SURGERY.

IN CHARGE OF EDMUND E. KING, HERBERT A. BRUCE AND L. M. SWEETNAM.

The following most interesting cases are taken from the report of the French Association of Genito-Urinary Surgeons, which appears in the *Journal of Cutaneous and Genito-Urinary Diseases*, February, 1900:

Urinary Disturbances in Appendicitis.

Dr. Duret said urinary disturbances in conjunction with appendicitis were observed when the appendix was ectopic and close to the bladder; this is rather frequent, as pelvic ectopia varies, according to writer, from 20 to 30 per cent. nearly. He does not refer to cases that are purely reflex. He divides the accidents into three categories. First, prolonged retention, dysuria pyuria, and even pyelonephritis. There is, however, no communication with the appendix. The latter lies near the bladder and gives rise to a pericystitis and a vesical infection *à distance*. These phenomena may even point to the abnormal situation of the appendix. Second, lesions accompanied by purulent collections. From the observations gathered, we may meet with pyovesical fistula when an abscess opens into the bladder, or pyo-stercoro-vesical fistulæ, and even pyo-stercoro-intestino-vesical fistulæ. The urine is purulent, may be fetid and contain foreign bodies. In some of these cases cure has been obtained by prompt operation on the appendicular focus, in other cases the fistula has required separate treatment. Third, this category includes cases in which perivesical calculi occur, whether stercoraceous, sterco-urinary, or simply urinary.

Dr. Pousson said that the remarks of Dr. Duret had cleared the pathogenesis of an intestinal perforation into the bladder, which he had observed five or six years before. The patient, a large eater, subject to pains in the iliac fossa, passed gas and fecal matter from time to time by the urethra. Operation was made by suprapubic cystotomy, and an opening was found on the right side of the bladder and sutured. The speaker had never before been able to make a satisfactory explanation of the condition found, but believes now that the perforation had followed an appendicitis. He wished to add another class of cases of urinary disturbance due to appendicitis. He had had a patient suffering from anuria, was about to operate, when there came a large flow of urine, showing that the ureter was at fault, as the catheter left *à demeure* had previously brought no urine. Operation was deferred and patient died. On autopsy a collection of pus in the region of the appendix was found pressing on the ureter.