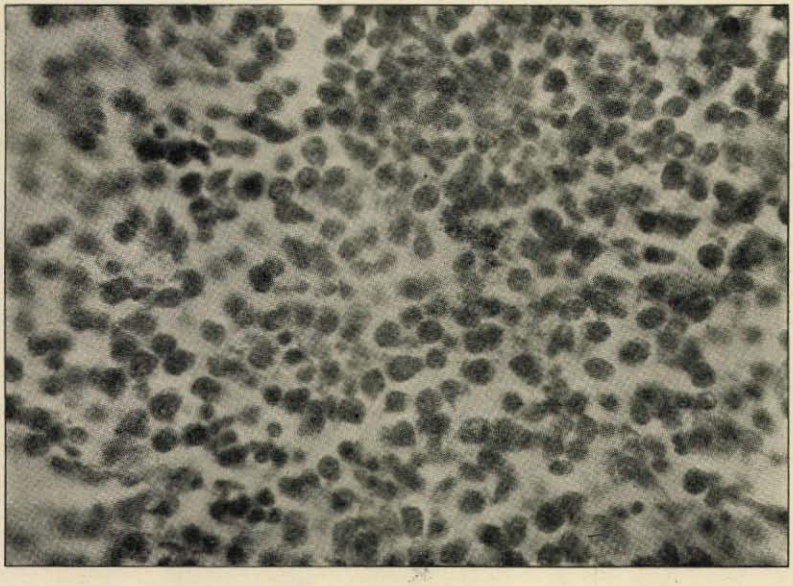
Pathological Report.

By Major G. T. L. Archer,
Royal Army Medical Corps.

Smears.—Smears were made of the creamy material obtained from the cervical gland, ribs, and pleura. On examination they all showed cells in an advanced stage of degeneration, the nuclei were very large, and in many, nucleoli were apparent. These nuclei resembled those of primitive leucocytes.

Sections.—*Lymph Glands* (the cervical gland and one small retroperitoneal gland).—Both showed a loss of normal structure, the lymphocytes



Glands.

being replaced by larger cells with vesicular nuclei, resembling reticulum cells. Active mitosis was observed.

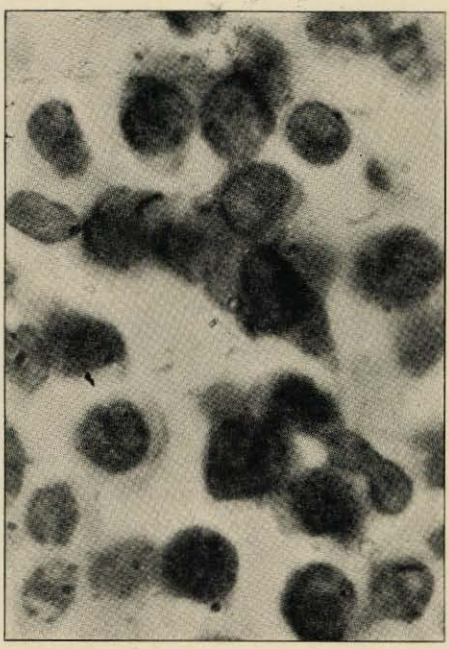
Kidney.—There was sharp demarcation between areas of normal kidney tissue and areas heavily infiltrated with round cells. In the areas affected, infiltration, for the most part, was not accompanied by atrophy of the tubules or glomeruli. The infiltrating cells were similar to those observed in the sections of the lymph glands and were almost uniform in size and shape; active mitosis was not observed.

Pancreas (head and tail).—In this organ infiltration was much more diffuse, especially in the head, and was accompanied by atrophy of the glandular tissue and some connective tissue reaction. A focus of necrosis, the result apparently of infarction, was observed in a section of the tail,

where, however, infiltration was less intense, an area of almost normal gland being seen. No mitoses were apparent.

Liver.—There was only very slight round-cell infiltration of the connective tissue.

The differential diagnosis has already been discussed above. From the pathological point of view it seems most likely that the case was one of aleukæmic myelocytic leukæmia. As against lymphosarcoma there are (1) the apparent absence of a primary growth, and (2) the uniform size and shape of the infiltrating cells. Although macroscopically a primary growth in the head of the pancreas was a possibility it is an unlikely site for



High magnification showing typical cells.

such a tumour, and the presence throughout the section of vestiges of normal tissue would appear to indicate that this organ was a site of infiltration rather than that of a primary tumour. Ewing says: "In myelocytic leukæmia the cells resemble those of lymphosarcoma but are more evenly distributed, less atypical, and the processes less aggressive." This seems to support the diagnosis of leukæmia in this case.

On the other hand the absence of a leukæmic blood count appears to support the diagnosis of lymphosarcoma, but it will be observed that although the total count was never such as to suggest leukæmia, the differential counts revealed a terminal increase in the number of primitive cells.

Multiple myeloma, suggested by the bone pain and rib involvement,

is rendered less likely by the infiltration of distant viscera and the predominant type of cell.

The accompanying plate shows photomicrographs of the glands.

We are greatly indebted to Professor L. T. Ride, M.D., of the University of Hong Kong, and to Private J. W. J. Turvey, R.A.M.C., for their kindness in taking the photomicrographs, and to Colonel J. T. Simson, A.D.M.S., China Command, for permission to forward this account for publication.

REFERENCES.

EWING, J. (1928). "Neoplastic Diseases." London.
HADFIELD, G., and GARROD, L. P. (1938). "Recent Advances in Pathology." London.
PINEY, A. (1938). *Post-Grad. Med. Journ.*, August, 242.
VAUGHAN, J. (1938). "The British Encyclopædia of Medical Practice." London.

VTH C.C.S. MEDICAL SOCIETY, SECOND MEETING.

HELD AT THE VTH C.C.S., ON DECEMBER 31, 1939.

THE President and twenty members were present. The minutes of the last meeting were read and passed.

It was arranged that the next meeting should be held on Sunday, January 14, at 164th Field Ambulance at 14.30 hours.

Lieutenant Greenfield, R.A.M.C., O.C. 7th Field Hygiene Section, accepted an invitation to open a discussion on Field Hygiene on January 14.

Captain Molyneux, R.A.M.C., of 164th Field Ambulance, agreed to ask a member of his field ambulance to read a paper at the next meeting on January 14; the subject of the paper would be given later.

Major L. O'Shaughnessy, F.R.C.S., read a short paper on the Modern Surgical Treatment of Chest Diseases, and Major G. R. McNab, F.R.C.P.Edin., read a short paper on the subject of Bronchoscopy and Bronchography in Relation to Diagnosis and Prophylaxis and Treatment.

A demonstration was given of special surgical equipment used in surgery of the chest, and a demonstration was also given of various types of pneumothorax and apparatus used by physicians in treating diseases of the chest.

Major L. O'Shaughnessy described the surgical treatment of pulmonary tuberculosis. He explained the principles of various collapse operations. The speaker pointed out the general importance of these operations which opened up the wider field of thoracic surgery. Collapse operations may usually be performed under local or regional anæsthesia, but operations in the cavity of the chest demand a general anæsthesia given in some form of differential pressure apparatus. For gunshot wounds of the chest a wide exposure is essential, and this is most easily obtained by a long intercostal incision.

After removal of foreign bodies, excision of damaged tissues, and control of hæmorrhage from the heart or larger vessels, the chest must be closed with