in the puerperal period. There does not, indeed, seem to be any reason why such an affection should not follow dietetic imprudence during, as well as apart from, the puerperium; but, to judge by a recent paper of Lipinsky,¹ such an event is extremely rare, and therefore deserves to be placed on record were it only to suggest to others a source for enquiry should such an alarming phenomenon present itself.

CORRESPONDENCE.

THE MALIGNANT TRANSFORMATION OF BENIGN LARYNGEAL TUMOURS AS A CONSEQUENCE OF ENDOLARYNGEAL OPERATIONS—A CORRECTION.

To the Editors of the "Glasgow Medical Journal."

SIRS,—I have to ask you to allow me space in your columns to correct a series of statements made regarding a case of mine, quoted by Mr. Lennox Browne in an article on deformities and morbid growths of the larynx and pharynx, in Burnett's *System of Diseases of the Ear, Nose, and Throat*, vol. ii, p. 769.

After quoting inaccurately several cases published by others than myself, Mr. Browne writes:—

"It was the knowledge of the after-history of these cases, as well as of one or two others of the same series, the details of which have not been published, that first awoke the writer's mind to the possibility of the conversion of benign into malignant growths; and all of these occurring in the course of treatment, it was fair to assume that there was a *post* and *propter* relationship; in fact, the author is not aware of any case of laryngeal neoplasm in which this conversion has occurred in cases not submitted to operation, nor of any method by which such degeneration, if it existed, could be definitely settled except by examination of removed portions."

From this it is quite clear that what Mr. Browne desires to prove is that, as a consequence of endolaryngeal manipulation, a benign growth may be converted into a malignant one. He seems to me to argue that such simple laryngeal growths as an adenoma or papilloma may be, by surgical interference, transformed into a malignant tumour. If his argument is

¹ *Centralbl. f. Gynäk.*, 1894, No. 6.

accepted, then it at once becomes apparent that endolaryngeal operations should not be performed.

The question of the so-called "malignant transformation" is one of great scientific interest, and of enormous practical importance, and one which may easily lead to a very wide discussion. It is not to discuss the general question that I now write, but to draw attention to the circumstance that Mr. Browne, in support of his own opinion that benign growths may become malignant, as a consequence of surgical interference, quotes a case which I brought before the Clinical Society of London,¹ for the purpose of showing "the danger of rapid extension of the carcinomatous disease as a consequence of partial removal."

Mr. Browne describes in his article the same case as "very striking in the direct relationship between the operation and malignant transformation." I deny any such relationship. I published the case as one of cancer aggravated by endolaryngeal manipulation, and not as an example of simple adenoma undergoing "malignant transformation." I quite admit that Mr. Browne, or any other reader of my papers has a perfect right to draw from them his own conclusions, however different they may be from my own, but while doing so I refuse to allow him or any one else to alter the wording of my reports so as to suit their own ends. I may as well quote the case as published in the *British Medical Journal*. It was reported as an "Illustration of the Danger of Intra-Laryngeal Interference in *Cancer of the Larynx*":—

"CASE III.—A female, aged 50, suffered from a tumour on the posterior third of the right vocal cord, about the size of an orange seed. The tumour presented the appearance of an inflamed papilloma, the mucous membrane was deeply injected, and the history of the case favoured the diagnosis of papilloma. The patient had little or no discomfort or pain. There was no lymphatic involvement. Dr. Newman was then led to remove a small fragment of the growth, which presented the microscopic appearances of a papillomatous adenomata, without the least suspicion of the structure of an epithelioma. Shortly after this he removed a larger portion. Following the second operation, a diffuse swelling appeared in the neck, but seventeen days after the swelling subsided and revealed two enlarged lymphatic glands, one on either side of the thyroid cartilage. The subsequent course of the case proved them to be carcinomatous in their nature, and the growth within the larynx, which, on examination of the first specimen, was *believed to*

¹ *British Medical Journal*, 1889, vol. i, p. 133.

be a papilloma, ultimately, on examination of subsequent specimens, *proved* to be an epithelioma, and the patient died from the disease."

In comparing Mr. Browne's quotation with my report, I find that, in the last sentence, for the word "believed" he has substituted the term "demonstrated," therefore altering my meaning entirely. Following this quotation, he writes:—

"The reporter, whose *exact* words have been quoted, deduces from this case the conclusion 'that, while conscious of the value of removing portions of a laryngeal neoplasm for diagnostic purposes, the proceeding should not be resorted to in cases suspected to be cancer, unless the patient is willing to have a radical operation performed immediately that the diagnosis has been thus completed.' But here was a case in which such completion of the diagnosis was supposed to have *demonstrated* the innocent nature of the growth, of which, moreover, on clinical grounds, no doubt had been previously entertained."

How was the innocent nature of the growth demonstrated? I said that I believed, from the history of the case and from the microscopic appearance of the "small fragment of the growth," that the tumour was a papillomatous adenoma when first seen, but I published the case with fuller knowledge, and in my report stated distinctly and advisedly that "the growth within the larynx which, on examination of the first specimen, was *believed* (not *demonstrated*) to be papilloma, ultimately, on examination of subsequent specimens, *proved* to be an epithelioma."

Mr. Browne himself admits (Burnett's *System*, p. 768), "apart from the tiny morsels of material upon which the histologist is usually expected to establish an unequivocal diagnosis, the microscopic features may themselves be conflicting even to a skilled pathologist." In this I agree with Mr. Browne, and the case that he has misquoted is one in point. Both as a histologist and as a clinical observer, I have found that the cases which are obscure clinically also present equivocal structure under the microscope; therefore, such cases are not instances upon which a theory should be based or in any way supported, much less should they be used for the purpose of condemning operations of high value.

On p. 768 Mr. Browne says, referring to some cases collected by Dr. Felix Semon:—"He (Dr. Semon) concludes that if the operation had any appreciable influence in the modification of the neoplasm, the proportions would be much more marked; but such an interpretation may be fallacious in two directions

—first, because the record of a case is mostly determined by its result, and doubtless many which were primarily innocent were finally returned as malignant.” As a foot-note, following this sentence, he quotes:—“Newman feels assured that ‘if laryngologists were as careful to record their unsuccessful diagnoses as they are to bring forward their accurate ones, it would be found that intra-laryngeal interference with malignant growths had shortened the lives of many sufferers.’”

From the way in which this quotation is brought in, the reader might naturally be led to believe that the opinion held by me is the same as that advanced by Mr. Browne. Indeed, on p. 770, Mr. Browne says:—“The fact remains, that instances of the malignant conversion of each of these varieties of growths (within the larynx) have been admitted by Schnitzler, Seiler, Seifert, Solis, Cohen, Tauber, Wagner, Jarvis, Morelli, Blanc, and others, and to this list of more or less willing adherents to the author’s conclusions must now be added the names of Felix Semon and David Newman.”

The points which I wish to insist upon are—first, that Mr. Browne has entirely failed to prove that a benign growth is likely to undergo malignant transformation as a consequence of intra-laryngeal interference; second, that he has no right to claim me as an adherent of the opinions expressed by him; and, third, that the facts *as published by authors* are not consistent with the theory which he tries to demonstrate. —I am, Sirs, your obedient servant,

DAVID NEWMAN.

18 WOODSIDE PLACE,
GLASGOW, 14th May, 1894.

CURRENT TOPICS.

SIR JOSEPH LISTER IN GLASGOW.—On the evening of Thursday, the 17th May, 1894, in the hall of the University Union, the distinguished founder of the antiseptic method of treating wounds fulfilled his engagement to deliver an address to the members of the Glasgow University Medico-Chirurgical Society. He had been prevented by illness from doing so during the winter session, and the Society appreciated to the full the honour he conferred by coming on the first opportunity to redeem his promise. The Office-bearers and Committee had