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THE DIAGNOSIS OF SURGICAL DISEASES OF THE KIDNEYS.

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Ever since it has been possible to diagnose renal diseases the physician and surgeon have, in the main, confined their attention to two chief methods of examination, abdominal palpation on the one hand and chemical and physical analysis of the urine on the other. No one can call in question the service which each method has rendered and continues to render us in the diagnosis of kidney disease, but at the risk of repeating what of late years has begun to figure very largely in works and papers dealing with this question it is perhaps not out of place to emphasize the shortcomings and limitations of such methods. Depending upon these, there are few surgeons who, directly or indirectly, have not come in contact with cases dying subsequent to operation from renal insufficiency, i.e. uræmia, cases which perhaps possessed but a single kidney, or at all events but a single healthy organ or even less than this, but where an operation in the dark had removed what little healthy tissue remained. Again, by such methods it has been impossible to differentiate bladder and renal disease, but it is unnecessary to enlarge further: the bare fact that so many ingenious instruments have been invented to enable us to separate the urines and examine these separately, that so many preliminary operations have been devised in order to enable us to estimate the working power of the kidneys before removing or incising one, even the reluctance to remove a diseased kidney which the surgical world has shown to within recent years, indicate the inadequacy of the older methods.

It is therefore the more elaborate and exact methods of which we would speak here. These consist of (1) the use of the simple examining cystoscope, (2) the use of instruments by means of the cystoscope, e.g. the ureteral catheter, wax tipped catheters, etc., or the use of instruments of inferior precision, such as the various segregators, (3) the estimation

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