

bed, the kidneys showed no lesion which could account for the albuminuria—they were, indeed, normal; there being no parenchymatous change.

It is proven then that large amounts of albumin may be secreted through long periods of time (a year or more) by perfectly normal kidneys.

F. M. F.

THE GERMAN SURGICAL CONGRESS.

The Annual Congress of the German Surgical Society was held as usual in the Langenbeckhaus, April 21st to 24th, and—as usual, too—gave ample evidence of Teutonic industry and intellect. The official “Selbstberichte” of the Centralblatt have not yet appeared, but the *Deutsche Medizinische Wochenschrift* publishes a very good abstract of the proceedings, part of which is worth while reproducing.

One of the newest and most daring proposals comes from one of the older surgeons, Trendelenburg. Briefly, it consists in the removal of the post-operative pulmonary embolus by operation. Trendelenburg worked out the procedure and its physiological aspects on animals. Fore-conditions naturally are, certainty of diagnosis and sufficient time for the operation. The diagnosis rests upon the well known symptoms of sudden collapse, pallor, lividity of the lips, loss of the pulse, together with deep and distressed respiration. Looking over his own cases he found that, of nine, only two caused immediate death, while in the others, there elapsed from the moment of collapse to death an interval of from ten to sixty minutes. As to the technique: The pulmonary, lying in the second left intercostal space, is covered by the pericardium, and behind it lies the superior vena cava. Experimentally, he established the fact that the pulmonary artery can be completely compressed at the longest for forty-five seconds; beyond this death occurs. Partial compression is possible for several minutes. The superior vena cava may be compressed with impunity for some time. The operation consists briefly in removal of the ribs, from the 1st to the 3rd; vertical incision of the pleura; incision into the pericardium at the level of the 3rd rib. The vessels here lie a little underneath the sternum; they are pulled forward and a rubber tube passed behind the aorta and pulmonary and afterwards drawn upon. From this moment the operation must be extremely rapid. Incise the pulmonary artery, pull out the embolus with a pair of forceps, and immediately close the incision in the arterial wall with clamps. All this must be done inside three-quarters of a minute. The compression is then removed, and there follows at leisure the suture of the artery and of the soft parts. This procedure worked out on animals was tried in the human once without