

THERAPEUTIC NOTES

Exposing Lower End of Ureter. — E. S. Judd (*Annals of Surgery*) approaches the lower end of the ureter by a median suprapubic incision from the symphysis to the umbilicus. This extends through the fascia between the recti muscles down to the peritoneum. The peritoneum is not opened but brushed back from the fundus of the bladder in the usual way. The bladder is lifted well forward, the space packed off with gauze, and then the viscus is opened. It is opened to explore and pack the diverticulum to facilitate in removing as well as to ascertain the relationship of diverticulum and ureter, so that the latter would not be injured in removing the pouch. As the latter could not be satisfactorily done within the viscus, an assistant holds the wall of the left side, and then dissection is carried down to the base of the bladder. This exposes and frees the ureter for two or three inches. It is then held to one side while the diverticulum is separated from surrounding tissue and removed. With the ureter in sight, the opening in the bladder is closed. Thus the ureter is not injured nor its lumen interfered with. The wound healed readily by primary union and the patient was around in ten days. In two cases for stones in lower ureter the bladder was not opened. The method was also used in three cases of extra-peritoneal resection for cancer.

Prostatectomy. — John B. Deaver (*Annals of Surgery*) gives the advantages of suprapubic over the perineal operations. By the suprapubic route the approach is simple and practically bloodless. Adenomatous growths are enucleated with ease. There is a large working field under perfect control. The prostate is easily accessible and more so with digital pressure in the rectum. No danger of injury to the bladder from the use of tractors as in the perineal operation. Incontinence, therefore, follows less frequently. Permanent fistulas are less frequent. If the urethra is bougied they never occur. Stones can be more readily removed. The question of sterility is rarely of any confidence. The mortality is no greater, in properly selected cases and the percentage of uncomplicated cures is larger.