A HUNDRED YEARS AGO

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NEPHROPTOSIS AND MENTAL DISORDERS

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THE TIME HAS COME when an impartial statement of the results of nephropexy, performed on patients suffering from mental disorders associated with movable kidneys, should be laid before the profession.

My experience and conclusions are based upon nephropexy performed upon 415 patients. The majority of patients suffered more or less from neurasthenia. However, I will deal here only with nephroptosis in relation to definite and marked mental disorders, e.g. severe melancholia, with or without delusions, insanity, and mania. I have performed nephropexy upon 25 patients of this type.

To Dr. Suckling is due the credit of first enunciating the causal relation between movable kidney and some mental disorders. He has persistently maintained this, and has advocated nephropexy as a means of curing the abnormal mental condition. He records 43 cases of cure by nephropexy out of a total of 48 in this category.

Impairment of blood flow, and of passage of urine by kinking of the ureter may by preventing normal function in the kidney, lead to retention of toxic products of metabolism in the blood stream. A toxaemia thus produced can lead to either destruction or deterioration of cerebral cells. It may be so severe as to cause mental disorders of a serious nature in otherwise healthy individuals. In persons predisposed to mental disorders, due to heredity or other influences, even a moderate degree of toxaemia may precipitate an attack of insanity or even of mania.

"If toxaemia can cause mental disorders, and movable kidney can cause toxaemia, there is no difficulty in recognizing movable kidney as a cause of mental disorders"

If toxaemia can cause mental disorders, and movable kidney can cause toxaemia, there is no difficulty in recognizing movable kidney as a cause of mental disorders. I maintain that there is concrete evidence in proof of this contention, in that nephropexy properly and efficiently performed has in a large proportion of cases effected a cure.

I will give a short description of one of my cases of mental disorder associated with movable kidney on whom I have performed nephropexy.

'She had made up her mind to end in an asylum'

Mrs. W., aged 51, declared her firm belief that she was never going to get well, and that she had made up her mind to end in an asylum. She was extremely nervous, introspective, depressed, and had a very sallow, dark, earthy complexion. She was very thin and was losing flesh rapidly. She had attempted to commit suicide. Nothing abnormal was found on physical examination, except marked double nephroptosis.

I had not very high hopes of getting her well after nephropexy, but at the request of her doctor I performed double nephropexy on September 30th, 1912. I heard from her doctor about six months after the operation that she was completely cured. She had lost her sallow colour, had gained flesh, and was cheerful and not at all melancholic. In fact, she is now a totally different personality.

It is most important that patients suffering from mental disorders should be watched night and day after nephropexy, and should not be left alone for a single moment, not only during the period of convalescence from the operation, but afterwards. They should be carefully watched by competent nurses or their own relations, otherwise they may commit suicide, or damage themselves or others.

I advise the patient's relations to have trained nurses to look after the patient, or, when they cannot afford the expense, to have the patient admitted into a private or public asylum during the period of convalescence.

Altogether, I have operated on 25 patients having mental disorders when nephroptosis was present; out of these, 20 are cured, a percentage of 80. Two derived no benefit mentally. One was sent to an asylum about four weeks after the operation, as the patient's relations were unable to bear the cost of nursing in a home. One died as a result of septicaemia, due to accidental infection of the wound, and one committed suicide by drowning, four months after the operation, due to relaxation of proper control till the cure was established. In all the patients reported as cured, at least eight months have elapsed since the operation. The longest period is five years and nine months and the shortest is nine months. In none has a relapse been reported. Out of the 25 cases, 19 were females and 6 males, a ratio of nearly 3 to 1. The youngest patient was a male aged 24, and the oldest was a female aged 51.

The time taken by patients for a complete cure after nephropexy varies from a few months to a year or more, and it is essential that, during this period, the patient is properly taken care of, that physical and mental over-exertion is avoided, and treatment is carried out on the lines usual in mental cases. This necessity for, at times, prolonged and careful after-treatment has led some surgeons to say that nephroptosis is not a cause of mental disorders, and that the moral effect of an operation and the after-treatment is really the main factor in effecting a cure. That these statements are incorrect, can be proved by the following:

It is more often the case that the patient's psychic symptoms are worse immediately after nephropexy, and sometimes they remain so for a few weeks or longer. One would expect the moral effect to be more pronounced and effective immediately after the operation and during the few weeks following; but it is precisely during this period the patient is not only not better, but is often worse.

The importance of early diagnosis of movable kidney in cases of mental disorders, and the need of an early nephropexy cannot be over-estimated. The condition of threatening or established mental disorder is so serious from the patient's and from the social point of view that as soon as the diagnosis of associated movable kidneys is made, nephropexy should be performed without delay.

In order to avoid the stigma attached to a lunatic asylum, it would be advisable to start institutions with a less objectionable name to care for these patients.

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