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Multiple Symmetrical Lipomata.

BY

DR. A. J. OCHSNER.



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MULTIPLE SYMMETRICAL LIPOMATA.

BY DR. A. J. OCHSNER,

Surgeon-in-chief of Augustana Hospital, Chicago.

The etiology of multiple symmetrical lipomata is still unsettled, although the subject has been very thoroughly studied of late, especially by J. Grosch, who compiled 700 cases of all forms of lipoma, and as a result of his studies came to the conclusion that lipomata occur in frequency in an inverse ratio to the density of the glandular structures of the skin: (1) most frequently in the region of the neck; (2) the posterior and then the anterior surface of the trunk; (3) very seldom in the region of the scalp; in the lower extremities less frequent than in the upper, and decreasing from above downwards; almost never in the palms of the hands, but still more rarely on the plantar surface of the feet. This distribution would correspond with the principle laid down above.

This theory seems to be further supported by the fact demonstrated by Unna that the sweat glands excrete large quantities of fat, and by the clinical fact that obesity is overcome by causing these glands to be especially active. In a number of cases it was also found that with the formation of the lipomata the patient ceased to perspire either entirely or to a very marked extent, as compared with his former habit.

On the other hand Koettwitz, who has made a very careful study of the subject, attributes multiple lipomata to a neurotic origin. His conclusions are also based upon clinical observations, and upon anatomical studies. The two most important facts observed are that these tumors are very often painful, that they frequently contain many nerve filaments, being in fact neuro-lipomata, and that they frequently occupy the distribution of a single nerve or a pair of nerves. These facts induced Madelung to attribute them to localized neuroses.

Several causes, such as trauma and occupation, which are well established as regards simple lipomata as demonstrated by Luecke, Volkmann, Kölliker, Cruveilhier and others, cannot be considered in connection with symmetrical lipomata because of their distribution. On the other hand heredity undoubtedly is an important factor, as shown by two of my cases.

The symmetry in these cases has been so marked that I have represented them on the accompanying drawings. Unfortunately

the patients had a horror of being photographed in a nude state, and hence I was compelled to depend upon drawings.

Case 1.—Mrs. L. L., a German housewife, whose general health has always been good, first noticed a small tumor on her arm when she was about 15 years of age. She is now 68 years old, and new tumors have made their appearance at intervals ever since the first one came. She has now ten on the palmar surface of each arm and forearm, as shown in Fig. 1, and three about the middle of the

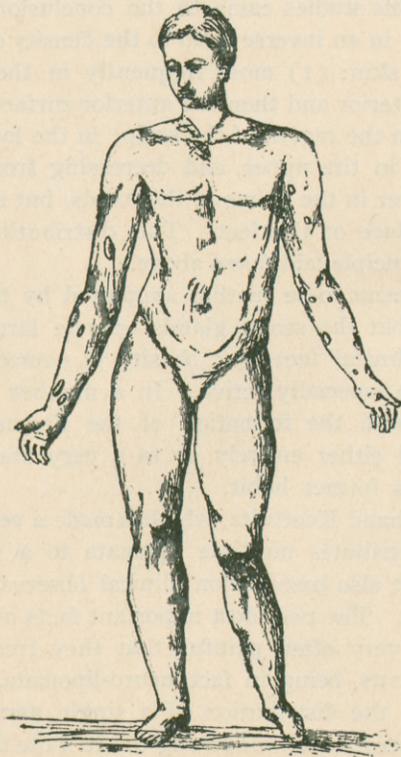


FIG. 1.

dorsal surface of each forearm, two of them being close together on the ulnar and one standing alone upon the radial side. The patient has never shown any symptoms indicating a neurotic tendency, is well nourished and strong, and perspires normally, so that neither the theory advanced by Grosch nor that by Koettnitz would apply to this case.

However, the family history seems to aid us here. Her mother

also had similar tumors upon her arms, which first developed when she was a young girl. The patient had two uncles and one aunt, but cannot tell positively as to whether they had such growths. She has a son 36 years of age (Case 2 in this series) who has this condition in a marked degree. Her daughter, 30 years of age, also has these growths, but I was unable to examine her and could not determine the number and location of the growths otherwise. Three other children—35, 34 and 33 years of age respectively—are said to

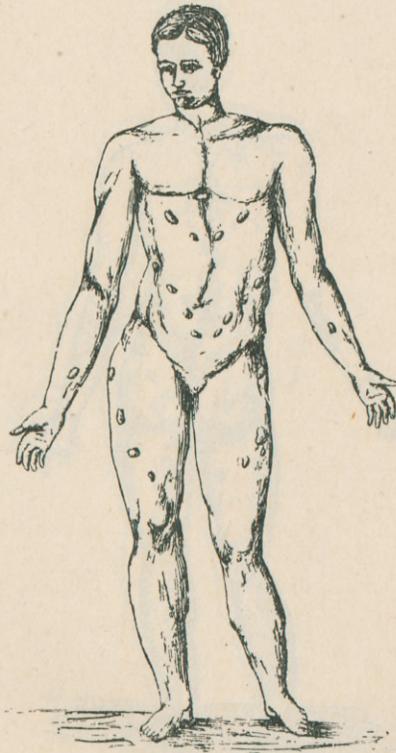


FIG. 2.

be free, although I was unable to examine them nor could I get any direct information from them, because they still live in Germany and have not been seen by either of my patients for several years.

Case 2.—H. L—, a son of Case 1, has twenty-three lipomata arranged symmetrically over the anterior surface of the body, as shown in Fig. 2, and eighteen over the posterior surface, as shown

in Fig. 3. The growths vary in size from that of a filbert to that of half an egg. They are all movable and all slightly lobulated, flattened, and oval in form.

While in the mother the tumors were confined to the arms, they were confined to the trunk and thighs in the son, with the exception of one on each forearm.

The tumors first appeared on the trunk about eleven years ago, and on the arms four years ago. He suffers from chronic bronchitis, but is not in the least neurotic and is free from pain.

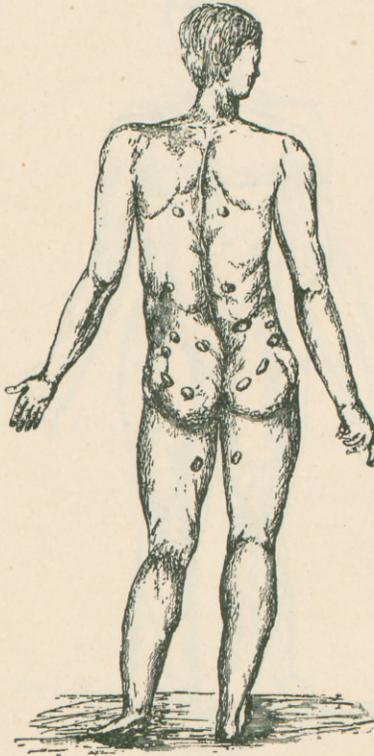


FIG. 3.

The family history of Case 1 of course applies equally to Case 2. Here again the symmetry is very remarkable, as shown by the figures.

These cases seem to me to be of considerable interest because they draw attention to the element of heredity which is so apparent in the development of simple lipomata.

Case 3.—A. B—, 42 years of age, a laboring man, had always been well until a year ago, when he sustained a fracture of tibia and fibula, which did not unite. He has forty-seven lipomata over the anterior surface of the body, as shown by Fig. 4, and two in the popliteal space. Fifteen years ago he noticed the first tumor on the palmar surface of the left forearm, as shown at *f*, Fig. 4. It was then the size of a pea, but has constantly increased in size until at the present time it is as large as half an egg. The last tumor the

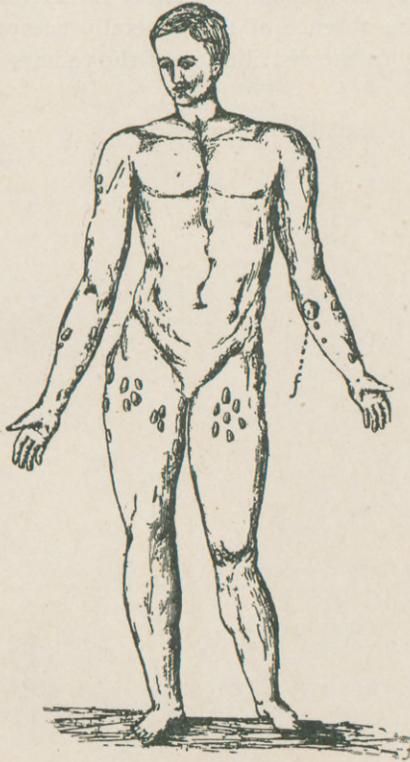


FIG. 4.

patient noticed is now as large as a filbert. Some of the smaller tumors—the size of peas—which were discovered during the examination, the patient had not as yet noticed.

This patient is unable to give any family history, having been separated from his family since childhood. There is nothing in his condition indicating any abnormality in his nervous system except-

ing a very slight strabismus which he thinks is congenital. The non-union of his fractured bones was not due to a neurosis but to the interposition of muscular tissue, the bones uniting rapidly after the excision of the latter. His perspiration was quite normal.

I removed the largest growth under cocaine anesthesia (at *f*, Fig. 4). It was perfectly loose and slipped out as easily as lipomata do ordinarily. An examination of the tumor showed it to be a simple lipoma.

Two points seemed to me to be of especial interest in the study of these cases: (1) the undoubted history of heredity in the first two cases; and (2) the absence of the generally accepted causes. The perfect symmetry in the distribution of the tumors is also very striking.



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CONTENTS.

ORIGINAL ARTICLES.

TWO RARE DISLOCATIONS OF THE PATELLA. By EDMUND ANDREWS, M.D., LL.D.	313
PRESENT STATUS OF OPERATIVE TREATMENT FOR BLADDER-STONE. By ARTHUR DEAN BEVAN, M.D.	356
THE SURGICAL TREATMENT OF INFANTILE PARALYSIS BY ARTHRODESIS. By CARL BECK, M.D.	365
AMPUTATION FOR DIABETIC GANGRENE. By A. M. CASTLEGG, M.D.	368
AN IMPROVED STETHOSCOPE, FOR STETHOSCOPIC PERCUSSION. By A. R. MITCHELL, M.D.	372
TRAINING AND ENVIRONMENT AS CORRECTIVES OF DEGENERACY, AS ILLUSTRATED BY J. M. W. TURNER AND MARGARET FULLER. By HARRIET C. B. ALEXANDER, B.A., M.D.	374

BOOK REVIEWS.

DON'TS FOR CONSUMPTIVES. By Charles Wilson Ingraham, M.D.	406
ELECTRICITY IN ELECTRO-THERAPEUTICS. By Edwin J. Houston, Ph.D., and A. E. Kennedy, Sc.D.	402
THE AMERICAN YEAR BOOK OF MEDICINE AND SURGERY. Under editorial charge of Geo. M. Gould, M.D.	402
TWENTIETH-CENTURY PRACTICE. Edited by Thomas L. Stedman, M.D.	402
A TREATISE ON THE MEDICAL AND SURGICAL DISEASES OF INFANCY AND CHILDHOOD. By J. Lewis Smith, M.D.	405
AN AMERICAN TEXT-BOOK OF OBSTETRICS. By American Authors. Richard C. Norris, M.D., Editor.	406

PROGRESS OF MEDICAL SCIENCE.

MEDICINE.	
Dangers of Lumbar Puncture.	400
Etiology of Rheumatism.	410
SURGERY.	
Alcohol as a Disinfectant for the Hands.	411
PATHOLOGY.	
Experimental Amyloid Degeneration.	412
BACTERIOLOGY.	
The Production of Diphtheria Toxin.	415
The Escape of the Diphtheria Bacillus into the Blood and Organs.	416
Bacteriology in Private Practice.	416
Gonorrhoea of Rectum in Women.	417
THERAPEUTICS.	
Treatment of Acute Endocarditis.	417
Effects of Formalin and Formic Acid.	420
GYNECOLOGY AND OBSTETRICS.	
Acid in Water.	420
Dangers of Viburnum Prunifolium in Abortion.	422
PEDIATRICS.	
Antiseptics in Infantile Diarrhoea.	422
NEUROLOGY AND PSYCHIATRY.	
The Throat Treatment of Acromegaly.	424
Kayser's Disease in Infants and Children.	425
LARYNGOLOGY AND OTOTOLOGY.	
Treatment and Prevention of Nasal and Post-nasal Catarrh in Young Children.	425
The Operative and Electric Treatment of Suppura- tion in the Accessory Cavities of the Nose.	426
DERMATOLOGY AND SYPHILIGOLOGY.	
A Case of Mycosis Fungoides.	427
OPHTHALMOLOGY.	
The Etiology of Acute Conjunctivitis.	431
The Removal of a Cavernous Aneurysm from the Depth of the Orbit, with Preservation of the Eye.	433
GENITO-URINARY DISEASES.	
External Urethrotomy and Urethrectomy.	433
FORENSIC MEDICINE.	
Certificates of Insanity.	437
Needle in the Heart.	436

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