A CASE OF LEIOMYOMA CUTIS

By D. PANJA
and
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Enquiry into Medical Mycology, Indian Research Fund Association
(School of Tropical Medicine, Calcutta)

AN Indian male, aged 38 years, was admitted for painful cutaneous nodules on the body.

History.—About 16 years ago the patient first noticed a small hard nodule in the right axilla. Soon after, a few nodules appeared on the left buttock. These were small, hard and movable with the skin. A few years later some more nodules appeared in different parts of the body. These nodules were painless for the first few years, but recently these became very painful for which medical help was sought.

His family history was of no importance.

Present condition.—The patient’s general health was good. There were groups of nodules in the lower lumbar region of the back, right scapular region, a few on the right cheek (see figure 1, plate XXX), two on the right axilla and three on the left buttock. The nodules were of different sizes varying from a pin’s head to a small nut; the smaller ones were of dull reddish colour and the larger ones of skin colour. The nodules were hard and movable with the skin and very painful on pressure or even on gentle manipulation.

The patient complained of exacerbating pain coming in paroxysms, especially at the time of defecation and micturition. Even a sudden change of temperature or blow of wind would bring such paroxysms of pain.

No abnormality was detected in the urine and blood count.

W. R. and Kahn test were negative.

Clinically the nodules looked like those of neurofibromatosis of von Recklinghausen.

Histopathology.—(Figure 2, plate XXX)

Practically the whole nodule consists of dense masses of interwoven bundles of smooth muscle fibres distributed throughout the cutis extending down to the subcutaneous tissue at the centre and in some places invading the papilla and obliterating them. The nuclei of the muscle fibres have normal rod-shaped characters and are embedded in finely fibrillated protoplasm with no demarcation between the various cells. The bundles have been cut in all directions giving the interlacing characters and their divers course throughout the growth. In the centre the bundles are dense and have replaced all other structures except the capillaries which show certain amount of endothelial proliferation and a perivascular infiltration. The lymphatic spaces are markedly dilated and surrounded with mononuclear leucocytes. The muscular tissue is free from elastic fibres which are abundant in the surrounding tissue.

Diagnosis—Leiomyoma.

Therapeutic Notes

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Therapeutic Notes

A HUNDRED YEARS OF ANÆSTHESIA

(1846 to 1946)

By S. K. Sarkar, M.B.

Indian Oxygen and Acetylene Co., Ltd., Calcutta

Priestley is credited with the discovery of nitrous oxide in 1772 but its analgesic properties were first indicated by Davy in 1799. In 1800 Davy published his reports on this gas which included the following statement:

'As nitrous oxide in its extensive operation appears capable of destroying physical pain, it may probably be used with advantage during surgical operations in which no great effusion of blood takes place.'

In 1806 Serturner isolated morphine, the chief alkaloid of opium. Magendie prescribed this medicine by mouth in 1820. This was the first administration of a narcotic in known doses.

Henry Hill Hickman followed up Davy’s researches, and in 1824 published a pamphlet containing the following

Evaluation of results.—A titre of 1 in 64 (initial dilution) is diagnostic. A positive reaction is to be taken as indicative of titre.

Only (1) aplastic anemia and (2) serum sickness are known to interfere. Blood films and history will exclude them.

The interfering antibody present in the blood of cases of serum sickness can be absorbed by a suspension of guinea-pig kidney. It is hardly necessary.

Even a titre of 1 in 32 may be significant.

The reaction is not constant. Outbreaks of glandular fever in which the ‘reaction was almost uniformly negative’ have been described.

To be continued.
where he clearly formulated his belief that surgical anaesthesia could be attained by inhalation of certain gases. He experimented with different gases but most of his work was on carbon dioxide. In the light of recent work of Haldane the choice was unfortunate. Nevertheless, he deserves recognition as the first to define clearly the principles of inhalation anaesthesia.

In 1844 Horace Wells became interested in nitrous oxide anaesthesia. In January 1845 Wells, with his partner Morton, demonstrated the administration of N\textsubscript{2}O on a patient who came to have one of his teeth extracted. The attempt failed, anaesthesia being most inadequate and the patient suffered considerably.

Morton, however, did not lose faith and he continued his investigation with the possibility of producing anaesthesia by nitrous oxide and other inhalation vapours. In 1846 he administered ether at the General Hospital, Massachusetts, on a man who was operated upon for a congenital tumour on the neck. The anaesthesia was an unqualified success. This is claimed to be the first surgery under general anaesthesia and credit must go to William C. Morton, although Dr. Jackson, a chemist, also claimed the credit since it is alleged that he had suggested its use to Morton. It is also said that Crawford W. Long (1815 to 1878) had used ether earlier in 1842 in a few minor surgical procedures in the U.S.A. but he did not pursue his discovery much further.

In 1847 Simpson discovered the use of chloroform.

In 1862 Colton re-introduced N\textsubscript{2}O, against formidable opposition, by demonstrating its use on an old lady; he successfully extracted a few teeth without pain under nitrous oxide inhalation.

Although John Snow (1813 to 1858) did not have any original discovery to his credit, he was the first to appreciate the urgent need of physiological research. It was Snow who set the seal of propriety on anaesthesia in obstetrics. After Snow’s death the only important worker was Clover (1825 to 1882). He is best remembered by his ether inhaler. He was the first to suggest and make practicable a nitrous oxide ether sequence. By this, not only was the unpleasantness of an ether induction avoided but also universal use of nitrous oxide was made possible.

There was very little progress in anaesthetic technique until the 20th century. World War I was responsible for the more general adoption of the endotracheal technique although it was suggested by Trendelenburg as early as 1869. It was not until 1917 that endotracheal anaesthesia for soldiers, needing surgery of the head and face, was widely adopted. To Rowbottom and Magill must be given the credit for simplifying the technique.

Since 1921 various derivatives of barbituric acid have been used as basal anaesthetics with varying success but this group of drugs did not attain universal popularity till 1932 when Reinhoff first used evipan clinically in Germany.

Pentothal sodium was introduced by Lundy in the U.S.A. in 1934. Evipan was first reported in Great Britain by Jarman and Abel in 1933, who also introduced pentothal in 1936.

The anaesthetic properties of di-vinyl ether or vinsenethene were discovered by Leake and Chen in 1930. The popular sponge-filled inhaler was designed by Colonel Victor Goldman who until recently was in this country. Vinesethene is also now being used as a supplement to gas oxygen.

The anaesthetic properties of cyclopropane were discovered by Lucas and Henderson in 1929 but it was clinically developed by Ralph Waters of Madison in 1933. Incidentally, he is also credited for the technique of carbon dioxide absorption which made use of expensive gases like cyclopropane a feasible proposition. A new circle type of absorber was introduced by Dr. William Mushin in an article to the British Journal of Anaesthesia, January 1943.

In July 1943 Dr. Langton Hewer submitted to the medical press his reports on 4,000 administrations of trichloroethylene (trilene). Its use is now confined mainly to analgesia in obstetrics although its usefulness as a supplement to N\textsubscript{2}O and oxygen for Caesarean section has also been reported.

During World War II many advances must have been made in the art of anaesthesia, full reports of which are not yet available, but it is noteworthy that ether and nitrous oxide, the first two gaseous anaesthetics to be discovered, have retained their popularity and their use has not been challenged despite the introduction of many other anaesthetics.

### NOTES ON SOME REMEDIES

#### III. QUININE

By R. N. CHAUDHURI, M.B. (Cal.), M.R.C.P. (Edin.), T.D.D. (Wales), F.S.M.F.

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We have included this old and common drug in this series, not that we have much new to say, but because we feel that there is still scope for laying stress on certain points that are sometimes overlooked or neglected in practice particularly the relative importance of quinine as compared with other antimalarial drugs. This necessitates inclusion of some details, though these must be familiar to many practitioners.

The therapeutic effects of cinchona bark are due to the amorphous and crystalline alkaloids that are present in it. The amorphous ones have