

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

ORIGIN OF TUMOURS BY REVERSION.

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THE interesting communication of Dr. Gresswell on the above subject has suggested the following brief remarks.

I have been inclined for some little time past to regard certain new formations as reversions—of limited patches of tissue—to an ancestral type, notably the enchondromata, myxomata, sarcomata, and the new formation occurring in consequence of inflammation—namely, granulation tissue—including, of course, the granulomata. It must not be forgotten that the reversion of which Dr. Gresswell speaks is not the ordinary reversion which occurs during the embryological development of an organism, but the reversion of a fully evolved and specialised tissue to one of remote ancestral type. That such a fully-developed tissue may thus revert is a well-recognised fact. Dr. Maudesley points out that during the cerebral disturbance which heralds an attack of insanity, the moral faculty—namely, that mental element which has been last acquired, is generally the first to go. This shows a reversion of cerebral tissue to an ancestral type. It is well to bear in mind that the tissues of a fully-developed organism have many potentialities which only need fitting opportunities to display themselves. These consist in modifications of cell environment. A good example of such latent capacities is afforded by disease, atrophy, or removal of the ovaries or testicles, when the organism tends to take on the characters of the opposite sex. This shows that each sex contains potentially the actualities of the other, and similarly the most highly specialised organism contains the potentialities of remote ancestral actualities which display themselves under modifications of cell environment.

As regards tumours, the nature of this environment is known in certain instances, as in the granulomata; parasites enter the tissues, and so disturb the cell environment that they can no longer maintain their high grade of specialisation and revert in consequence to an ancestral type. The malignant tumours have, I believe, a like parasitic origin; but there is no need here to adduce arguments in favour of this view. Now, sarcomatous tissue is distinctly of an ancestral type; one cannot, however, speak so positively of the carcinomatous. In epithelioma, however, we see changes allied to embryological ones. The squamous epitheliomata originate by an involution of the epithelium, such as occurs in the development of all open glands (even the liver is thus developed); but in this instance the inverted cylinders have no lumen, nevertheless the manner of development is that of a crude form of gland. In the cylindrical variety we have a higher effort, for a distinct lumen is developed. I cannot compare the other carcinomata to any embryological or ancestral tissue through dearth of knowledge; but let us bear in mind that the affected tissues must possess the potentiality of this mode of growth, and whence, it may be asked, have they this power? I should not be surprised if one of wide histological knowledge could throw light upon the subject on the lines laid down by Dr. Gresswell.

Guilford-street, W.C.

SUPRA-PUBIC LITHOTOMY.

BY CHARLES WILLIAMS, F.R.C.S. ED.,
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GEORGE J—, a farm labourer, aged eighteen, was admitted into the above institution in May, 1885. He had suffered from constant irritability of the bladder from the age of two or three years, and from well-marked symptoms of stone for twelve months. Of late the vesical pain had been excessive, and had greatly impaired his health. He was thin and worn, stooped much, and was noticed to have his left hand constantly in his trousers pocket, grasping his

penis—a sure sign of stone in the bladder. There was no indication of kidney impairment. The lithotrite gave evidence of a rough stone of about an inch and a half in diameter.

June 25th.—Hypogastric lithotomy was performed, the bladder having been injected with six ounces of boracic acid solution through a No. 9 silver catheter, known as Brodie's, which was retained and held by my colleague, Mr. Crosse. This proceeding rendered the rectal bag unnecessary, and proved to be a sure and safe guide to the viscus, which I was enabled to open without difficulty. The stone was extracted without trouble, and a medium-sized rubber tube placed in the lower portion of the wound. The vesical incision was brought together by means of several catgut sutures, and the abdominal wound closed by six carbolised silk sutures. The patient was placed on his side in bed, and with a small basin was enabled to catch the urine as it ran through the drainage tube.

Two days later redness and tension were noticed around the wound; some sutures were removed and a teaspoonful of pus escaped. On the fourth day the tube was removed, and on the fifth the urine passed per urethram.

On July 31st the patient left the hospital in excellent health, the wound soundly healed. The stone weighed 509 grains, and consisted of uric acid.

Norwich.

NOTE ON THE ADMINISTRATION OF OPIUM.

BY A. G. AULD, M.D.

THERE are few drugs more commonly prescribed than opium, and it is certain there is none more abused or more carelessly combined. Of its numerous official preparations it cannot be said that their individual actions are free from the disagreeable after-effects which characterise that of the pure drug. The problem is to get all the good effects of the drug, and yet to obviate the resulting headache, sickness, and loss of appetite caused by arrestment of the secretions of the alimentary canal. This, of course, refers to medium doses. Belladonna or atropia have for long been given in combination with opium, but in these respects the result has been mostly a failure, the reason being that while the actions of these drugs on the central nervous system are to a certain extent antagonistic, their actions on the alimentary secretions are much the same. For some time I have given opium in combination with ether with good results, ether being one of the most powerful secretion stimulants we know. I generally prescribe equal quantities of tincture of opium and spirit of ether, and though not claiming for this a specific effect, think it a good and most useful mixture.

Wick, N.B.

SEVERE CASE OF ACUTE GLOSSITIS.

BY BERNARD RELTON, M.R.C.S., L.S.A.

At 1.30 A.M. on May 29th I was called up to go immediately to see a man, a painter by trade, aged about thirty, whose "tongue was so swollen that he was being suffocated." On interrogating the messenger, I learnt that the patient had had a heavy supper of oysters, cucumber, onions, and whisky at 11 that evening, and shortly afterwards his tongue and neck began to swell rapidly, and that he was now almost choked. I went to the man immediately, and found him sitting up in bed with his mouth wide open, and protruding from it a red mass which completely filled up the aperture of the mouth, while the unfortunate man was gasping for breath and appeared almost moribund. Seeing the danger he was in, I determined to make free incisions into the tongue; but on pulling down the lower lip I found the floor of the mouth so very swollen and oedematous, and the immensely swollen tongue pushed up so high, that I freely punctured with a "Paget" knife the swollen tissues beneath the tongue, from which a considerable quantity of serum rapidly oozed out. I was now able to get the handle of a spoon on the dorsum of the tongue, and pressed it down hard, so as to give him a better chance of breathing, and this made him very sick. The vomited matter, more than a pint in quantity, consisted of improperly digested food, and smelt strongly of onions. He now began to breathe much better and in the course of ten minutes, or even less, he was able to move his tongue, which before was