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NEWER METHODS OF DIAGNOSIS OF KIDNEY CASES AS APPLIED TO RENAL SURGERY.*

W. A. HACKETT, M. B.

Professor Genito-Urinary Diseases in the Michigan College of Medicine and Surgery, Detroit, Michigan.

I APPRECIATE the honour conferred on me, in being allowed to present a paper before this representative Medical Society of my native Province. Whilst there is practically nothing original in this essay, your attention is called to some of the newer methods in diagnosis of kidney diseases, which have been introduced since 1885, and which aid us in telling whether it is safe to operate, or not on a diseased kidney.

Cystoscopy, or inspection of the interior of the bladder, is performed by two kinds of instruments; one perfected by Nitze, Casper, and Leiter, containing a lens system and using water in the bladder, and the other variety by Howard Kelly and others, in which the bladder is filled with air. It is possible to tell, whether there is any inflammation or ulceration of the bladder mucosa and also the number, position and appearance of the ureteral openings. Sometimes there is only one kidney and one ureteral orifice. The urine is seen to spurt from the ureteral openings, and this spurt may appear clear, cloudy, bloody or purulent. Much information may be gained about the activity of the kidneys by watching the contractions of the ureteral ends, the spurting of the urine and the intervals between them.

Halban observed tears in the ureteral opening after a ureteral stone had passed.

In tuberculosis of the kidney, the cystoscope often shows a tubercular process around the mouth of the ureter. If blood is seen to escape from one of the ureters, that will assist in making a diagnosis between vesical and renal hæmorrhage.

Methylene blue tinges the urine green, which can be recognized in the

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