Room for a view

A bucket of cold water

Andrew Hill, my great-grandfather, graduated as a physician from Edinburgh University in 1832. When I wrote to the bursar, seeking details of family history, I was rewarded not only with the information I requested but also with a copy of Hill's graduating thesis — written in Latin. With some trepidation, I embarked on the task of translation with the help of a borrowed dictionary and two school texts found in a second-hand book shop.

After declarations of gratitude to his family and teachers, reference to the solemn statutes of his alma mater and due expressions of humility, the author proceeds to a discussion of the disorder "Enteritis." In accordance with the nosology of Cullen, he declares this to have two forms: the phlegmoid and the erythematous. Most attention is given to the former, more severe variety, which affected the peritoneal coat of the gut rather than the villosa and whose symptoms included a high, typhoid-like fever, vomiting and severe twisting pain centred on the umbilicus. This disease could be fatal: "unless medical skill is at hand, everything gets worse — the patient becomes quiet, the skin sticky … the lips, losing their usual pleasant hue, become leaden, the eyes and face take on a hollow look, death approaches and the threads of life are torn away."

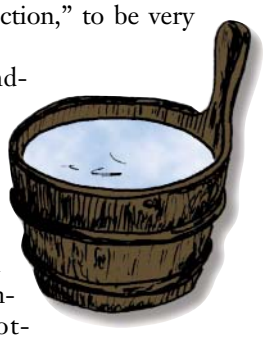
As to etiology, exposure (especially of the feet) to cold is claimed to be important, and older people who can observe "the seven stars of the Great Bear" — that is, who live in northern climes — are deemed the most susceptible. It is stressed that "neither food nor strong drink, nor harmful and foreign things taken by mouth — even bones, coins, fruit pits, poisons, excessively strong medicine, or even worms, can pave the way for this affliction."

Therapy, particularly the letting of blood, was to be undertaken with all possible haste:

> Even if syncope occurs with the outflow of the correct amount of blood, this is to be regarded as beneficial for, as many physicians have been pleased to see, the signs of inflammation pass more rapidly if loss of consciousness accompanies the bloody flux, and whereas this body position appears to encourage heart failure, the patient is held erect for as long as necessary to allow the blood to flow from the vein … . [A] slender pulse, often present in this disease, should not deter the physician … for the pulse becomes more flexible and fuller following the required drainage.

Repeated bleeding, leeches, a warm bath and envelopment in warm cloths steeped with narcotic poppy are mentioned as further options. Enemas, infusion with tobacco fumes, and doses of various salts are recommended, as is the use of epispastics (blistering agents) "to ease the pain and spasm."

What was this condition called phlegmoid enteritis? Wood[1] stated in 1858 that "inflammation of the peritoneal coat of the bowels as a distinct affection, though frequently hitherto denominated Enteritis, is here not included under that term as it clearly belongs to Peritonitis." This conclusion seems reasonable: by the end of the century, Osler[1] deemed enteritis, as an "independent affection," to be very rare.



My great-grandfather's enthusiasm for dramatic bloodletting was typical of his time. An even more determined approach is recommended by Elliotson, who in his *Principles and Practice of Medicine*,[3] stressed the importance of obstruction as a feature of enteritis:

> We should set the patient upright as he can be; and bleed from a large orifice without any mercy. We must of course consider the patient's strength; but we

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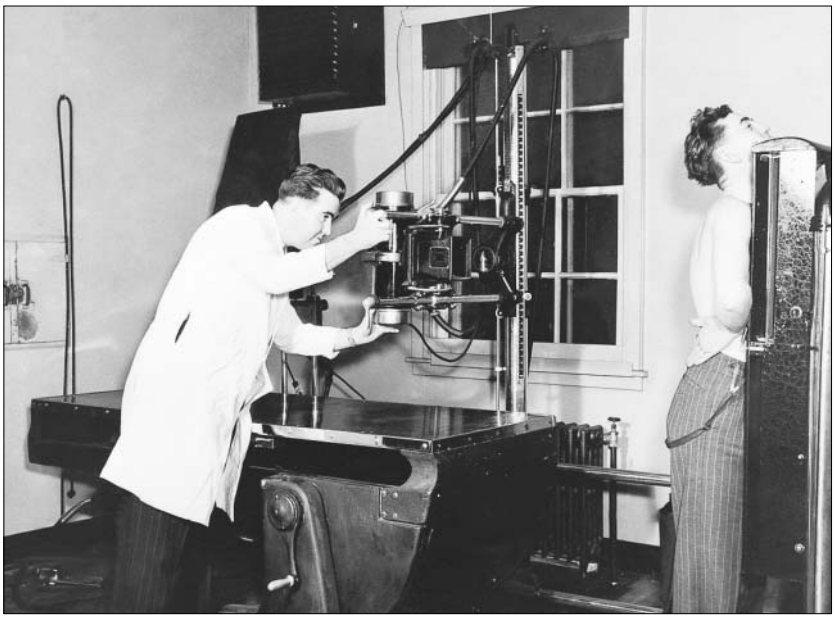
One thousand words



Atlantic Guardian / National Archives of Canada /PA-128079

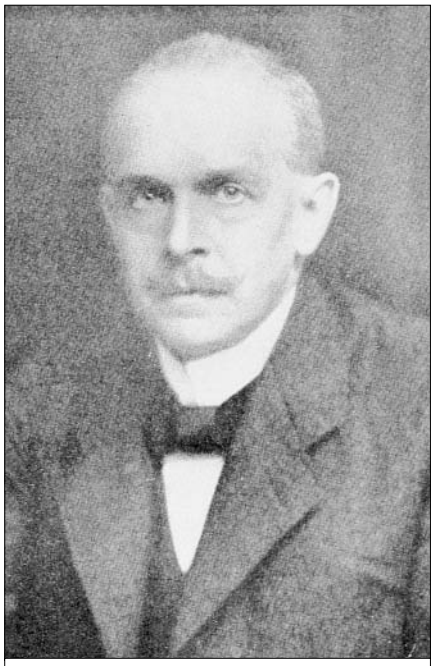
X-ray examination at a Newfoundland Tuberculosis Association clinic, 1949.

Past progressive

Max Wilms and "*Die Mischgeschwülste der Niere*"

One hundred years ago this month, the surgeon and pathologist Carl Max Wilhelm Wilms published a thorough review of the literature on childhood renal cancers in which he identified nephroblastoma as a distinct disease entity. Born in Hünshoven, Germany, in 1867, Wilms had first resolved on a law career but switched to medicine. After graduating in 1890, and having decided to become a surgeon, he elected first to get some allround training. For the next four years he trained in pathology. It was during this time that he studied childhood renal cancers. Although he was not the first to describe nephroblastoma, his celebrated monograph, "*Die Mischgeschwülste der Niere*"[1] was much quoted in the literature and eventually gave rise to the eponym "Wilms tumour." Wilms was the first to recognize that all tissues present in this childhood cancer develop from cells of the middle germ layer; in a manner "similar to the growth of an embryo, all these tissues develop from a common and macroscopically undifferentiated germ cell."[1] In recognizing this, he unified morphologically diverse tumours. Although in past decades pathologists worldwide (most notably the erudite Dr. J. Bruce Beckwith) have broadened our knowledge of the histopathologic characteristics of childhood renal tumours,[2] Wilms' basic concept has endured unchanged over the years.

Apart from his monograph, Wilms is credited with several medical innovations, including the development of a mercury manometer to measure the pressure of cerebrospinal fluid in the spine,[3] a device widely used during World War I. Together with a Dr. Sievers, Wilms developed a tendon suture technique known in the German literature as the "Wilms–Sieverischen" suture. His broad interests, quick mind and affinity for all aspects of medicine led him to invent a roentgen examination table that prevented superposition of the spine over the esophagus, thus enabling better visualization of the latter. Finally, as a surgeon, he set several milestones in the field of pediatric surgery.



Portrait of Max Wilms. From John Alexander, *The collapse therapy of pulmonary tuberculosis,* 1937. Courtesy of the New York Academy of Medicine Library.

Upholding the Hippocratic Oath to serve friend and foe, Wilms was infected during World War I by one of his patients, a French officer, and subsequently died of diphtheria in 1918. His last patient survived.

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A bucket of cold water

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should bleed on until we make a decided impression; — until we knock down the pulse and make him faint. After this has been done, a very large dose of calomel should be exhibited … . It is also well to cover the whole abdomen with leeches. Twenty, 30, or 40 should be applied and we should then give mercury until the mouth is sore, and follow it up by other purgatives such as croton oil, which is one of the best … . [I]f these measures will not open the bowel, then we shall find it of very great use to employ the smoke of tobacco. A tobacco clyster is sometimes a dangerous thing, and therefore we should only put a drachm to a pint of water, throw up one half of it and watch its effects. But the smoke of tobacco is very manageable … . If this fails, there is no impropriety in taking the patient out of bed and throwing a few pails of water hard against the abdomen. This will sometimes open the bowel when nothing else will.[3]

Will some of our contemporary practices appear as bizarre to our descendants as those of our forefathers seem to us?

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