I have already referred to dysmenorrhoea and the cure of neurasthenic patients. Be certain, before undertaking an operation of this kind, that the patient is really suffering from genuine spasmodic dysmenorrhoea, and that she is not a neurotic woman, with pain intensified at the time of menstruation.

In conclusion, I would say with much regret that I do not consider we know any more about dysmenorrhoea which will enable us to speak positively as to its etiology or pathology than we did years ago, but I cannot help feeling that further observations concerning the secretions of the ovary may open up a wide field of knowledge. The exact relation between the ovary, the thyroid, and the other ductless glands is still obscure,²⁶ but we must earnestly hope that the time is not far distant when we shall be enabled to speak positively about the action of their important secretions, and that a true explanation of the occurrence of dysmenorrhoea may be forthcoming.

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SOME CONSIDERATIONS BEARING ON THE SURGEON, THE PATIENT, THE STUDENT, AND THE NURSE,

BASED LARGELY ON THE PERSONAL EXPERIENCES
OF THE WRITER*

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I PROPOSE to do this evening what I think is entirely new in this society, to present a paper based on the writer's own experiences as a patient. In doing so I am aware that I am taking some risks, but I know most of the members of the society well, and I believe I shall be accorded the same kind of consideration as has always been shown me during the twenty-five years that I have been enrolled among its members. It is not altogether pleasant to have to confess to such a record of physical weakness as I must lay before you; but these experiences, with all the

NOTE.—It should, perhaps, be stated that the writer of this paper began his medical career as the interne and medical superintendent of a general hospital, where for more than two years he had a rather wide range of experience; that, after spending considerable time in study and investigation abroad, he entered on private practice as a general practitioner, but soon became a specialist. In about two years he laid aside medical practice to enter on the career of a physiologist, which he took up in 1884. During the intervening period he has, however, frequently attended medical clinics abroad, in addition to working in scientific laboratories, and has always been an active member and regular attendant of the Montreal Medico-Chirurgical Society; so that there has been no period since his graduation when he was not in touch with practical medicine to a greater or less degree.

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pain and misery associated with them, have taught me so much and produced such deep convictions with a practical bearing that did I not speak I would feel almost guilty of being untrue to myself and to my past as you know me.

I could fill a volume with views based on new conceptions of physiology and another similar one bearing on psychology. Indeed, that I can claim your attention for only a short time on one evening is the chief difficulty under which I labour; for I fear that, in merely touching on subjects that to be adequately understood would require deliberate attention and illustration, I may fail altogether in making my meaning clear. But so many are now anxious to get the ear of the society, and this is so healthy a state of things, that however deeply I may feel the practical importance of some of my views, I must not claim from you more than a little extra time and patience.

Life to be healthy should, in a human being, be made up of reflection and action. The medical man is apt to neglect the former by reason of the numerous calls made upon him; but he himself, and his profession and the public, suffer from this. Action should be based on knowledge. What was once good practice is so no longer because of the increase of knowledge. But so-called knowledge is of very varying degrees of completeness and value. Much that passes as knowledge and even suffices in a fashion for practical life, is worth little in the development of the individual's nature. A man from viewing and handling apples may have what suffices for commercial purposes fairly well, but if he has never tasted an apple his knowledge is of little real value as judged by an educational standard; and no amount of the most graphic description can give a knowledge of an apple that one bite of it will communicate.

To him that has never felt real pain a description of a toothache is mere sound signifying nothing. The man who has been absolutely healthy and vigorous all his life—that is, beastly healthy—is also beastly narrow and ignorant as regards many of those higher things the comprehension of which makes us peculiarly human, such as not a little in literature and art, even much of psychology and philosophy; in a word, much of life in its breadth and depth. The only highest knowledge is realization. A grain of realization is educationally worth a ton of other kinds of knowledge, for it alone is the key that unlocks the real secrets of life. There is no such enviable quality as that which helps one human being to put himself in the place of another. We are born with very varying degrees of capacity to do this. To all, however endowed by Nature, some experience of life's joys and sorrows alike, including physical ills, is necessary; and I am now convinced that most men have much less ability to put themselves in the place of others than they suppose.

When you hear my history as a patient during the past year, I think you will admit that I have some special qualifications to speak on certain matters. On the subject of pain and misery generally you may be ready to admit that I have graduated to the rank of an authority. But it might not occur to you to think that on other subjects, in fields that fall little under the ken of the so-called average man or even average doctor, there has come general enlightenment. On such dark subjects as dreams, obsessions, delusions, illusions, the importance of the fundamental conceptions of time and space, hypnosis, the subconscious, and many others, the world is a new world to me. This enlightenment has not only served to emphasize the ignorance of most of us, but to make me feel how little I even yet understand some of the states of my fellow men. I believe that even those long associated with the insane do in any true sense understand them but very imperfectly.

I have been dealing in abstract statements, perhaps some of them almost truisms, yet truisms of a practical importance that is very imperfectly realized. Before passing on to give the history of my case, allow me to put in a few brief sentences some of the conclusions to which I have been led, based on my past experience as illuminated and largely interpreted by my more recent knowledge gained through so-called misfortune, but which is only so when regarded from the narrower point of view. I shall now keep largely to those convictions which have a practical bearing.

1. Realization is the highest kind of knowledge. Most men are to some extent handicapped in the practice of the medical profession by a lack of experiences of the sort which fall to their patients. Development and the highest preparation for action come from the mind that has felt sorrows and pain as well as joy. Much of what is best in art and literature—that is, much of the best teachings of the world—has come to it from the men of sorrows. The greatest musical symphony ever written, expressing as no words can the joy and the sorrow of life, sprung from the mind and heart of a man of many griefs—the unrivalled Beethoven.

2. The medical education of the day is defective in two respects: (a) The student is graduated without certain realizations he might have, and (b) without a certain kind of practical knowledge all who practise medicine require. In my opinion a medical man in starting on his career should not only *know* all a nurse does and a great deal more, but be able to *do* all that she can do; and as about 90 per cent. at least of any graduating class are to be general practitioners, and not teachers or employed in scientific research, I would, if necessary, take the time required to give them, when students, a practical knowledge of all that is now required of a well-trained nurse from the time now given to anatomy, physiology, chemistry, pathology, etc.

3. Pain and the misery associated with profound shock are such great evils that they call for special consideration. When a patient is confined to bed his comfort in every respect should receive attention, for it is not only important to get the surgeon's wound healed, but to keep the patient from misery while it is being healed. A life filled with suffering in any form is not in itself worth living, from which certain conclusions follow as regards both nurses and doctors. A nurse who is merely a surgeon's assistant or dresser, as I have by personal experience found some to be, fails greatly in her duty; and the surgeon who never had certain experiences, as, for example, in passing a catheter on himself, can scarcely be considered adequately fitted for his work.

4. Shock is so little understood, so widespread, and so great a source of danger and misery, that the study of its nature, prevention, and treatment should still further engage the attention of the whole profession. I scarcely know any subject so urgently deserving the attention of the profession.

5. Many in the nursing profession are ill adapted to it, while we fail to attract to its ranks many women who would be invaluable, but who seek other avocations. The fundamental remedy is to make the profession more important and honourable in the eyes of the public.

6. Our medical students should be made to realize the importance of the administration of an anaesthetic. They should be trained in producing anaesthesia, general and local, by experts. Much of the administration of anaesthetics on the American continent, as compared with that in England as carried out by professional experts who give their whole time to this, seems to me in comparison barbarous. Is it not time that we encouraged the formation of a somewhat similar class in the profession on this side of the water?

These are a few of the subjects on which, after my trying experiences, I feel very deeply.

Now to give you a very brief history of my case, not for discussion in detail, as my operating surgeon is not present, but rather to indicate to you on what special personal experiences I base the conclusions I lay before you.

The profession is, I am inclined to think, perhaps almost unconsciously to itself, entering on a new epoch—one in which the psychological manifestations in the patient will receive possibly as much attention as the physical, and in some cases more. We are beginning to pass from a condition when as a profession the psychological has been either ignored or treated in the most empirical way. Yet the day has never been when the really great physician ignored the mind. He has been, consciously or unconsciously, given to minister not only to the mind diseased, but to the mind in the diseased subject. We are beginning, however, to recognize that this is not enough, but that psychological science must be applied with all the skill possible in dealing with every patient, because the body is greatly influenced by the mind, and because all sense either of pain or well-being is finally a matter of the mind.

Having for some years advocated the introduction of the study of psychology into the medical curriculum, you will be prepared for the importance I attach to noting psychological conditions in myself during all the stages of my illness. Only those who realize two things can possibly understand much that lies deep among my convictions. I believe (1) that the only real possession is appreciation. I may own a beautiful picture, a work of the highest art, but if you appreciate that picture in the sense of feeling its real worth more than I do, this treasure is yours rather than mine. And (2) that pain, when it passes beyond the degree when it serves as a warning, is an unmitigated evil.

It follows that life is valuable to any individual in proportion as his consciousness is free from pain or uneasiness on the one hand, and on the other filled with appreciations—the more numerous and the deeper the better.

Perhaps no one has made so clear a law of compensation that seems to exist in the universe as Emerson. There is no situation that is utterly bad—that is, wholly without compensation. This, however, is only true if we take life as a whole, and believe that existence is continued beyond this present time and state.

Perhaps the best service I can do is to try to show what have been some of the compensations—some of the many—that went with the various stages of experience that fell to my lot last year. These advantages or compensations consisted of new or clearer views on a variety of subjects, a large proportion of which would have been impossible to me apart from my so-called misfortunes. I propose, then, now to give a very brief history of my case, noting some of the compensations associated with each stage of its development.

HISTORY OF THE CASE.

First Stage.

The previous history of the patient was good; he had had only one serious illness (in youth) in the form of bronchitis. For some years micturition had been rather too frequent, especially at night. An acute condition, marked by irritation and very frequent micturition, began early in June, 1908. This was attributed by the patient to an exacerbation, owing to catching cold, of a condition supposed by him to be a hereditary sensitiveness of the bladder. The heredity, as regards the bladder especially, had led to the condition in question, in spite of the patient having lived soberly and physiologically righteously in this present world. The diagnosis of enlarged prostate was made and palliative treatment recommended. As there was at times retention to the extent of over 30 oz. the gravity of the situation can be understood. Catheterization with a soft rubber instrument was carried out, two and sometimes three times daily for a month, the result being relief of urgent symptoms; but there remained residual urine to the extent of 18 to 20 oz.

Operation had been hinted at more than once. The patient learned self-catheterization, and, hoping for further improvement, sailed on July 16th for England. The voyage was very disagreeable, and to this rather than lack of care the patient attributes the fact that the bladder became infected and urethral fever set in.

Compensations.—New ideas as to sensations; on the value of mental treatment; and on the selection and training of nurses.

Second Stage.

Consultation with a London general surgeon who was a specialist in urology. He recommended immediate prostatectomy. This operation was carried out suprapubically on August 18th, the anaesthetic being administered by a specialist, and in a manner that surprised the patient, who had inhaled ether once in Canada at the hands of a house-surgeon. The operation was followed by considerable shock. By a misunderstanding the patient was allowed only very small quantities of water after the operation, and suffered greatly from thirst. The wound where the tube for drainage had been inserted was very slow to heal, not completely closing till the thirty-first day after the operation. During the greater part of this period the bladder had been washed out with an antiseptic solution. Throughout the whole history of the case there had been great difficulty at times in introducing a catheter, which was the cause of much suffering—and, in fact, before the first attempts at passing a catheter after the operation were successful, I was again obliged to submit to ether anaesthesia.

On the twenty-sixth day my surgeon was obliged to take a holiday. On the second day of his term his substitute—in fact his house-surgeon—so passed a catheter that I felt as if a lance were being suddenly thrust into me. The same day urethral fever set in and continued till all use of the catheter and irrigation of the bladder were discontinued. During this period the urine had become very foul, but improved when the local treatment was discontinued. My general health was very bad. To this unfortunate period I trace most of the misfortunes that overtook me later. My surgeon on his return recommended change from the nursing home to my own rooms and going into the fresh air. On the thirty-third day I began to sit up on the side of the bed and to learn, like an infant, to walk again. Two months from the date of operation I left for my London home, my general health being rather poor, and the tone of the bladder distinctly bad. I took exercise, and used mental tonics, in the form of reading, attendance at concerts, etc.

Compensations.—This was one of the most fruitful periods to me of all. New light came on such subjects as dreams; the origin, nature, and importance of our conceptions of time and space; the interdependence of body and mind; on the subconscious; the nature of obsessions; the narrowness of our ordinary view of things; the limitations of the healthy man, etc. On the physiological side I was profoundly impressed with the importance of the study of shock; of the avoidance of following the same routine with all patients; of nurses being trained to consider the patient's comfort, and not to be mere surgeons' dressers; of their being trained in regard to anatomy and physiology in a very practical way, so as to understand the question of bodily tension and relaxation involved in turning patients with abdominal wounds, etc. Of the great value to a medical man of sound judgement, of common sense as applied to medicine. I also became profoundly convinced that in America we should better our administration of anaesthetics.

Third Stage.

Although things went fairly well with me the urine never cleared up, and the tone of the bladder remained unsatisfactory. On February 18th, 1909, my condition grew worse; an abscess formed, and pointed at the site of the part of the surgeon's wound last to heal. After a temporary closure of this bladder fistula, it reopened in a few days. The patient was again taken to a nursing home—a new one, in which things generally were managed in a way much more to my mind.

For the third time an anaesthetic was administered, and a gum elastic catheter tied in the bladder. This failing to drain, was replaced by a metal catheter, which was introduced under cocaine, and in this way the bladder was washed out, the whole process, in spite of the use of the local anaesthetic, being very painful. Soon the metallic catheter was tied in, and the patient enjoined to lie constantly on the back, with as little movement as possible, day and night. During the first period the catheter was kept in two days and two nights. The opening closed, but soon reopened. The surgeon was much discouraged, but resolved to try the method once more before resorting to another operation (cutting into the bladder). This second ordeal lasted three days and three nights, and was successful. You can but faintly realize the suffering involved in this. During this time my general health was bad, and the urine markedly abnormal.

After continuous irrigation, sometimes twice and three times a day, there was decided improvement in vesical and general conditions. The patient then learned to irrigate his own bladder through a soft catheter, which soon had to be changed to a gum elastic one. On May 26th, the patient having again learned to walk, returned to his own room.

Compensations.—A world of knowledge regarding reflexes; light on the physiology of locomotion; on anaesthesia; pain; hypnosis; and much generally in regard to the relation of mind and body.

The nurses in this home were not merely surgeon's assistants. They all looked carefully to the physical and mental comfort of the patient, though some were more satisfactory in this respect than others. The head nurse, or lady superintendent, presiding over the department of the house in which my room was situated, was an almost ideal woman for the position she occupied. She worked

herself with the nurses, and this explains much. It was worth a great deal to know such a woman.

Fourth Stage.

On June 4th an attack of septic epididymitis necessitated my again entering the home. The treatment consisted in rest, local support, counter-irritation, and pressure. The tenderness disappeared speedily, but the parts long remained enlarged, though this was in no sense troublesome. After about three weeks the patient again returned to his own London home.

Fifth Stage: Convalescence.

On the advice of my surgeon I spent the month of August at a seaside resort—Eastbourne. I lived most of the time in the open air. The change acted most favourably, and this I attribute, not only to physical agencies, but also to psychical ones, especially, after being shut up so long, seeing so many human beings, who were young, healthy, and aesthetically attractive. On September 9th I sailed for Montreal.

To summarize the whole case one might put the matter thus: A patient that had been previously very free from disease had for years shown some symptoms of enlarging prostate. He suffered from a bad bladder heredity, which explains the origin of the condition.

After palliative treatment there was prostatectomy. Out of this and subsequent complications there arose a condition of things that resulted in the patient taking an anaesthetic three times; having to learn to walk afresh three times; submitting to unlimited catheterization by means of the three kinds of instruments; much irrigation for an infective cystitis; formation of a bladder abscess and fistula; and being confined to bed at different times for a period amounting in all to about four months—a vast experience full of new light on many things that it is hoped may be helpful to him in this state of existence and those subsequent ones in which he must now more than ever believe.

I would like to add to those already made a few remarks, especially about some matters that seem to me of great practical importance.

My Montreal surgeon who made the diagnosis of enlarged prostate and carried out the palliative treatment was, I am now convinced, persuaded from the first that only operation would remedy the state of things that existed. But I cannot too much admire the tact and fine feeling he showed. All the preliminary treatment by catheterization was valuable, perhaps essential, in bringing the patient to a realization that there was but one remedy, even if that were a radical one not wholly free from danger to life. Had I been told bluntly at the first interview that such an operation must be performed, the mental shock would likely have been serious, and that this experience was spared me makes me grateful to my surgeon. You all know him and you know him not. I must not fail to pay a tribute to his two house-surgeons, who carried out the catheterization with a care, intelligence, skill, and consideration for the patient worthy of all praise. For twenty-eight days these young men catheterized the patient two, and often three, times a day, giving very little pain, and with no appreciable rise of temperature or other bad symptom, and that in a very sensitive subject; while an English house surgeon so passed the catheter on his second visit that typical urethral fever followed on the same day. True the patient then had a certain amount of cystitis and was not in as good general health as before, but does that account for the difference? I think not. The remark of one of the Montreal house-surgeons to the other when handing over the case to him is noteworthy. When asked how often he used the catheter on this patient, his reply was, "Three times a day, and every time with fear and trembling." This, in my opinion, is the only spirit in which any man should ever take a catheter into his hand for use on a new patient, or for use on any occasion with certain subjects. Brilliance and rapidity in passing this instrument are not to be encouraged. The hands of my house-surgeons in Montreal moved like snails. Would that I could say the same of the substitute of my London surgeon. On one occasion my London surgeon himself must have occupied at least twenty minutes before the catheter could be got into the bladder, and yet no urethral fever followed. And though this involved much pain for the patient, in

spite of the use of cocaine, I attribute the favourable result to the fact that there were no violent or even rapid movements and no suddenly induced pain. Unless a man uses a metal catheter on himself it is difficult for him to realize how much pain there may be. There is a sort of stretching sensation, even when cocaine has been used freely, and there is a peculiarly disagreeable shock just at the moment a metallic catheter enters the bladder which it is difficult to describe and I am sure impossible to understand without some actual experience.

Our knowledge of general, and especially skin, sensations has recently been greatly enlarged, chiefly by certain English investigators, and so far as pain is concerned I could add to what is already known. Reflex pain or referred pain is characterized by its diffuseness and its massive quality, by its being difficult to locate definitely, and by the fact that it may be far from the seat of the original cause of the pain.

As already stated, on two occasions I had a metallic catheter tied in for several days and nights, and to avoid injury was obliged to remain as nearly absolutely motionless as possible all the time. The whole constituted the most trying ordeal through which I have ever passed. Apart from the local pain in the urethral region and pain in the back from constantly lying on it almost motionless there was severe referred pain. It was impossible for me to say exactly where this was located, but it certainly was either in the scrotum or its contents principally. And in this connexion let me point out that no function of the body may escape the evil influence of such severe and long-continued pain. On both the occasions referred to I vomited in the evening food taken in the morning in an absolutely undigested condition. Here, then, was a case of reflex vomiting, traceable to irritation in the urethra and also a cessation of digestion due to the same cause and to pain. I believe the urethra to be the most sensitive and most dangerous reflex tract in the whole body.

You will understand, therefore, putting all these facts together, why I believe that no student should be allowed to graduate till he has had certain experiences, some of them in his own person. Among these I would certainly include the passage, under skilled observation, of a soft rubber and a gum elastic catheter on a subject, and the passage previously of both of these and a metallic catheter on himself. It is difficult for me to believe that, had the London house-surgeon who was my surgeon's substitute had any such personal experience, I would have so suffered at his hands, to which more than anything else my subsequent misfortunes were, in my opinion, due.

Allied to pain, yet very different from it, is shock. One who has been exceedingly weary or utterly exhausted is in a better position than any one else who has not had the actual experience to understand the sensations associated with shock. Pain one can to some extent describe, but shock is beyond words. I would that every member of the medical profession could have this experience for two minutes; it would be invaluable to him. But I would not wish the worst human fiend the experience of two hours of shock. It is very imperfectly understood physiologically. Blood pressure cannot in itself be a final explanation for any physiological condition, though altered blood pressure is undoubtedly associated with many. No doubt there is low blood pressure; but an explanation that refers shock to a profound modification in the structure even of the nerve cells—allied to that which occurs in exhaustion, but much more marked—seems to me to be far more satisfactory.

That the concentrated wretchedness that the subject experiences is not realized by surgeons generally is the only explanation I can give as to why they are not more deeply concerned about the matter. If they felt as I do, the subject would be set down for discussion at the very next medical or surgical congress. On no subject connected with medicine do I feel so strongly, for I can give no description of my sufferings under shock that would be at all adequate. There was no physiologist, pathologist, or surgeon near to help me in any way. My own regular nurse, an admirable surgeon's dresser, failed me miserably. Then came a good angel in the form of a young woman, a nurse in training, whom I had never seen till that day. Would that time permitted me to describe her and her mental ministrations. She seemed to slowly draw me out of a hopeless slough of awful misery by

methods of human sympathetic appeal that perhaps only a woman has at command. Well, it was so, for men are hopeless as nurses, and in many other situations if they could only see it; but as a sex they have an exceedingly good opinion of themselves, and seem to think they are equal to anything and everything that can fall to any human being to do or to understand.

And here again a word about nurses. During the past year I have seen enough of about a hundred who were either graduate nurses or nurses in training to give me ground for some strong convictions. I would rule out at least three classes of women from this profession:

1. Those without the delicate mental touch termed tact. A tactless woman is a sort of monstrosity. I had some slight and unpleasant experience of one such nurse in Canada, and a bad two days of another in England, when the matron at my request replaced her by a very admirable substitute.

2. Those whose hands will never learn delicate handling. One such I could only put up with because she was so well disposed and looked so successfully to my comfort in small matters, which is so important when one has both big and little pains and miseries to endure. Quite a contrary experience was mine with a young nurse who during all the weeks she attended to me after my big operation never on a single occasion caused me the least pain. A wonderful hand had this little nurse, and it was associated with a fine brain.

3. The amorous nurse. She is more or less dangerous for patients, students, and young doctors. Like Liszt, to the charming young lady who failed to please him in piano-playing, I would say: "Get married—get married quick—good-bye."

To my thinking, it would be better for themselves and for all concerned if many nurses in "homes," etc., in England were under less tension. On the other hand, I fear that many nurses in training in Canada do not take their profession seriously enough. They mingle thoughts of work and play too much together. I would not be doing justice to several of the London nurses who looked after me did I not bear witness not only to their professional efficiency and their sympathetic attention to every detail bearing on the comfort and welfare of the patient, but also their high degree of general culture, their refinement, and, what was a great matter for me, the beauty with which they spoke the English language. Some of them could give lessons in speaking to not a few of the London actors and actresses. But nowhere have I met a woman of more tact, better adapted to minister to the needs of the patient, and nowhere a nurse of more ability and general culture than two who were among my attendants in the Royal Victoria Hospital in this city. I again repeat that, in my opinion, the great problem is to attract the best type of woman to this noble profession by making it more and more honourable in the eyes of the public.

To do any sort of justice to the subjects of both psychological and practical interest to which attention has been called in passing would require a separate paper; but a word on a matter of a good deal of practical as well as of scientific interest—namely, hypnotic suggestion.

We are accustomed to invest with importance only that form of hypnosis brought about by some very special means that appeal to the eye. We are in these days rather under the domination of the eye. As a matter of fact, everyone hypnotizes himself by suggestions many times daily. We do it unconsciously, and the doctor hypnotizes his patient's also unconsciously. Let me illustrate by a curious case of the latter kind. When taking an anaesthetic for the third time the expert said to me: "Now breathe out. Never mind the breathing in; that will take care of itself." Not only did I follow his directions before I became unconscious, but I found that I was breathing in the manner indicated when I had regained consciousness. The effect of the suggestion had lasted through the whole period of unconsciousness and beyond it. We may all observe that we make suggestions to ourselves that, at a later period when we meant them to be active, cause an uneasiness that is followed by a recurrence of the suggestion. When the metal catheter was in the bladder I hypnotized myself so fully with the idea of lying still that the suggestion seemed to be active in sleep even to a very complete degree. In such a case the value of such a personal hypnosis is obvious.

There is a peculiarity about the patient recovering from anaesthesia that is known, I imagine, to comparatively few—a sense of isolation and loneliness that may be quite foreign, as it was in my own case, to one's natural temperament. After an anaesthetic a patient is to some degree conscious sooner than might be supposed. I do not think a patient should ever be left alone on the supposition that he knows nothing or feels nothing. He feels very soon, and the sympathetic psychic touch of the nurse to whom he is accustomed—not a stranger—or that of an intimate friend, will prove a great comfort to him. After my prostatectomy, before I could speak other than with a thick tongue, I said, "Nurse, talk to me"; but she did it not and went on reading her book, for which I find it rather hard to forgive her, although she was a good surgeon's assistant.

You will by this time infer that my ideal surgeon is a man who, with all the general and special professional knowledge and skill of the day, illustrates, perhaps even more than the physician, that state of mind which results from contact with at least a little of every important department of culture; and who is possessed of that rarest and most valuable of all human gifts—the power to put one's self in another's place.

A MALIGNANT GROWTH OF THE KIDNEY.

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THE following case of malignant growth of the kidney, removed by operation at a comparatively early stage of development, offers some interesting features which seem to make it worthy of record.

A. R., aged 28, a bricklayer, was admitted to hospital on November 6th, 1909.

History.

In May, 1909, his first symptom appeared in the form of painless haematuria. On the third day he had violent pain in the right loin, passing down to the region of the right hip and to the right testicle. The pain was relieved by treatment. Haematuria persisted for a week. In July he went to camp,

about the centre of the organ projecting slightly on its anterior face. After passing an elastic ligature round the pedicle the kidney was incised into the pelvis; on the cut face a growth was seen surrounded by cortical substance, and possessing a definite dense white capsule; on inspecting the pelvis a mass of soft consistency was found projecting into it, and the source of the haemorrhage was seen. As the penetration into the pelvis of naked growth pointed to malignancy, the kidney was removed.

The patient left the hospital well on November 25th, and was seen on December 18th in good health.

Description of Kidney after Removal.

The appearance of the organ after removal is shown in the accompanying photograph. Below the centre and surrounded by renal gland tissue a spherical mass is seen on each side which in the fresh state was the diameter of a halfpenny. It possesses a very well-defined capsule, the growth tissue itself being of a grey-yellow colour and soft. In the pelvis on each side a projecting mass is seen and to the summit of that on the right side of the picture clot is adhering. The projecting mass is purple-red in colour. A small clot is seen free in the pelvis.

The growth was examined histologically and presents two types of structure between which there are no lines of demarcation, that is to say single sections show both types though in varying degree. One type is that which is recognized as characteristic of the renal growths which arise in adrenal "rests," the hypernephromata; large cells with clear cell bodies and small spherical nuclei, polygonal in shape and arranged in masses with coarse trabeculae between them. The other type may be described as cuboidal-cell carcinoma; cells, with darkly staining cell bodies and large nuclei, arranged in branching columns atypical and irregular.

If the second type of cell growth alone had been found, the tumour would have been described without hesitation as a cancer of the kidney without special histological peculiarities; the presence of the first growth type shows that it had its origin in adrenal tissue.

The points worthy of note are:

1. A growth of typical carcinoma structure arising in relation with adrenal tissue.
2. The situation of the adrenal "rest," surrounded for the most part by renal cortex.
3. The prominence of haematuria as a symptom.

Dissemination in relation to hypernephromata is known sometimes to take the form of wide distribution of secondary growths showing the typical adrenal-like structure. In this case local malignancy in the form

Photograph of kidney removed, with illustrative diagram. A, Growth in section, showing capsule. B, Growth projecting into renal pelvis. C, Clot free in pelvis. D, Renal pelvis.

and while there had a second attack of haematuria without pain; a third painless attack occurred a few weeks later. From this time until November 5th he had no symptoms, but on that day blood appeared again in the afternoon, followed a few hours later by violent lumbar pain. In the course of this attack he was admitted to hospital.

Condition on Admission.

His symptoms were: (1) Severe pain radiating from the right loin down to the right groin and the right testicle; (2) blood in the urine sufficient to give it a deep port wine colour without clots; (3) vomiting. The haematuria steadily diminished during the next few days. It was determined that blood was coming from the right kidney, and as radiography gave a negative result, the diagnosis was renal growth. The right kidney was not palpable.

Operation.

On November 12th the kidney was exposed by an oblique incision in the loin. On palpation *in situ* a firm nodule was felt

of capsule transgression and infiltration was associated with the growth of a carcinoma type, although the tumour betrayed its origin in adrenal tissue by displaying the characteristic structure of the latter in part. This suggests that a certain number of malignant growths of the kidney now classed simply as carcinomata may commence in adrenal rests, their origin being obscured by the active carcinoma growth soon after transformation has taken place.

Most described adrenal "rests" in the kidney are subcapsular. In this case the encapsulated portion of the growth showed that the "rest" in which it originated was embedded in renal cortex.

Many hypernephromata are latent throughout; a certain number have been discovered accidentally in the post-