

years later a pulmonary neoplasm was observed in the region of the pleural thickening. The necropsy showed a tumor, located one cm. internally from the thickened pleura, originating from a smaller bronchus. While the long interval excludes definitely the pre-traumatic existence of the tumor, its nearness to the chronic traumatic residue makes a causal interrelation worthy of serious consideration.

In two instances gun-shot wounds through the chest, causing a laceration of the lungs, were followed by the development of a pulmonary malignancy (Gillespie; Luckow). In the case reported by Luckow a causal connection was denied by the compensation court, as the tumor developed fourteen years after the injury and remote from the scar tissue surrounding the splinter lodged in the lung. Cases with a delayed appearance of the lung cancer after a trauma raise the question of the occurrence of a traumatic scar cancer of this organ. For the medico-legal recognition of pulmonary tumors of this type, the same principles should be applied which have been developed for the evaluation of scar cancers in general. The occasional occurrence of primary sarcomas of the pleura and lung following a single trauma of the chest was mentioned by Lyssunkin, who cited the cases of Stern, Eckersdorf and Lewenstein in this connection. Trauma does not represent a main etiologic factor in the development of these sarcomas in the opinion of Lyssunkin.

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