The next question is one of hypertrophies. The symptoms are pain in the right side, marked by a great deal of vomiting and tenderness, greater on the right side, much more common in women. They will tell you that if they compress their side, for instance with a pillow, it will give relief. You are very liable at first to get these cases mixed up with gall stones or appendicitis cases. In the early stages there is no pus or blood to give definite indications. The pain would indicate equally as much that the trouble was in the stomach. The soreness and tenderness are centered at the base of the twelfth rib. But they will always tell you that they get relief by compressing the side, or by lifting the kidney up. A good many can mechanically relieve the distress in that way. The obstruction is usually at the first point of narrowing. There are very few cases in which you won't find it at that situation. The ureter comes up and makes a little curve. I have operated on 15 or 16 cases of this ureteral stricture. If the urine was fairly clean, I stick a probe down and cut it. I do not stop to place sutures. I happened to have two cases in one week. A physician from Philadelphia was visiting here. He would not believe that it was possible that they would heal. He told me, for instance, that he thought it was reckless surgery. I think while he was here that that old gentleman went to see those patients twice a day. This can be done, however, only with homogeneous structures. In other cases, the parts must be brought together with sutures.

This brings up the question of movable kidney. If you are going to do an operation on the kidney at all, the operation is not to take and harness the kidney up. The kidney sits in a fatty envelope, as is shown in a very clear paper by Reynolds of Boston. The first proposition in movable kidney is not the movability of the kidney, it is the detachment. Some have used a basket and eventually the kidney begins to slip up and down in the basket. When the kidney was first operated upon, the operation was to hitch the kidney up, and then we had all kinds of fool contrivances. The proper thing is to remove the capsule of Garotti, and suture the colon to the muscles behind. If you had a little boy, and you had a cistern in the back yard, and you were afraid the boy would fall into it, you would have the sand man throw in two or three loads of gravel and fill the hole. You would not tie a rope around the boy. Why no one has thought of filling up the hole is hard to say. There should be reattachment of parts.

Another thing in regard to kidney operations that I want to speak of is in connection with tuberculosis of the kidney. We used to be taught that tuberculosis of the kidney was always double, and therefore it was incurable. Occasionally in a case where it seemed to be a tumor