

SURGERY

UNDER THE CHARGE OF

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Further Experiences with the Treatment of Volkmann's Ischemic Paralysis and Contraction by the Method of Robert Jones.—SAYRE (*Amer. Jour. Orthop. Surg.*, 1912, ix, 557) summarizes his conclusions as follows: Volkmann's ischemic paralysis is the result of a myositis set up by obstruction to the supply of oxygen by pressure either by bandages, splints, or sometimes by position and pressure of the bone fragments. Shortening of the affected muscles results, the muscles of the forearm being those usually affected, those of the hand occasionally. Massage is too intermittent to produce good results. Shortening of the bones and removal of scars pressing on nerves have given good results. Jones' method of constant traction on contracted muscles produces results when massage fails, as it is a constant instead of an intermittent force. In some cases bone growth at a faster rate than muscle growth may cause recurrence of the deformity in a way analogous to the recurrence of equinus in cases of paralysis of the leg, and a second stretching may then be necessary.

Pyelotomy in Renal Calculi.—BAZY (*Jour. d'Urol.*, 1912, i, 739) adds 3 interesting cases to those which he has previously reported. The calculi were large and ramifying, the only kind which, in Bazy's opinion, deserve publication, the small calculi being of only secondary interest. He insists that the radiograph will locate the calculus and determine in advance if a pyelotomy or nephrotomy is indicated. Every calculus, the internal border of which, according to the radiograph, is less than 5 cm. from the median line, is in the renal pelvis. Those situated more externally, are in the kidney substance. The shadow of the calculus should be at the level of the third lumbar spine or the junction of the second and third. The shock of pyelotomy is reduced to a minimum and the hemorrhage is slight. It is the incision into the kidney substance which bleeds freely, and in some cases the hemorrhage has been so abundant as to call for a nephrectomy. More frequently than some authors believe, a fatal secondary hemorrhage has taken place. Even if renal calculi cannot always be removed by a pyelotomy, they can be removed by this means more often than is thought, and Bazy can remove some by this method which are in the renal parenchyma. Pyelotomy permits lavage of the pelvis for infection,