

fact that the appendix itself formed the apex of the intussusception. The etiological factor was a blow upon the abdomen producing a primary appendiculo-cæcal intussusception followed by a more extensive ileo-cæcal invagination.

The Surgery of the Ureter for Impacted Calculus and some other Causes of Obstruction.

P. F. FREYER, M.A., M.D. "The Surgery of the Ureter for Impacted Calculus and some Other Causes of Obstruction." *Lancet*, August 29th, 1903.

The report is based upon ten cases of ureteral calculus, all of which were successfully operated upon. The great difficulty of making a positive diagnosis of ureteral calculus, except when the impaction is at the vesical end is reviewed, and the aid derived from a cystoscopic examination of the bladder, especially when the stone is low down, emphasized. In eight cases the impaction was at the lower end, and in two of these the stone could be seen at the vesical orifice. In the remaining two it was situated between two and four inches from the pelvis of the kidney. The ordinary oblique lumbar incision, prolonged parallel to Poupart's ligament if necessary, and extraperitoneal route is advocated as being freer from the dangers attending the intraperitoneal method and giving all the necessary access to the ureter throughout its whole course. Closure of the ureteral wound by sutures is considered "neither necessary nor advisable when the stone is removed by an extra peritoneal operation." Other causes of ureteral obstruction are given, and a case of movable kidney producing kinking of the ureter with resulting hydronephrosis and associated with stricture due to periureteral adhesions, successfully operated upon, is included in the report.

Prostatic Hypertrophy and its Radical Cure.

WILLIAM POST HERRICK. "Prostatic Hypertrophy and its Radical Cure." *Medical Record*, August 15th, 1903.

The surgical anatomy, etiology, pathology, symptoms, diagnosis, and treatment are reviewed. The treatment is palliative and radical. Although palliative measures may relieve they can never cure the disease, and since the condition is a progressive one prostatectomy is advocated, as in such cases radical or curative treatment is often, in the long run, the most conservative plan. The perineal route is the one selected because it is more direct, the prostate more easily reached, and enucleated with less damage to the prostatic urethra and neck of the bladder, dependent drainage secured, and the operation attended by the lowest mortality rate and best curative results.

When chronic posterior urethritis and prostatitis exist they should