

plugging. The projecting parts of the prostate he seizes with a forceps, burns off what impedes the passage with the galvano-cautery loop or Paquelin's cautery. If necessary the neck of the bladder is dilated and as large a catheter as possible introduced; in a few days it is possible to introduce the thickest catheters. By this time suture of the bladder can be undertaken. The patient should be got about as soon as possible to avoid the dreaded hypostatic pneumonia. He uses continuous catgut suture and removes catheter in eighteen days. One out of the six cases died of broncho-pneumonia the eighteenth day after operation. In his cases Kummell does not claim that the results were so perfect that the after use of the catheter was not needed, but the patient's condition was so serious that in many cases the operation was a life-saving one. He recommends this procedure in those cases where there is nothing to lose, but everything to gain.—(*Eighteenth German Surgical Congress. Centralblatt f. Chir*, No. 29, 1889, and *Annals of Surgery*, Dec. 1889.)

#### SURGERY OF THE KIDNEY.

*Removal of Kidney.*—Schede of Hamburg, at a meeting held in July, 1888, read a paper on twenty cases of extirpation of the kidney. Eleven cases were cured, two improved, and seven died within the first few days after operation, some being operated on under the most unfavorable circumstances. Schede's mortality is only 35 per cent. This is an improvement on that given by Gross in 1885 of 44.6 per cent. Schede uses the lumbar incision, and thinks that the future mortality in this operation will be much lessened.—(*Deutsch. Medicin. Woch.*, No. 52, 1888.)

*Nephrectomy in a case of Horse-shoe Kidney where one-half was affected with Hydronephrosis.*—In the *Annales des Maladies des Organes Génito-Urinaires* for June last, M. Vignard gives a translation of Prof. Socin's (Basle) paper on the above. A woman, 47 years of age, was admitted into the hospital with symptoms of intermittent hydronephrosis of the right side, severe colic, and vomiting. The diagnosis was not easily made out, for Professor Socin was not clear whether the tumor might not be