

By catheterization of the ureters one determines in the first place whether the patient, has one or two kidneys. Congenital absence, although not common, does occur.

Dr. Gillies while pathologist at the Montreal General Hospital found, at autopsy, one kidney congenitally absent, in two cases. The need of deciding this point before doing a nephrectomy has, in the past been regarded by some surgeons of sufficient importance to justify, if necessary, a preliminary abdominal incision.

Another great gain by catheterization of the ureters is the material aid obtained in the differential diagnosis, not only between the two kidneys, but between one or both and the bladder.

To illustrate I will briefly relate the history of a man, aged 39, who was sent to me as a case of tuberculous cystitis. That there was a cystitis was proven by the presence of blood and pus in the urine, the frequency of micturition which occurred about every 30 to 90 minutes, night and day, and by the pain that immediately followed the act. That it was tuberculous was shown by the constant presence in the urine of tubercle bacilli.

A cystoscopic examination revealed a bladder whose walls were hyperæmic but otherwise little altered from the normal, save at one point on the left side high up, where were seen two small ulcers, with borders just touching at one point and one or two tubercles at the base of the trigone. The view left one with the impression that the bladder was not alone responsible for the condition and that probably the infection was a descending one from one or both kidneys. Four years previously the patient had felt a severe pain in the left kidney, but it never recurred, nor was any feeling of distress felt in the left loin afterwards.

Dr. Campbell found great difficulty in catheterizing the ureters in this case. The patient was unusually sensitive, the bladder was small and bled easily. Success was only achieved under general anaesthesia. The little ulcers seen high up on the left wall were found to mark the entrance to the left ureter, into which a catheter was passed. The right ureteral orifice was so displaced forwards and to the left that the catheter could not be introduced. The bladder was again washed, a catheter passed and the patient returned to bed with the left ureteral catheter in position and allowed to remain for two hours. We then had the urine from the left kidney coming through the ureteral catheter and that from the right passed into the bladder from which it was removed, as it collected, through an ordinary catheter.