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H.G. Wells on Cancer

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Reference

1. Bittner JJ: Possible method of transmission of susceptibility to breast cancer in mice. *Am J Cancer* 39:104–113, 1940.

Author's Reply:

Epidemiologic studies have established that breast-feeding as practiced in the United States bears little relationship to breast cancer (see for instance Wynder EL, Bross IJ, Hirayama T: A study of the epidemiology of cancer of the breast. *Cancer* 13:559–601, 1960). Dr. Pollak's conjectures may have surface plausibility, but on further reflection I do not see how recent small presumed changes in such an unimportant factor as breast-feeding can be given much credence for explaining the trends in breast cancer incidence in younger women.

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Postmastectomy Lymphedema

To the Editor:

I read with interest your Classics in Oncology article, "Lymphangiosarcoma in Postmastectomy Lymphedema" (*Ca* 31:284–299, 1981). I feel it is imperative to respond to this article because much is said about the syndrome of lymphangiosarcoma occurring after long-term lymphedema of the arm, but little or nothing constructive is said regarding prevention.

If one can conclude that postmastectomy lymphedema of the arm is in fact a cause of late lymphangiosarcoma (or other sarcomas) of the arm, then prevention of lymphedema should clearly be a method of prevention. In support of this supposition I am unaware of any postmastectomy patients developing angiosarcoma of the arm in the absence of lymphedema.

If postmastectomy lymphangiosarcoma does not occur in the absence of lymphedema, then the prevention of lymphedema should in fact be essential in the prevention of lymphangiosarcoma, but also in the prevention of painful, distressing, recurrent lymphangitis and cellulitis.

My point in writing this letter is to stress the importance of preventing long-term lymphedema by careful follow-up of these patients with the judicious use of diuretics and the application of compressive-type elastic sleeves as appropriate and/or the use of intermittent pressure devices. If these measures are not instituted promptly following the mastectomy, collagen deposition occurs in the interstitial tissues and the swelling becomes an irrevocable situation. Other factors that seem from the clinical standpoint to be important in the causation of this chronic lymphedema are pre- or postoperative irradiation of the axilla and possibly overzealous surgical dissection high in the axilla.

I feel that if these preventative measures are kept in mind, many of these chronic lymphedema problems can be avoided in the future.

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H.G. Wells on Cancer

To the Editor:

In the September/October Feedback section (*Ca* 31:320, 1981), Dr. Cohen misinterpreted the quotation of H.G. Wells: "... the motive that will conquer cancer will not be pity nor horror; it will be curiosity to know how and why."

H.G. Wells did *not* mean that scientists are doubtful humanitarians not wishing to help people with killing diseases.

He *did* mean that cancer will not be considered a dreaded and horrible disease unlike any other. Previous articles in *Ca* have shown that only a few years ago cancer patients were not even told their diagnosis, because cancer was associated with a horrible, wasting, painful death. Since people were afraid to be reminded of their own mortality, cancer patients were ostracized like lepers.

In 1927, H.G. Wells correctly predicted the decreasing fear of cancer, as scientific curiosity discovers better treatment and prevention.

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