

Clinical Urology

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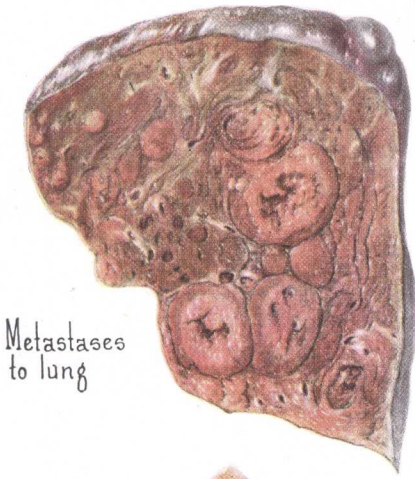
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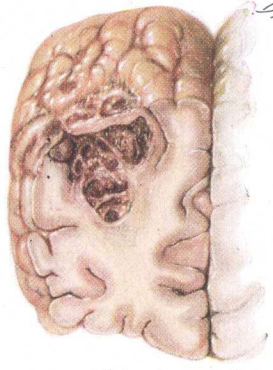
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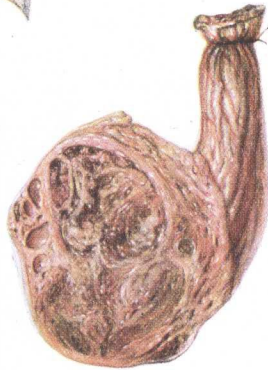
Metastases
to lung



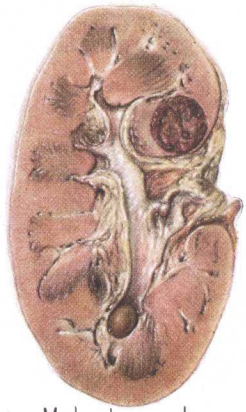
Metastases to
brain



Metastases to liver



Primary lesion
in testis
(chorionepithelioma)



Metastases to
kidney

CHORIONEPITHELIOMA OF THE TESTIS, WITH WIDESPREAD METASTASES TO THE LUNG, BRAIN, LIVER, AND KIDNEY. (SEE PAGE 456) (KIRWIN'S CASE)

DEDICATION

*This book is dedicated to the memory
of the late*

JAMES BUCHANAN BRADY

and

GUSTAVUS L. LAWRENCE

and to

MESSRS. CHARLES C. WRIGHT AND ALFRED M. BUSIEL AND
DR. RALPH O. CLOCK

whose generous bequests have made possible

the clinical and research activities

*of the Department of Urology (James Buchanan Brady Foundation)
of the New York Hospital*

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PREFACE

Much time and thought have been expended in the preparation of this second edition of **CLINICAL UROLOGY**. The many new developments in urological diagnosis and treatment since the publication of the first edition, in 1940, have necessitated a thorough revision of much of the original material, as well as the addition of considerable new subject matter. Unfortunately, the exigencies of war have made it impossible to include some three hundred new illustrations of operative technics, pathological specimens, and recently designed instruments. These pictures, drawn by Mr. William P. Didusch, will be held in reserve and utilized when possible. Each new operation and instrument has, however, been described with a detail that should enable the serious student to grasp the subject matter without difficulty.

Since the appearance of the first edition, particularly great strides have been made in the application of chemotherapy in the practice of urology. This subject is discussed fully, especial attention being paid to the newer sulfa drugs and penicillin. Sections of the book that have been augmented and greatly improved include those dealing with syphilitic chancre; carcinoma of the prostate gland; the hormonal treatment of the prostate; sarcoma of the prostate; renal cysts; urogenital tuberculosis; plastic induration of the penis; obstructions at the ureteropelvic junction; the chemotherapeutic management of the various urogenital infections, including gonorrhea; uretero-intestinal anastomosis; the preoperative and postoperative treatment of the prostatic case; and the postoperative care of the renal case. New subjects added to the book include: the renal factor in arterial hypertension; the surgical treatment of arterial hypertension; calyceal resection; the castration treatment of prostatic carcinoma; aneurysm of the renal artery; hydrocalyx; a new theory of etiology and a new operation for vesical papillomatosis; automatic tidal drainage of the bladder; continuous (fractional) spinal anesthesia in urology; dried blood plasma therapy; new diets in urology, especially for calculus; and methods of dissolving certain types of urinary calculi.

As with the first edition, this book is written primarily for the medical student, the general practitioner, and the general surgeon. We believe,

however, that it will also prove a useful reference work to the trained urologist. Its purpose is to give a practical survey of the nature, diagnosis, and treatment of the anomalies and diseases of the genito-urinary organs according to the present state of knowledge. It is at once a manual of operative technic and a comprehensive, though necessarily brief, exposition of the embryology, anatomy, histology, and pathology of the urogenital tract. The urological diseases of women and children are considered, as well as those of the adult male.

Although we have drawn frequently and freely from the experiences and researches of others, as recorded in the vast literature of modern urology, the opinions expressed are mainly the result of our own experience in hospital and private practice over a period of many years.

A word regarding the arrangement of the text may be helpful. We have retained the structural form employed in the first edition, since we believe that this simplicity of arrangement increases the practical value of the material. Chapters I to V are devoted to the general diagnostic procedures of urology, and include separate chapters on history-taking and physical examination, examination of the urine, tests of renal function, instrumental examination, and roentgenography of the genito-urinary tract. Then follows a chapter on anesthesia in urology. Beginning with Chapter VII, the organs of the urogenital tract are taken up in their anatomical sequence from without inward, and considered as to their embryology, anatomy, anomalies, physiology, injuries, and diseases. The architecture of each section is the same, making it easy to find facts desired. Anomalies, injuries, and diseases are each described from the standpoints of etiology, pathology, symptoms, diagnosis and differential diagnosis, prognosis, and treatment—both surgical and non-surgical. Of special usefulness, we believe, are the section dealing with the splendid work done by Dr. Stanley L. Wang in the treatment of inoperable and postoperative urogenital tuberculosis, and the chapter on gonorrhea, which includes the recent advances with chemotherapy and physiotherapy. Chapters on radiation therapy in urology, and dried blood plasma therapy complete the book.

The surgical aspects of urology are given particular attention. The procedures described have proved their worth and practicability in an extensive personal experience and in the hands of our colleagues. Most of the surgical technics have been illustrated step by step and fully explained in the legends accompanying the drawings, thereby doing away with the need for lengthy descriptions of operations in the text.

These illustrations, which have been beautifully executed by Mr. William P. Didusch from drawings made at the operating-table, add enormously to the lucidity and value of the presentation, and should make this work of particular value to surgeons far removed from metropolitan surgical centers, who find it necessary to perform occasional urological operations and desire to keep abreast of the latest phases of urological practice. Our inability to include new illustrations of surgical technics in the present edition has, unfortunately, made it necessary, in a number of important instances, to resort to the unsatisfactory method of lengthy textual description. Since photomicrographs and pathological sections are available in most works on urology, these have been reduced to a minimum so as to allow more space for illustrations of surgical technic.

Extensive, though by no means complete, bibliographies have been appended to the chapters. All literary references noted in the text have been included in these bibliographies, thereby enabling the reader, if he so desires, to look up original sources and thus obtain more complete information than can possibly be furnished him within the confines of a single book.

In response to many requests, the complete index of the contents has been included in each of the two volumes. Another improvement is the inclusion in the index of Mr. Didusch's drawings, as well as the other illustrations.

A certain amount of repetition will be found in different chapters of the book. This repetition is intentional, and for the purpose of avoiding constant, annoying cross-reference to other portions of the book, with consequent loss of time to the student.

Although we have made every effort to be accurate, and have scrupulously endeavored to give credit where credit is due, errors may inadvertently have been made in quoting from other authors, or there may have been occasional failure to acknowledge our indebtedness to others. For any such oversight we ask indulgence, and hereby gladly express our gratitude to those of our predecessors and contemporaries who have made possible the present state of knowledge of urological diseases and their treatment.

Expression of appreciation is due to our colleagues on the staff of the Department of Urology (James Buchanan Brady Foundation) of the New York Hospital, and to others, for permission to use illustrative cases and pathological material, as accredited to them in the proper places in the text and in the legends accompanying the illustrations. We also wish to

thank the authorities of the New York Hospital, who have made available certain records of the Brady Foundation for use in this work. And—lest we forget—to the memory of that warm-hearted philanthropist, James Buchanan Brady, whose desire to help suffering humanity prompted him to establish the Foundation, we again pay grateful tribute. Mr. Robert L. Gordon and Mr. Richard C. Crowley, executors of Mr. Brady's estate, have sustained their interest in all of the Foundation's activities, and we are most grateful to them.

Grateful acknowledgment is due to Mrs. Amy Pope Shirk for translations from foreign languages and assistance with research; and to Mr. Harry Blumenthal, radiographer at the New York Hospital, for valuable advice in the selection and arrangement of the roentgenograms.

We wish particularly to express our gratitude to Miss Ebba M. Rogstad for her ever-present loyalty and unselfish devotion to the preparation of this book. Without her intelligent cooperation and editorial supervision, this publication could not have been completed at this time. To her should be credited the literary form of the entire work, as well as the excellent index of text and illustrations.

Finally, we wish to thank the publishers, who have spared no effort to make the book a success in every way.

O. S. L.

T. J. K.

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CHAPTER I

HISTORY-TAKING AND PHYSICAL EXAMINATION

A. HISTORY-TAKING

History-taking is the first step in examination. A urological history does not differ from any other complete clinical record except for the emphasis of those features pertaining to the urogenital tract.

First, let the patient relate his story in his own words, interrupting only enough to clarify such points as appear to have an important bearing upon the condition. When the tale is finished, the history may be recapitulated and all information obtained from the patient (or his relatives) jotted down systematically so as to provide, with the findings of examination, a useful record for future reference. The complete record should include: (1) nature of the complaint, (2) present illness, (3) family history, (4) personal history (past and present), (5) résumé of patient's present condition, (6) general physical examination, (7) special examination of the urogenital tract, (8) charts helpful in examination of the urogenital tract.

Nature of the Complaint

The first item of the history should always be the complaint of the patient in his own words. The information should be elicited by questions which are not leading, and recorded exactly as stated by the patient. If, for example, he says, "I have a pain in my back," this should be so entered in the history—not "The patient complains of discomfort in the lumbar region."

Present Illness

After the patient's own statement of his complaint, there should be set down all the essential data relating to the condition for which he has sought advice.

Duration. It is advisable to inquire the date when the patient last felt well, for while this is seldom forthcoming in exact terms, it will serve to set a limit to his recollections and help in determining the duration of his illness.