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## INTRATHORACIC TUMOURS.

By L. S. T. BURRELL,  
M.D., F.R.C.P.

*Physician to the Royal Free Hospital and to the  
Brompton Hospital for Consumption and Diseases of  
the Chest.*

IT is convenient to divide intrathoracic new growths into three groups :—

- (1) Tumours of the mediastinum.
- (2) Tumours of the lung.
- (3) Tumours of the pleura.

Clinically, however, it is often found that the growth involves pleura, lung and mediastinum, and it is impossible to be certain of its origin. A tumour of the mediastinum, even if benign and small, will tend to produce early symptoms owing to pressure, whilst there may be quite a large growth of lung without any symptoms.

Secondary carcinoma of lung may occur

by extension from the breast, œsophagus, stomach, liver or other organs, and a general carcinomatosis of lung may follow carcinoma in some distant organ such as the prostate or ovary. In acute carcinomatosis the patient has increasing dyspnoea and cyanosis with a dry cough. There may be no physical signs or only those of bronchitis. X-ray examination shows small opacities scattered all over both lungs so that the condition is not unlike silicosis. I have known it to be mistaken for miliary tubercle, but in this latter disease the mottling is much finer. In secondary sarcoma of lung there may be no signs or symptoms until the condition is far advanced and has caused pressure symptoms. X-ray, however, will often show rounded masses like walnuts in the lung. Hypernephromas are especially liable to cause metastases in the lungs. For these secondary tumours no treatment is available and they have no interest except as a terminal complication of the original growth.