

abscesses, cauterization of their contents and drainage may be employed. However, unfortunately microscopic foci of infection generally permeate the kidney substance so that nephrotomy often fails to relieve, and removal of the kidney is actually necessary. If the patient is already in a bad septic condition, and if the other kidney is known to be healthy, a quick nephrectomy is perhaps the wisest procedure.

Following any operative remedy it is even more imperative than in the pyelitic type of case that the patient be scrupulously examined with a view to eliminating any and all probable foci of future infection, so as to prevent as far as possible a similar occurrence in the remaining kidney. In two recent cases we have seen this unfortunate complication with its attendant fatality. It is, however, only fair to state that in both these cases an inoperable pelvic cancer was the infecting focus and therefore the termination was unavoidable.

AUTHORS' ABSTRACTS

Surgery, Gynecology, Obstetrics and Genito-Urinary Diseases.

Pituitrin. By R. A. Duncan, Graham, Tex., Texas State Journal of Medicine, May, 1916, p. 11.

The physiological action of the drug is largely speculative. Yet it seems to effect the nerve supply to the involuntary muscle fibres of the body in such a manner as to render them hypersensitive, and on account of this hypersensitiveness makes them respond more readily to stimuli. It increases the irritability of the hypogastric nerves to the uterus. Pituitrin will not produce labor and will not act upon a pregnant uterus unless contractions are present. It merely increases the irritability of the organ and makes it respond more readily to stimuli. It acts best when given during the second stage of labor and the nearer the completion of the second stage the better it will act. The ordinary dose of 1 cc. is too large; it acts better when given in doses of 5 to 7 minims. It is a dangerous drug and should be used with caution. It shortens the third stage of labor, and no bad effects have ever been noticed in the child. The contraindications to its use are many. It is a drug of convenience and choice and not of necessity. It should never be used where there is any disproportion between the pelvis and presenting parts.

Dystocia Due to Ascites in Foetus with Persistent Cloaca. By Kenneth M. Lynch, Charleston, S. C., Surgery, Gynecology and Obstetrics, May, 1916, p. 618.

This is a case of monochoorial twins, one, a well

developed female, being born at term. The sister was afterward delivered with difficulty on account of ascites, 1,000 cc., and a general edema necessitating mutilation.

This specimen exhibits a persistent cloaca, underdeveloped genitals, a general congestion, edema and fibrosis, and a widely distended abdomen from the presence of ascites.

It is the belief of the writer that the underdevelopment as well as the general congestion, edema and fibrosis with ascites may be the result of interference with the circulation of this foetus by reason of stronger power in its sister, the effects becoming evident in time to interfere with the development of certain parts and increasing as the other foetus grew, with a relative stagnation of the circulation of the weaker by reason of superior power of the stronger, thus producing the congestion and edema.

The case is reported because of the possible connection of the maldevelopment and the circulatory condition and also because of the nature of the interference with birth.

Reflex Vesical Irritation. By J. N. Upshur, Richmond, Va., New York Medical Journal, May 6, 1916, p. 883.

Vesical trouble develops distressing nervous condition, reacting on the bladder and forming a vicious circle. Emphasis is placed upon the necessity of ascertaining the cause, so that the treatment may be rational, and not empirical. Some of the most distressing and intractable cases are found at the climacteric. The anatomical conformation of the bladder differs in childhood and old age from that of middle life, and is often a factor in vesical disturbance. The nervous supply of the bladder is derived from the lumbar portion of the cord and the lumbar plexus of the sympathetic. The vascular supply from three vesical, and vesical branches of the uterine artery.

Causes.—Caruncle, located in the short, highly sensitive urethra, or any other lesion of this canal. Thread worms, especially in children, relieved by injection of a strong solution of quassia infusion. Deranged digestion causing a too concentrated, too acid, or too alkaline urine. Anal fissure, or hemorrhoids. Pressure on the bladder, as in the latter part of pregnancy in relaxed abdomen, or dragging on the base of the bladder by sub-involved or misplaced uterus, or lesion of the cervix, sometimes of the cavity. Disregard of the calls of nature, impairing the vesical tone. Emotional cases, as in run down women, or school girls from nervous strain. Neurasthenia from sexual excesses. Condemns injection of harsh or irritant agents into the bladder or urethral dilatation as being seriously harmful.

Longitudinal Inversion of the Colon. By Robert T. Morris, New York, N. Y., New York Medical Journal, May 13, 1916, p. 927.

Lane opened an entirely new vista to our knowledge of the subject of focal infections, but he placed perhaps too much emphasis upon the part played by the colon.

At the present time various infections of the

(Abstracts continued on page 650)

or labeled by the Government: "For Doctors Only."

If we as surgeons are agreed upon these simple measures and methods of instruction, we should use the influence of our authority to check instruction and popular lectures upon First Aid being carried to the extremes that they are. It may be harder to influence the lay mind in such simple rules and measures, and they may leave the lecture disappointed and never come again. But it is my opinion that one lecture which could easily cover these points would make the individual a much safer Good Samaritan than an attendance upon a six weeks' course of popular lectures.

When the surgeon sees the accidental wound, what shall he do? This is the next interesting chapter in the treatment of accidental wounds in their fresh state which will be reserved for a second article.

It is my opinion that the principle of non-interference, of simple protection with sterile material, and of the simplest method of comfortable fixation, should be the prevailing principles in First Aid for the layman. If seen at first by a surgeon, a trained nurse or a hospital corps man, it is my opinion that it would be an additional safeguard to paint the skin around the wound with iodine or pour over it alcohol. In some cases, especially when the wound is from a rusty nail, it might be better to swab the wound out with pure carbolic acid, followed by alcohol.

This antiseptic in trained hands is simply an additional safeguard.

Whenever there is to be any interference in an accidental wound such interference should be performed under the same precautions as those followed in the ordinary operation.

This paper is one of a Symposium on First Aid. The remainder of the papers, together with the discussion of all the papers, will appear in the August issue.

AUTHORS' ABSTRACTS

Surgery, Gynecology, Obstetrics and Genito-Urinary Diseases.

(Continued from page 637)

joint and lesions of vital organs are known to be dependent upon focal infections which are obliged to be traced to their lair.

The severe operation of removal of the colon as advocated by Lane is rarely required if we make a careful study of the entire group of focal infections in any given case. Even in cases in which we find the colon to furnish the chief focus of infection the severe operation of Lane is not really required. He has been well satisfied with the disposal of the ascending colon and more or less of the whole colon by first short circuiting between ileum and any chosen part of the colon, followed by longitudinal inversion of the part to be disposed of, with chief stress laid upon what he calls the accordion suture.

When a mattress suture is run between the lines of longitudinal muscle of the colon for the purpose of inverting the wall, there is a tendency for pouching of parts which lie between longitudinal muscle bands.

In order to overcome this feature a linen thread suture is introduced which runs from pouch to pouch in such a way that when tied it brings various pouches together approximated in such a way that it suggests the folds of an accordion. The application of this suture leaves simply room for the discharge of mucus and of colon secretions, but that part of the colon is practically thrown out of commission.