Professor Benjamin Moore for his constant advice during the conduction of the chemical investigations.

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A CONTRIBUTION TO THE CLINICAL STUDY OF CHRONIC MOVABLE KIDNEY.

BY

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THE object of this paper is to plead for more general patient investigation into the effects of chronic movable kidneys upon general health—particularly as regards their influence upon neurasthenic and mental conditions.

It is therefore unnecessary for me to discuss in any way the more acute cases; such are usually obvious enough, and they have been already dealt with in a recent monograph by Wilson and Howell.

Etiology and anatomy are also beyond my scope here; and pathology need only be mentioned to introduce the question of toxæmic states resulting from the more chronic displacements.

Abdominal (and perhaps cardiac) symptoms are mostly due to various alterations in the relation of the parts, to dragging upon connexions, and to disturbances of the nerve plexuses concerned.

The case is not so simple with regard to toxic conditions.

Most chronic movable kidneys are probably the seat of some degree of hydronephrosis, not acute enough in its incidence or condition to cause pain. It is a fact that in acute cases, where hydronephrosis is believed to exist, it is difficult to estimate its extent by palpation through the abdominal walls, operation often revealing a much more extensive collection of fluid than had been suspected.

The inevitable "kinking" of the ureter must always, or almost always, produce retention of urine in the kidney pelvis; and the degree of pressure upon renal substance of this retained urine must depend directly upon the degree of ureteric obstruction.

The inevitable result of long-continued pressure, aided perhaps by some interference with nerve supply and with blood circulation, must be to impair the renal function, and it is probable that many sufferers from this condition live in a state of mild uræmia.

It is not certain whether any direct absorption of toxins from the retained urine can occur; such absorption probably depends upon tension.

Some such explanation is necessary if it be accepted that various general symptoms (neurasthenic, etc.) can be caused by movable kidneys; for it is plain that such conditions cannot be explained by the effect of long-continued pain, or by the wasting influence of dyspepsia alone, since they occur in many patients who present no abdominal symptoms whatever, yet in whom examination reveals definite displacement.

This is, after all, a question of pathology; and it leaves untouched the fact that certain morbid conditions are frequently found to be associated with movable kidneys.

This association, known to be common, is probably far more so than many practitioners suppose; and if it shall be proved that readjustment of the kidneys cures or materially benefits the patients, then the order of cause and effect must be accepted.

To-day the most divergent views on this question are held in the profession. We are all agreed that where the displacement is associated with the usual obvious symptoms—pain, dyspepsia, etc.—measures should be taken to support the kidney in its proper position. Here the sequence of cause and effect are plain, and no dispute can arise.

But it has been asserted that these kidneys are capable of causing many other symptoms, mostly of a nervous character—symptoms which are not necessarily accompanied by any abdominal disturbance whatever, and where

the actual discovery of the kidney condition may be an incident of a routine examination.

It has been further asserted that such cases are exceedingly common; that all chronic downward displacements of the kidneys, however free from local symptoms, are almost certain to be, sooner or later, the cause of consequences the most serious and most diverse, covering a very wide range of neurasthenic and mental disease.

Many physicians are honestly of opinion that these painless displacements are quite harmless; that they are "anatomical peculiarities," such as are known to exist commonly enough in many domestic animals; that no good will result from treatment; and that it is in the patient's best interests that nothing should be said about the discovery.

The most advanced views as to the effects produced upon health by movable kidney have probably been presented in this country by Suckling. It is hardly going too far to say that his conclusions, as exhibited in writings and practice, are nowhere accepted in their entirety; yet it is likely that, for certain reasons, neither fair examination nor due value have been accorded to his work.

I may at once admit that my own experience during the last few years has convinced me that there exists a large number of cases that support Suckling's contentions.

I have had no experience of asylum cases, nor has any definite case of melancholia with movable kidney come into my hands; but I have seen certain cases of marked neurasthenic and minor mental symptoms in which the discovery and support of movable kidneys have been followed by most remarkable improvement. I have been anxious to maintain an open mind and level judgement, and for a long time I distrusted my growing conviction in this matter. But I am now satisfied that there exists, at any rate, a case for careful and continued inquiry. Such inquiry should be upon the broadest lines, conducted with independent intelligence, and the final verdict must depend upon the results of treatment; whilst I am strongly of opinion that the proper and fittest tribunal can only consist of general practitioners throughout the country. Time and opportunity are both theirs, and it is by them rather than in hospital or consulting work that the range of symptoms can be studied in their origin and in their development; it is by them, who know the life-history and the environment of their patients, that the value of nervous symptoms can be best estimated; moreover, they have the better chance of discovering these cases in the earlier stages, when treatment is most likely to be successful.

Any inquiry as to the effect of movable kidneys upon the production of more serious mental disease—for example, melancholia—is, of course, the province of the alienist.

Now, the alienist has already admitted the probable toxic origin of certain morbid mental states, and it is surely worthy of careful determination whether the toxic results of movable kidneys may contribute towards filling our asylums.

The difficulties of any such investigation are apparent; but they make it none the less worth carrying out.

SYMPTOMATOLOGY.

The following symptoms of chronic movable kidney have occurred in my recent experience, and I shall not amplify my remarks with regard to such as are well known.

Pain.—This varies widely in character; it may consist of aching, dragging, or neuralgic sensations, and it may radiate over any part of the abdomen into the back and occasionally down the thighs; in my cases the common type of pain has been felt in the sacral region. It is generally aggravated by walking, by any active exertion, or by motoring, and usually soon ceases when the patient lies down.

Dyspepsia.—Generally atonic, characterized by uneasiness and flatulence, anorexia, foul tongue, and constipation.

Nausea and Vomiting are often prominent, especially after the patient has been up for some hours.

Urinary symptoms are uncommon, unless any unusual degree of hydronephrosis is present. Urine is occasionally

described as scalding and is certainly apt to be offensive at times.

Palpitation, Tachycardia.—That such conditions can be produced by movable kidneys I am assured. The heart action may be uniformly rapid or there may be paroxysmal attacks of tachycardia (see Case 1).

Loss of flesh always occurs in chronic cases—that is, is always present in such cases. Here may lie material for a pretty discussion as to cause and effect. I must express my own very strong opinion that the wasting is one of the many neurasthenic symptoms often caused by the long-continued existence of movable kidney. It must also be remembered that displacements of the kidney occur often enough in very well nourished, even fat, people, though in such cases the symptoms are more acute. It is no exaggeration to say that one can often pick out at their first visit, from their appearance, patients who have chronic movable kidney.

Pelvic Symptoms.—On this point I do not feel justified in saying more than that I have had some reason to believe that movable kidneys may be concerned in the causation of certain pelvic symptoms—for example, metrorrhagia and endometritis. It has seemed to me possible that the often unsatisfactory treatment of endometritis—curetting, etc.—may at times be due to the fact of a kidney displacement underlying the condition; and here it may not be inapt to recall the relations between the renal and spermatic plexuses of nerves. The possibilities of renal toxæmia are manifest in this connexion. Here, again, as with insanity, it seems to me that there is enough material to stimulate independent and careful investigation by gynaecologists.

Neurasthenic and Mental Symptoms.—These form without doubt the crux of the whole matter. It is unnecessary to particularize the symptoms of neurasthenia—too well known, alas! to every practitioner. *It will be admitted that only in the recognition of possible physical causes, and that in an early stage, lies our chance of dealing successfully with this curse of modern life.*

That temperament plays its own part is undeniable, and that the overwhelming hurry of life must have its exhausting influence is sure enough; but it must always be remembered in this latter connexion that neurasthenia is most common amongst women, and remarkably so amongst women who have never been called upon to face severe strain.

Guthrie Rankin and others have pointed out the probability that many cases originate in the absorption of intestinal toxins, and this may or may not be true. Yet this theory of toxæmia is the most reasonable explanation that can be supplied to fit the position; and, in my judgement, a toxæmia dependent upon deficient kidney action is a far more likely and satisfying explanation than one due to intestinal absorption, and this notwithstanding Metchnikoff.

If asked for a definition of neurasthenia, one can only reply "nerve exhaustion." That there must be in most cases some concrete definite reasons for the growth of the exhaustion has become obvious to intelligent thinkers; and any future success in the treatment of this disorder must depend upon exact location of the originating causes.

The history of Graves's disease during the last quarter of a century affords a striking commentary upon the too common custom of classifying as "neurotic" any condition of which the physical cause is as yet undiscovered. That which for long years was accepted as a neurosis is now known to be due to some perversion of thyroid secretion, and pathologists no longer grope amongst the cervical sympathetic nerves for evidence of disease.

It is true that neurasthenia may be met with often enough in patients suffering from chronic movable kidneys, where no improvement follows the treatment of support. It may even be true that some such patients, newly acquainted with the discovery, may revel in the knowledge that they "have broken out in a fresh place"; but surely the fact that old-established cases of neurasthenia may be incurable does not prove it impossible to deal with the earlier cases, if only the relations of cause and effect can be once definitely settled. I therefore submit:

1. That no neurasthenic symptoms in any young person of either sex, or in an early stage, should be accepted as neurotic in origin without the fullest investigation and

examination, and that, if necessary, such examination should be repeated over and over again under the different conditions to be described later before the final "condemnation" is uttered.

2. That no case of movable kidney discovered in any such patient should be allowed to go untreated, and this even and especially so in cases where no abdominal symptoms are present.

3. That in all cases of early mental disturbance accompanied by depression, unreasonable weeping, loss of memory, vagueness, restlessness, suicidal tendencies, and especially where these symptoms are accompanied by any sort of "pains in the head," the same methods of investigation and, where necessary, of treatment should be used.

DIAGNOSIS.

Various methods of examination are in use. Some physicians advise the erect, some the recumbent, position. In my opinion it is vital to recognize that the discovery of a movable kidney is not *always* a simple matter. I prefer to examine my patients lying down, with the shoulders slightly raised on pillows. Each side can be best explored (and should be so) by the physician standing upon the opposite side, both hands being used, one in the loin and one in front, the kidney being felt between them as it descends on a slow, deep inspiration. The degree of descent should always be estimated.

Both the fact of descent and its degree may require correction by an examination in the erect position. If necessary, another examination is best performed after the patient has been up and walking about for some hours, and it is certain that by this method displacements may be discovered that have not been revealed by repeated examinations made before the patient rises in the morning. I am quite certain that in some cases one examination is insufficient, and that a negative diagnosis must not always be relied upon. Where the symptoms give rise to the suspicion that a movable kidney may be present, it is imperative that the matter should be set at rest beyond doubt; and in such cases, where the issue may be important, I always examine up to four or five times if necessary (see Case 1).

I have known a kidney to "shoot down" through my hands as the patient, an elderly neurasthenic, suddenly gave a violent cough. I had previously examined this woman several times without result. Complete relaxation of the abdominal muscles is desirable; doubtless each physician has his own methods of securing this relaxation during examination. Any tenderness of the kidney, or enlargement should be carefully noted; sometimes an examination may itself result in pain and tenderness; this latter always passes off after a day or two of rest.

The physician has next to determine whether in any given case the mobility of the kidney is causing trouble, abdominal or general.

If the answer is in the negative, and all of us see such cases, then not only should no treatment be suggested, but the patient should not be told of the discovery. Wilson and Howell (page 75) advise that in this class of case "the prudent man will keep his discovery to himself." I entirely disagree. Such reticence would be the acme of imprudence.

Some relative or friend of the patient should always be told of the fact; reasons being given, of course, to explain why the patient is to be kept in ignorance. All such cases, however, should be under some sort of observation, and interference may be found expedient at some later period under altered conditions.

But if the kidney is accepted as the cause of trouble, what is to be done in the way of treatment?

TREATMENT.

Rest in bed always allows the return to normal position of any but adherent or greatly enlarged kidneys, or of a very loose (floating) example; and rest may always be relied upon to relieve the symptoms. In cases where tenderness of the organ is marked, or where any of the symptoms are severe enough to demand it, the necessary period of rest must be insisted upon.

The next step is to have made and *carefully fitted* a truss or a belt, which will support the kidney in its place; or as nearly so as can be achieved by these methods.

Whether truss or belt be ordered must depend upon various factors—physique, age, duties in life, etc. A truss is less bulky, but perhaps more rigid and uncomfortable at first; many women prefer the comfort of warmth and sense of general support conferred by a belt. In either case the strength and stoutness of the instrument should be graduated to the life it is meant to assist. Belt pads should always be pneumatic, and also graduated in size to the individual; these pads are sometimes fixed too low down on the belts—the exact best position can generally be sketched upon the patient if necessary.

Application.

It is most important that the support should be properly applied; and this must *always* be carefully demonstrated to the patient, who should lie flat upon the back with a pillow under the hips. The belt can then be fixed in position with the knowledge that the kidney is well up. It is best worn over a vest or combinations; and since it is safer that the fixture should take place before the patient has walked about at all, I always advise that the bath shall be taken at night instead of in the morning.

A belt will always require tightening up from time to time, and should be ultimately worn strapped as firmly as can be borne with comfort.

The pads require attention and reinflation from time to time, and the belt itself will often require alteration at the hands of the maker after some weeks' wear.

The practitioner should always satisfy himself that the support is properly fitted and properly applied; it must be examined in position for this purpose. The early irksomeness of the treatment should be explained to the patient.

Such measures are generally efficacious in supporting the kidney in position; and many patients assert that they distinctly feel their kidney (or kidneys) "slip down" when the belt is removed.

It will sometimes occur that a kidney will slip down or be forced down when the belt is in position. The former is, of course, due to an ill-fitting appliance; the latter may occur from a fall, a severe motor jolt, or a violent effort. In such cases there is generally a good deal of pain, which, however, is easily relieved by a loosening and readjustment of the belt.

It is wonderful how quickly in some cases the beneficial effects of support are felt by the patient. As a rule, the more recently acquired the trouble, the more rapid is the relief, and vice versa.

In old-standing cases it is wise to warn the patient that from three to six months is not too long a test of the treatment before a final opinion should be formed. No definite promise of amendment should be made in any of these cases.

It is, alas! too true that in old cases, with marked neurasthenia of long duration, success is not to be secured, nor even any real benefit, from support; and such cases may seem to strengthen the contention that the kidneys have nothing to do with the neurasthenia. If, however, the early cases respond to treatment, no such argument can be logically deduced from the failures.

Patients will often ask: "Must I wear this thing always?" and the answer must be guarded. It is certain that sometimes symptoms will clear up, and that the support can be safely dispensed with for a time; but it must be well understood that a relapse is almost inevitable sooner or later, since a chronic movable kidney can only be finally secured in position by operation.

Operation.

With regard to operation, I am not in the habit of suggesting it prematurely in any chronic case.

If recovery, or marked relief, occur from the support from a belt or truss, then the diagnosis may be finally accepted as correct, and the case is complete. It is then possible to discuss the question of operation with all its *pros* and *cons*.

With the technique of nephrorrhaphy I have nothing to do in this paper. The modern operation, performed by whatever method, is practically without mortality, and is generally successful in "mooring" the kidney in its place; consequently it is the ultimate cure of the condition.

Yet there are many considerations that must be weighed, and that should be placed quite fairly before the patient.

The expense is often not the least of these; my own experience has been that, though ultimately successful, a long and tedious convalescence may ensue, generally unseen by the surgeon. Complications do occur, since I have seen a right pleural cavity opened during the operation, and a temporary urinary fistula, with its attendant suppuration. In all cases much pain and discomfort occur for forty-eight hours, and pain in the back may be persistent for many months.

Position in life, strength, work and age should be all notable factors in deciding what advice we may offer; whilst perhaps at this stage the patient is generally in a position to make the final decision. Some may prefer the plunge of operation in spite of its terrors, and the prospect of being once for all relieved of a serious encumbrance in life; some may prefer to "let well alone."

The following cases seem to me specially worthy of record:

CASE I.

Miss P. S., aged 19, came into my hands early in March, 1910. Had been ill for nearly two years, and had been under treatment from "Dan to Beersheba" during that period. The chief symptoms were "heart attacks," which consisted of very severe attacks of paroxysmal tachycardia, occurring frequently, with intervals of fair health. There was no doubt from the history that this girl had been considered seriously ill. The final diagnosis from various excellent physicians had always been neurosis. My first examination revealed nothing new. Anorexia, a very foul tongue, constipation, severe nausea, and occasional vomiting were present; anaemia was marked, but a blood count revealed no special features; she had almost daily attacks of very severe palpitation, with some cardiac dilatation and faintness. Some sort of toxæmic condition appeared to be the probable explanation, but the only opinion I could offer was that I was *certain* that she had some definite cause for the attacks. It was not until the fourth or fifth careful examination, made in the afternoon after she had been about for several hours, that I was able to distinguish the descent of the right kidney right down between my hands. I was in grave doubt as to the possibility of this condition causing the heart attacks. A very light belt was fitted, and improvement began almost immediately, and now for some time she has been perfectly well and able to undergo considerable exertion; her digestion has gradually recovered, she has no cardiac symptoms, and regards herself as cured. On one occasion lately she left off the belt for a day, but was immediately ill, and was glad enough to return to it.

CASE II.

Miss L. W., aged 24, a shop assistant. For two years health very bad, and under constant treatment for "nerves." She suffered from depression, constant fatigue, complete loss of memory at times—on one occasion she was found miles from home, utterly unable to explain why she was there—and always with more or less pain in the head. Such were her misery and weariness of life that her mother and sister, with whom she lived, were afraid that she would commit suicide. She was brought to see me, and the only abnormality I could discover after a thorough examination was that both her kidneys "dropped" very badly.

Treatment.—A belt, and that only. Recovery was very rapid, and she is to-day a very active, cheerful, hard-working girl, and regards herself as perfectly well, whilst her home is said to be "not the same place."

I wish that I could refer "doubters" to these two patients—and after all their opinions are worth a good deal!

THE USE OF OLD TUBERCULIN OINTMENT IN THE DIAGNOSIS AND TREATMENT OF LUPUS VULGARIS.

(From the Skin Department of the Royal Infirmary, Edinburgh.)

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If one reviews the lengthy list of the various methods employed in the treatment of lupus vulgaris, such as α rays, Finsen light, carbon dioxide snow, carbolic acid spiking, salicylic acid plasters, surgical measures, etc., it is at once evident that no one method can be used to suit all cases, and therefore no apology is needed for the description of another means of treatment which has been found of great value in certain cases. As a result of the observation of von Pirquet's reaction in numerous cases of lupus, carried out by Dr. Cranston Low in the wards of the Royal Infirmary, it occurred to Dr. Norman Walker that it would be interesting to observe the result of the application of Tuberculin (Old) direct, either in the