

Brief review

Apt Acknowledgements Arose During the Development of Pathology in the 19th Century

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Abstract

Objective: There are different aspects of the history of pathology which are rewarding. Therefore, my mini-Library of historical works was searched so as to obtain a good idea as to the ultimate development.

Methods: Different aspects of the literature on this subject matter were reviewed and used.

Results: There were apt acknowledgements of certain themes which are worthy of documentation.

Conclusion: The harvest included the co-authorship of pathologists, the quotations being used to eliminate the suspicious of plagiarism, the contribution of microscopy and illustrative plates, as well as the watching of postmortems, the receiving of research grants, and, finally, the pleasure of working under the Director of the Laboratories Committee of the Conjoint College in England.

Keywords: *Pathology, Authorities, Acknowledgements, History*

Introduction

Pathology grew in leaps and bounds during the 19th century. Personally, within a year of graduating in Medicine at the University of Glasgow, Scotland, I wrote two historical papers; one criticized the eponym, Horner's Syndrome (1) and the other was critical of the history of cancer metastasis (2).

Here, it suffices to cite my first acknowledgement. It ran thus:

I am indebted to Professor D. F. Cappell who encouraged me to publish this finding. To the University Librarian, Mr R. O. Mackenna, I am grateful for granting me the privilege of 'open access to the shelves', which has stimulated my interest in the history of medicine.

In this context, let this publication have the timeous thrust of primarily examining the writings of the medical masters of yester years. This is with special reference to the individually acknowledged circumstances which prevailed during the growth of Pathology before 1900.

Historical texts

Burrows (3) benefitted broadly and gave apt appraisal of the recorded information thus:

I must confess that while this case was under my observation (April 1843), I had not had the advantage of perusing an able article on cancer of the lung in the British and Foreign Medical Review, published in that same month, nor the very

instructive chapter on this subject in Dr Walshe's work on Disease of the Lungs, otherwise many omissions in the history of the foregoing case would have been supplied.

Understandable was the appreciation of the height attained by some pathologists of the time. For example, Orr (4) was optimistic when he alluded to the combined efforts of two prominent pathologists as follows:

But when I mention that the case was under the care of one of the greatest pathologists of the day, Dr. Craigie – that the post-mortem examination was made by the late Dr. John Reid, and by him entered in the pathological register of the Infirmary as a case of *cerebriform tumour* of the chest – and that, in stating the disease to be malignant, I have done so on the authority of the opinion of these two eminent Pathologists – in making the statement, I have said enough to set the question at rest as to the nature of the tumour.

In order to improve on the imperfect idea of his own knowledge of cancerous disease, Young (5) went as far as to quote the very words in Dr Hamilton's book. Likewise, eponymous Hodgkin (6) was outspoken about "the unrivalled collection of pathological drawings" made by Dr. Carswell. Indeed, he was particularly "struck with one presenting a greatly enlarged spleen, loaded with large tubercles of a round figure and light colour..." Incidentally, "tubercle" was an example

of the former vogue of interchanging it and "cancer." Its explanation was personally adverted to in 1975 (7).

Similarly, Professor Monro's "excellent work on morbid anatomy of the gullet" was cited by Mackintosh (8) in his own *Elements of Pathology*. Also, another author (9) accepted the excellence of the "gullet" as was written up by Dr. Baille. Similarly, Sims (10) was of the conception that a microscopic view was there for all to see in his able and philosophical paper on adventitious structure. Moreover, Wagstaffe (11) was appreciative of the kindness of Dr. Creighton in providing Plate LXI dealing with the microscopic examination of tumors.

Thin (12) in 1876 considered that sections taken from tumors need to be "put fresh in solution of osmic acid." In fact, he attributed special weight to this particular method, i.e., "to this mode of preparation, and believed that it presents advantages over any other method at present known."

On the animal experimental side, the eponymous Welch was appreciated by Livingood (13), seeing that his "heartiest thanks are due for his happy instigation, that a more minute study of a tumour found growing spontaneously in mice in captivity would prove (to be) an interesting problem."

The Pathology Registrar was specifically thanked by Colcott (14) as regards not only the post-mortem examination but also the microscopic sections of the various growths. Likewise, a fellow pathologist's indebtedness was "for permission to watch and report the case" by Parker (15).

Sections of the lesions constituted a fulcrum for detailing acknowledgements. Thus, Earle (16) put it on record concerning their being "kindly examined by Prof. W. H. Welch (who) 'says that it is not certain that the tissue is a sarcoma, but he should be inclined to so regard it.'" Moreover, he added the "obligation to Dr. E. R. Le Count for the very accurate drawings he kindly made for me to illustrate the sections."

Microscopy was certainly highly appreciated. For instance, Carwardine (17) was indebted to a friend for a micrograph. In the case of Marshall (18), he hoped "to have an opportunity of allowing you to see certain specimens under the microscope and certain pictorial representations on the screen which will illustrate portions of the subject which I have brought to your attention."

On the aspect of training itself, pathology required research grants. Explicitly, the British Medical Association aided it (19). More deeply, let us end with the experience of D'Arcy Power (20) as follows:

Finally, it is a pleasure as well as a duty to express to the Laboratories Committee of the Conjoint

Colleges in England my very best thanks for the permission they have accorded me to work under their director, Dr. Sims Woodhead.

Discussion

It has truly been stated by a foremost scientist, Burnet [21], that it is salutary "to read about the theories of brilliant men writing half a century ago." That recommendation was made in 1977. Therefore, it is well here to even go back to before 1900 in order to obtain ideal insights into how the masters themselves felt concerning the various elements of the growth of pathology. In sum, I am persuaded that the above examples are conclusively cogent to our subsuming subject!

References

1. Onuigbo WIB. John Reid (1809-1849) and Horner's syndrome. *Scott Med J*, 1958; 3:218-220.
2. Onuigbo WIB. A historical criticism of tumor metastasis. *J Hist Med*, 1958; 13:529-531.
3. Burrows G. Case of extensive cancer of the lungs. *Med-Chir Trans* 1844; 27: 119-133.
4. Orr RS. Cases of thoracic encephaloid tumour. *Glasgow Med J* 1858, 5: 36-41.
5. Young S. An inquiry into the nature and action of cancer. Lond: R. Phillips. 1805; p. 20.
6. Hodgkin T. On morbid appearances of the absorbent glands and spleen. *Medi-Chir Trans*, 1832; 17: 68 – 113.
7. Onuigbo WIB. Some nineteenth century ideas on links between tuberculous and cancerous diseases of the lung. *Br J Dis Chest*, 1975; 69:207-210.
8. Mackintosh J. *Elements of pathology, and practice of physic*, 1828; vol 1. Edin: Carfrae J Snr, p. 280.
9. Home E. *Observations on cancer with connected histories of the disease*. London: Longman. 1805; p. 158.
10. Sims J. On malignant tumours, connected with the heart and lungs. *Medi-Chir Trans*, 1833; 18: 281-299.
11. Wagstaffe WW. Scirrhus of the male breast. *Trans Pathol Soc Lond*, 1876; 27: 234 – 243.
12. Thin G. On some of the histological changes of the skin in epithelioma, with special

reference to the source of the newly formed epithelial cells. Br Med J, 1876; 1: 412 – 413.

13. Livingood LE. Tumors in the mouse. Johns Hopkins Hosp Bull, 1896; 7: 177-178.

14. Colcott T. A case of primary sarcoma of the left suprarenal capsule with extensive thrombosis of the vena cava inferior in a child. Trans Pathol Soc London, 1885; 36: 460-463.

15. Parker RW. Ossifying chondro-sarcoma of both femora, with secondary deposits of a similar new growth in the lungs, in the bronchial, and in some lymphatic glands. Trans Pathol Soc Lond, 1880; 31: 223-225.

16. Earle GH, Weaver GH. A case of sarcoma of the right suprarenal body causing obstructive jaundice in an infant. J Am Med Assoc, 1894; 23: 980-982.

17. Carwardine T. Spindle-cell sarcoma of rectum. Br Med J, 1898; ii : 1811-1812.

18. Marshall J. The Morton lecture on cancer and cancerous diseases. Lancet, 1889; ii : 1045-1049.

19. Smith FB, Washbourn JW. Infective sarcomata in dogs. Br Med J, 1898; ii: 1807-1810.

20. D'Arcy Power. Some effects of chronic irritation upon living tissues, being first steps in a national study of cancer. Br Med J, 1893; ii: 830-834.

21. Burnet FM. Morphogenesis and cancer. Med J Aust, 1977; 1:5-9.