CONGENITAL CYSTIC DISEASE OF THE KIDNEYS.

By THOMAS HOLMES, M.S., M.D.LOND.,
SURGEON TO CHELTENHAM GENERAL HOSPITAL.

THE account of Mr. Malcolm's case in the JOURNAL for June 24th recalls a case of congenital cystic disease in which localized suppuration occurred in both kidneys.

The patient, who came into hospital under my colleague, Dr. Collins, for "abdominal pain" in August, 1914, was a married woman, aged 37, with seven children, all healthy. She said that she was very ill always at her confinements, and felt a sensation as if the stomach were dropping down. She felt this twelve years ago, when her youngest child was born, and the doctor noticed a lump, quite easily felt, on the right side. Her present illness had lasted a fortnight. She had had to go to bed on account of pain; she vomited twice but still had nausea; there had been diarrhoea for a week accompanied by spasmodic griping pain; micturition was normal; temperature 101.8°, pulse 116.

She was considerably emaciated, but lay comfortably in bed. The apex beat was inside the nipple line, and the heart sounds were normal, and the pulse regular and of fair tension. Blood pressure 110 mm. mercury. The abdomen was distended, showing an obvious "ladder pattern." There was a large swelling in the left loin, moving slightly with respiration; it extended between the last rib and the crest of the ilium towards the left semilunar line. This swelling was elastic, irregular on its surface, and very tender, but no definite fluctuation could be detected in it. On percussion there was a band of resonance on its front aspect.

The abdomen was too distended for the right kidney to be felt, but my colleague Dr. Hebblethwaite, who had examined her some years before, told us that the right kidney was then palpable, and had an irregular knobby surface.

The conclusion was therefore drawn that we had to deal in all probability with a case of congenital cystic disease of the kidneys, and owing to the acute history—pain and tenderness, with pyrexia—we concluded that something had gone wrong with one of the cysts.

On August 13th I operated by an oblique incision over the tumour, which was found to consist of the left kidney; firmly adherent to it and tightly stretched over it was the descending colon, which was flattened. The kidney was much enlarged, irregular, and knobby, and consisted of a collection of multiple cysts. The largest prominence was opened and the finger inserted; it was found to be formed by a bag of pus, from which there was no opening. The inner surface of the cavity was occupied by knobby elevations, evidently other cysts; as none of them were softening I saw no object in breaking down any more, but mopped out the cavity and drained it.

The next day the patient was much easier and better, and the diarrhoea ceased. On the tenth day the temperature rose again, so I explored the sinus and kidney with the finger; some pus followed, possibly from the breaking down of another cyst. The drain was reinserted, and after some time everything cleared up and the patient left the hospital well.

As the abdominal distension became less it became possible to feel the right kidney, and this was found to be also enlarged, with irregular knobs on the surface.

In June, 1915, the patient came into hospital again, this time with a painful, tender swelling in the right loin. She was admitted under my colleague, Mr. Braine Hartnell, who kindly transferred her to me. I concluded at once that she had got a cyst infected in the right kidney, as again she had fever and loss of appetite, and was beginning to lose flesh. On exploring through a lumbar incision, the swelling turned out to be an irregular cystic kidney, with one cyst very prominent; it was opened, and, being found full of pus, was evacuated and drained. This time her convalescence was quite straightforward, and I am informed that she still keeps well.

When she first came in, the urine was acid, specific gravity 1015, and contained some blood, which soon disappeared, then the urine became normal.

I have seen at least four cases of congenital cystic disease of the kidneys in my own practice and those of others; in three cases the diagnosis was confirmed by operation. The case now reported is the first one I have seen or heard of in which the cysts became infected and so caused an abscess of the kidney. On the left side the infection might be explained by the adherent colon, which could not easily be stripped off, on the right side there was no adherent bowel.

No urine ever escaped through the drainage tube in the left kidney, and though it was reported on one occasion that there was an escape of urine from the right kidney wound, I could never satisfy myself that this was the case.

The condition of the circulatory system as investigated by Dr. Collins is worthy of note, as it was practically unaffected.

RETURN TO WORK—LEGAL AND OTHER IMPEDIMENTS.

By SIR JOHN COLLIE, M.D.

THE medical advisers of injured workmen frequently experience considerable difficulty in inducing them to return to work after an accident, even in cases in which such a course would be beneficial to recovery. Return to work does not, as most workmen think, imply the admission on the workman's part that the consequences of a recent accident have ceased, for obviously, in the event of his breaking down again as a result of his injury, he could successfully claim half wages.

There are two circumstances in which difficulty might arise:

1. *Where new and unthought-of symptoms declare themselves after return to work and are due to the injury from which the workman supposed he had wholly recovered.*

Here in no sense is reference made to wilful malingerers, nor even to those who obviously endeavour to shirk work, but to a large class of respectable working men who entertain a very natural reluctance to do anything which might interfere with their right to compensation.

A return to work, provided the employer has had notice of the accident, cannot affect a man's right to compensation if he is in fact afterwards found to be incapacitated as a result of the accident. I have no hesitation in saying that there is no ground for the reluctance to return to work which too many working men display, and it is the duty of the medical man, when such cases arise, to point this out.

I have known cases in which delay in resuming work has proved prejudicial to the workman's rights. I refer, of course, to work of a suitable character. Obviously it is a man's duty to endeavour to work in order to preserve his rights to compensation, as the following case demonstrates:

In *Turner v. Brooks and Doxey, Ltd.*, the county court judge found that the refusal to return to work was due to nervousness which an average reasonable man could overcome, and he therefore declined to allow compensation. Upon the hearing of the workman's appeal against this decision, the court of appeal upheld the county court decision.

The haunting fear of an indefinite, chronic disability coming on in the distant future without any warning, without either the workman or his doctor having any idea of the likelihood of its incidence, is greatly exaggerated, and although sometimes advanced in litigious cases is not really shared in many cases by the medical advisers of the men.

It is important, therefore, that the working man should appreciate that, in order to keep the door open, as it were, and to maintain the right to compensation which an unexpected incapacity would carry with it, he will be well advised to resume work when able.

If I were a working man under the circumstances referred to, I would go to a medical man whose judgement I trusted, preferably the hospital surgeon whose skill I had relied on when injured, and ask his unbiassed opinion, and do exactly as he advised. Unfortunately, what usually happens is that, instead of going to his doctor, he consults a lawyer who specializes in running-down cases. The effect which litigation has upon the mind of a workman, and the nature of the advice which he so frequently receives from his solicitor, are factors which profoundly influence him in his attitude towards return to work. The result is that it is very difficult in many instances to satisfy a man recovering from an injury that his rights will not be compromised if he returns to work before complete recovery. His idea frequently is that the evil effects of his injury will unexpectedly face him after his return to work, and when (as he thinks) his claim is for ever closed. I sometimes wonder what legal advice working men get on this point.

2. *Where a man having had an injury, has admittedly not fully recovered, returns to work, receives but does not earn his full wages, and then again breaks down, or who still has an obvious physical disability although earning full wages.*

It is not unusual for an employer to take back into his employ an injured workman after he has more or less