

## Surgery

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**Pus Tubes in the Male.** WILLIAM T. BELFIELD, *M.D.*, Chicago.  
*Jour. Am. Med. Assn.*, Dec., 1909.

This is a short paper on pus infections of the male seminal duct. Since the ampulla and vesicle are closed by a sphincter of smooth muscle, liquids injected into the vas enter and distend the vesicle before they escape into the ejaculatory duct. If the ejaculatory duct be obstructed, by inflammatory swelling or other cause, and pus accumulates in the vesicle, the contractions of the vesicle will force the pus up the vas, and it will arrive at the epididymis. Thus pus infection of the vesicle, plus occlusion of the ejaculatory duct, converts the entire seminal duct into a closed abscess.

Since the vesicle is in close contact with the base of the bladder and ureter, inflammation of the vesicle often produces symptoms of chronic cystitis, such as irritable bladder. Adhesions between the base of the bladder and the seminal duct will often produce the symptoms of "prostatism without enlarged prostate."

Adhesions between the vesicle and ureter may obstruct the ureter and cause kidney and ureter disease.

Renal pain, "lumbago" or "nephralgia," is often produced by distended vesicle. For the treatment of the distended vesicle and seminal duct, vasostomy is advocated. The technic of the operation is described in the *Journal of the A. M. A.*, April 22nd, 1905.

W. A. S.

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**Surgical Treatment of Tuberculosis, Pleurisy, Lung Abscess and Empyema.** EMIL G. BECK, *M.D.*, Chicago. *The Journal of the A. M. A.*, Dec. 18th, 1909.

The paper deals with the various methods of diagnosis, laying stress on the radiograph. It then passes on to surgical treatment. The pleuritic effusion is merely a symptom. The effusion is conducive to healing of the tuberculous process in the lung, and should not be removed unless to relieve some symptom, such as urgent dyspnea, high blood pressure or other disturbance of the circula-