A CASE
OF
EXCISION OF AN ENLARGED CANCEROUS
KIDNEY.

BY
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ON the 9th of December, 1882, in consultation with Mr. Hewer, of Highbury, I saw a German gentleman, æt. 58, who was suffering from the effects of repeated attacks of hæmaturia, supposed to depend upon an enlarged left kidney. The amount of blood lost had seriously affected the general health, and on different occasions it had been with difficulty that the bladder had been cleared from clots. There was no evidence of any disease of the bladder nor of the right kidney. The left kidney appeared to be about four inches in breadth and six inches from above downwards; extending from the iliac fossa upwards under the left false ribs, and centrally nearly to the umbilicus. It was slightly mobile, and could be pushed to the right a little beyond the umbilicus. Feeling that

the surgical difficulties in removing the kidney would not be great, and that the patient was not likely to live long if it were not removed, I advised early operation, and was supported by Mr. Hewer.

The patient took time to consider the question, and consulted his old friend, Dr. Herman Weber, who informed me that, twenty-five or thirty years ago, and until 1871, he had been subject to so-called "bilious attacks" with violent vomiting. In 1871 he had rather extensive pneumonia on the right side, after which he remained free from the attacks of vomiting for many years. Dr. Weber added: "In December, 1880, I saw him again, for the first time after many years. Then he had observed the moveable tumour which had first come to his notice after the last severe attack of vomiting a year before this visit to me.

"In August, 1881, Mr. K— was at Margate, and one day the urine was bloody. On the following day he came up to me, when I found the urine quite free from blood and albumen, perfectly clear, and normal. The first severe bleeding occurred in May, 1882, when I had not seen him for eight months. It ceased completely under the administration, by Mr. Hewer, of turpentine in capsules. In July and August he went to Germany, and was so well that he could climb moderate mountains. By that time I had attributed the tumour to the kidney, and feared that probably it was malignant."

Three days after my first visit Mr. Hewer wrote to me: "12th December, 1882, the patient is losing more blood and consents to the operation, which, I think, should be done with as little delay as possible." Proposing to operate the next afternoon, Mr. Hewer telegraphed to me, "Patient not so well, please make operation, if possible, to-morrow morning." Accordingly, at 9 o'clock on the morning of the 13th of December—Dr. Herman Weber and Mr. Hewer being present—Dr. Day administered methylene, and I was assisted by Mr. Meredith and Mr. Hewer's son, house-surgeon of St. Bartholomew's. Phenol spray was used and the usual antiseptic precautions were strictly observed.

I made an incision parallel with, and about two inches to the left of the linea alba, extending from about three inches above to three or four inches below the level of the umbilicus. I meant to carry the incision along the outer border of the left rectus, but the muscle was spread out and some of its fibres were divided or separated all along the incision. Several small arteries were tied, and the peritoneal coat of the anterior abdominal wall was divided to the extent of six inches. Intestines were pushed aside, kept back by carbolised sponges, and the peritoneal covering of the kidney was divided to the same extent as the incision in the abdominal wall. Several large veins, which were divided with the peritoneal covering of the kidney, were tied. The kidney was then separated from its loose attachments and drawn out. The ureter was first temporarily secured by two pressure forceps and divided between them. I meant to have tied the renal artery and vein before separating the kidney, but I could not feel the artery. I therefore compressed the connecting tissue with forceps, cut away the kidney, then transfixed with a double silk ligature behind the forceps, and tied in two parts. Loose portions of the peritoneal covering of the kidney were cut away and several ligatures were applied to small vessels. The incision in the abdominal wall was united by silk sutures.

Not much blood was lost during the operation, although it occupied nearly one hour and a half from the commencement of inhalation until the patient was in bed. Much time was lost in tying small vessels in the abdominal wall before opening the peritoneum, and in securing vessels in the divided coverings of the kidney; and, during the closing of the wound, there was unusual difficulty in keeping back the intestines free from the sutures.

The kidney is now in the Museum of the Royal College of Surgeons, and Mr. Eve's report on the specimen is as follows :

"The kidney is six and a half inches long and four wide. Its surface is largely nodulated or bossed; but

the disease had not penetrated the capsule. The section of the tumour is white, soft, and marked by bands of fibrous tissue, which give it a lobulated appearance. Portions of unaffected kidney substance are situated at the upper and back parts of the section. Neither the ureter nor pelvis were compressed. Microscopically the morbid growth was a soft cancer, consisting of alveoli filled with small spheroidal epithelium."

For three days after the operation the patient went on so well that I was hopeful of recovery. He suffered very little from pain or sickness, but the urine never became free from blood. On the fourth day the temperature rose to 102°, and the pulse became rapid and feeble. He was much worse at night, and died on the morning of the fifth day. The temperature just before death was 103°, and the last urine passed contained blood. No post-mortem examination of the body was permitted. This I very much regret, as I cannot explain the continuance of blood in the urine in the absence of any proof of disease of the right kidney or of the bladder, nor can I offer any reliable reason of the precise cause of death. There was no evidence of more than slight peritonitis, nor of septicæmia. Mr. Hewer thought the enfeebled state of the patient from continued loss of blood had a great deal to do with the result, and that the chances of success would have been much greater if the operation had been done six months earlier.

If I should again be called upon to excise a kidney, I shall be more careful in bringing together not only the divided peritoneum of the anterior abdominal wall, but also the divided peritoneal covering of the kidney. In this case I was content with letting the two edges fall together; and it is probable that blood or serum, exuding from the tissues behind the peritoneum, passed into the peritoneal cavity, or that some portion of intestine became adherent there. Both these evils would be prevented by a few sutures. I have not seen this detail in the operative procedure described in cases of nephrectomy hitherto

recorded; and the hope that it may be tried, and may assist in diminishing the mortality of the operation, is my best reason for bringing this case before the Society. If this excuse be not accepted as valid, I would add that when a comparatively new operation is on its trial, it is of great importance that every case, especially the unsuccessful cases, should be made known, and that the lessons they teach should not be lost.