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MODERN METHODS IN RENAL AND URETERAL SURGERY.

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In no department of surgery has the application of new principles and the use of new methods been of greater clinical value than in the extension of our resources in determining the pathological and functional variations in the kidney and ureter.

Until within comparatively recent times we were limited in the examination of the kidney to inspection, palpation, and the analysis of the combined urines from the two sides, together with the subjective symptoms of the patient. It is now a matter of wonder, not that unfortunate surprises and accidents were occasionally met with, but that they were not more common. To the many who contributed to the perfection of the cystoscope, and whose names you are all familiar with, we are indebted for our ability to inspect the interior of the bladder, to note the alterations in the position of the ureteral orifices, and to recognize foreign bodies, new growths, etc.

The value of the cystoscope was immeasurably enhanced when it was so modified and improved that we were enabled to pass the catheter along the ureter to the kidney. We can now determine whether the ureter is patent, narrowed, or obstructed, whether one or two kidneys are present, and their functional value.

Only second in value in modern surgery of the kidney is the X-ray apparatus. The use of this method in the diagnosis of calculi in the kidney and ureter requires experience and skill, but it is daily becoming of greater value.

For a time if it showed a stone distinctly, well and good, but if not, the absence was only regarded as negative evidence. To-day by carefully arranging the position of the patient, by using a soft tube and

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