



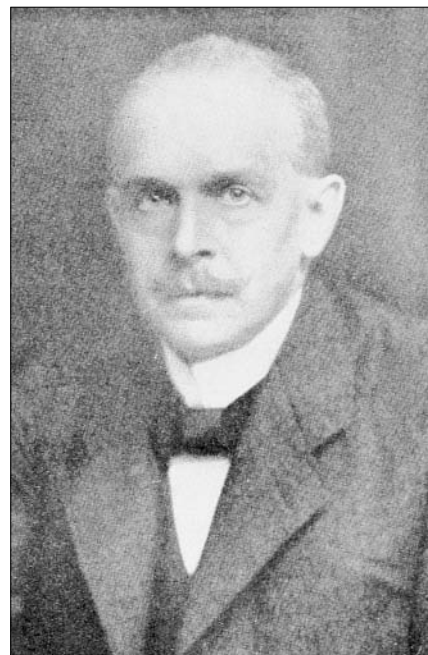
Past progressive

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 all-around 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 macro-

scopically 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



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

A bucket of cold water

(Continued from page 1195)

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 im-

propriety 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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milestones in the field of pediatric surgery.

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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