

INDEX OF SURGICAL PROGRESS.

GENITO-URINARY ORGANS.

I. Clinical Contribution to the Surgery of the Kidney.
By DR. PAUL WAGNER (Leipzig). Publishes a number of cases of tumors of the kidney (malignant and non-malignant) occurring in the clinic of Leipzig. The sarcomata and carcinomata occurred at the ages of 3, 4 and $5\frac{1}{2}$ years respectively. In the adult there is also a case of myxo-adenoma recorded. Three cases of hydro-nephrosis are also collected.

Among the conclusions the author points to the indication of nephrectomy in all those cases where the life of the individual alone is threatened. In this category we must, aside from traumatisms to the kidney, include malignant growths of the kidney. The results in these cases have been unfavorable on account of the advanced stage of the disease in which the operation was performed. Benign tumors demand the operation of nephrectomy if threatening symptoms appear. Tuberculosis of the kidney, if existing in the kidney alone, would belong to the class of operative cases. Calculi and suppurating processes should fall under the head of nephrolithotomy. If in these cases hectic and emaciation set in, nephrectomy is indicated. Hydro-nephrosis and cysts of the kidney do not call for nephrectomy. Floating kidneys with also cases of fistula of the ureters are to be treated conservatively. Floating kidneys the seat of morbid growths are to be extirpated. Nephrectomy should be when possible *extra-peritoneal*. Kidneys the seat of calculi or suppuration are best removed through the lumbar incision (Simon). Larger tumors are best removed by the method of von Bergmann. In all cases of nephrectomy it is advisable to determine if the patient have two kidneys, and if the remaining kidney be normal. In laparotomies (tumors) this is best done by pal-

pation or by the Gluck method. In women the catheterization of the ureters through the bladder may be attempted. In cases of calculi and suppurating kidneys an abdominal fistula may first be made and the urine of the bladder and fistula compared. In extra-peritoneal nephrectomy for tumors, abdominal incision or Simon's rectal exploration may be tried to determine the condition of the remaining kidney.—*Deutsch Zeitsch f. Chir.*, bd. xxiv; hft. 5 and 6.

HENRY KOPLIK (New York).

II. On the Operative Treatment of Nephritic Calculi. By DR. E. HERCZEL (Heidelberg). The operation of nephrolithotomy was suggested by Czerny in 1880, and first performed by E. Norris the same year. However, in many cases, where nephrolithiasis has long existed, this operation will not suffice, and nephrectomy must be resorted to. After detailing six cases illustrative of this point—all occurring in last year's service—he arrives at the following conclusions:

1. In nephritic calculi pyelo- or nephro lithotomy is to be considered as soon as the failure of internal treatment is shown, or the symptoms become urgent. In favor of the operation is the good prognosis (26 definite cures and 3 deaths in the 29 cases known to him), further the preservation of the kidney parenchyma in the presence of possible like disease in the other kidney. It is almost certain that calculi in young persons, usually more movable and consisting of oxalate of lime and uric acid, cause specially severe effects and are well suited to surgical treatment.

2. Examination of the kidney-pelvis by the needle is preferable to that by the finger. The incision should be made in the long axis of the pelvis as close to the parenchyma as possible since such fistulæ heal quicker than those of the beginning of the ureter. Where, as is usual, the calices are dilated they must be examined either digitally or with a knobbed (uterine) sound. A negative result of examination with the needle does not exclude calculi lying in the kidney.

3. Where the kidney-pelvis is healthy or there is but slight pyelitis, catgut suture of the opened pelvis, *a la* Czerny's intestinal suture, after previous fixation with two loops of thread, is to be recommended. In this way the dangers of urine-infiltration or of the development of