

Looking back

A notable case of nephrosis

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How a boy of 10 developed nephrosis more than 60 years ago, how he came to be seen by Sir Frederic Still with interesting later consequences, how his nephrosis cleared following measles, and how all this led to his becoming a distinguished paediatrician is told in a case history based on the diary kept by the boy's mother.

R. was a healthy 10-year-old boy who in 1916 developed a rash on the legs, diagnosed as eczema. After prolonged treatment with an ointment the rash disappeared. A specimen of urine routinely examined during this time had been noted to contain albumin and casts.

Some 4 months later oedema of the face was apparent and the abdomen became swollen, evidently due to ascites. A further urine specimen was now examined with results which must have been indeed alarming, for Dr Williams,* the family doctor, came rushing upstairs exclaiming to the mother, 'Your child's life is in danger, his life is in your hands!' He was diagnosed as suffering from acute congestion of the kidneys; treatment consisted of bed rest and a light diet.

The oedema persisted and it was decided to ask for a consultation with Dr (later Sir) Frederic Still. At that time Still was the only physician in England who confined his work to children and was thus perhaps the first who could be called a paediatrician, though that term was not then in use. Still ('a dark little man with a pleasant manner') came down to Folkestone from London (fee £30), said that the boy was suffering from 'an acute attack of nephritis', and ordered his admission to a nursing home so that he could receive treatment with warmth to induce sweating, together with a diet mainly of milk.

A week later the boy developed hydrothorax ('the water in his system settled in his lungs') and despite Dr Williams (seemingly something of a pessimist) warning that 'he might not last the night', the boy's condition continued to fluctuate from week to week. The urine now contained albumin in large amounts and casts—hyaline, epithelial, and blood.

A second visit from Still is today vividly remembered by R. Still endeared himself to the boy by

asking him what he wanted to do when he grew up. 'I want to be a children's doctor like you, Sir', to which Still answered, 'If you do as I say, you will'. However, beyond recommending 'small doses of gin' he had few new suggestions as to treatment, and the prognosis he gave to the parents was gloomy.

Hopes rose temporarily when Still's visit was followed by a remission, the fluid cleared from the chest and there was a diuresis, but soon generalised oedema returned. By Still's orders the oedema fluid in both legs was tapped, but 'he would not allow the stomach to be tapped as if this were done peritonitis might set in'. So, the mother's diary continues, 'the poor boy's stomach became more and more distended till at last the pressure on all his organs became acute. At times he could scarcely breathe. . . . His poor swollen face with its horrible waxen pallor was scarcely recognisable'.

So certain did death now seem that the whole family was taken to be outfitted with mourning clothes (a sore point later with R., who for years after had to wear out his two older brothers' black suits).

Over the next few months he was seen successively, first by a Christian Science practitioner (a Mrs Large, 'a big bouncing woman'); then by a faith healer with laying on of hands which alas only 'frightened the poor child and made his heart beat still more quickly'; and then by a 'distinguished kidney specialist, who said it was only a question of time'. Finally, a Dr Lord,* a local doctor with a reputation for his skill with children, was called in and at once advised tapping the abdomen. 'Dr Williams pleaded Dr Still's view that peritonitis might ensue and the boy die, as he said, in agonies. Lord ignored Still's opinion, declaring that he and Still had been students together and he considered his own opinion as good as Still's. He was a big determined man, very good looking and with a very

*Some names have been altered.



Fig. Sir Frederic Still (1868–1941) ‘a dark little man, with a pleasant manner’.

autocratic manner and quite overpowered little Dr Williams, who was a delicate, nervous little man. Ultimately I was left to decide whether R. was to be tapped or not. Feeling that death was certain if he were not and that such a drug as morphia existed if the worst happened I gave my consent. . . . The result was entirely successful. Basin after basin of yellow fluid was withdrawn from the child’s stomach into which a rubber pipe had been inserted’. Unhappily the fluid soon reaccumulated.

From the account of what happened next it would seem that Still’s fears were not groundless and that a peritonitis, presumably well localised and perhaps pneumococcal, did develop. R.’s mother’s diary tells us, ‘One day he became slightly feverish and the nurse noticed a swelling just over the navel. This was fomented and one morning I found him in a state of excitement and looking better. “Oh! mother”, he said, “such a funny thing happened, a fountain spouted out of my tummy and now I feel better.” And sure enough a sort of abscess over his navel had opened and a great quantity (about a basin full) of thick green liquid resembling pus had come out quite painlessly.’

From that day R. improved rapidly, oedema and ascites cleared, and the albumin in the urine

diminished. Once more hopes rose, only to be extinguished yet again by what appeared at the time to be the inevitably final catastrophe—the onset of a high fever and what proved to be an attack of measles. Miraculously, as it seemed to those about him, he survived this and thereafter his gradual return to full health was uninterrupted. Some 6 months had elapsed since he had first become oedematous, a trace of albumin in the urine only remained.

It is interesting to speculate at this stage in the story as to what may have been responsible for initiating the remission in what we should now undoubtedly call a nephrotic syndrome. In the days before corticosteroids were available it was well recognised that an acute infection could sometimes trigger a remission in these cases. As early as 1908 von Pirquet¹ had observed that measles infection could do so, and it was this fact that led the author² in the 1950s to explore the use of malaria as a therapy for nephrosis, some of the children so treated having indeed remained well ever since. In R.’s case a remission (or can one call a 60-year remission a cure?) was apparently associated with a peritonitis, which was closely followed by measles, so we do not know which of these infections may have been responsible for the happy outcome.

An interval of some 15 years in the story now elapses, and the scene shifts to London and the examination for Membership of the Royal College of Physicians. R. is now a candidate and Still is an examiner. The following dialogue takes place. Still, 'What's your name?' R. gives it. 'Hmm, haven't we met before?' 'Yes, Sir.' 'Didn't you have something wrong with your kidneys?' 'Yes, Sir'. 'Weren't you the boy who was going to be a children's doctor?' 'Yes, Sir.' 'Well, we can't stop you at this stage, can we?' (They didn't.)

Some 10 years later in World War II, R. joined the army medical corps and, lest albumin might still be found in his own specimen, he took the precaution of borrowing a sample of urine from his neighbour in the waiting room, and passed into the Army category A1.

Another long passage of time, 30 years or more. R. is now an exceptionally fit septuagenarian. Behind him he can look back on a distinguished career as a

paediatrician, as a professor of paediatrics, as an editor of a paediatric journal of consequence, and as a president of his national paediatric association. His blood pressure, blood chemistry, creatinine clearance and his (own) urine are normal; only a few pale striae remain as faint reminders of the dire nephrotic illness over 60 years ago. One swallow may not make a summer, but at least in the case of R., nephrosis does seem to have been good for him.

I am grateful to Professor John Soothill for persuading me to publish this case, to Dr Bernard Schlesinger for the photograph of Still, and to R. for allowing access to his family papers.

References

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