

"TWO CASES OF NEPHRO-LITHOTOMY."*

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The object of this paper is a plea for early operation for stone in the kidney.

The weekly journals contain scarcely anything on this subject, yet it is of considerable interest to the profession when we consider that one out of every three cases will die and that an operation, if undertaken early, promises much success. The condition is not so frequent in Western Ontario, but neither is it so rare as we are led to believe. I have two patients operated upon within the year; another who passed a stone of undoubted renal origin; and two other cases, so far refusing operation, who are undoubtedly suffering from renal calculi. Both of my cases were, at one time or another, diagnosed as lumbago, neuralgia, and hysteria (but one would rather believe this to be due to carelessness in the examination of the urine than ignorance on the part of the physician)—yet it must be remembered that there are cases, post-mortem, where a kidney has been found almost totally destroyed by huge, branching calculi, whose presence was unsuspected during life.

Case 1.—I. S., male, age 42 years, farmer. Referred by Dr. Smith, of Aylmer. Complained of a constant, dull aching pain in the right loin with gastric disturbance, increased by exercise or riding in a carriage, becoming on occasions acute and agonizing; a month was the longest interval of peace. This had lasted five years and the patient attributed the trouble to an injury, over the region of the right lobe of the liver, received at that time.

The urine was examined during and after attacks, and always gave, with few modifications, the following analysis: Reaction acid; sp. gr., 1.030; large number of red blood cells; pus; oxalates and urates in abundance. There was frequency of micturation, worse after exercise or jolting, and the average daily amount was 36 ounces. Dr. Smith suspected stone, with which I concurred. During the operation there was great difficulty in bringing the kidney to the edges of the wound for examination. Counter pressure by an assistant was of no value as the organ lay deeply behind the ribs. Only by packing the lower angle of the wound with pads could the kidney be brought down until it rested on the edges of the divided lumbar fascia. It was then thoroughly palpated and a hard substance easily felt. With the aid of a needle thrust into the pelvis from behind, a stone was located lying above

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