Josef Dietl (1804 - 1878) - Medical Reformer and “His Crisis”

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Josef Dietl (1804 - 78) was born in Poland, and completed his medical education in Vienna in 1829. His uncommon ability, industry, inexhaustible energy, dogged perseverance and courage contributed to the development of reform of medical science in Europe, and educational system. He brought order to the badly neglected city of Cracow where he was elected as Mayor in 1866. Dietl’s name is chiefly mentioned in the medical texts in relation to “Dietl’s crisis”, which he described in 1864. However, his major achievements are almost unknown.

His doctoral thesis, entitled “Some words about the credibility of health sciences”, was an unconventional topic for a 25 year old medical graduate. Later, as chief physician at Wieden Hospital in Vienna, he voiced his disbelief in the existing therapy in such strong terms that it is recorded in history of medicine as programme of therapeutic nihilism. He demonstrated experimentally in Vienna and Cracow that bleeding in pneumonia is not indicated, since it does not promote recovery and is indeed harmful, raising mortality rates three times compared to those who had received dietary treatment only. He eliminated bloodletting in pneumonia. He was progressive and rational in a time of primitive and frequently harmful therapeutic methods. Carl Rokitansky, Joseph Skoda, and Von Hebra were in agreement, and later it became general opinion of the New Vienna School of Medicine.

Dietl was first to investigate and classify therapeutic springs in Poland, and worked out detailed prescription for spa treatment. He indicated that treatment in health resorts could not be limited to balenotherapy and indicated that climate therapy and physiotherapy should also play a role.

In his time, throughout Polish towns and villages, people grew mass of tangled hair called plica polonica ('Koltun'), with a general superstitious belief that it would get rid of chronic diseases. Enormous sticky masses of tangled hair hanged at their back, emitting characteristic repulsive odour, and generally crawling with vermin. Dietl was the first to declare war on this deep rooted superstition. He won despite fairly strong opposition, and did society a service of inestimable value.

Dietl described the crisis attributable to kink in the ureter or renal vessels when kidney was dropped (1864), and also gave description of floating kidney problem and of partial incarceration, a well known condition-“Dietl’s crisis”. He described a sudden severe attack of pain, nausea, and vomiting, and at times, by terminal polyuria, ascribing them to partial turning of the floating kidney upon its pedicle. He favoured conservative treatment using abdominal support with belt, corsets. If the pain was prolonged, he recommended placing the patient in supine position and by exerting gentle gradually advancing pressure on the lower renal pole, sliding the kidney towards lumbar region. After 1870, surgical correction was offered as treatment option. Bassini in Italy began using fascial sutures through renal capsule to affix ptotic kidney. Till 1960s nephropexy was performed as a routine operation for the condition.

This anatomic variant occurs in up to 15% of women and 2-5% men, more common on the right side, and is hardly mentioned in the
current texts. Studies even concluded that the predominance of female patients suggested that this syndrome was early equivalent of non organic pain! Because of the inconsistency of symptoms, and diagnosis- nephroptosis and nephropexy totally went out of favour as an accepted medical diagnosis. There has been a recent revival of interest in the diagnosis; given modern diagnostic capabilities, it is currently recognised that surgical repair is beneficial in certain symptomatic patients with collecting system obstruction. Laparoscopic nephropexy has now emerged as a valid surgical treatment. Few diagnostic and surgical procedures have had such a contentious and colourful history.