

Gastro-Intestinal Melanoma Metastases: Historical Dimensions

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ABSTRACT

An admirable adage is the desirability of being knowledgeable about the data dating to yester years. Perhaps, it was the acknowledgeable account of such a dictum that made a group to research on the pigment cell biology in terms of the melanoma. However, the important field of gastro-intestinal melanoma metastases could not be found in their presentation. Accordingly, this paper sets out to correct the omissions. It was found that, with the obvious assistance of the pigmentation of the melanoma, the medical masters of yester years showed their mettle regarding the invasion of the gastro-intestinal tract.

Keywords: Melanoma, stomach; intestine, spread, history

INTRODUCTION

In the opinion of the Australian research giant, Macfarlane Burnet,¹ present papers must be written with full awareness of the past publications. In order to follow this theme², Nordlund's associates attempted to provide particular details, but must have failed, despite their wide coverage subtitled "THE EARLY STUDIES: PRE-1900." Accordingly, I resorted to the authoritative *Transactions of the Pathological Society of London* which began publications in the 1846-48 period.³ Therefore, numerous cases of the *Transactions* were searched and documented vis-a-vis the gastro-intestinal tract.

HISTORICAL TEXTS

The stomach was searched thoroughly and found to be uninvolved; the rest of the tract was also not affected in the opinion of Beadles.⁴ In the words of Coupland,⁵ "The stomach and intestine were natural. No growths or ulceration in connection with them in any part."

Coming to details, Fagge⁶ described an interesting case thus:

The mucous membrane of the stomach was plentifully sprinkled over with black spots, some very minute, others as large as millet seeds. They were not in the least raised above the level of the rest of the surface.

Legg⁷ was observant having detected much dilated stomach with "a small new growth in mucous membrane, size of spit peas." He also specified that the pylorus was free. Furthermore, he remarked, "The bowels show, where the mesentery is attached, innumerable new growths, the size of spit pea."

Mackenzie,⁸ after dilating on the omenta, specified that, on the serous layers of the intestines and stomach, "there is only a speck of the smaller size seen here and there."

On their part, Calvert and Pigg⁹ included affected stomach and intestines from a long list of colonized parts. Indeed, they went to the extent of listing in order the organs collected from a series of the *Transactions*. While liver topped the list with 19 cases, the stomach came low down with only 2 cases. Incidentally, they revealed that their exhibited specimens "were fixed in formalin and mounted in glicerine - a process begun at St. Bartholomew's and introduced into England by Dr. Kantack."

Rolleston¹⁰ was interested in progression from "minute" metastases to "polypoid" ones. Similarly, that some parts of the gastro-intestinal tissues may be selected for attack were appreciated by Ogle.¹¹

More extensive coverage came from Thomson¹² as follows:

There were twenty large secondary growths in the small intestine; the smallest was about the size of a marble, while the largest was about as big as a pigeon's egg. All these were growing into the lumen of the bowel, and only showed externally as small dark depressions which gave no idea whatever of their actual appearance or size. These were entirely confined to the small intestine; the uppermost one was situated at the end of the duodenum, and the lowest one was at the ileo-cæcal valve, while they were most numerous in the upper part of the jejunum. There was a varying amount of pigmentation present, and some hæmorrhage had occurred into the substance of some of them.

DISCUSSION

There is no doubt that the literature on the history of medicine is growing. Thus, published materials are so variegated as to involve bone,¹³ thyroid,¹⁴ ophthalmology,¹⁵ orthopedics,¹⁶ plastic surgery,¹⁷ and colorectal surgery.¹⁸ Incidentally, in keeping with my avid assessment of the lingua franca status of English,¹⁹ it is evident from their deft descriptions that the medical masters of yester years were knowledgeable in autopsy work.

In conclusion, this statement is in keeping with the 1889 precepts of Julius Cohnheim,²⁰ a great German pathologist. As he advocated, autopsies “are all in a manner experiments instituted by nature, which we need only rightly interpret to get a clear idea of the causes, laws of growth, and significance of the tumour.” I am persuaded, therefore, that autopsy provided enough data used in presenting adequate historical dimensions of the spread of melanoma to the gastro-intestinal tract.

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