On movable kidney, with special reference to its influence on the nervous system / by C.W. Suckling.

(20.)

With the author's compli

ON MOVABLE KIDNEY.

BY

C. W. SUCKLING, M.D. (Lond.).

ON MOVABLE KIDNEY, WITH SPECIAL REFERENCE TO ITS INFLUENCE ON THE NERVOUS SYSTEM.

ON MOVABLE KIDNEY, WITH SPECIAL REFERENCE TO ITS INFLUENCE ON THE NERVOUS SYSTEM.

By C. W. Suckling, M.D. (Lond.), *Consulting Physician to the Queen's Hospital, Birmingham.*

Ever since I have been in practice I have made it a rule to thoroughly examine each patient who comes to me,—that is, to examine not only the part complained of, but all organs; and in the case of women, I have always insisted on the necessity of the corsets being removed, and of an examination of the abdomen. Through doing this I have come across hundreds of cases of movable kidney. But it is only during the last five years that I have realised the great importance of the subject, and only within the last two years have I found a belt which will in the great majority of cases keep the kidney up. I believe it will not be necessary to perform a surgical operation to fix the kidney if these belts are used. Before I found the belt described later on I had ordered some hundreds of belts varying in pattern, but I found that they almost invariably failed to support the kidney. I do not consider it necessary to recall any observations with reference to the subject of movable kidney, except the excellent article in Sir William Roberts' work on "Urinary and Renal Diseases," almost every word of which I have found to be absolutely correct.

What is meant by movable kidney?—I call a kidney movable which can be grasped by the hand, felt below the ribs, and made to slip up by the hand; the term "dropped" or "dislocated" is even better than the term movable, for the kidney is displaced from its cavity.

How is it that movable kidney is so frequently overlooked?—I believe this arises from a want of knowledge of its frequency, of its importance, and of the proper way to examine for it. Thousands of women are in bad health and unable to perform their duties in life, and suffer from nervous exhaustion, owing to movable kidney. When they seek medical advice, they are often not requested to remove their corsets.

How is it that when movable kidney is found very little importance is attached to it?—I think this is because the symptoms at present are not generally known, and because belts ordered for the condition fail to relieve. The usual procedure is to send the sufferer to the surgical instrument maker to procure a belt, but no examination of the patient, with the belt on, is made to

ascertain if the belt supports the kidney or not. The matter is left to the instrument makers, who are quite incompetent to judge of the efficacy of a belt. In the vast majority of cases the belts have failed, and so the subject of movable kidney has been in disrepute. I find that it is impossible for some (few) people to wear a belt at all, but I have had a large number of people very much relieved and cured of their symptoms by wearing it.

Frequency of movable kidney.—I have taken from my private case-book the cases of 100 women and 100 men whom I have seen during the past few weeks. Of the 100 women, forty-two had dropped kidney; and of the 100 men, six had dropped kidney; in many cases both kidneys were dropped. The left kidney, on account of its anatomical relations, is less frequently dropped than the right kidney in women; in men the left kidney is dropped as frequently as the right. The above numbers fairly represent the frequency of movable kidney. I could give several hundreds of cases, if it were necessary.

How to diagnose movable kidney.—The diagnosis can only be made by palpation of the abdomen. The abdomen should be uncovered and the patient should be lying down. To feel the right kidney, the right hand should be placed on the abdomen, the thumb being under the last rib at the back and the fingers in front below the costal margin. The kidney may be felt with slight pressure of the fingers to be down, but if not, when the patient draws a deep breath, the kidney will slip into the fingers and can be slipped back easily. A common mistake is to palpate the abdomen with the flat of the hand, this simply pushes the kidney in front of the hand; the best way is to get the kidney between the thumb and fingers, and not to press too heavily so that the kidney cannot come down. When the patient assumes a sitting or standing position the kidney comes down more than it does during inspiration when lying down, and it is necessary before concluding that the kidney is not movable to examine the patient sitting or standing. In these two positions the patient should lean forward and try to relax the muscles. To illustrate the importance of this, two years ago I sent a woman, who had a movable kidney and was unable to do her work, to a surgeon to be operated upon. The surgeon could not find the kidney when she was put under an anæsthetic; he sent for me the following day to examine the patient again. I could not find the kidney while she was lying on her back, but when I asked her to sit up the kidney could at once be felt in the right iliac fossa. In examining the left kidney the left arm should be placed round the body, the physician standing on the right side of the patient, the fingers being placed under the last rib, the right hand should be placed under the left costal margin; on drawing the breath or on sitting or standing, if the kidney be movable, it will be felt between the fingers and can be made to slip up in a most character-

istic way. The left kidney rarely falls to the same degree as the right. I have never met with it falling below the umbilicus, while the right kidney frequently falls into the iliac fossa and even into the pelvis. It is remarkable that the left kidney feels much smaller than the right.

Subjective symptoms of movable kidney. — *Pain.* — Movable kidney either single or double may be present without any symptoms. But in the majority of cases there is marked ill-health. In the case of the right kidney there is rarely pain, but often on walking, or standing, or sitting there is an uneasy feeling in the back on the right side. In the case of the left kidney, pain is the most prominent symptom and is very severe; the pain disappears when the patient is lying down and comes on whenever she sits, stands, or walks. The pain then is under the left costal margin, running round the left side. I have had at least a dozen cases where this pain had been present for a long time, and was removed immediately by the use of the belt. A young lady recently came to me complaining of pain of this description from which she had suffered for two years. I suspected that the left kidney was a little dropped although I could not feel it. The belt at once cured her.

Mental depression and hypochondriasis.—In some cases depression of mind occurs and hypochondriasis. A lady who was under my care for mental depression and hypochondriasis, and had been ill for some years, had a movable right kidney; when this was stitched up she recovered at once.

Inability to walk.—A frequent symptom of movable kidney on either side is inability to walk, the patient being easily tired, and also unable to stand or even to sit up for long, and many people are unable to get about or do any work unless the kidneys are properly supported.

Disturbance of the liver.—Movable right kidney may disturb the liver, it may cause aching under the right shoulder, tenderness of the liver, the presence of bile in the urine, and it may cause attacks just like those of gall-stones. A lady had been ill for some years with attacks of acute pain in the region of the gall-bladder, followed by the presence of bile in the urine; she was greatly depressed and suffered severely. The gall-bladder was opened but no gall-stones found, she still had attacks, when the right kidney was found to be dropped. This was stitched up and the patient was quite cured; she had been considered a confirmed invalid and hypochondriac.

Disturbance of the heart.—Palpitation and pain at the heart may be caused by movable kidney.

Disorder in walking.—This has been mentioned, but occasionally ataxia is present, and sometimes a morbid fear of crossing a street or of walking alone.

Vertigo.—Vertigo may be caused by movable kidney. I saw,

a little time ago, a gentleman who had suffered from giddiness for six months. The giddiness had been attributed to dyspepsia, but no medicines had relieved him. I found that his left kidney was considerably dropped, probably due to the fact that he had strained himself in bowling at cricket. I ordered him a belt, the pad to press under the left costal margin, and he was immediately cured, and has remained well ever since. I have met with two or three cases of giddiness caused by movable left kidney.

Enlarged spleen.—In many cases where the left kidney is movable the lower border of the spleen can be distinctly felt, and the organ is tender.

Dyspepsia.—Dyspepsia is often caused by movable kidney.

Albuminuria.—When the kidneys are movable, a trace of albumin is usually present in the urine.

Attacks of *diarrhœa* and *constipation* may be caused by movable kidney.

Exhaustion.—This is a common symptom of movable kidney. Women complaining of being easily tired and exhausted should always be examined for movable kidney; the dragging of the kidneys causing them to be always tired except when lying down. This tired feeling and exhaustion are immediately removed by the use of the belt.

Standing.—Difficulty in standing upright. People with movable kidney, causing them pain or exhaustion if they stand upright, often stoop.

Epilepsy.—I have not had sufficient cases to judge of the effects of movable kidney in epilepsy. I have one case where the patient is greatly improved by the use of the belt, both her kidneys being movable. Since the use of the belt the fits have disappeared.

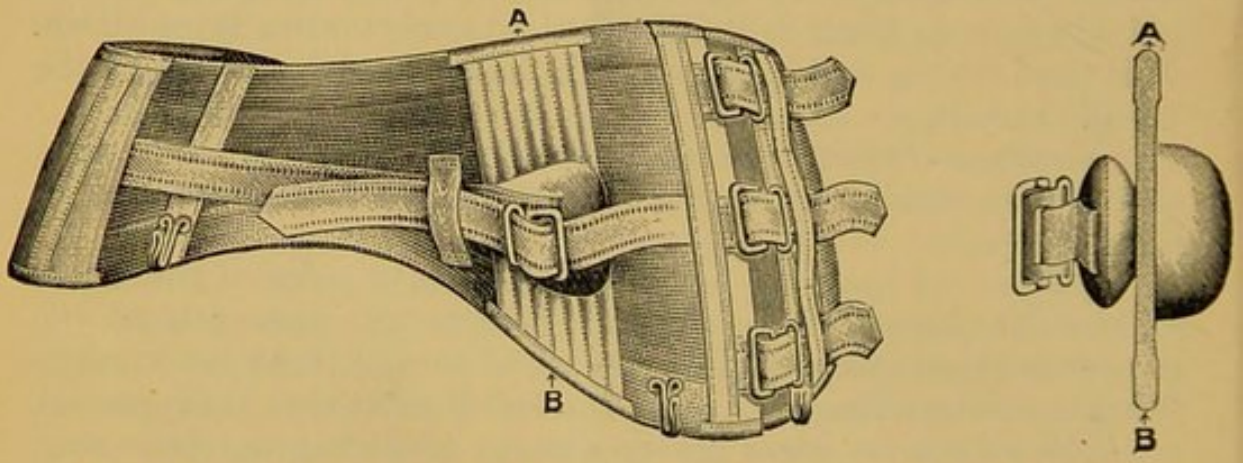
Colic.—In some cases severe attacks of abdominal pain may be caused by movable kidney. The following case is instructive. A lady, always delicate, had been unable to walk properly some years, that is, she was fatigued very easily. For some months violent attacks of colic came on at each period, each attack so severe that it seemed likely to prove fatal; they were accompanied by faintness and vomiting, which lasted nearly twelve hours. Every precaution was taken in the way of rest and other treatment without avail. It was found the right kidney was dropped in the right iliac fossa; the kidney being kept in place by a belt, no further attack occurred. Moreover, the patient was able to walk about and to stand in church, which she had not been able to do for several years, and she says now she would not part with the belt on any account.

Causes of movable kidney.—How is it that movable kidney is present in about 40 or 50 per cent. of women and in only 6 per cent. of men? This must be due to the wearing of corsets. Tight lacing will readily displace the kidney. A fall or strain will displace it. I have found that attendants at refreshment bars

who have to draw beer frequently have movable left kidney. I have also found that movable kidney is extremely common in those who suffer from migraine. This may be due to the vomiting and retching which often occur in this complaint.

Lifting weights will cause dropped kidney, and any sudden exertion may do it. Tall people are very liable to it.

Treatment of movable kidney.—I have found it quite useless to attempt to restore a kidney to its position by any tonics, or by any process of fattening a patient, or by rest. For two or three years I tried various kinds of abdominal belts, but after a time I found that they were useless, and did not in any way relieve as I have stated. Two years ago a young man came to me with marked dropped right kidney, which entirely prevented him from following his employment. I ordered a belt for him, which I found did not keep the kidney up. I had several interviews with the makers about it, and, realising that a mere pad on the inside of a belt could not possibly support a dropped kidney, I suggested some pressure should be made outside the belt over the situation of the



pad. Messrs. Salt accordingly placed a strap which enabled the pad to be driven in, and the kidney was kept up. This young man periodically goes for a new pad, and is unable to work without the belt. It is this direct pressure on the pad which makes the belt efficient in the great majority of cases. In all cases great care should be exercised, and it should be seen that the air pads do not press upon the ribs. The belt should be put on lying down, when the kidneys usually drop into place; if the kidneys do not go back on lying down, the patient should be instructed to press the abdomen gently upwards with her hand before putting on the belt. It should also be fastened when lying down. The belt not only removes the symptoms of movable kidney, but in some cases, especially in the case of the left kidney, it cures the condition. I have often found that after the use of the belt for a few months the kidney cannot be felt.

In many cases, though the kidney has not been kept up by the belt, great relief has been experienced. I consider that surgical interference will rarely, if ever, be necessary if this belt be used.