

EDITORIAL : VAN DIE REDAKSIE

URETERIC INJURIES

The fact that we have improved upon the days of Spencer Wells, who described 8 divided ureters (2 bilateral!) during 94 hysterectomies in 1882, does not justify complacency. We should rather take cognizance of the fact that leading pelvic surgeons such as Liu and Meigs¹ reported a 9% incidence of fistula formation following their radical pelvic surgery and remember that much of the pelvic surgery undertaken in our country is not performed by pelvic surgeons of comparable experience, who are operating upon pathology which is often far more advanced than that encountered in specialized centres overseas. We should also not lose sight of the fact that the precise incidence of 'all' injuries to the renal tract following upon pelvic surgery—although unknown—is certainly far in excess of the ureteric fistula rate.

In an editorial article which was published in the *Journal* on 20 October 1960² we wrote: 'It behoves all surgeons, throughout their careers, repeatedly to examine, re-assess and re-appraise their methods of investigation and treatment in the light of continued surgical advance. All too often outmoded procedures and forms of therapy are perpetuated long after the foundations for their continued use have been shown to be faulty, insecure, and unstable—to the detriment of the patient. The surgery of the injured ureter is a case in point. In the past diagnosis was often incomplete, delayed or completely missed. As a result treatment was delayed with increased morbidity and often gross destruction of kidney tissue. The more modern approach stresses the avoidance of injury, outlines means of early and complete diagnosis and methods of direct surgical attack.' In the same issue of the *Journal* we also published an article by Mr. I. Jacobson in which more light was thrown on the incidence of this much-neglected injury and its management.

In the current issue of the *Journal* we are publishing an article by Professor Derk Crichton of Durban which reflects an extensive re-examination, re-assessment and re-appraisal of the methods of investigation and treatment as well as of the prevention of ureteric injuries in gynaecology.

In addition to this, Professor Crichton's article serves as a reminder that despite the comparative silence in our journals on this subject, the problem remains prevalent.

His contribution is unique in the knowledge and open analysis of the mistakes made which led to 45 ureteric injuries, and his own extensive personal experience in the repair (which compares favourably with that of leaders in the international sphere) adds authority to a contribution in a field where considerable controversy still prevails.

For instance, his adamant advocacy of 'urgent' repair of all ureteric injuries is opposed by the Editor of *Obstetrical and Gynecological Survey*,³ who stated in 1961 that 'I cannot help but warn that disaster may result if such a field is unsuccessfully invaded'. Similarly, his condemnation of preliminary nephrostomy, and end-to-end anastomosis of the divided ureter could elicit dissent.

The attention he draws to the vulnerability of the ureter to injury in the small Bantu pelvis owing to the frequency of caesarean section being undertaken during obstructed labour, and consequent upon the prevalence of fibrosis resulting from pelvic sepsis and bilharzia, will be of special interest and value to those responsible for the tremendous amount of Bantu pelvic surgery required in our Republic. The preventive measures which he has evolved from his detailed study will probably pass unchallenged and will probably be acknowledged as an advance in this field.

Young pelvic surgeons are often poorly equipped by experience to dissect and trace a ureter in order to be certain that it has not been injured, and to obviate this each resident should be repeatedly instructed and personally supervised in the exposure and surveyance of ureters to ensure familiarity with the surgical anatomy in every case. Far from familiarity with the ureter breeding contempt, it should be as familiar to the pelvic surgeon as the placenta to the midwife.

1. Liu, W. and Meigs, J. V. (1955): *Amer. J. Obstet. Gynec.*, **69**, 1.
2. Editorial (1960): *S. Afr. Med. J.*, **34**, 901.
3. Editorial (1961): *Obstet. Gynec. Surv.*, **16**, 871.

DIE EERSTE SUID-AFRIKAANSE UITGAWE : YOU AND YOUR BABY

Die eerste Suid-Afrikaanse uitgawe van die boekie *You and Your Baby* word gepubliseer deur die Mediese Vereniging van Suid-Afrika in samewerking met die Britse Mediese Vereniging, en dit sal vroeg in September verskyn. Die boekie bevat artikels wat deur deskundiges opgestel is (in Afrikaans en in Engels) oor nagenoeg alle aspekte van die praktiese probleme waarvoor verwagte moeders graag inligting wil hê. Die boekie behoort van groot waarde te wees vir enige verwagte moeder, maar veral vir diegene wat hul eerste babas verwag.

'n Aantal eksemplare sal vry van enige onkoste aan al daardie lede van die Mediese Vereniging gestuur word

vir wie die publikasie van waarde mag wees—bv. algemene praktisyne, verloskundiges en ginekoloë, pediater, en hospitaal-administrateurs*; die Vereniging beskou dit as 'n diens wat die Mediese Vereniging aan sy lede en aan die publiek lewer. Die boekie sal dus beskikbaar wees vir verspreiding onder pasiënte wat babas verwag, afgesien daarvan of hulle private pasiënte of hospitaal-pasiënte is wat buitepasiënte- of voorgeboorteklinieke besoek.

Aangesien daar nie aparte adreslyste bestaan van kollegas wat voltydse betrekkings het nie, sal 'n aantal eksem-

*Enige ander lid van die Vereniging word ook vriendelik versoek om die Hoofkantoor in kennis te stel as hy graag eksemplare van die boekie wil hê

plare ook ontvang word deur kollegas wat nie private pasiënte van hul eie het nie ; dit sal baie gewaardeer word as hierdie kollegas die eksemplare wat aan hul gestuur sal word aan geneeshere sal gee wat hulle ken en wat in die private praktyk is of aan klinieke waar verwagte moeders behandel word.

Dit sal hoog op prys gestel word as kollegas die Vereniging mettertyd sal laat weet of hulle die boekie waardevol vind. Hulle word ook versoek om die Vereniging te laat weet as hulle meer eksemplare nodig het, in welke geval 'n verdere vry besending aan hulle gestuur sal word om uit te deel aan hul pasiënte.

YOU AND YOUR BABY : FIRST SOUTH AFRICAN EDITION

The first South African Edition of a booklet *You and Your Baby* is being published by the Medical Association of South Africa in conjunction with the British Medical Association, and will appear early in September. The booklet contains articles written by authorities (in English and Afrikaans) on practically every aspect of those problems on which expectant mothers would like to have information. This publication ought to be of great value to all expectant mothers and especially to those who are expecting their first babies.

A number of copies will be sent *free of charge* to all members of the Medical Association to whom this publication may be of use—for instance, to general practitioners, obstetricians and gynaecologists, paediatricians and hospital administrators* ; the Association looks upon it as a service rendered by the Medical Association to its members and to the public. The booklet will therefore be

available for distribution to patients who are expecting babies, irrespective of whether they are private patients or hospital patients attending outpatient or antenatal clinics.

In view of the fact that no separate lists of addresses of colleagues in full-time employment are available, copies will be received by a number of colleagues who have no private patients of their own ; it will be greatly appreciated if these colleagues would give the copies that will be sent to them to doctors whom they know are in private practice or to clinics where expectant mothers are being treated.

It will be greatly appreciated if colleagues would let the Association know in due course whether they find the booklet useful. They are also requested to inform the Association whether they need more copies than those sent to them, in which case a further free consignment will be forwarded to them for distribution to their patients.

*Any other member of the Association is also welcome to let the Head Office know if he would like to receive copies of the booklet.