

Now, as to stone in the kidney, 40 per cent. of them are, as the Irishman says, in the ureter. So, many times when we cut down into the kidney we do not find the stone, and quite likely it was in the ureter. A large proportion of these stones are in one certain portion of the ureter. You remember there are three points of narrowing: the first at the kidney, the second just after it crosses the pelvis, and the third about three-quarters of an inch from the bladder. Now the proportion runs: in sixty cases, you will get about two-fifths of them at the first point, or not quite half. If you found there was no stone in the kidney, and a part of the ureter was dilated, you would start to look for the stone at the point where the ureter was dilated. If you opened it up, you would not have to keep on until you reached the point of dilation. The first thing you would do is to draw the kidney up. Is the ureter reasonably small, or is it dilated below the point of the stone? You then examine to see at which of the points it is dilated. One makes an incision just the same and low like a McBurney operation for appendicitis. It is very easy to find the bifurcation of the iliac, and there you will find the ureter. It is adherent to the peritoneum, and if you are not careful you will tear the membrane. When you find the stone, put in a little piece of gauze and make a pad. I usually put a stitch across. I first make a small incision down until I can see the stone, and then take a needle and thread and make a loop and pull the loop out of the way and take the stone out. I don't think it makes much difference what kind of a suture you use. An ordinary catgut stitch will close the opening you have to make. Don't use gauze, use rubber, if you operate for stone in the pelvis. That brings up a point that we have considered a good deal. I have always been told that going through the kidney and taking a stone out of the pelvis is likely to produce fistula. I think it is all bosh. It sometimes depends on whether there is infection or not. The chances are that you may get a more or less permanent fistula if you cut into the pelvis of the kidney, but it is on account of the drainage. If the urine is fairly clean, you would simply cut down to the stone and sew it up. There is no particular trouble in putting your sutures in to control a large opening or a small one. Don't be too careful in putting in the sutures. This idea that you have to go down so carefully and cautiously is not true. In old times they used to use silk. That is how a good deal of this trouble originated. A catgut stitch which will last five or six days is ample. If the pelvis is dirty, don't cut down to the stone immediately, or you will have a fistula. Leave the posterior portion and cut about three-fifths of an inch from the anatomical centre. Then you will get a long track that is likely to heal.