters of yellowish ascitic fluid escaped. The peritoneum was then widely opened and found covered with milary, grayish-white, hard nodules, which appeared to be carcinomatous in nature. The right testicle was pulled upward by the spermatic cord and freed from the fundus of the scrotum by crushing the gubernacula with a Roax's angiotribe. The tunica vaginalis was then incised and the testicle brought into the free peritoneal cavity. The spermatic cord was then sutured in its whole length to both sides of the peritoneal incision. The peritoneum was closed by a continuous suture, the lowest muscle sutured to Poupart's ligament, and the opening in the external oblique aponeurosis also closed. A continuous skin suture was introduced and a collodion dressing applied. The patient made a good recovery. There was no recurrence of the abdominal effusion and the general condition improved. The patient died, however, five weeks after operation. Microscopic examination of the nodule showed it to be tuberculous.

Concerning Bilateral Empyema.—FABRIKANT (*Deut. Zschr. f. Chir.*, 1911, cviii, 584) says that as a result of his experience with one case of bilateral empyema, operated on in 1897, he concerned himself with several questions which have not been satisfactorily answered by writers on this subject. They were as follows: May one operate on both sides simultaneously without fear of a double pneumothorax, and with the hope that pleural adhesions will prevent collapse of the lungs? How shall one proceed, if for caution's sake he wishes to operate on only one side and the condition of the patient requires that the pus should be evacuated from the other side also? May one be satisfied with aspiration on both sides or with aspiration on one side and a radical operation on the other? As a result of his study he concludes that bilateral empyema occurs most frequently in children, and much more rarely after thirty years of age. From the etiological standpoint the most frequent cause is a unilateral or bilateral pneumonia, although primary empyema can occur. The mortality from the operative treatment of bilateral empyema is not high when operation is performed at the proper stage. One may operate on both sides at the same time when the condition of the patient requires it. It is better, however, to permit an interval of a few days to pass by between the two operations. The bilateral pneumothorax is not dangerous. Therefore it is better to open both sides, rather than open one side and be satisfied with aspiration on the other. Puncture and aspiration cannot replace the free opening on both sides. Whether or not one should perform rib resection or thoracotomy will depend upon the width of the intercostal spaces. If they are wide thoracotomy will suffice. The operation will be performed easily without pain under local anesthesia. Since displacement of the heart was not present in Fabrikant's case, the paralysis of the vocal cords which was present cannot be explained by mechanical

traction on the recurrent laryngeal nerve. It is rather to be explained by compression of the nerves and veins by the plexus thickened by oedema.

An Operation for Exstrophy of the Bladder, with Provision for the Ureters After Extirpation of the Bladder.—SPANNAY (*Zentralbl. f. Chir.*, 1911, xxxviii, 225) employed the lowest loop of the ileum as a reservoir for the urine, because the backflow of feces from the colon was prevented by the ileocecal valve. This was first proved by operations on dogs. To diminish shock the operation was divided into two stages. In the first, after dividing the ileum an anastomosis was made between the proximal end of the ileum and the transverse colon, thus isolating the lowest portion of the ileum, which was to be employed as the urinary reservoir. In the second operation the bladder was extirpated and the ureters implanted into the isolated piece of ileum. To prevent peritonitis this portion of ileum was placed in the extraperitoneal position previously occupied by the bladder. This prevented the necessity of displacing the ureters, and therefore their kinking. In dogs it was found impossible to observe the results of the operation more than a few days, since, notwithstanding the two-stage operation, the dogs died. Spannays had the opportunity of performing a modification of the operation on two cases. In the first, a man, aged forty-three years, the whole bladder, filled with a recurring papilloma which bled continuously, was extirpated. In the first stage the lowest loop of ileum was excluded and an anastomosis made between the proximal end of the ileum and the transverse colon. In the second stage the bladder was removed and the ureters implanted into the isolated ileum, now placed extraperitoneally. Drainage through the urethra and from above. On the third day the bowels were removed and showed a fluid mass with the odor of urine. In the following days the stools occurred every two hours, but from the sixth day on they diminished in frequency. On the tenth day urine passed through the catheter. Six weeks after operation the patient died. In a second patient a similar operation was performed, but the patient died on the seventh day. It is concluded that the passage of the urine through the whole of the large intestine is dangerous, because of the damage done to the mucous membrane and the absorption of the poisonous constituents of the urine.

Röntgenological Examinations of the Kidney.—HOLDING (*Amer. Jour. Urology*, 1911, vii, 18) says that large experience has demonstrated certain dicta in regard to Röntgenological examinations of the urinary tract. Among them are the following: A positive diagnosis of calculus should only be made after the entire urinary tract has been radiographed and the shadow of the lesion has been duplicated in at least two radiographs. A negative diagnosis is only justified when the outlines of the transverse processes of the vertebrae, the psoas muscle, and the kidney are shown. It is not always possible to show these details in very large patients or in those whose bowels have not been properly prepared previous to the examination. The correct interpretation is very important. Pseudocalculus shadows may be caused by many substances introduced into the body, as Bland or silver pills, and conditions existing in the body, as the calcification of cartilages,