

DECAPSULATION OF THE KIDNEY IN THE COURSE OF CELIAC GANGLIONECTOMY FOR ESSENTIAL HYPERTENSION

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Many years ago Edebohls of New York proposed the operation of decapsulation of the kidneys for chronic nephritis and hypertension. I performed this operation at that time in a number of cases. In many parts of the country there were reports of some very good results; other results were entirely negative. That was true in my own series. The operation, however, did not yield sufficiently good results to justify its continuance although it did modify favorably many of the cases. The indication for the operation, then, was in the late stage of the disease.

At the present time the success of various procedures on the sympathetic system in the treatment of essential hypertension is such that patients are beginning to seek treatment in the earlier phase of the disease, although the largest numbers unfortunately still consult us in the late or terminal phase.

In any incision we make for celiac ganglionectomy, the kidney and its blood supply is completely exposed; indeed, we are obliged to draw the kidney away from the field of operation to show the ganglion more clearly. Therefore, it requires but a few minutes to decapsulate the kidney, and this operation we have now performed in six cases. It is too early to evaluate this method, but the first indications seem to be that it has contributed something in addition to celiac ganglionectomy.

One reason we have no hesitation in adding this trifling procedure to celiac ganglionectomy itself is because the operative risk is now negligible, as in the last 119 operations there have been no surgical deaths. We can, therefore, with confidence, add this slight, additional maneuver.

It was apparent in these six instances that the more severe cases of hypertension showed a very decided congestion of the raw surface of the kidney itself when the capsule was removed, and there was slight oozing for quite a little while. This may signify renal congestion which could well have exerted some interference with renal function.