ABSTRACTS

EXPERIMENTAL STUDIES


From 2 to 5 micrograms of radium or mesothorium in vaseline was introduced into the trochanters of 22 young rabbits. Six animals died during the first seventeen months from disorders unrelated to the operation and without tumors. The first growth was discovered nineteen months after the beginning of the experiment, and at the time when the paper was written 5 (31 per cent) of the surviving rabbits had died of metastasizing sarcomas, all originating within twenty-one and a half months at the site where the radio-active substance had been introduced. Three of these tumors were osteoplastic, and larger than the other two, which were spindle-cell sarcomas free of bone.

The metastases involved the inguinal, lumbar, bronchial or peritracheal lymph nodes, the muscles, epicardium, pericardium, peritoneum, lungs, spleen, kidneys, stomach, thyroid, pleura, diaphragm, mediastinum, or thoracic duct. Splenic metastases, found in 2 of the rabbits, are almost unknown in sarcoma of the human subject, where the lymph nodes also are generally spared. Otherwise these tumors resembled in their spread the bone sarcoma of man which, except for the Ewing type, rarely metastasizes to the skeletal system.

The metastases were not radio-active, showing that the etiological agent had produced only a local somatic mutation, and that the affected cells were able subsequently to continue their malignant growth in its absence.

One dog, treated in the same manner, had not developed a neoplasm when the paper was written.

Roentgenograms and photographs of gross specimens are included.

Wm. H. Woglom

Neoplastic Diseases Produced in Mice by General Irradiation with X-rays.


II. Ovarian Tumors and Associated Lesions, J. Furth and J. S. Butterworth. Ibid. 28: 66–95, 1936.

In experiments carried out over a period of five years, 775 mice received x-ray irradiation and 1290 mice were kept as controls. The irradiated mice received one or more doses of 200 to 400 rad units, the factors being 190 kv., 30 ma., 50 cm. distance, 0.5 mm. Cu + 1 mm. Al filtration, and the interval between irradiations three to five weeks. Irradiation caused an increase of ovarian tumors to 15 times as many as in the controls, of myelosis to 8 times, of mediastinal lymphosarcoma to 7 times. There was a slight but definite rise in the incidence of several other neoplasms, but those of the breast decreased by one-half. The incidence of breast tumors among the x-rayed mice with ovarian tumors of the granulosa-cell type, however, was high, and frequently associated with endometrial hyperplasia, which would suggest that such ovarian tumors produce hormone.

The x-ray-induced tumors were indistinguishable from those occurring spontaneously and appeared at a somewhat earlier age than the similar tumors of unirradiated mice.

It is suggested that x-rays so alter the constitution of certain cells that they or some of their offspring undergo malignant transformation several months after irradiation.

The second of these papers is devoted to a study of the ovarian tumors, with numerous protocols and a large number of photomicrographs. Such tumors developed after an immediate destructive effect of the x-rays, requiring one or two years. The authors conclude that tubular adenomata arise from down-growth of germinal epithelium in the...
form of epithelial canals. There is no evidence that these growths have endocrine function.

Proliferation of follicular epithelial and interfollicular spindle-shaped cells, both of which are probably derivatives of the germinal epithelium, give rise to granulosa-cell tumors. These tumors may be composed of spindle-shaped cells like those of the ovarian stroma, or of epithelial cells like those of ovarian follicles, or of luteinized epithelial cells, or of several different morphological variants of the granulosa cells.

In many of the mice with granulosa-cell tumors excessive endocrine function is indicated by extensive cystic glandular hyperplasia of the endometrium, and in a few mice by hyperplasia of the anterior lobe of the hypophysis.


The authors now describe in more detail the results achieved by injecting folliculin after having sutured omentum into an abdominal incision (see Compt. rend. Soc. de biol. 114: 702, 1934. Abst. in Am. J. Cancer 24: 676, 1935).

Among 12 male and 6 female rats, adenomatosis of the sweat glands was twice encountered. The inclusion of omentum can hardly have played a part in this outcome, which was more likely a consequence of scar formation and the humoral changes induced by the folliculin. Some of those nodules which develop in women laparotomized during the menopause, and which have been regarded heretofore as endometriomas, may be of similar nature, but the observations here reported do not justify a denial that some may actually arise from implanted endometrium. Not only the sweat glands, but all the glandular apparatus of the skin, seemed to be excited to hyperplasia by the folliculin.


By exposure to soot over a long period of time the authors were able to produce carcinoma of the lung in 8 per cent of a series of mice compared to an incidence of 2 per cent in a control group. Photomicrographs of the tumors are included.

Statistics of the U. S. Bureau of the Census presented in tabular form show a higher death rate from lung tumors in cities than in rural districts, where the exposure to soot and smoke is presumably less. A bibliography is appended.


Further studies are reported on the erythroleukemic syndrome produced in the rat by the injection of tar into the marrow [see Abst. in Am. J. Cancer 22: 131, 1934]. It was found impossible to transmit the disease to healthy rats by injection of the blood of affected animals either subcutaneously, intramuscularly, intravenously or into the marrow. Bone marrow grafts likewise failed to transmit the disease. In order to determine whether mechanical irritation alone might be responsible for the syndrome produced by the tar injections, animals were submitted to repeated bone marrow punctures without the injection of any substance and to injections of physiologic saline, poppy oil, and finely pulverized sand. These measures produced no change in the marrow or blood. Two of the six animals in which sand was injected showed a localized thickening of the marrow reticulum, but there was no change in the marrow of other bones which had not been disturbed. One series of rats received injections into the marrow of benzol in small doses, one series injections of tar, and a third series
injections of tar and benzol combined. The weak doses of benzol did not provoke aplasia but aroused an eosinophilic reaction. Benzol did not produce a disease such as that elicited by tar, and it had little effect on the evolution of the reaction to tar.

The injection of tar into the bone marrow of the gray sewer rat produced the same alteration in the peripheral blood and in the marrow as in the white rat previously studied. Similar injections in the guinea-pig appear capable of occasionally arousing hyperplastic disease of the bone marrow, i.e., a myeloma, without any reflection in the peripheral blood. Injections in the marrow of chickens, although producing a severe anemia and lymphocytosis, did not produce a disease comparable to that elicited in the rat. In rabbits the injections were too rapidly fatal to allow of any conclusions.

Splenectomy did not hinder the appearance of the erythroleukemia produced by tar in the rat. On the contrary, the picture appeared more clear cut and more typical than in the animals which had not undergone splenectomy, the number of red cells and the percentage of nucleated reds in particular being more elevated. It is conceivable that the spleen, rather than initiating or advancing the disease, retards the development of the leukemic picture.

Repeated smearing of the spleen of the rat with tar produced only a slight increase in the monocytes. There is no parallel between the action of tar on the bone marrow and upon the spleen.

Laplane and Bernard studied the anatomical changes associated with the erythroleukemic syndrome produced by the injection of tar into the bone marrow. The spleen was generally hypertrophied, but in only 20 per cent of the animals was the hypertrophy extreme. Histologically a subacute inflammation was the most constant lesion. In some cases a leukemoid picture was found and exceptionally a true splenic tumor was present.

Keratotic proliferations were particularly frequent in the animals which had received injections of tar. In a series of 100 animals there developed 22 nasal cornifications, 15 of which were excessive, whereas only 6 small lesions of this type appeared in a like number of controls. Similarly there were 17 growths on the ears of the experimental animals, with none in the control group, and 11 keratoses of the tail against only 1 in the controls. It is possible that the presence of the tar in the organism favors the development of cornifications and papillomas in areas in which they have a tendency to occur spontaneously. Precautions were taken to prevent any spilling of the tar on the skin following injection.

Both papers are illustrated.

F. E. Smith, Jr.


By a series of graphs based on hypothetical tumors composed of definite proportions of fast- and slow-growing cells, Mottram shows why, in spite of the presence of cells of varying growth rate, the majority of tar warts have linear growth curves. Autografts tend to have the growth rate of the most rapidly growing rather than the slow-growing cells of the original wart.


Strong and Smith successfully transplanted a spontaneous hepatoma from a mouse of the CBA strain to related mice and believe the tumor to constitute favorable material for cytological investigations. The grafted liver tumor cells remained growing and physiologically active (in the secretion of the bile) at least five months after the tissue was implanted subcutaneously into other mice. The grafts showed a higher incidence of mitotic figures than the original tumor. Neither the original hepatoma nor the grafted tumors appeared to have biliary duct systems.

Explants of the Ehrlich mouse carcinoma were more seriously damaged than fibroblasts by preliminary exposure to various disinfectants, as phenol, tricresol, etc., at the dilutions ordinarily employed for bactericidal purposes.

The addition to tumor emulsion of 0.1 per cent sodium fluoride or 3 per cent phenol before transplantation caused the death of most of the mice inoculated. The surviving animals of the phenol group developed no tumors, while those of the sodium fluoride lot had late, slowly growing ones. Tumor growth was prevented by 0.3 per cent tricresol, but an 0.2 per cent solution, which is still sufficiently strong to destroy bacteria, merely inhibited.

The unfavorable effect of these agents upon the tumor cell is not due to their bactericidal action but to the fact that this element is more susceptible than the normal tissues, just as it is more susceptible to x-rays and radium. WM. H. Woglom


The venom of Bothrops jararaca (fer-de-lance) had no effect on the Freund-Kaminer reaction, nor did its action upon explants of the Ehrlich mouse sarcoma differ from that exerted upon cultures of most normal tissues. Only dangerously large doses inhibited the tumor in vivo. WM. H. Woglom


Animal tumors can be destroyed by the heat generated by high-frequency currents. A further claim has been made by Reiter that a definite wavelength (3.4 m.) is particularly effective, and that its effect is distinguishable from that caused by heat. Taylor finds that when this wavelength is used, and proper care is exercised to cool the irradiated part, no tumor destruction occurs. Furthermore, if the same current is applied at low intensity for a correspondingly longer time, no tumor destruction occurs, provided the cooling is adequate. Other tests with a wavelength of 4.5 m. gave similar results. The conclusion is that there is no frequency which is especially effective, and that the heat produced by these currents is the only destructive agent.

[In this connection, see Dickens, Evans, and Weil-Malherbe, in this number of the Am. J. Cancer, p. 603.] Charles Packard


Intracutaneous injection of the Brown-Pearce rabbit carcinoma into rabbits is followed by the appearance of tumors which regress entirely after about three weeks. The animal is then resistant to reinoculation at any site (testicle, skin, subcutaneous tissues) and continues so for at least ten months. This refractory condition cannot be elicited by intracutaneous inoculation with spleen, brain, dead tumor, or with mouse sarcoma.

The immunity appears to be cellular. In other words, it does not depend upon the elaboration of antibodies in the blood but, like anthrax, is induced by local vaccination of the skin and lymphatic apparatus. WM. H. Woglom


No concomitant immunity was produced to tumors which arose spontaneously in mice of pure stocks following the caudal inoculation of tumor 180 or homologous tissue.


Shope's statement that the fibroma virus immunizes to the myxoma virus is confirmed. The route chosen appears to be of no import, the rabbit becoming resistant no matter whether the virus be introduced by way of the eye, nose, or skin.

Wm. H. Woglom


The rôle of macrophages in tumor growth was studied mainly by vital staining with trypan blue and in tissue cultures. The varieties of tumors used were the Rous chicken sarcoma, a transplantable mouse carcinoma, a mouse sarcoma, tar carcinomas, and spontaneous mouse carcinomas. All gave essentially similar results.

In the case of a malignant tumor there are present at the periphery large numbers of macrophages, derived partly from the blood and partly from the tissues. These act as members of the reticulo-endothelial system, their function being to take up and remove broken-down tissue and by-products of the tumor cells, as well as to assist in the formation of some substance of importance to the growth of the latter. These functions are of greater importance in mesodermal tumors than in epithelial growths.

There are no illustrations

Edward Herbert, Jr.


Carminati was unable to confirm the finding by Cook and Dodds (Nature 131: 205, 1933. Abst. in Am. J. Cancer 20: 643, 1934) of an estrogenic action of 1:2-benzpyrene in rats. In repeating the experiment of the English workers, he injected castrated rats subcutaneously with an aqueous colloidal solution of the hydrocarbon and made vaginal smears three times daily. A total of 10 rats received doses varying from 0.00005 to 0.025 grams of the benzpyrene without going into estrus.

C. D. Haagensen


In these experiments 181 salts of cholesterol acids were studied as to their effect on tissue cultures of heart of chicken embryo and of a spindle-cell sarcoma of rats. In general little effect was noticed except with cesium, rubidium, and lithium salts, which exerted a definite inhibitory action. The salts of the heavy metals also prevented development except in very weak dilutions, but this was believed to be due to the action of the metals themselves, as has been shown in a previous communication. In all cases the neoplastic tissue was more sensitive to the compounds than the normal tissue. There are no illustrations.

Edward Herbert, Jr.


The principal rays of the solar spectrum causing photoactivity of cholesterol belong to the invisible part of the ultraviolet spectrum, and have a wavelength lying between 3350 and 2260 Angstrom units. The rays of the visible spectrum have no such action. The experiments reported are carefully carried out and well controlled. There are 24 illustrations.

Edward Herbert, Jr.

The radiosensitivity of bean root tips is increased if they are exposed when immersed in hydrocyanic acid solutions or in ice water; and it is decreased under nitrogen and carbon monoxide anaerobiosis. These results confirm the earlier work of Crabtree and Cramer (Eleventh Scientific Report, Imp. Cancer Research Fund, 1934. Abst. in Am. J. Cancer 23: 597, 1935). But there appears to be no correlation between sensitivity and the rate of mitosis. Thus in cold water, mitosis is found to be as frequent as at room temperature, while in hydrocyanic acid solutions it practically ceases. In the latter case, however, the author shows that the root continues to grow at a normal rate. [The high variability of this material and the small number of roots examined may explain these curious results.]

TUMOR PATHOGENESIS


This is a brief exposition of the author’s theory that cancer arises as the result of an imbalance of the forces in the body which protect against cell multiplication. The spleen, thymus, lymph nodes, and bone marrow elements normally possess antineoplastic power, but the opposing cell-stimulating force of the gonads may overwhelm these restraining forces and give rise to malignant tumors. This theory is the basis for administering extracts of thymus, etc., to patients with cancer. No new data in support of this point of view are presented.


The author reviews the subject of the etiological role of trauma in tumor genesis, with special emphasis on Ewing’s postulates, namely: (1) authenticity and adequacy of the trauma; (2) previous integrity of the part involved; (3) origin of the tumor at the exact site of the injury; (4) reasonable time between injury and tumor formation; (5) positive diagnosis of presence and nature of tumor.

The tumors most often attributed to trauma are those of the skin, bone, and breast. The author concludes that it is impossible to deny altogether any relationship between trauma and epithelial cancer; that traumatic responsibility must be allowed in certain bone tumors provided the postulates mentioned above are fulfilled; that practically all breast cancers can be eliminated from the traumatic category.

A bibliography is appended.


A brief summary of the views of Fischer-Wasels on tumor genesis.

GENERAL CLINICAL OBSERVATIONS


Thirty-four cases in which two primary cancers and one case in which three were present are reported. In the latter case a gastrectomy was first done for carcinoma of the pylorus. Four years later the patient had a breast removed because of cancer, and four years after that she was operated on for carcinoma of the ovary. Death occurred the following year.

In 8 cases the two cancers were present at the same time. In the remaining 27 the second cancer appeared from one year to seventeen years after the diagnosis of the first. The cancers involved such organs as the breast, stomach, rectum, cervix, uterus, and tongue. Only a few instances of skin cancer are reported.
The author states that he has seen approximately 3000 patients with cancer, and thus places the incidence of multiple malignancy at 1 per cent. On the basis of his observations he supports the special diathesis theory. He suggests the virus hypothesis as another explanation for the occurrence of multiple cancers.

All the cases are briefly abstracted. There are no photomicrographs.

Co-existence of Cancers of Different Histological Type in the Same Patient, E. Wallon.


A woman forty-eight years old had a radical mastectomy for carcinoma of the breast, following which she remained apparently well for two years. She then developed almost simultaneously a recurrence in the scar, lymph node metastases in the axilla, supraclavicular fossa, and cervical regions, a nodule in the upper lip, and a large ulceration of the anterior part of the scalp. Biopsies showed the scalp tumor to be a basal-cell carcinoma, the lip tumor to be a squamous-cell carcinoma with occasional droplets of mucin in the cells, and the nodules in the chest scar to be adenocarcinoma. The author believes it possible that the entire picture could have been brought about by metaplasia of the metastasizing breast tumor, although it is more probable that the case is one of true multiple malignancies. There are no illustrations. No references to the literature of multiple malignancy are given.


A man thirty-four years of age had multiple subcutaneous, subperiosteal and retroorbital tumors, which had been present since birth and had grown rapidly for the last ten years. Several of them were removed surgically. They all showed the same microscopic structure, that of a cavernous hemangioma. No data are given as to the eventual outcome. Five photographs, 2 photomicrographs, and a bibliography of 10 items are included.


The authors report two cases of ganglioneuroma observed at the Portuguese Institute of Oncology in Lisbon.

The first was a pelvic tumor in a sixteen-year-old girl. It was removed without recurrence. Microscopically it contained myelinated nerve fibers, ganglion cells, and small round cells of lymphoid type which were considered as embryonic nerve cells.

The second case was retroperitoneal, in the right kidney region of an eight-year-old girl. It was a large tumor measuring 13 × 10 × 9 cm. After removal there was no recurrence. Histologically it resembled the tumor in the first case, but had fewer ganglion cells. Both tumors undoubtedly arose from the sympathetic nervous system.

Nine illustrations and a bibliography are included.


A boy sixteen years of age had a tumor of the left clavicular area which consisted of nodules of different appearance. No biopsy was taken. The diagnosis of a tumor with lipomatous, fibrous, and angiomatous elements was assumed from the clinical examination only. There is one photograph.


A tumor adherent to the brachial artery was first considered as an aneurysm but at operation found to be an endothelioma. Five years later there was a recurrence, which
proved to be a sarcoma with numerous vascular channels. Five months later another recurrence took place and a third local excision was attempted. Radiotherapy was given for subsequent recurrence but the patient died with spinal metastases. This tumor is considered as an angio-endothelioma arising from the sheath of the brachial vessels. The authors advocate arteriography to rule out aneurysm, as was done in this case. Neither roentgenograms nor photomicrographs are included. A short bibliography is added.


A twenty-year-old Hindu male fell and injured the lower third of the left thigh. A swelling appeared a few days later and increased in size until within a year it involved practically the entire thigh, extending from the great trochanter to the knee joint. In spite of the patient's greatly weakened condition, a hip joint disarticulation was done and he was well a year and a half later. On microscopic examination the tumor was found to be a mixed-cell sarcoma involving the soft structures of the thigh. Two photographs of the patient are included, but there are no photomicrographs.


A youth seventeen years of age had a large tumor measuring 10 X 15 cm. on the right gluteal region. Biopsy showed this to be a lymphangioma. Following radiotherapy it regressed to half its original size. One photograph is included.


A thirty-nine-year-old man had a tumor at the base of the right lung. It invaded the twelfth rib on that side and extended along the twelfth dorsal nerve into the spinal canal, causing symptoms of nerve involvement below that level on the corresponding side. The nature of the tumor is not stated. There is one illustration, a roentgenogram of the twelfth dorsal vertebra and rib, showing no involvement of the vertebra.

THEODORE P. EBERHARD

DIAGNOSIS AND TREATMENT


The serum from 112 patients with various disorders, including malignant disease, was sent to Fuchs for his carcinoma reaction. On the accompanying slips were written sometimes the correct diagnosis and sometimes a deliberately false one. In 92.5 per cent of the cases the results corresponded with the clinical findings, confirmed in many instances by histological examination or by autopsy.

WM. H. WOGLOM


The authors discuss the capacity of various organic acids either to protect tumor cells against cytolysis by normal serum or to destroy them. The article is too technical to be abstracted and details must be sought in the original paper.

WM. H. WOGLOM

The blood cholesterol of 10 patients with advanced and inoperable carcinomas and of 3 normal persons was studied in order to determine if a diminution of this substance following external ultraviolet irradiation was a diagnostic sign of cancer. The irradiation was given over the chest and back at 70 cm. distance for five-minute exposures. The blood was taken just prior to the exposure and ten minutes afterwards. A decided diminution of the blood cholesterol following the irradiation was observed in 3 of the cancer patients and one of the supposedly normal individuals. It was concluded that this test had no practical value in the diagnosis of cancer. BENJAMIN R. SHORE


Some improvements are offered in the technic of the sodium chromate-propionic acid reaction for the diagnosis of cancer, which was described by these same authors in 1933 (Nederl. tijdschr. v. geneesek. 77: 2319, 1933. Abst, in Am. J. Cancer 23: 850, 1935). EDWARD HERBERT, JR.


The importance of collaboration of the pathologist and surgeon in the operating room is emphasized in this article. Four cases of malignant tumors of the thyroid and one of the breast are quoted as examples of how this collaboration assists the surgeon in his operation. There are several photographs. CHARLES A. WALTMAN

Diagnostic Errors in Abdominal Tumors, A. MONJARDINO. Sobre alguns casos de erro de diagnóstico em tumores abdominais, Arq. d. patol. 6: 553–556, 1934.

The author reports three diagnostic errors in the diagnosis of abdominal tumors. The first was thought to be an ovarian cyst with a long pedicle, as it was freely movable. At operation it was found to be a pedunculated hydatid cyst of the liver. In the second case the tumor appeared to be continuous with the uterus. It was thought to be a fibromyoma but was found to be a hypernephroma of the right kidney attached to the fundus of the uterus by adhesions. The diagnosis in the third case was pregnancy, with an ovarian cyst. The supposed cyst proved to be a normal pregnancy, while the supposed pregnancy was a fibromyoma. A myomectomy was done and the patient went to term, delivering a normal child. EDWARD HERBERT, JR.


A general discussion with the citation of occasional cases to illustrate the importance and difficulty of diagnosis of enlargement of the cervical nodes. The paper is without illustrations or bibliography. F. E. SMITH, JR.


The author recommends inunctions of "tumorsan" (a lead iodide preparation) combined with the Freund diet and surgery or radiotherapy. He has never seen lead poisoning follow the use of this ointment. WM. H. WOGLOM

This article is a criticism of one by Klein (Wissensch. Woche zu Frankfurt a. M., Sept. 2-9, 1934, Vol. II, Leipzig, Georg Thieme, 1935), in which the transfer of tumors by cell-free filtrates was described, the resulting growths resembling in all respects the original neoplasms. Transplantation was said to have succeeded whether the injection was subcutaneous, intramuscular, intraperitoneal, or intravenous, and the author inquires how, for example, a mammary carcinoma can develop from muscle. The contradictions and inconsistencies underlying Klein's statement that the degree of predisposition to cancer can be determined from the lytic effect of the serum upon cancer cells are pointed out.

WM. H. WOGLOM

THE SKIN

Tumors of the Cutaneous Glands, H. PARREIRA. Sôbre tumores das glândulas cutâneas, Arq. de patol. 7: 244-282, 1935.

An examination has been made of all the skin tumors in the collections of the Portuguese Institute of Oncology and the First Surgical Service of the Faculty of Medicine of Lisbon. Of 1284 cutaneous tumors, 84 were derived from the sebaceous or sweat glands, 78 from the former, 3 from the latter, and 3 from both together. Fifteen were counted as hyperplasias, 7 as adenomas, and 62 as carcinomas. A group of tumors believed to be precancerous is described, consisting of atypical hidradenomas and rapidly growing ulcerated sebaceous adenomas. Of these 84 tumors, all but 5 arose on the head, and the great majority in the nasal region. The sexes were affected in equal numbers. Each type of tumor is considered in detail, case histories being given together with a pathological description and a summary of the views of other authors.

The article is well illustrated by 12 photographs and 17 microscopic drawings. There is a good bibliography of 38 items.

EDWARD HERBERT, JR.


Following a violent attack during the discussion of a paper by Marcel Pinard and his associates (Bull. Soc. franc. de dermat et syph. 42: 1547, 1935. Abst. in Am. J. Cancer 28: 176, 1936), the authors collected 20 cases from the literature in which healing, partial or complete, was reported for skin cancer after such treatment as antiluetic therapy, lecithinated oils, erysipelas toxins, or hyperpyrexia, or with no treatment at all. A brief abstract of each report is given, with the reference, and some experimental data are included, based principally on the failure of transplanted animal tumors to continue to grow. And again M. Touraine finds himself belabored by MM. Pinard, Gougerot, Sézary, and Thibault.

THEODORE P. EBERHARD

Multiple Cutaneous Epitheliomas Developing for Twenty Years, PAUL VIGNE. Epithéliomatose cutanée multiple évoluant depuis vingt ans, Bull. Soc. franc. de dermat. et syph. 43: 869-885, 1936.

A case is reported of multiple skin epitheliomas which appeared in a girl twelve years of age, principally on the upper half of the face. Several biopsies showed the typical structure of basal-cell epithelioma. The lesions were destroyed repeatedly by diathermy coagulation and carbon dioxide snow, but recurrences and new tumors continued to appear. The patient has been followed now for twenty years. Recently tumors have begun to appear on the abdomen and extremities. There has never been any lymphadenopathy and the general health has been good. Photographs and photomicrographs illustrate the report, and there is a bibliography of six items.

EDWARD HERBERT, JR.

A forty-two-year-old woman had a small tumor occupying the right naris. It had been present for about five years, measured 2 cm. in diameter, and was pale, firm, and not ulcerated even where it was crusted. Two biopsies showed that it was a basal-cell carcinoma and not a circumscribed scleroderma as had been thought clinically. No illustrations are included.

Theodore P. Eberhard


A man eighty years old had a well differentiated squamous-cell carcinoma of the posterior scalp measuring 7.5 × 7.5 × 2.5 cm. This was excised and the wound left to granulate. One year later the patient was apparently free of disease. There are two photographs of the patient but no photomicrographs of the tumor.

Theodore P. Eberhard


A woman sixty-three years of age had an enormous ulcerated tumor of the right knee with enlarged inguinal lymph nodes. This was assumed to be a cutaneous epithelioma, but no biopsy was taken. One photograph accompanies the report.

Edward Herbert, Jr.


A short case report, with one photograph. Biopsy of the lesion on the cheek showed it to be a basal-cell epithelioma.

Edward Herbert, Jr.


A man forty-four years of age had an ulceration on the chin which had been present for two years. Biopsy showed it to be a basal-cell epithelioma. The Wassermann reaction was strongly positive. Under antisyphilitic treatment the ulcer almost completely healed, but several structures resembling cutaneous pearls appeared at the edge of the scar. No biopsy of these was taken. There are no illustrations.

Edward Herbert, Jr.


A man twenty years of age had numerous verrucous nevi distributed over the entire left half of the body. The lesions on the face and neck were successfully removed by electrocoagulation. Four photographs are included.

Edward Herbert, Jr.

This is a case report of verrucous nevi appearing on the left side of the neck and left shoulder of a boy fourteen months of age. There are no illustrations.

EDWARD HERBERT, JR.


A man seventy years of age had a verrucous nevus 5 cm. in diameter on the scalp behind the right ear. The lesion was successfully removed by electrocoagulation.

EDWARD HERBERT, JR.


A man forty-four years of age had a papillary lesion behind the right ear, which had been present since birth. Biopsy revealed in the same section the structures of a papillary nevus and of a sebaceous nevus. A photograph shows the lesion.

EDWARD HERBERT, JR.


A nevocarcinoma developing in a congenital pigmented mole on the left cheek of a woman sixty-one years of age, and proved by biopsy, promptly recurred following electrocoagulation. There was a metastasis in a submaxillary lymph node which was removed surgically. The tumor and the submaxillary region were then treated with radium. The patient has remained without evidence of recurrence for five years. There are no illustrations.

EDWARD HERBERT, JR.

Hereditary Familial Angiomatosis (Rendu-Osler's Disease), A. SEZARY, PAUL LEFÈBRE, AND A. HOROVITZ. Angiomatose hereditaire familiale (maladie de Rendu-Osler), Bull. Soc. franç. de dermatt. et syph. 43: 990-993, 1936.

The study of a family comprising 26 individuals in three generations showed 11 persons of both sexes who had multiple angiomas and telangiectases of the skin and mucous membranes. In one woman studied in detail numerous hemorrhagic episodes occurred. The blood findings were essentially normal except for a moderate secondary anemia. The article is illustrated with one diagram.

EDWARD HERBERT, JR.

Association of Angiomas or Telangiectases and Epilepsy, H. GOUGEROT, PAUL BLUM, AND F. B. LÉVY. Association d'angiomes (ou telangiectasies) et de mal comitial, Bull. Soc. franç. de dermatt. et syph. 43: 373-374, 1936.

A girl twelve years of age had multiple telangiectases of the face and neck which had been present for eight years. She had had attacks of epilepsy of the grand mal type since the age of nine. There are no illustrations.

EDWARD HERBERT, JR.


A large angioma of the left flank of a girl two years of age was successfully treated with radiotherapy. Treatment extended over a year and was given in three series, the first of 1200 r, the second 800 r, and the third 2800 r to each of two fields. Two photographs of the patient are included.

EDWARD HERBERT, JR.

A boy just under four years of age, who had developed a xeroderma pigmentosum of the exposed parts during the first year of life, now showed a tumor in the right temporal area. This proved on biopsy to be a squamous-cell epithelioma. There is one photograph.

**Case of Nodular Xanthoma,** **Watrin, Paul Aubry and Mignardot.** Un cas de xanthome papuleux, Bull. Soc. franç. de dermat. et syph. 43: 192–194, 1936.

A case of bilateral xanthomas of the elbows is reported in a woman fifty-seven years of age, with a depressive psychosis. There was an associated hypercholesterinemia. There are no illustrations.


This case was presented in this journal (42: 1614, 1935. Abst. in Am. J. Cancer 28: 180, 1936) before treatment had been begun. After three weeks on 5 to 10 centigrams of thyroid extract per day, the patient developed marked symptoms of hyperthyroidism, and the treatment was changed to potassium iodide. The nodules are said to have become slightly smaller.


An intradermal injection of coal tar made for the purpose of testing the patient's sensitivity caused a marked reaction, with production of a fibrous tumor containing foreign-body giant cells and resembling a paraffinoma. There are no illustrations.

Multiple Tumors of the Face and Back of the Neck without Definite Diagnostic Morphology, **L. M. Pautrier and Fr. Woringer.** Tumeurs multiples de la face et de la nuque, à évolution rapide, de la lignée conjonctive, mais sans signature histologique précise, se présentant comme une "granulomatose," Bull. Soc. franç. de dermat. et syph. 43: 520–527, 1936.

A woman sixty-two years of age had numerous subcutaneous tumors of the face and back of the neck which she had noticed for two months. Biopsy showed a microscopic structure which could not be definitely named, although similar in many respects to that of the granulomas. With radiotherapy the tumors disappeared entirely. There are 4 photographs of the patient, but no photomicrographs.


Numerous small subcutaneous nodules were found on the anterior chest wall of a man twenty-two years of age, whose mother had had similar lesions. Biopsy showed them to be hidradenomas. There are no illustrations.


A woman thirty-four years of age had a papular eruption on the chest, neck, and axillae, which had been present for twenty years. A diagnosis of multiple hidradenomas was made on the clinical appearance only. No biopsy was taken. There are no illustrations.
THE EYE


The author believes that there is a virus of sympathetic ophthalmia which travels along the routes of the ciliary nerves and not by way of the optic nerve. Primary or secondary tumors of the choroid may spread from the eye by either route. The slides which illustrated the original presentation of this paper are not reproduced. There is no bibliography.

CHARLES A. WALTMAN


A tumor of the choroid caused a tear in the retina, shown by two photographs. Since the patient refused operation, the tumor was not examined.

CHARLES A. WALTMAN


This is a general article on the types of tumors which have been reported as primary in the sclera. They are serous cysts, fibromas, lymphomas, osteomas, angiomas, and dermoids. No new cases are reported. A bibliography of 39 items is included.

EDWARD HERBERT, JR.


A mixed tumor of the lacrimal gland occurring in a fifty-nine-year-old man is reported, with a photograph of the patient and two photomicrographs.

CHARLES A. WALTMAN


The case of an eight-year-old boy with a recurrent tumor of the orbit, in spite of removal of the orbital contents, is reported. The tumor arose from the eyelid and did not invade the eye but did involve the orbital tissue. Further local recurrences followed operation, resulting in the patient's death. No autopsy was secured.

Histologically the tumor was composed of myoblastic cells with cytoplasm containing striations. In other areas there were giant cells and spindle-shaped cells of a more immature type. Fat stains showed intracellular fat as well as fat in the stroma. The author regards this tumor as a myoblastoma with sarcomatous degeneration.

Four photomicrographs and a short bibliography are included.

CHARLES A. WALTMAN


A case report.

CHARLES A. WALTMAN


Of a series of 218 cutaneous cancers, 11 occurred on the eyelids, 1 being on the upper and 10 on the lower lid. A short discussion is given of the clinical characteristics and therapy. The application of radium is advocated for both the squamous-cell and basal-cell epitheliomas, while electrocoagulation is the method of choice for nevocarcinomas. There are no illustrations.

EDWARD HERBERT, JR.


A sixty-seven-year-old man had a rapidly growing tumor of the lower lid. Histologically it was a glandular tumor located in the antetarsal region. It was not encap-
sulated, and mitoses were observed. The authors believe it may have arisen from the glands of Moll. No photomicrographs are included, but there is a photograph of the patient. There is no bibliography.

CHARLES A. WALTMAN


A large congenital angioma of the right upper eyelid of a man twenty years of age was successfully removed by diathermy coagulation after carbon dioxide snow and radium had failed to bring about any improvement. There are photographs of the patient before and after removal of the tumor.

EDWARD HERBERT, JR.

THE EAR

Primary Carcinoma of the Middle Ear, R. E. J. TEN SELDAM. Primair carcinoom van het middenoor, Nederl. tijdschr. v. geneesk. 78: 2601–2607, 1934.

A woman thirty-eight years of age, who had suffered from a right chronic purulent otitis media most of her life, suddenly developed an acute mastoiditis. Operation was followed by an aspiration pneumonia and death. At autopsy a squamous-cell epithelioma of the right middle ear was found, scirrhous in type. A bibliography is appended.

EDWARD HERBERT, JR.


Report of a case in a young woman, with a review of the literature and a bibliography.

THE BREAST


The authors have calculated life expectancy curves for 1565 treated cases of breast cancer by a method which takes account of all the living patients as well as those who have died. They found that the median length of life in the age group below forty is about three years, from forty to sixty about three and a half years, and about four years thereafter. Cancer of the breast in the hospital cases is more malignant in the young and less so in the old. The male seems to have a slightly better life expectancy than the female, but the number of cases is too small for positive conclusions. Susceptibility to cancer of the breast increases steadily with age.

The paper is illustrated by graphs. A bibliography is included.


The author briefly outlines several cases with apparently benign mammary tumors that contained carcinoma or a tendency toward carcinoma. The operative treatment of each type of case is discussed with illustrative case reports. There is a long discussion by various members of the society. No illustrations are included.

CHARLES A. WALTMAN


A short case report with a photomicrograph.

EDWARD HERBERT, JR.

A woman sixty-eight years of age had a left radical mastectomy for carcinoma. Two months later an erythematous scaling lesion appeared just below the left axilla. In four months this had involved the entire left anterior chest wall. Biopsy showed it to be a pagetoid epithelioma. There are no illustrations. Edward Herbert, Jr.


After a general discussion of cystosarcoma phyllodes mammae, two cases are reported in women fifty-two and thirty-eight years of age. One patient had gone three years without recurrence; in the other the tumor recurred locally at the end of one year. Nine references are appended. There are no illustrations. Edward Herbert, Jr.


Histologic study was made of skin removed from the axillae of 50 women, fifty years of age or more, and of 10 women between the ages of fifteen and forty. Cystic changes were observed in the apocrine glands in 54 per cent of those past the menopause; in 40 per cent of the cases there was marked proliferation of the epithelium of the ducts. No such changes were seen in the 10 younger women. It is pointed out that these changes in the superficial axillary apocrine glands are not unlike those observed in the female breast; both are probably due to hormonal stimulation. The article is well illustrated with photomicrographs.

Benjamin R. Shore


This is a short preliminary report on the tumors of the male breast which have been seen at the Portuguese Institute of Oncology in Lisbon. Among 11,608 patients there were in women 491 breast carcinomas and 201 benign tumors, while in men there were 12 carcinomas and 13 benign lesions that were considered precancerous. These cases are to be reported in detail later. There are no illustrations. Edward Herbert, Jr.

THE UPPER RESPIRATORY TRACT


The slow development of carcinomas of the upper respiratory and digestive tracts in older patients in contrast to the relatively rapid growth of similar neoplasms in the young has long attracted the attention of clinicians. Over one hundred carcinomas of the nasal fossae, sinuses, mouth, pharynx, and larynx, in patients between the ages of sixty-five and eighty-two, were studied from this point of view. Of these tumors, 26 arose in the nose or sinuses, 18 in the mouth or pharynx, and 61 in the larynx.

Histologic examination of these tumors failed to furnish any explanation for the slow growth rate. Certain of the preparations in fact seemed to possess characteristics of a particularly malignant nature. The clinical evolution of the epithelial growths of the upper respiratory and digestive tracts in older patients thus appears to be dictated by factors the nature of which is not indicated by histological examination. It appears
wise, therefore, not to attribute too great a value to morphology in the prognosis of these
growths. The article is illustrated by fourteen photomicrographs, but there are no
references.

F. E. Smith, Jr.

Carcinomas of the Upper and Lower Lips, Albéric Marin. Du cancer des lèvres
The differential diagnosis of carcinomas of the upper and lower lip is discussed,
attention again being called to the fact that those of the upper lip are almost always of
the basal-cell type, arising in a senile keratosis of the skin, while those of the lower lip
are most often of the squamous-cell type, arising at the mucocutaneous junction. The
characteristic picture of each lesion is described in detail, and four photographs illustrate
the description. Therapy is only briefly mentioned. There is no bibliography.

F. E. Smith, Jr.

Two Cases of Rhabdomyoma of the Tongue, H. Parreira and J. Nunes de Almeida.
Dois casos de rabdomioma da língua, Arq. de patol. 6: 582–600, 1934.
The authors have found 24 cases of rhabdomyoma of the tongue in the world litera-
ture. Twenty-one were benign and 3 malignant. Among 3096 tumors examined
microscopically at the Portuguese Institute of Oncology, only two rhabdomyomas have
been found, both of the tongue, and both benign.
The first, in a girl of sixteen, had been present for four years, giving rise to frequent
hemorrhages. Clinically it was considered an angioma. Radium was applied without
improvement. The tumor was then removed and did not recur. Microscopically it
was a rhabdomyoma with angiomatous areas. The authors call it an angiomatous
rhabdomyoma, and believe that it arose from a congenital developmental anomaly.
The second patient was a woman of fifty-one. The tumor had been present for
one year, was removed, and did not recur. Histologically it showed all stages of cells
from embryonic myoblasts to striated muscle fibers. The authors call it a myoblastic
rhabdomyoma, and believe that it arose from preexisting fully differentiated striated
muscle cells.

Four illustrations are included and there is a bibliography. Edward Herbert, Jr.

Pathological Study of "So-called" Dental Tumors, Charles G. Darlington and
Over a period of ten years, 1010 "so-called" dental tumors were encountered in
routine pathologic examinations of tissue removed in the Oral Surgery Clinic of the New
York University College of Dentistry. The ambulatory character of the patients, and
the fact that they visited the clinic, as a rule, only for their teeth, are emphasized.
Most of these tumors were discovered only on routine oral examination. The adjectives
"so-called" and "dental" are used to emphasize two important features of the material
studied: (1) Most of the conditions studied and dubiously classed as tumors are not in
reality autonomous new growths, but rather inflammatory in nature, and (2) these
tumors are labelled "dental" because almost all of the material was obtained from the
Oral Surgery Clinic and because they were first seen and diagnosed by dentists as part
of their routine clinical work.
The study is mainly histo-pathologic, and the microscopic features of the various
dental tumors are tabulated and analyzed. Two tables and eleven figures are given.
Of special interest is the large number of malignant tumors encountered (81). Only
occasionally was the lip or tongue involved, the majority occurring on the gums. Cheek,
palate and antrum also showed a few cases.
The tumors are listed according to the ease of microscopic diagnosis. Those condi-
tions which on microscopic examination are more easily recognized as tumors and more
readily classified were placed in List A; the others in List B.

A girl sixteen years old had had a tumor of the mandible for six months. X-ray examination revealed bone destruction and a diagnosis of a malignant tumor was made. Resection being refused, the surgeon curetted as much as possible intra-orally, following this with three courses of deep x-ray therapy [the only factor given is the filtration: 2 mm. Cu, 2 mm. of Al, 2 cm. of wood]. The first series consisted of 2000 $r$ given over seven weeks, the second four months later of 1000 $r$ over six weeks, and the third three months later of 2250 $r$ over three weeks. An x-ray examination one month after the last treatment showed almost complete regeneration of bone. There are two reproductions of the pre-treatment roentgenograms.

Theodore P. Eberhard


This is a report of a metastatic tumor of the gum originating from a primary adenocarcinoma of the sigmoid. Necropsy showed pulmonary and hepatic metastases of the same microscopic structure. Two photomicrographs are included.
Carcinoma of the Maxillary Sinus, TUSCHER. A propos d'un cas d' épithélioma du massif facial, Rev de laryng. 56: 222–224, 1935.

An extensive carcinoma of the right maxillary sinus in a male of forty-six, widely invading the surrounding structures, was successfully removed by radical dissection through a trans-maxillo-nasal incision. There is no follow-up record. The case is presented because of the atypical onset, the major symptom being increasingly frequent attacks of sneezing. Headache and nasal obstruction occurred only a few days before medical advice was sought. There are no illustrations or references. F. E. SMITH, JR.


This is a short report of an osteoma measuring 4 × 3 cm., arising in the right frontal sinus of a man twenty-eight years of age. There was an associated purulent sinusitis. The tumor was successfully removed surgically. There are no illustrations.


A girl twenty-four years of age had an infected dermoid cyst which filled the left frontal sinus and had perforated the superior orbital wall as well as the septum between the frontal sinuses. The patient was well one year after operation. The embryology of the region and the pathogenesis of the tumor are discussed. One roentgenogram and 9 references are included.


In the majority of reports the malignant tumors of the walls of the mesopharynx are included with those of the pharynx in general but the authors believe that these tumors merit a special description. The mesopharynx is described as that middle portion of the pharynx bounded anteriorly by a plane passing perpendicularly and posterior to the posterior pillar of the palate; above and below by two horizontal planes, one passing beneath the raised palate and one above the lowered epiglottis; posteriorly by the vertebral column.

Eight tumors of the walls were found in a total of 166 tumors involving the mesopharynx and its contents. Usually these tumors appear histologically as squamous-cell epitheliomas with epithelial pearls. Their unfavorable prognosis, however, is due less to their pathological nature than to their almost immediate extension into the intermediate lymph nodes. The ages of the author's patients ranged from fifty-eight to seventy-five years. All were males. Enlarged regional nodes, often homolateral, are usually present, but most often there is a striking disproportion between the importance of the lesion and that of the adenopathy. Initial symptoms are seldom more than vague sensations of tickling or of a foreign body or mucus in the throat. Later pain occurs, aggravated by deglutition and occasionally radiating to the ear on the same side. The tumor itself may be discovered only after repeated laryngoscopic examinations.

The evolution of these tumors is rather, rapid. Of the author's 8 patients, 7 have died and one is still under treatment. The differential diagnosis is discussed in detail. Because of the technical difficulties and rapidity of local spread to the retropharyngeal lymph nodes, surgery should be discarded in these cases. Radium cannot be used locally with safety. Roentgen therapy, by the Coutard method, should be systematically employed. Eight cases reported by Zuppinger are reviewed, but no references are given.


This is a short unillustrated report of a man forty-eight years of age with a pedunculated tumor in the hypopharynx which was removed and found to weigh 140 grams. Microscopic examination showed it to be a fibrolipoma.

EDWARD HERBERT, JR.

A report of a large inoperable carcinoma of the nasopharynx in a male of sixty-seven, with involvement of the cervical nodes. There are no illustrations or references.

F. E. Smith, Jr.


Nine cases of sarcoma of the tonsil, all of the round-cell type, received radiotherapy, with cures up to six years. The cases are very briefly described and no details as to dosage are given. The report is without illustrations or references.

Edward Herbert, Jr.


A report of a dermoid cyst attached to the right tonsil in a man of twenty-seven. It contained hair and sebaceous glands. The patient was without recurrence four months after removal of the tonsils. Photomicrographs of the growth are included and there are references to the 2 previously reported cases (Augier and Levrand: J. de sc. med. de Lille 1: 457, 1903. Riqueborg: Rev. Asoc. med. argent. 45: 1483, 1932. Abst. in Am. J. Cancer 21: 154, 1934).


The authors make certain claims for their method of roentgenography of the larynx but do not present any photographs to illustrate the various anatomical features which they say are visualized by it, nor do they give the details of the technic here.

Charles A. Waltman


The subject of carcinoma of the larynx is reviewed in a rather general manner and 21 cases are briefly reported. Laryngectomy was done in 11 with 6 deaths, 4 from recurrences. Of the survivors, one was living ten years after operation, one eight and a half years, two six years, and one three and a half years. In 10 of the patients thyrotomy was done, and of these 8 are living.

The peroral route for surgical removal, except for biopsies, should be discarded. Thyrotomy is indicated when the tumor is limited to the free border of the vocal cord without diminution in its mobility, and occasionally gives excellent results even when the anterior commissure or the laryngeal aspect of the arytenoid cartilage is involved. Thyrotomy with partial ablation of the thyroid cartilage may be practised in more advanced cases, while laryngectomy is indicated when the tumor is no longer limited to the laryngeal cavity. Radiotherapy is indicated in certain cases which histologically appear unusually radiosensitive and in inoperable cases. There are no illustrations and the bibliography is incomplete.

F. E. Smith, Jr.


In the treatment of all malignant lesions of the larynx, it is essential that the individual case be carefully studied and that no definite technical procedure be carried out until the larynx is explored, and the best method of completely removing the diseased tissue ascertained. The method chosen should leave the patient with a good voice when it is at all possible.

For tumors of low-grade malignancy definitely limited to the epiglottis the authors recommend a preliminary tracheotomy, followed by removal of the growth by a Lynch
suspension apparatus with a flat spatula, under direct vision, a protected diathermy point being used. If the growth has extended to the aryepiglottic fold and the arytenoid region, subhyoid or lateral pharyngotomy is indicated. If the pyriform fossa and lateral wall of the pharynx are involved, laryngectomy may be necessary, together with removal of tissue involving the pharynx.

Malignant lesions in the region of the vocal cords may be taken care of in four ways: Those involving the anterior two-thirds of the vocal cord without fixation may be removed by means of thyrotomy, with excision of the growth and destruction of the base by surgical diathermy. Those involving the same region but with such fixation that the growth has not perforated through the thyroid cartilage may be removed by means of thyrotomy, the growth being removed along with the cartilage and the tissue being destroyed by surgical diathermy. Growths in the anterior commissure are best taken care of by division of the hyoid bone, the opening being made through the thyrohyoid membrane. In this way a careful examination can be made as to the exact extent of the growth. In the treatment of tumors of a low grade of malignancy, thyrotomy is performed, with removal of the diseased tissue which frequently involves the anterior portion of both vocal cords and the anterior commissure. In the treatment of more extensive tumors with fixation involving the anterior commissure and the false cords, laryngectomy is done; preliminary tracheotomy is done first and then, as a secondary procedure, the larynx is removed from below.

The authors describe their technic and quote the results recently reported by New and Waugh (Abst. in Am. J. Cancer 21: 699, 1934).

Adenocarcinoma of the larynx, occasionally seen, may be removed surgically, following tracheotomy in the same manner as a mixed tumor of the pharynx or parotid region. Chondrosarcoma may be shelled out. The postcricoid and pyriform fossa tumors are as a rule highly malignant with early metastasis, and surgery offers little except in a limited group of cases. The authors refer to one case of post-cricoid squamous-cell epithelioma in which they performed a tracheotomy followed by tranthyroid pharyngotomy with removal of the tumor by surgical diathermy. The patient was without evidence of recurrence a year and a half after treatment.

No illustrations are included.


This is a short general discussion of the treatment of various types of laryngeal cancers. There are no illustrations.


A single case of epithelioma of the larynx treated by diathermy-coagulation is reported. Ten months later the patient was well.


A man seventy-two years old had suffered from hoarseness for three and a half years and had had repeated excisions of a recurring growth on the left vocal cord as well as twenty hours of radium and four hours of x-ray therapy (other factors unknown). A mass on the cord filled almost two-thirds of the air-way and appeared to infiltrate the commissure, while leaving the arytenoid still movable. A biopsy confirmed the diagnosis of squamous-cell carcinoma. No metastases were palpable.

The patient refused radical surgery and the author undertook intra-laryngeal removal of the tumor, approaching it through the symphysis of the thyroid cartilage. All of the left cord and the anterior third of the right cord were removed. Three weeks after
operation, roentgen therapy was given, 8500 R (Solomon) to each side of the neck over a period of twenty-five days (180 kv., 4 ma., 40 cm. F. D., filtration 1 mm. Cu, 2 mm. Al, and 2 cm. wood, fields 48 sq. cm. each). After primary improvement, the tumor recurred rapidly and the patient died eight months later.

The author stresses the dire results of repeated incomplete removals and inadequate x-ray treatment of such tumors. For a complete bibliography he refers to an earlier report (Union méd. du Canada 63: 953, 1934. Abst. in Am. J. Cancer 26: 830, 1936).

Theodore P. Eberhard


In this study of laryngeal lesions by means of the motion picture film the author includes a discussion of carcinoma with illustrations. He emphasizes the importance of early diagnosis.


The exact nature of the lesions in the patient described in the title could not be determined. There are no illustrations.

Edward Herbert, Jr.


Two patients with laryngeal lesions simulating cancer but which were proved to be tuberculosis are described. Three patients with tuberculosis associated with cancer of the larynx are also mentioned, and a patient with syphilis who was successfully treated for an epithelioma of the tongue but later developed tuberculosis of the epiglottis. The authors stress the importance of biopsy in laryngeal lesions. There are no photographs and no bibliography is included.

Charles A. Waltman


Report of a laryngeal tumor which histologically was a granuloma, but clinically suggested cancer. There are no illustrations.

Charles A. Waltman

THYROID TUMORS

Lateral Aberrant Thyroid Tumors, W. Noordenbos. Laterale, aberreerende schilddriervezellen, Nederl. tijdschr. v. geneesk. 78: 2578-2589, 1934.

After a complete discussion of the embryology of the thyroid gland, two cases are reported of tumors in lateral aberrant thyroid tissue, both in men, thirty and eighteen years of age, respectively. The first, on the right, measured 14 × 12 × 12 cm.; the second, on the left, was 10 cm. in diameter. Both were removed surgically, and showed the microscopic structure of a cystic colloid goiter with papillary proliferation. The histology is described in detail. The first patient has remained well for ten years; the second had a small local recurrence at the end of one year, which was removed. Four photographs are included. There are five references.

Edward Herbert, Jr.

Fifteen years ago Novaro described the deviation of the sternum away from the side of the lesion as pathognomonic of a malignant thoracic tumor. Since that time the sign has been accepted by many authorities under the name of Raúl Novaro’s sign or the inverted Pitres’ sign. The mechanism involved in its production is a neoplastic bronchostenosis with consequent atelectasis, and compensatory hyperfunction of the unaffected side, which draws the sternum away from the side of the lesion.

There are 3 references but no illustrations

Edward Herbert, Jr.


This article is concerned with the presentation of the chief symptoms encountered in mediastinal tumors. It contains nothing original, but is terse, clear, and practical. The mediastinum is divided into three parts, anterior, posterior superior, and posterior inferior, and the results of compression of the main structures contained in these are enumerated. There is practically no reference to any specific variety of tumor.

Adolph Meltzer


A forty-two-year-old man complained of dyspnea. His general condition was good and the findings on physical examination were normal except for an inspiratory noise at the level of the second intercostal space along the right border of the sternum. Laryngoscopy, fluoroscopy, and roentgenography of the chest revealed no abnormalities. Bronchoscopy disclosed a constriction of the trachea at 21 cm. from the teeth, but the mucosa was normal. Lipiodol was then injected into the trachea, under the control of the fluoroscope, with the patient in the recumbent position, the injection being made through a gum sound introduced with a laryngoscopic mirror. With the trachea filled with lipiodol a roentgenogram was taken. The trachea appeared in outline rather than as a solid shadow, and above the bifurcation a deviation to the right was apparent, as well as a constriction. The margins of the respiratory tree were seen outlining the contour of a rounded tumor, although this is not shown well in the reproduction.

The author interprets these findings as due to a mediastinal tumor, which was not large enough or dense enough to show in the ordinary x-ray plate of the chest, but there is no biopsy report to prove his point. X-ray treatment was given and subsequent roentgenograms following lipiodol injection showed a reduction in the angulation and constriction of the trachea.

Charles A. Waltman


There are reported 6 cases of neurogenic tumors of the mediastinum, 4 in females and 2 in males. The patients’ ages ranged from nine to forty-five years. Five of the tumors arose in the upper left mediastinum, one in the lower right side. The chief symptoms were pain and dyspnea. All of the patients were operated upon, with complete cure in 4 instances. The 2 oldest patients, thirty-eight and forty-five years of age, died shortly after operation. Of the 4 who survived, the oldest was twenty-three. Histologically 4 of the tumors were ganglioneuromas and 2 were neurinomas, all being benign clinically and microscopically. Radiotherapy was tried at first in one case without any reduction in the size of the mass.

There are included a bibliography of six pages, five photographs, seven roentgenograms, and twelve photomicrographs.

Edward Herbert, Jr.

A man forty-five years of age was found to have a small tumor on the posterior wall of the trachea. Biopsy showed it to be a spindle-cell sarcoma. He was treated with radiotherapy, over a period of eight months. At the time of writing, three years later, there was no sign of recurrence. There are no illustrations.

Edward Herbert, Jr.


Two cases of branchial cysts and one case of a dermoid cyst causing laryngo-tracheal compression are reported.

Charles A. WALTMAN


This is a lecture on the general subject of primary pulmonary neoplasms. The clinical and pathological aspects are well covered, but no new material is added. Eleven roentgenograms and 28 references are included.

Edward Herbert, Jr.


This is a clinical-pathological discussion illustrated by case reports, roentgenograms, and photomicrographs. The author points out that infected endobronchial cancer may simulate bronchiectasis and be mistaken for it. Also, pulmonary abscess and cancer may be difficult to differentiate by ordinary means. Bronchopneumography is an important diagnostic procedure but it is by bronchoscopy and biopsy that the problem is solved in the majority of cases. According to the author 55 per cent of bronchopulmonary cancers observed by him were endobronchial. There is no bibliography.

Charles A. WALTMAN


The importance of bronchoscopy in the diagnosis of bronchopulmonary cancer is discussed, with seven illustrative cases.

Charles A. WALTMAN


Of 32 cases of primary carcinoma of the lung, 15 presented symptoms and signs of lung abscess. Pulmonary suppuration is so commonly associated with carcinoma that this latter diagnosis should be seriously considered in all patients over forty years of age with purulent sputum. The abscess may be due directly to necrosis of the tumor, or to involvement of bronchi or blood vessels with secondary necrosis and infection. Five drawings and twenty-four references are included.

Edward Herbert, Jr.


Four cases are briefly reported in which a diagnosis of primary carcinoma of the lung was made on clinical and radiological grounds. No biopsies or autopsies were performed. There are no illustrations.

Edward Herbert, Jr.

This is the report of a single case of pulmonary carcinoma in a man fifty-eight years of age. The diagnosis was made on clinical and roentgenological grounds only. No biopsy or autopsy was performed. One roentgenogram is included.

Edward Herbert, Jr.


A roentgenogram of the chest of a patient with various vague complaints showed no abnormality. Nine months later another x-ray plate showed a pulmonary tumor. This was composed of numerous small cells and was regarded as a primary carcinoma of the lung. There is a bibliography of French publications. The two roentgenograms are reproduced.

Charles A. Waltman


This is a short report concerning a woman sixty-six years of age who was believed at first to have a pulmonary tuberculosis with right pleural effusion. The diagnosis was later changed to malignant lung tumor, although no biopsy or autopsy was performed. Two roentgenograms are included.

Edward Herbert, Jr.


In a man seventy years of age a diagnosis of pulmonary tuberculosis and primary carcinoma of the lung was made on clinical and radiological evidence. No tubercle bacilli were found in the sputum, and no biopsy or autopsy was performed, which detracts considerably from the value of the report. The literature on the subject is briefly reviewed. Two roentgenograms and a bibliography of 47 items are included.

Edward Herbert, Jr.


A case is reported of a primary carcinoma of the rectum in a man thirty years of age whose first symptoms were hemoptysis and cough. X-ray showed many metastatic pulmonary lesions, although the general health was good. Death occurred three months after the first examination. The case is reported because of the comparative rarity of a hematogenous spread of metastases from a rectal carcinoma. Two roentgenograms and 16 references are included.

Edward Herbert, Jr.


Nielsen reports the case of a woman twenty-nine years of age with a fibrosarcoma of the popliteal region. Lesions demonstrable roentgenographically were diagnosed as lung metastases. These disappeared during radiotherapy to the original tumor. At the time of the report the patient had remained well for one year. A bibliography is appended. Three roentgenograms are included.

Edward Herbert, Jr.


A man who had worked in a stoneware factory complained of difficulty in breathing, sweating, and weight loss. He was weak and undernourished, and examination of the lungs showed dullness at both apices. Expiratory sounds were increased, but in general breath sounds were vesicular; no râles were heard; no tubercle bacilli were found.
in the sputum. Two sharply outlined but irregular tumors were demonstrable roentgenographically in the upper lung fields. An exploratory puncture of the left lung tumor obtained a greenish gray mass that showed cells containing fat granules. A diagnosis of bronchial carcinoma was made. The clinical course, however, cast some doubt upon this diagnosis, since for eight months the tumors showed no increase in size and the patient improved under observation. He succumbed, however, to a bronchial pneumonia. Autopsy disclosed a productive chronic cirrhotic infectious process with severe anthracosis in the region of the tumors. No evidence of carcinoma was found anywhere in the body. On gross section of the tumor the knife was covered with black sand, apparently carbon. An x-ray photograph showing the appearance of the pulmonary tumors is included.

The author has reviewed the literature on the observation of carcinoma developing in the presence of anthracosis and has found only 3 cases reported. A discussion of the stages of development of the fibrosis in anthracosis is given, and it is pointed out that in the third stage with diffuse fibrosis one may have large, solid, thickened areas suggesting a neoplasm.

There is a good bibliography. [In this connection see the report by Allen: J. Indust. Hyg. 16: 346, 1934, abst. in Am. J. Cancer 24: 448, 1935; also Pancoast and Pendergrass; J. A. M. A. 101: 590, 1933.]

Charles A. Waltman

**Primary Sarcoma of the Pleura, J. A. Pángaro and L. Gravano.**


This is a report of a primary round-cell sarcoma of the pleura in a woman twenty-five years of age, proved by biopsy following operation. The earlier account records the clinical features and is illustrated by roentgenograms. The histologic description in the later paper includes a photomicrograph. A bibliography is appended.

Edward Herbert, Jr.

**THE ABDOMINAL WALL**

**Fibromas of the Abdominal Wall, César A. Brea.**


Two examples of fibroma of the abdominal wall are reported in women thirty-six and twenty-five years of age. The first, about 15 cm. in diameter, had been present for one year, and apparently arose from the periosteum of the right iliac crest. The second, somewhat smaller, had been present for three years. It arose from the right anterior rectus sheath. Both were successfully removed at operation without recurrence, the final diagnosis being made from the microscopic sections. There are no illustrations.

Edward Herbert, Jr.

**THE DIGESTIVE TRACT**

**Etiology of Cancer of the Esophagus, Jean Guisez.**


Of 946 patients who were examined with the esophagoscope during a ten-year period, 565 had carcinoma of the esophagus, and all but 12 of the growths were primary. Esophagitis was found to be the chief exciting cause, producing first a leukoplakia and then cancer. Among the causes of esophagitis, the author places first the use of alcohol and second stasis of food and secretions. The stasis may be the result of cicatricial stenosis, diverticulum, or spasm. In a surprisingly large number of patients (over a third of the total) no other cause for the spasm could be found than emotional trauma. Heredity seemed to play no part in the etiology of the carcinomata. Avoidance of irritation is recommended as a prophylactic measure. No bibliography is included.

Theodore P. Eberhard

A man thirty-seven years of age who had had dysphagia and regurgitation for twenty-three years developed epigastric pain four months before examination. He was found to have a congenital mega-esophagus and cardiospasm. While under treatment he had sudden severe pain, dyspnea, and shock, developed a bronchopneumonia, and died a few days later. Autopsy showed a mega-esophagus, a bilocular stomach, and a diverticulum of the duodenum. In the lower third of the esophagus was a large ulcerating squamous-cell carcinoma which had perforated into the pericardial sac, with a resulting suppurative pericarditis. Two roentgenograms are included, and a bibliography of 16 items.

EDWARD HERBERT, JR.


Esophagoscopy and biopsy failed to reveal a carcinoma of the esophagus that metastasized to the skull and peritoneum.

CHARLES A. WALTMAN


The author’s patient gave a history of hemoptysis without known cause, followed later by complete dysphagia, though there had been no earlier difficulty in swallowing. Barium given by mouth filled both bronchial trees, as shown in the roentgenogram accompanying the report. Autopsy disclosed an esophageal-tracheal fistula arising in a carcinoma of the esophagus. There was an intense congestion of both lungs.

CHARLES A. WALTMAN


A man sixty-one years of age with an esophageal stricture, diagnosed from biopsy as carcinoma, was treated with radium, with improvement which has remained unchanged for four and a half years. A re-examination of the microscopic slides showed that the growth was probably not a carcinoma. There are no illustrations.

EDWARD HERBERT, JR.


Despite its title, this article concerns itself only with the diagnosis of gastric cancer. It is based, in part, on the findings presented by an original series of 42 cases. Almost always the diagnosis is made in the presence of a well developed tumor producing grave symptoms attributable to ulceration, infiltration, or metastases. Rarely a fortuitous symptom, such as an acute colic, many bring a patient to early diagnosis.

Gastric analysis is held to be of slight but definite assistance. Its value is enhanced by the corroborative evidence provided by histamine injection and the Roffo serum test. The excretion of neutral red by the gastric mucosa following intramuscular injection also helps confirm the diagnosis of impaired function. None of these tests is of absolute value alone.

The proper evaluation of factors in the history and physical examination is discussed, as well as the indispensable rôle of fluoroscopy and roentgenography. Gastroscopy and gastrophotography are mentioned as procedures of possible value.

There is a brief bibliography.

ADOLPH MELTZER

In 20 cases of proved gastric carcinoma, a hypocholesterolemia, with figures below 130 mg. per cent, was found in 60 per cent. In only one instance was the figure above normal, being 206. The lowest values were found in the cases showing the most severe cachexia. The literature on the subject is reviewed briefly, many workers having made similar observations, though Thorn found a hypercholesterolemia in 75 per cent of his cases (Arch. f. Verdauungskr. 51: 21, 1932). Forty-six references are included.

Edward Herbert, Jr.


Although medical treatment may for a short time be advisable in pyloric ulcers, a permanent cure will usually only follow radical surgery. In carcinoma of the stomach nothing but early radical surgery is of any avail. The author believes in the one-stage partial or complete gastrectomy. He finds that patients stand a partial gastrectomy better than gastro-enterostomy, and states that the operation is safer than a hysterectomy if properly performed. He appeals for more exploratory laparotomies in suspicious cases and for more frequent use of the gastric tube in diagnostic work. There are six brief reports of recent cases. No illustrations and no references to the literature are given.

Theodore P. Eberhard


A three-year favorable follow-up of a case of carcinoma of the stomach treated by resection with a Polya anastomosis is reported. Of 27 patients with carcinoma of the stomach not operated upon, 23 were dead within a three-year period. In 2 of the other 4 cases the diagnosis is doubtful. Of 25 patients in whom operation was attempted, 13 proved to be inoperable and these are all dead. Ten patients had gastric resection and 5 of these are living twenty, sixteen, fifteen, nine and five months after operation. One is dead. The operative mortality is quoted as 16 per cent. A short bibliography is appended.

Theodore P. Eberhard


A twenty-nine-year-old woman had a carcinoma of the stomach with widespread metastases, but even at autopsy was thought to have milliary tuberculosis. The carcinoma was proved microscopically only in the lungs, adrenal capsules, and lymph nodes, although grossly it involved the liver, pancreas, peritoneum, pleurae, and meninges. No illustrations are included.

Theodore P. Eberhard


A case report.

Charles A. Waltman


A brief report of a colloid carcinoma of the stomach with peritoneal and visceral metastases and, in addition, two echinococcus cysts of the liver. There are five photomicrographs and a bibliography.

Charles A. Waltman

The diagnosis of carcinoma of the stomach in a sailor of sixty, whose symptoms seemed predominantly cardiac in origin, was made only after the use of the gastroscope. It was suggested by roentgenography following the ingestion of diagnothorine (thorium X). Comments are made on the differential diagnosis of carcinoma of the stomach, and a brief description of the use of the gastroscope is added. There are one roentgenogram and three illustrative diagrams. Three references accompany the article.

F. E. Smith, Jr.


A pathological report of a round-cell sarcoma possibly arising, according to the author, from the lymphoid tissue of the stomach. The adjacent lymph nodes were normal. No clinical details are given. There are seven photomicrographs and a brief bibliography.

Edward Herbert, Jr.


The authors review the literature on benign tumors of the stomach and report an additional series of 50 cases. These are presented in table form and there are fuller reports of 4 cases. Benign gastric tumors rarely give rise to symptoms, but when symptoms do occur, they demand instant surgical attention. The only chance of a correct preoperative diagnosis is provided by radiological examination. The paper is illustrated by photomicrographs and a bibliography is appended.


A forty-seven-year-old mechanic had noticed increasing weakness for four months with pronounced pallor for two months. Physical examination was negative, but roentgenography revealed a tumor in the stomach. The picture showed a mass 10 cm. in diameter with smooth, rounded contour. At several points on the tumor shadow were heavy collections of barium. The tumor was excised and the patient recovered rapidly. Grossly the tumor showed several small ulcerations on the surface corresponding to the barium shadows on the x-ray films. Histologically it was composed of adult and embryonal connective tissue.

The authors stress the importance of the localized barium shadows on the surface of the tumor as being indicative of a benign lesion. There are two illustrations, and a few references to the literature are appended.

Theodore P. Eberhard

Two Cases of Gastric Polyp, T. Blefari Melazzi. Su due casi di polipo gastrico, Policlinico (sez. prat.) 41: 767–769, 1934.

This is a brief presentation of the clinical and roentgen findings in two cases of benign gastric polyp. The patients were a woman aged fifty-one and a man aged thirty-five. The woman had had gastric symptoms for fifteen years and the man for three years. In the woman the growth was correctly diagnosed roentgenographically as a polyp in the antral region, and a partial gastrectomy was performed. The man’s tumor also appeared by x-ray to be a polyp of the antral region, but operation was refused and the diagnosis not proved. Reproductions of four roentgen films are included.

C. D. Haagensen

A case is described of a stenosing carcinoma of the jejunum, located 10 cm. beyond the duodenojejunal juncture. The outstanding symptom was vomiting of bile. There was no visible peristalsis, but a splashing sound was evident, along with a sensation of tension in the left hypochondrium. Barium by mouth showed obstruction in the jejunum with enormous dilatation of the part proximal to the tumor and of the duodenum. Six roentgenograms show this finding. A resection was successful. Poor fixation prevented a good histological study, however, and no photomicrographs are included. There is a photograph of the gross specimen.

Charles A. Waltman


A sixty-year-old man had a tumor 18 cm. distal from the duodenal-jejunal junction. It caused partial intestinal obstruction and was removed successfully by resection of the jejunum. Histologically it was a benign leiomyoma. Three drawings of the tumor are included.

Charles A. Waltman


A man of fifty-nine died sixteen days after laparotomy with drainage of a generalized peritonitis of unknown etiology. A colloid carcinoma of the cecum was found at autopsy. This type of intestinal neoplasm is briefly discussed. There are no illustrations.

F. E. Smith, Jr.


A case report.

Charles A. Waltman


Since malignant growths of the right side of the colon are rarely obstructive, time should be taken to prepare the patient for operation by such measures as high caloric diet, iron, glucose and saline infusions and transfusions. The procedure of choice is to remove the entire ascending colon including the hepatic flexure and to do an anastomosis between the ileum and transverse colon, in one or two stages depending on the patient’s condition. For growths in the transverse colon the author prefers to do a cecostomy and two or three weeks later resect the growth and do an end-to-end anastomosis. The same procedure is applicable to growths in the descending colon and sigmoid, although, if the growth is in the lower end of the sigmoid, a sigmiodostomy above the growth will prove more efficacious for decompression of the bowel than will cecostomy. Resection of the sigmoid is a very dangerous procedure without some type of decompression and probably should seldom be carried out in a one-stage operation, unless the lesion is very small and unless there is no obstruction above the growth or dilatation of the bowel below the growth.

While operations on the colon are fairly well standardized, there has been much controversy as to the most satisfactory procedure for malignancy of the rectosigmoid and the rectum. The author favors the one-stage combined abdominoperineal procedure as giving the most hope for eventual cure. The technic of the procedure is described and the various steps are illustrated by drawings. In a series of 151 cases the author has had 16 deaths, a mortality of 10.5 per cent. Fifty-two per cent of the patients are living and well for five years.

The danger of obstruction following end-to-end anastomosis of the colon after resection for carcinoma may be prevented by an enterostomy of the Witzel type. This is performed at the same time as the resection and is placed about 1.5 meters from the ileo-cecal junction. Exteriorization of the anastomosis is also performed. Four cases are presented to demonstrate the efficacy of this procedure. No diagrams or photographs are included.

Charles A. Waltman


This is a report of a single case, with no unusual features and without illustrations.

Edward Herbert, Jr.


A single case report.

Charles A. Waltman


Tobias reports a case of sarcoma of the lower abdomen probably arising from the mesosigmoid in a man fifty-three years of age. The diagnosis was proved by biopsy, the tumor being inoperable. The differential diagnosis on the basis of the clinical findings is discussed at length. A roentgenogram and a photomicrograph are included.

Edward Herbert, Jr.


Of 2699 cases of rectal carcinoma collected from the Danish literature for the past ten years, only 20 per cent were treated surgically. A strong plea is made to have more cases treated by radical surgery. The abdomino-perineal technic is advocated by the author. Of 9 patients who had the abdomino-perineal operation, 5 lived for three years or longer. There are no illustrations.

Edward Herbert, Jr.


In opening this discussion Turner states that in dealing with cancer of the rectum, he has never advocated conservative surgery to the exclusion of other methods, for in the great majority of cases the more extensive operations hold out the only hope of success. Conservative methods should be considered only when the history is of short duration. The growth should not exceed 3 or 4 cm. in diameter, and should be of the papillomatous type, freely movable with the mucous membrane, and there should be no suspicion of dissemination. With these limitations less than 5 per cent of cancers of the rectum coming to operation have proved suitable for conservative treatment.

The conservative operation which is advocated is a cuff-resection of the rectum with restoration of the continuity of the bowel. This operation is carried out from a posterior incision extending from about the middle of the sacrum to the back of the anus. The rectum, with the whole of its surrounding pararectal tissues, is completely separated by dissection until the inner surface of the levator ani muscles is left quite bare. The segment of bowel containing the growth is resected and an anastomosis by direct suture is carried out. With this technic everything inside the levator ani muscles is ablated. Preliminary colostomy is not necessary unless there is some obstruction, and such a complication would not usually arise in the type of case suited for this method.

In a series of 19 cases operated on by this method, there was only one postoperative death. Another patient has been operated upon too recently to justify comment, and
3 cases were not malignant. Of the remaining 14 patients, 6 died of recurrence within three years, 3 died without evidence of recurrence after more than eight years in 2 cases, and after three years in the third. There are 5 patients alive and well after fifteen, thirteen, nine, eight, and eight years, respectively. All of these patients have good rectal function and control.

The discussion was continued by H. H. Rayner, W. B. Gabriel, Sir Charles Gordon-Watson and others.


This is another report of the author's experience with radium therapy in rectal carcinoma according to the method of Neumann and Coryn (see Abst. in Am. J. Cancer 26: 839, 1936).


Electrocoagulation as a form of treatment for various types of inoperable ano-rectal cancer is advocated for relief of local symptoms. This discussion is brief and no photographs are reproduced although the original report of seven cases was illustrated by a film. The article is for the most part a reprint of the discussion by members of the society.


A large appendix was filled with gelatinous material containing many small globules resembling fish eggs. Histologically there was no inflammation. The authors do not consider this as a case of cystic appendix but refer to it as a myxoma which by its rupture would produce a general peritoneal distribution or pseudomyxoma peritonei. [This, however, is true of mucoceles of the appendix.]


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**THE PANCREAS**

**Clinical and Radiological Discussion of Two Cases of Tumor of the Head of the Pancreas**, T. BLEFARI MELAZZI. Discussione clinico-radiologica su due casi di tumore della testa del pancreas, Policlinico (sez. prat.) 41: 689–693, 1934.

The clinical and roentgenographic findings are briefly presented for two cases of carcinoma of the head of the pancreas in which the diagnosis was proved by operation. In the first patient the roentgen study showed a large niche in the duodenal bulb due to an ulcer, as well as a large diverticulum of the third portion of the duodenum; both of these accessory findings were confirmed at operation. The gallbladder shadow was well visualized and much enlarged. The concavity of the duodenal loop appeared to be normal and showed no roentgenological evidence of deformity due to the carcinoma in the adjacent pancreas. In the second patient the gallbladder shadow was also much larger than normal.

The author concludes that the only roentgenological sign of carcinoma of the head of the pancreas is enlargement of the gallbladder shadow. Reproductions of six films are included.

**Case of Tumor of the Head of the Pancreas, without Icterus**, G. SEGURA. Nueva observación de tumor de la cabeza de páncreas, sin ictericia, Semana méd. 1: 749–751, 1935.

A man thirty-two years of age, who had an orchidectomy four months previously for a sarcoma of the testis, developed epigastric pain, and was found to have a large upper abdominal mass. Physical examination and gastro-intestinal radiography led to the diagnosis of tumor of the head of the pancreas. No operative procedure was under-
taken, and the patient was lost sight of. The case is reported to illustrate the fact that tumors of the head of the pancreas do not invariably produce jaundice. Three roentgenograms are included.  

EDWARD HERBERT, JR.

THE BILIARY TRACT

Primary Carcinoma of the Liver Arising from the Bile Ducts, P. Bosq and E. Puchulu.  

A man sixty-three years of age complained of right upper quadrant pain, loss of weight, and jaundice. He died two months after the appearance of the first symptoms. Autopsy showed a liver weighing 5000 grams, and containing numerous tumor nodules that proved histologically to be a primary liver carcinoma arising from the intrahepatic bile ducts. The only metastases were in the adjacent mesenteric lymph nodes. A photograph and 5 photomicrographs are included.  

EDWARD HERBERT, JR.


A twenty-nine-year-old woman, who complained of vague abdominal and digestive symptoms was found to have a palpable tumor in the right flank which was thought to be a pedunculated fibromyoma uteri. At operation a kidney-shaped tumor was found attached by a pedicle to the right lobe of the liver. It was removed and the patient made a complete recovery. The tumor weighed 525 grams and was found to be a benign adenoma of the type called “dysembryome hépatique simple” by Cathala. These growths are probably due to a developmental anomaly. Six illustrations are included.

EDWARD HERBERT, JR.

Multiple Congenital Liver Tumors (Hamartomas) in a Child of Four Months, J. W. Schmelling. Een bijzonder geval van aangeboren, multiple gezwellen in de lever (hamartomen) bij een kind van vier maanden, Nederl. tijdschr. v. geneesk. 78: 3566–3571, 1934.

A boy four months of age, who had hypospadias, bilateral hydrocele, cutaneous angiomas, and bilateral syndactyly of the second and third toes, died of bronchopneumonia, and at autopsy was found to have numerous tumors throughout the liver. Microscopically these were characterized by irregular cords of liver cells, large blood-filled spaces lined with endothelium, bile ducts, poorly developed blood vessels, and embryonal connective tissue, which would cause them to be included in the group of dysembryomas or hamartomas described by Albrect. A photograph and 2 photomicrographs are included.

EDWARD HERBERT, JR.


Triggiani reviews the previously reported cases of sarcoma of the gallbladder and describes one which he observed. His patient was a man aged sixty-eight who entered the hospital complaining of asthenia and pain in the right hypochondrium, of two months duration. The gallbladder was palpable as an orange-sized mass below the costal margin. At autopsy the gallbladder was found to contain stones, and although its mucosa was intact, its wall was thickened by a tumor-like process. There were metastases in the liver, peritoneum, pleura, and brain.

Histologically the gallbladder tumor proved to be an undifferentiated growth made up of round and spindle-shaped cells which the author classifies as a sarcoma. Three photomicrographs are included, as well as a bibliography.  

C. D. HAAGENSEN


The case reported is that of a woman fifty years of age with an inoperable carcinoma of the bile ducts which involved the entire common duct. The general state of health
was good except for intense jaundice. At operation the hepatic duct was drained. When a biliary fistula had developed, the whole fistulous tract was dissected loose and anastomosed with the anterior wall of the stomach. Jaundice did not recur, and the patient lived for several months without any symptoms causing inconvenience. There are no illustrations.

Edward Herbert, Jr.


Two fatal cases of vesico-sigmoid fistula of neoplastic origin are reported. These patients passed gas, pus, fecal material and blood in the urine. The author believes that in such cases one should perform a colostomy first and a cystostomy later if necessary.

Charles A. Walmann

THE MESENTERY


In the world literature there have appeared about 300 cases of mesenteric cysts and 150 solid tumors of the mesentery. Of these latter, 55 are sarcomas. Poulsen reports an additional case of spindle-cell sarcoma arising in the mesosigmoid of a woman twenty-eight years of age. It was removed at operation, and three and a half months later there was no sign of recurrence. A bibliography of 31 references is included. There are no illustrations.

Edward Herbert, Jr.

THE FEMALE GENITAL TRACT


From 1918 to 1933, 1243 patients with carcinoma were treated at the Second University Woman's Clinic in Budapest. Five-year cures were obtained in 104 of the 827 patients followed. Dividing the cases into periods from 1913 to 1919, 1919 to 1925, and 1925 to 1933, moderate improvement in the results is seen. The absolute curability in the last seven-year period was 17 per cent. Of special note is the fact that five-year cures were obtained in 25, or 10 per cent, of 254 patients with so-called inoperable carcinomas of the cervix. Five-year cures were obtained by radical surgery in 43 per cent of the cases of carcinoma of the cervix and in 72.88 per cent of those of carcinoma of the fundus. There was a primary operative mortality of 3.6 per cent in the cervix cases and 1.23 per cent in the fundus cases.

Benjamin R. Shore


Lesions due to irradiation for pelvic cancer may appear from three months to two years after treatment. In general, they are seen after two courses, rarely after a single series. The skin lesions include telangiectases, ligneous induration, retraction of tissues, vascular compression with edema, and compression of nerves with pain. Decalcification of the sacrum has been observed. Atresia of the vagina was observed in the author's series, as well as ulceration of the cervix. A radiocystitis is described and compression of the ureters may produce a functional urinary suppression. Proctitis is also described.

The paper is without illustrations or bibliography.

Charles A. Walmann

In 57 cases of carcinoma of the cervix the most constant autopsy finding was ureteral stricture, which occurred in 42 cases (75 per cent). The chief causes of death were uremia in 33 per cent, peritonitis in 19 per cent, hemorrhage in 9 per cent and cachexia in 9 per cent. Distant metastases were present in 25 per cent of the cases. A bibliography is appended.


The author quotes the recommendation of the Cancer Commission of the California Medical Association and of various individual writers and concludes that while there is good authority for the use of radiation therapy exclusively for fundus cancer, the weight of clinical experience appears to favor hysterectomy, preferably with preoperative irradiation, at least for cancer still confined to the body of the uterus. Especially is this true in the absence of available radiation therapy comparable to that of the large cancer clinics. For the small group of extremely anaplastic and highly malignant cancers and for cancers which have already extended beyond the wall of the uterus, radiation therapy is in any case the method of choice. A bibliography is appended.


This is a short case report of a woman fifty-three years of age with metrorrhagia. Curettage led to a diagnosis of adenoma of the body of the uterus. A supravaginal hysterectomy was done. Three years later a small tumor the size of an almond appeared in the abdominal wall, just to the left of the scar. This was removed and found to be microscopically identical with the original uterine tumor. At the present time, twelve years after the first operation, the patient is in good health. There are no illustrations.


A woman forty years of age who had had three pregnancies was curetted because of metrorrhagia. Microscopic examination of the curettings showed decidual tissue and an adenocarcinoma. Hysterectomy was performed, but histological examination showed no remaining evidence of either pregnancy or tumor. One photomicrograph is included.


From a carcinoma of the body of the uterus there was a large peritoneal metastasis, 25 x 18 x 15 cm., involving nearly all of the small intestines. The report is unillustrated.


Brief mention of a case of a squamous-cell carcinoma of the uterine cervix with metastasis to the cervical lymph nodes following radium therapy of the primary growth.


Physical examination of a girl seventeen years of age who complained of a fetid vaginal discharge revealed a large ulcerated tumor arising from the cervix and filling the vagina. Biopsy proved it to be a sarcoma, the cellular elements of which showed extreme polymorphism. A hysterectomy was done, no evidence of metastases being
found. The uterus was found to have two separate cavities and two cervices, the tumor arising from the right cervix. Following operation a course of radiotherapy was instituted. Eight references are included. There are no illustrations.

Edward Herbert, Jr.


Adenomatous uterine polyps may be localized single tumors occurring near the cervix and sometimes protruding therefrom, or may be multiple, causing moderate enlargement of the uterus. Both types are productive of severe metrorrhagia. The author believes that in the presence of multiple lesions hysterectomy may be necessary, as in the one case which he presents. He feels that curettage alone will neither cure the patient nor give positive assurance against the presence or subsequent development of cancer.

John S. Lockwood


A report of a multilocular cyst attached to the uterus and filling the abdomen. The uterus contained a degenerated fibroid. Histologically, there was no epithelium in the cyst and it was regarded as a result of cystic degeneration of a fibroid. There are no illustrations.

Charles A. Waltman


The authors advocate the use of the Brindau-Hinglais hormone test (Compt. rend. Soc. de biol. 118: 46, 1935. Abst. in Am. J. Cancer 25: 226, 1935) in cases of hydatid mole because this test is quantitative whereas other standard tests are, in their opinion, qualitative. Prolongation of the Zondek reaction after expulsion of a mole is not sufficient to justify a hysterectomy. The Brindau-Hinglais reaction, however, will show in a normal case a progressive decrease in the titration values to zero, whereas in the presence of a malignant complication the curve of the titration values ceases to descend and begins to ascend. At this point operation is indicated.

The following case is given as an example: The patient was delivered of a mole on Dec. 31. The Brindau-Hinglais reaction showed 2000 units on Jan. 30. Hysterectomy was performed and an area 0.5 cm. in diameter was described as malignant chorionepithelioma. Polycystic ovaries were also removed. After the operation the hormone test was negative. Two photographs showing the gross pathology are included, but there are no photomicrographs. There are four references.

Charles A. Waltman


A patient with pulmonary metastases from a chorionepithelioma had 300,000 Zondek units of Prolan A, and 140,000 Brindau-Hinglais units of Prolan B in the blood serum. The case is reported because of the high values of these two figures and because of the presence of both hormones at the same time in the blood.

Charles A. Waltman


This article begins with a discussion of the clinical and pathological characteristics of hydatidiform mole and chorionepithelioma, and describes the relation of hormonal pregnancy tests to these diseases. Three case reports are given, illustrating the diag-
nostic and prognostic importance of the Friedman test. Two photographs, eight photomicrographs, and a bibliography of 38 items are included.

Edward Herbert, Jr.


The author reports the case of a twenty-eight-year-old woman who died seven months and a half after the spontaneous abortion of a hydatid mole and four months after hysterectomy and unilateral oophorectomy. The autopsy disclosed widespread metastases to the lymph nodes and viscera. The hypophysis showed the characteristic histologic changes associated with a normal pregnancy. The article is not illustrated.

Benjamin R. Shore


A thirty-seven-year-old woman with a double uterus had a spontaneous abortion at two months. Past history showed seven pregnancies, all abnormal for various reasons, with no living children. Hysterography done three weeks later showed a tumor in the fundus of the right uterus. Hysterectomy was done and the tumor was found to be a chorionepithelioma. The patient had been followed, at the time of the report, for one and a half years without any evidence of recurrence or metastasis. The article is illustrated by two roentgenograms and a photograph of the gross specimen.

Edward Herbert, Jr.


The author states that uterine fibroids are diagnosed incorrectly in 20 per cent of the cases. A clinical lecture on differential diagnosis and treatment of uterine fibroids follows this statement. No new or original material is offered.

Charles A. Waltman


The author reports his experience with a number of cases of fibroid tumors of the cervix and broad ligament and draws the following conclusions:

In the case of large cervical fibroids growing from the posterior cervical wall or of large broad ligament tumors which have become retroperitoneal, the uterus should be removed along with the tumor.

In order to minimize bleeding from the uterine vessels during the process of enucleation of the tumor, the aim should be to remove the uterus by a right-to-left or left-to-right procedure before attempting enucleation.

In the case of cervical tumors which are not too large and which are growing from the anterior cervical wall, or of broad ligament tumors which have not yet established retroperitoneal relationships, the uterus may be left, provided there is not much blood loss during the process of enucleation and the hemostasis of the myomatous bed can be secured.

During the removal of either a cervical or a broad ligament tumor the greatest care must be taken to avoid injuring the ureters. This is best done by intracapsular removal.

Should a patient with a large fibroid complain of pain and abdominal tenderness, whether the temperature is raised or not, infection of the tumor is to be suspected, and preliminary vaccine treatment followed by a preoperative injection of nuclein to stimulate leukocytosis should be immediately instituted.

If the bowel is markedly adherent to the tumor which is suspected to be infected, and there is reason to believe that the adherent bowel is the cause of the infection, instead of being separated from the tumor, it should be resected if possible.
Contraindication to Vaginal Hysterectomy for Fibroma, ROBERTO FELLNER. La contraindicación del pubis en la histerectomía vaginal por fibroma, Semana méd. 1: 289-290, 1935.

Vaginal hysterectomy for fibromyoma is often contraindicated by a vertical pubis. In the case reported, however, the operation was done in spite of this condition; the tumor being approached through a posterior colpotomy, and removed in pieces. There are no illustrations.

Edward Herbert, Jr.


The Apostoli method, which was used with success when x-rays were unknown, consists in introducing into the uterine cavity a metallic sound of copper, zinc, or silver. This is attached to the positive pole of a galvanic battery. The negative pole is placed on the stomach of the patient. A current of 10 to 20 milliamperes is applied for ten to twenty minutes. After this, the current is reversed for several minutes.

One case is described in which x-rays and radium failed to relieve the symptoms due to fibromyomata, but in which four treatments with the Apostoli method gave relief.

Charles A. Waltman


A patient with a large uterine fibroid weighing 5 kg. did not respond to radiotherapy but was cured by surgery.

Charles A. Waltman


Three cases are reported of fibromyomas complicating pregnancy. Two patients went through a normal labor; the third required a cesarean section and myomectomy. The author believes that such patients should be allowed to proceed to term and maintains that the majority will have a normal labor. If they are watched carefully, surgical intervention can be undertaken as the indications arise.

Edward Herbert, Jr.


A woman twenty-nine years of age who was four months pregnant developed severe abdominal pain and uterine bleeding. Examination revealed a uterine tumor which at operation was seen to be a fibromyoma in a state of red degeneration. Cesarean section and myomectomy were performed with uneventful recovery. One photomicrograph is included.

Edward Herbert, Jr.


A patient with multiple uterine fibroids was successfully treated by irradiation. Eight years later, however, a diagnosis of myosarcoma was made from uterine curettings and hysterectomy was performed. This specimen was lost, but notwithstanding this fact, the case is reported. There are no photographs and the bibliography is brief.

Charles A. WALTMAN


Report of a case with operative relief of symptoms.

Charles A. Waltman


A woman forty years of age who had had intermittent lower abdominal pain for six years was found to have a large pelvic tumor. At operation a fibroma of the left
broad ligament was removed. The tumor had no connection with the uterus. The postoperative course was uneventful. There are no illustrations.

Edward Herbert, Jr.


The authors report two cases of endometriosis. One was of the uterus in a forty-six-year-old patient, while the other was of the ovaries in a woman of forty-eight. No follow-up reports are included. Two photomicrographs illustrate the article.

Benjamin R. Shore


A woman forty years of age had a small umbilical tumor which caused pain and bleeding at the menstrual periods. It was removed surgically and gave the histological picture of endometriosis. Laparotomy showed no pathological changes of the abdominal or pelvic organs. Two photomicrographs are included.

Edward Herbert, Jr.


A woman twenty-nine years of age developed an ulcerated tumor in the vaginal vault which was believed to be an inoperable carcinoma. She was treated with radium and has remained well for seven years. On reexamining the microscopic slides from the biopsy it became evident that the tumor was not a carcinoma, but an endometriosis. There are no illustrations.

Edward Herbert, Jr.


This is a statistical study of 151 cases of ovarian carcinoma observed over a fifteen-year period in the Gynecological Hospital in Helsingfors, Finland. Seventeen of these were metastatic, 2 from the uterus, 15 from the stomach. The average age of the patients was 49.1 years. The tumors were bilateral in 46.9 per cent of the cases; 55.8 per cent were operable, and the percentage of five-year cures was 17.8. The operative mortality was 7.3 per cent. Only 58 specimens were examined microscopically. Of these, 11 were carcinoma solidum, 7 adenocarcinoma, 12 pseudomucinous cystadenocarcinoma, 9 serous cystadenocarcinoma, and 19 adenopapilliferous carcinoma. No mention is made of the rarer types of ovarian tumors, as granulosa-cell tumors, dysgerminomas, and arrhenoblastomas.

Several tables and graphs are included and there is a bibliography.

Edward Herbert, Jr.


A case of carcinoma of the ovary with metastases to the cul-de-sac and uterus is reported.

Charles A. Waltman


A case of arrhenoblastoma of the left ovary is reported in a woman twenty-six years of age who complained of amenorrhea of five years’ duration. She showed typical masculine characteristics. Following operation menstruation returned in one month
and in six months she had regained the female secondary sex characteristics. A complete report of the pathological and physiological aspects of the case is to be published later. Five photographs show the patient before and after operation. A bibliography of 24 items is appended.

EDWARD HERBERT, JR.

Case of Krukenberg Tumor and Pregnancy, F. WENDT. Fall av Krukenbergska tumörer och graviditet, Svenska läk.-tidning. 32: 51-56, 1935.

A woman thirty-seven years of age gave a history of amenorrhea for three months, loss of weight, lower abdominal pain, and diarrhea with bloody stools. She was cachectic, and two large tumors were felt in the lower abdomen. Following an exploratory laparotomy, abortion occurred and the patient died shortly afterwards. Autopsy showed a primary carcinoma of the rectum with metastases to both ovaries and the omentum. The pregnancy seemed to have progressed normally, although no normal ovarian tissue or corpus luteum could be demonstrated. Histologically the tumor was an adenocarcinoma. There are no illustrations.

EDWARD HERBERT, JR.


A report of an encapsulated fibroma of the ovary associated with tuberculosis of the fallopian tube.


A dermoid cyst weighing 12 kg. was removed surgically from a girl nineteen years of age. It arose from the right ovary, the symptoms being enlargement of the abdomen and pain. The case is reported because of the size of the tumor, which is extremely unusual. One roentgenogram and nine references are included.

EDWARD HERBERT, JR.


Two ovarian cysts causing obstruction of the ureters were demonstrated at autopsy.

CHARLES A. WALTMAN

Cesarean Section for Pelvic Tumor, LEHUCHER AND FALOT. A propos de 2 nouveaux cas d’hystérotomie cesarienne pour tumeur pelvienne praevia, Tunisie méd. 29: 184-189, 1935.

Two cases of pregnancy are reported in which a pelvic tumor obstructed normal delivery and necessitated cesarean section. In one case the tumor was a dermoid cyst; in the other there was a hydrosalpinx.

CHARLES A. WALTMAN


Four cases are reported in which vaginal metastases from a hypernephroma were observed and 16 similar cases from the literature are reviewed. The authors believe that the hypernephroma cells are carried by the urine and implanted in the vaginal wall. Photomicrographs are included, and there is a bibliography.

THE GENITO-URINARY TRACT


Because of the rarity of positive cures of deep-seated malignant growths by irradiation, only inoperable growths should be selected for this form of therapy. Whenever possible, biopsy should be done to determine the nature of the tumor prior to treatment. Irradiation of kidney tumors will reduce their size, thus making possible the removal of some which would otherwise be inoperable, but except for this there would seem to be little justification for radiotherapy in tumors of this type. In cases of solitary metas-
tases not amenable to surgery, radiation should be given a thorough trial. External irradiation of bladder carcinomas is of little value; interstitial irradiation is the method of choice in at least 50 per cent of these cases, and the author tends more and more toward the implantation of seeds through the cystoscope in the smaller papillary tumors and in large tumors where the patient's general condition contraindicates operation. Generally speaking, experience with the use of radium in carcinoma of the prostate has not been sufficiently encouraging to induce its use except in the occasional case, but there can be no doubt as to the value of deep roentgen therapy in relieving the pain of metastases. Irradiation in tumors of the testicle is of so much value that the failure to employ it after orchidectomy constitutes a serious error of omission. Thirteen references are appended.

F. E. SMITH, JR.


The author describes a case of a sixteen-month-old child with congenital syphilis who died from an embryoma of the kidney. Histologically, the tumor showed both adenosarcoma and syphilis. Two other children of the same parents died with abdominal tumors at the ages of one year and fourteen months respectively. The histology of these tumors is not described, but the author regards them as similar to the first case. The relationship of syphilis to malignancy is briefly discussed. No photomicrographs are included, and there is no bibliography. CHARLES A. WALTMAN


A man sixty-four years old entered the hospital complaining of pain in the right shoulder, the lumbar region, and the left leg. The initial examination was negative and he was treated for sciatica and arthritis. Later, an x-ray showed destruction of the twelfth dorsal and first lumbar vertebrae, and physical examination revealed a tender mass in the left renal fossa. Weakness of the right arm and the left leg progressed to almost complete paralysis. At post-mortem examination, two months after admission, a hypernephroma of the left kidney and adrenal with invasion of the adjacent vertebrae and metastasis to the sixth rib was found. The paralysis of the right arm is not explained. There are neither illustrations nor references to the literature. THEODORE P. EBERHARD


A sixty-seven-year-old man had a tumor of the right kidney and adrenal invading the inferior vena cava and metastasizing to the lungs, the retroperitoneal tissues and lymph nodes, the liver, and the left adrenal gland. The primary tumor is described as a hypernephroma and spindle-cell sarcoma. The secondary growths, with the exception of that in the vena cava, were of the spindle-cell type, showing no cells of the hypernephromatous variety.

The literature is reviewed and a bibliography appended. Photomicrographs are included.


This is a clinical and pathological report of a case of epithelioma of the kidney with pulmonary metastases. A discussion of the incidence of primary tumors of the lung is added. There are no illustrations. CHARLES A. WALTMAN


A patient with hematuria had a very large tumor in the left lumbar region. The tumor was removed, leaving the kidney in place. It weighed 3.5 kg. and microscopically
was a fibrosarcoma. There is no follow-up of the case and there is no bibliography. Two photographs and two photomicrographs are included. **Charles A. Waltman**


By injecting "gelobarine" into the bladder and then having the excess expelled and reinjecting filtered air, the authors were able to demonstrate an irregular enlargement of the median lobe of the prostate. Malignancy was proved by operation. No x-ray photographs are reproduced and there is no bibliography. **Charles A. Waltman**


One more case of sarcoma of the prostate occurring in a patient of twenty-seven is added to the 144 previously reported in the literature. There are two colored plates of the lesion as seen through the cystoscope. A good bibliography is appended. **F. E. Smith, Jr.**


Of 219 reports of cancer of the penis collected from the literature, 122 gave no information regarding presence or absence of syphilis. Of the remaining 97 cases, 75 gave definite evidence of lues either by history or serology, while in 12 others the history was questionable. Even if all the unknown cases were negative, the percentage for the whole group would be at least 34.2 per cent, which is extremely high. The author believes that syphilis has a definite carcinogenic effect not only in this type of tumor, but in others as well. There are no illustrations. **Edward Herbert, Jr.**


A man fifty-six years of age, who had had a penile chancre at the age of sixteen without treatment, presented an extensive squamous-cell epithelioma of the penis with enlarged ulcerating inguinal lymph nodes. The Wassermann reaction was negative. There is one photograph of the lesion. **Edward Herbert, Jr.**


This is a general article concerning the differential diagnosis of various infectious and neoplastic lesions of the testis. It has no illustrations. **Benjamin R. Shore**


Two cases are reported in which a spontaneous hematoma occurred in the scrotum. A testicular tumor was found in each instance. One is described as an atypical epithelioma, the other as a mixed tumor with malignant changes. No photomicrographs are included. There is no bibliography. **Charles A. Waltman**


Report of a seminoma of the testicle, complicated by an acute hematoma. **Charles A. Waltman**


A report of two cases of typical fusocellular sarcoma of the testis, with two illustrations and a bibliography. **Charles A. Waltman**

Two intrascrotal rhabdomyosarcomas are reported, one of which is believed to have originated from the testis and the other from the paratesticular tissue.

THE NERVOUS SYSTEM


This article gives a description of the first recorded operation for brain tumor which was performed by Godlee in London in 1884. A still earlier attempt was made in Sweden, in 1768, by Ölof av Acrel to remove an intracranial tumor which had eroded through the skull, producing a soft swelling of the scalp. The subject of paleopathology is touched upon, it being suggested that the prehistoric trephined skulls be more closely examined for evidence of brain tumors. The history of brain surgery during the past fifty years is briefly reviewed and the necessity for the establishment of a neurosurgical center in Stockholm is emphasized. Five photographs and ten references are included.

Edward Herbert, Jr.


Christiansen has here outlined the history of neurosurgery in Denmark during the past twenty-five years, the story being largely that of his own successful efforts to establish this branch of medicine on a sound basis. A detailed histological description of the various types of brain tumors is included with case reports as illustrations. The ophthalmological, otologic, and radiological aspects are fully treated. In this period 582 patients have been operated on. Of these, 231 were verified cases, in which the location and histology of the tumors were studied by the authors. The percentages of tumors of various types coincide fairly accurately with the figures given by Cushing and Elsberg. The mortality for the whole series was 37 per cent. The article is illustrated by 23 photomicrographs and 6 roentgenograms. There are also numerous graphs and tables, but no bibliography is included.

Edward Herbert, Jr.


The correct diagnosis of intracranial neoplasms is possible in 70 per cent of the cases following a careful history and complete neurological examination. Other diagnostic procedures are necessary for the localization of growths in the so-called silent areas and lead to correct diagnoses in 90 per cent of the cases.

Benjamin R. Shore

Ventriculography offers the only absolute means of diagnosing tumors of the third ventricle. A case so diagnosed is reported, in a woman twenty-seven years of age. A decompression operation was done, but the patient died twenty-four hours later. Autopsy showed the tumor to be an angioma. Five roentgenograms, a photograph, and five references are included.

Edward Herbert, Jr.


From a survey of 171 verified supratentorial brain tumors the authors conclude that early studies of the visual fields may yield in a fair number of cases highly useful diagnostic leads for the localization of temporal, temporo-occipital, and interpeduncular neoplasms. Disc changes are significant in subfrontal and suprasellar lesions. Deviations from typical visual disturbances may occur, however, as a result of such factors as the infiltrating character of the tumor and pressure effects.

The material studied indicates that positive visual field observations made under satisfactory conditions are usually substantiated at necropsy.

Edward Herbert, Jr.

Surgical Treatment of Brain Tumors. Operability of Tumors of the Third Ventricle, José Arce and Manuel Balado. Traitement chirurgical des tumeurs cérébrales. (Operabilité des tumeurs du 3ème ventricule), Semana méd. 1: 2-6, 1935.

The surgical technic used in treating tumors of the third ventricle is described. In outline form it is as follows:
1. Ventriculography with iodized oil to give exact localization of the tumor.
2. Local anesthesia with or without rectal ether.
3. Removal of bone to form an opening 6 X 4 cm. with median border just lateral to the mid-line.
4. Incision of dura forming a median flap.
5. Withdrawal of fluid from lateral ventricle to facilitate retracting cerebral hemisphere laterally.
6. Separation of falx from brain tissue until corpus callosum is reached.
7. Incision of corpus callosum opening into the lateral ventricle.
8. Electrocoagulation of the tumor in the third ventricle through the foramen of Munro.

The article is illustrated by 7 drawings.

Edward Herbert, Jr.

Late Results in the Operative Treatment of Intracranial Tumours, H. Cairns. Lancet 1: 1223-1228, 1936. Also in German, in Nervenarzt. 9: 401-410, 1936.


A case is reported of a medulloblastoma of the cerebellum in a young man, with metastases, demonstrated at autopsy, in the spinal cord and the vertebral bodies. The authors have collected from the literature 6 cases of intracranial tumors metastasizing outside the craniospinal dura and 25 cases of probable metastasis inside the dura. These cases are presented briefly. Illustrations are included and there is a bibliography.

Late Manifestations of a Cerebral Glioma Interpreted as Due to Cerebral Softening, Roma Amyot. Manifestations tardives d’un gliome cérebral interprétées comme étant celles d'un ramollissement cérebral, Union méd. du Canada 64: 150-156, 1935.

A man forty-six years old, who was known to have mild hypertension, developed a right-sided facial paralysis and a sensory-motor aphasia after a slight electric shock. Later a complete right-sided hemiplegia appeared. The clinical diagnosis was either
thrombosis of or hemorrhage from a cerebral artery. At autopsy, four months after the onset of the symptoms, a glioma of the left frontal and parietal lobes was found. It was infiltrating the brain and contained many foci of hemorrhage and cystic degeneration.

The author points out the danger of making an apparently obvious diagnosis in a middle-aged patient with sudden paralysis and without signs of increased intracranial tension. He urges that in all such cases every possible diagnostic procedure be employed, including examination of the eye-grounds, ventriculography, and encephalography. He gives several references and includes a photograph of the gross specimen.

Theodore P. Eberhard


The author describes a case of cerebral tumor in a woman of thirty-five following spontaneous delivery of an infant at term. The patient had been out of bed one week and was apparently well, when, on the fifteenth day post partum, she fell and lost the use of speech. Incontinence and convulsions developed and hemiplegia supervened. The temperature rose to 41.5° C. before death three weeks later. The ante mortem diagnosis was embolus. At autopsy the walls of the right lateral ventricle and the floor of the third ventricle were found to be infiltrated by tumor, microscopically diagnosed as glioma. No examination of the optic discs was made. The differential diagnosis is discussed.

Jeannette Munro


A man of fifty-two had suffered for some years with headaches, and insomnia. He gave a history, also, of increasing fatigue, drowsiness, and failing memory. Neurological examination, including routine laboratory studies and lumbar puncture, revealed no cause for his complaints. Deep stupor developed followed by death. Autopsy showed a large subdural hemorrhage overlying and compressing both cerebral hemispheres. Beneath, the protuberance was extensively infiltrated by a very vascular glioma. Penetration of the meninges by the growth had caused the fatal subdural bleeding.

Edwin M. Deery


The author presents this case of a calcifying oligodendroglioma in the left frontal lobe of a sixteen-year-old boy principally to emphasize the value of simple skull films before resort to indiscriminate ventriculography and encephalography. The boy presented classical signs of increased intracranial tension over a period of a year without localizing signs. Antero-posterior and lateral films of the skull revealed a focus of calcification in the left frontal lobe which was diagnosed as an oligodendroglioma. There were no signs of recurrence six months after resection of the left frontal lobe. There is a reproduction of the roentgenogram and the author refers to J. D. Camp's article on intracranial calcification (Am. J. Roentgenol. 23: 615, 1930).

Theodore P. Eberhard


A patient in a confused mental state had a frontal lobe tumor. A decompression operation relieved the mental symptoms and at a second operation a glioma was removed.

Charles A. Waltman

This is a short case report of a man forty-seven years of age who presented a Benedict's syndrome. At autopsy a glioma was found in the right temporal lobe. There are no illustrations.

EDWARD HERBERT, JR.


A tumor measuring 1 cm. in diameter was incompletely removed from the upper portion of the aqueduct of Sylvius of a boy of eleven, reestablishing the circulation of the cerebrospinal fluid and relieving the symptoms of increased intracranial pressure, this surgical procedure later being followed by deep radiotherapy. Histologically the tumor appeared to be an astrocytoma. The child was practically symptom-free four years later. Two roentgenograms are included. There is no bibliography. F. E. SMITH, JR.


A woman of twenty-eight years complained of vomiting and severe headaches, beginning two months after confinement and followed by general prostration, failing vision, and vertigo. Upon examination she showed horizontal nystagmus to right and left, as well as spontaneous vertical nystagmus. The corneal reflex was diminished on both sides and there was slight rigidity of the neck. No abnormalities of the pyramidal tracts or of sensation were found. Cerebellar signs were definitely present and there was bilateral choking of the discs of some 5 diopters. Otologic tests showed a diminution of the caloric reaction on the right side. Roentgenograms of the lungs revealed calcified peribronchial glands with considerable fibrosis. The skull also showed abnormal calcification, apparently within the substance of the cerebellum. A clinical diagnosis of cerebellar tuberculoma was made.

A cerebellar exposure was carried out and within the right hemisphere a solid mass could be palpated. An incision was made through the cerebellum down to the lesion, which proved to be partly cystic. Upon opening the cyst a mural tumor nodule was found and this was removed. Microscopic examination showed it to be a fibrillary astrocytoma. Operation was followed by a satisfactory neurological recovery.

EDWIN M. DEERY


Teratomas of the posterior cranial fossa are extremely rare. In the case here reported complete removal of the lesion was possible.

A young domestic of nineteen years had complained of generalized headaches for two years, becoming progressively worse in the past few months. There had developed, also, frequent attacks of vomiting followed by ataxia, noted first in walking. There were no complaints, up to this time, of polyphagia or polydipsia. The menstrual periods became irregular and the patient then complained of trouble with vision, and polydipsia appeared (3 liters daily). Examination showed bilateral optic atrophy, moderate obesity, bilateral signs of cerebellar dysfunction, a right central type of facial palsy, right-sided hyperacusis, mild mental symptoms, horizontal nystagmus, paralysis of convergence on the right, and dilated pupils. Roentgenograms of the skull showed separation of the cranial sutures. Sometime later the polydipsia disappeared and the menstrual periods became regular.

Because of the difficulty of distinguishing clinically between a suprasellar and posterior fossa localization, ventriculography was resorted to. The test revealed symmetrical enlargement of the lateral ventricles and enlargement of the third ventricle as well as the
aqueduct. The fourth ventricle was not visualized. Thus the test substantiated the
diagnosis of tumor of the fourth ventricle. Under local anesthesia the cerebellum was
exposed. Medially placed was a partly cystic, dark reddish tumor, which was completely
removed with the aid of the electric cautery. Convalescence was entirely satisfactory.

Others have at times noted and commented upon the occurrence of infundibular
hypophyseal symptoms in cases of posterior fossa tumors. In the present case these
symptoms (irregular menses, polydipsia, and obesity) disappeared spontaneously with
the cessation of headaches and vomiting and the beginning of enlargement of the head.
Thus they were in all probability dependent in some way upon increased intracranial
pressure. Enlargement of the cranium to a certain extent provided a spontaneous
decompression. In cases in which the clinical observations may point either to a
suprasellar or a posterior fossa tumor, ventriculography is indicated. Edwin M. Deery

Tumor of the Corpus Callosum, with Psychic Symptoms and a Bilateral Balduzzi-
Rothfeld Sign, Sterling and Orlinski. Tumeur du corps calleux avec troubles
psychiques et avec signe bilatéral de Balduzzi-Rothfeld, Rev. neurol. 2: 150–151,
1934.

A woman of thirty-seven had suffered from severe headaches and vomiting for some
ten weeks. The head was held towards the right, and both eyes were turned in the same
direction. There was a partial palsy of the right facial nerve, and the tongue deviated
to the left. The left leg was paralyzed and there was a right ankle clonus. The optic
fundus showed choking of both optic nerve heads together with some underlying atrophy.
The patient at times showed confusion and disorientation. Later she displayed tonic
crises with loss of consciousness during which episodes a bilateral Babinski sign could be
obtained. Later a bilateral Balduzzi-Rothfeld sign could be elicited. Within two
months the patient was completely blind and quite disoriented. Autopsy revealed a
voluminous tumor involving the white matter of both cerebral hemispheres and extend-
ing through the corpus callosum. Edwin M. Deery

Acoustic Neurinomas in the Stage of Normal Intracranial Pressure; Analysis of 13
Early and Late Cases, Wallace B. Hamby. New York State J. Med. 35: 1143–
1147, 1935.

Thirteen cases of acoustic neurinomas, verified histologically, are analyzed. Eight
showed a definite demonstrable increase in intracranial pressure, while 5 did not. The
average duration of symptoms in the cases without increased intracranial pressure was
three years and nine months, while in the patients with increased intracranial pressure
symptoms had been present slightly less than two years. This discrepancy in duration
may possibly be attributable to differences in the rate of growth, the more rapidly grow-
ing tumors causing increased intracranial pressure earlier than those growing more
slowly. In general, also, the larger tumors were found to be associated with increased
pressure, although in one case without signs of pressure the tumor measured 4 × 6 cm.
Ataxia of greater or lesser degree, tinnitus, some degree of deafness, impairment of
corneal sensation on the same side as the lesion, evidence of mild unilateral facial palsy,
and mastoid tenderness are commonly met with in brain tumors of this type. The
spinal fluid contains increased quantities of total protein. Unilateral absence of vestib-
ular response to caloric stimulation is a valuable sign. There is a short bibliography
but no illustrations are included. F. E. Smith, Jr.

Papilloma of the Cerebellopontile Angle, J. C. Montanaro and J. L. Hanón. Papiloma

A woman twenty-nine years of age presented the classical symptoms of a tumor of
the left cerebellopontile angle. During a spinal puncture, six weeks after the appear-
ance of the first symptoms, she died suddenly of respiratory failure. Autopsy confirmed
the clinical diagnosis. The tumor was about the size of the pons and arose from the
lateral recess of the fourth ventricle. Histologically it was a papillary adenocarcinoma
of the choroid plexus. There are included five photographs, 3 photomicrographs, and
a drawing. Edward Herbert, Jr.

Tumors arising at the cerebellopontine angle generally present a characteristic set of signs and symptoms, and the diagnosis clinically is readily made. The majority of such tumors are neurinomas arising from the acoustic nerve. The writers report a case of the less usual meningioma arising from the same location.

A woman of thirty-eight years had suffered for several years from generalized headaches. Within the past three years she had noticed hyperacusis on the right side. More recently there had been several episodes of vomiting, unsteady gait, and vertigo. More recently there had been hyperesthesia of the right side of the face and pain in the right half of the tongue. A right facial palsy followed, and the patient began to complain of photophobia. Neurological examination revealed ataxia and general instability, a paresthesia of the entire right side of the face, a right peripheral type of facial palsy, right-sided deafness, horizontal nystagmus and a positive Romberg sign. A negative caloric response was obtained on testing the right ear. Although visual acuity was good, examination of the optic fundi showed advanced choking of the optic nerve heads. There was diplopia but no demonstrable extra-ocular muscle palsy. Sensation was normal aside from the fifth nerve findings already noted. Because of the unilateral involvement of the fifth, seventh, and eighth cranial nerves, a clinical diagnosis of cerebellopontine angle tumor was made.

Operation, carried out under local anesthesia, revealed a tumor lying in the right cerebellopontine angle, about 4 cm. in diameter and moderately vascular. It proved possible to remove the growth completely, recovery was prompt, and within three weeks the gait was normal. Microscopic examination of the tumor showed it to be a meningioma.

Metaplasia and Metamorphosis in a Meningoblastoma, LAIGNEL-LAVASTINE AND A. F. LIBER. Metaplasie et metamorphisme dans un meningoblastome, Rev. neurol. 2: 47-51, 1934.

The histogenesis of the meningeal tumors was for long an unsolved problem. Two important studies have prepared the way for more recent advances in the subject. Cushing, in 1922, showed that the typical meningeal tumor was a benign growth composed of special endothelial cells from the surfaces of the meninges. Oberling, in the same year, went farther and showed the neuro-epithelial origin of such cells, which he designated "meningoblasts." These cells emigrate from the neural tube with the Schwann cells. The experimental work of Harvey and Burr in 1926 on the meninges corroborated the conclusions of Cushing and Oberling. The presence of large amounts of collagen in these tumors is quite compatible with their neuro-epithelial nature, as shown by Nageotte in 1923.

The writers describe, with two illustrations, a meningeal tumor which demonstrates especially well a collagenous metamorphosis. The tumor was removed from the base, in the right frontal region. Upon microscopic examination it proved to be composed of typical "epithelial meningoblastoma" cells, but these were gathered together in small groups separated by heavy bands of dense collagen. Besides the collagen, the tumor contained abundant elastic tissue. A detailed description of the microscopic findings is included.


This paper is a study of menigiomas of the lesser wing of the sphenoid based on 36 cases observed in a series of 128 meningeal tumors in all locations. More than two-thirds of the patients were women, and the period of highest incidence was the decade between fifty and sixty. The author analyzes the symptoms and discusses differential diagnosis and ventriculography. Four cases are reported in detail.

Before the use of electrocoagulation a 75 per cent operative mortality is reported for these tumors. Following the use of electrocoagulation this has been reduced to 17 per cent. Fourteen patients are reported cured, 4 for one year, 3 for two years, 2 for
two and a half years, 3 for three and a half, and 2 for four and a half years. There is a
good bibliography. The article is illustrated by 16 photographs and diagrams.

CHARLES A. WALTMAN

Meningioma of the Sylvian Fissure, EINAR SØRENSEN. Meningeoma fissura Sylvii,

Result of Operation on a Patient Previously Reported, EINAR SØRENSEN. Operations-
resultat fra tidligere demonstreret Patient, Hospitalstid. 77: Dansk. neurol. Selsk.
Forhandlinger 32–34, 1934.

This is a report of a case of meningioma of the Sylvian fissure weighing 140 grams,
which was successfully removed surgically. The patient was a man thirty-four years
of age. One photograph and a roentgenogram are included. EDWARD HERBERT, JR.

Malignant Meningioma Caused by Obstetrical Trauma to the Frontal Bone, O. JANOTA
and V. JEDLICKA. Meningoblastome de forme maligne, causé par un traumatisme

Report of a case of psammomatous meningioma in a man of forty-seven years who
since infancy had had a very prominent left frontal bone following trauma during birth.
The tumor arose from the dura immediately beneath this region. The patient had
enjoyed perfect health up to the age of forty-two, at which time he developed mild
mental symptoms and convulsive seizures. While the seizures were at first generalized,
they later became confined to the right side of the body. The neurological examination
showed partial bilateral anosmia, bilateral optic atrophy, and some superimposed
choking of the nerve heads. There were also signs of progressive dementia. The
neurological examination did not reveal pyramidal or sensory signs. X-rays of the skull
showed evidence of a “bony tumor” involving the left frontal bone. The patient died
of blood loss during the craniotomy. Autopsy revealed a massive meningioma arising
from the dura over the left frontal lobe. The tumor had invaded the frontal bone and
frontal sinus extensively. The writers stress the fact that in this case the tumor arose
just beneath the site of the original head injury. EDWIN M. DEERRY

Changes in the Sella Turcica as a Result of an Endothelioma of the Dura, A. GANS AND
W. W. DE REGT. Ernstige afwijkingen der sella turcica ten gevolge van een endo-
thelioom der dura, dat in den lobulus parietalis inferior is gegroeid, Nederl. tijdschr.
v. geneesk. 78: 4199–4201, 1934.

A woman thirty-eight years of age showed extensive radiological changes in the sella
turcica as a result of a large endothelioma of the dura which occupied the position of the
right inferior parietal lobe. An operation was attempted, but was found to be im-
possible. The patient died four days later. One roentgenogram is included.

EDWARD HERBERT, JR.

Psychic Trauma Antecedent to Some Pituitary Tumors, WALTER TIMME. Trans. Am.

The author presents briefly five cases, four in women and one in a man, in which
pituitary neoplasms supervened directly upon what might be called psychic trauma
called forth by attempts to avoid the occurrence of the orgasm of intercourse, with the
object of preventing conception. In each case the attempt was accompanied by acute
intracranial pain followed in a few days by changes in the facial contour in four cases
and by beginning obesity in the fifth. Operation was done in 2 cases. In one of these
a pituitary adenoma was removed; in the other an inoperable pituitary mass was found.
In the remaining cases diagnosis was made from the clinical and roentgen features.

Case of Diabetes Insipidus Caused by a Metastatic Tumor of the Hypophyseal Region,
G. MACCHIORO. Su un caso di diabete insipido da tumore metastatico della regione
ipofisaria, Minerva med. 1: 668–672, 1935.

A man of twenty-nine with a syphilitic history complained of attacks of lumbo-
sacral pain radiating to the legs, cough, vertigo, failure of memory and vision, frontal
headache, intense thirst, and polyuria. Examination showed retinitis and a roentgenographically demonstrable mass in the left side of the chest. No x-ray plates of the lumbar region were made. Antisyphilitic treatment was instituted, but the patient continued to show polyuria, a septic type of fever, and a state of agitation verging on delirium. Autopsy showed a primary cancer of the bronchus with multiple metastases including the lumbar spine and the hypophysis. A photomicrograph is included.

Jeanette Munro

Glial Tumor of the Pineal Gland, H. Schaeffer. Tumeur gliale de la glande pineale.


A patient thirty-nine years old developed cerebello-pyramidal symptoms and became mentally confused. Ventriculography showed dilatation of the lateral ventricles. The anterior part of the third ventricle was clear but the posterior part was obscure. At autopsy a small tumor about the size of a walnut was discovered in the epiphyseal region. The pineal gland was not found. The tumor was formed of bipolar cells in palisades, with calcareous areas. Larger cells with granular nuclei seemed to be pineoblasts. The tumor was well limited and did not invade the surrounding parenchymal tissue. It was regarded as a glioblastoma containing elements of the pineal gland. One photomicrograph illustrates the report. Various authors are quoted but there are no references.

Charles A. Waltman


A man, forty-two years of age, who had been subject to epileptic attacks of the grand mal type since the age of six, was found at autopsy to have an extensive angioma involving the anterior portion of the right frontal lobe. This tumor was considered to bear an etiological relationship to the epilepsy. Three photographs are included.

Edward Herbert, Jr.


In a family of ten children there were three idiots, two of whom had extensive hemangiomata. The author believes the idiocy resulted from intracranial angiomata, and elaborates his theme from the interrelationships between the epidermal and mesodermal systems which are seen in the neuromyoarterial glomus. He gives five references to the literature. There are no illustrations.

Theodore P. Eberhard


A congenital idiot twenty-four years of age showed radiographic changes in the skull which were interpreted as those of a calcified angioma in the occipital region. There were no cutaneous lesions. No illustrations are included.

Edward Herbert, Jr.


A clinical case report with a brief review of the literature. A boy of fourteen years, somewhat backward mentally, had had generalized convulsive seizures for some years. Upon examination the only outstanding finding was a large area of multiple angiomatous nevi on the right side of the face. X-rays of the skull showed the characteristic calcification within an intracranial angioma in the right occipital lobe. The writer believes the intracranial lesion was possibly of syphilitic origin, and the patient therefore was given antisyphilitic treatment as well as radiotherapy.

Edwin M. Deery
Epilepsy and Intracranial Angiomas in Twins, A. Touraine, L. Golé and J. Sambron.


Epileptic attacks which appeared in a pair of twins at the age of ten years were associated with a radiographic picture interpreted as that of diffuse intracranial angiomatosis of both parietal regions. Both children showed an internal strabismus. There was also reason to suspect congenital syphilis. There are no illustrations.

Edward Herbert, Jr.

Lipiodol Interpreted as Calcification in a Brain Tumor, H. Schueermann.

Ascen­dende Lipojodol i Cerebrum antaget for Forkalkninger i Hjernesvulst, Hospitalstid. 77: 1450–1452, 1934.

A report of a case in which shadows in roentgenograms of the skull, interpreted as calcification in a brain tumor, were found to be due to lipiodol injected intraspinally six months previously. Two roentgenograms are included. Edward Herbert, Jr.

Two Tumors of the Medulla Oblongata with Atypical Syndromes, Schwalbe-Hansen.


Two cases of tumors of the medulla oblongata are reported in which the diagnosis was discovered only at autopsy. The neurological signs and symptoms are discussed in detail. Two photographs are included. Edward Herbert, Jr.

Radiotherapy and the Surgical Treatment of Medullary Compression, J. Haguenau.


Radiotherapy for the relief of medullary compression due to tumor is relatively new and is based on the radioresistance of nervous tissue to roentgen rays. There should be multiple ports of entry; these should be large, and the dose should be heavy. The author usually divides the treatment, giving daily doses or a dose every other day, depending upon the reactions; 1000 to 10,000 R are given, and if no amelioration occurs treatment is discontinued. If amelioration occurs, the patient then receives 1000 R weekly until 15,000 to 20,000 R have been given. The author has observed no ill effects, but serious results with fatal issue have been reported. Rare eventualities are exaggeration of pain, paralyses, and trophic and sphincteric disturbances. These usually clear up, but may require laminectomy.

Intramedullary tumors are especially adapted to radiotherapy. Most of the diffuse intramedullary tumors are of the glioma type, and are radio­sensitive. Irradiation may be done prior to operation, which may follow if no improvement results. In these instances there is no increased difficulty due to vascularity.

A group of cases exists in which compression is due to the vertebrae. Excluding Pott’s disease and hydatid cysts, which are never relieved by radiotherapy, certain of these may be successfully treated by radiation.

Surgery, to be successful, must be done by a specialist. Hydatid cysts, infectious spondylitis, and tumors are most successfully treated surgically. The greatest success is attained with juxta­medullary tumors. There is no bibliography. K. W. Thompson


An extradural tumor at the level of the third and fourth cervical vertebrae was removed surgically from a woman thirty-nine years of age. The tumor arose from the fourth cervical nerve and was histologically a neurofibroma. The case is reported because of two unusual findings, a facial weakness and inversion of the radius reflex. These neurological signs remained unchanged one year after operation. A photograph and twelve references are included.

Edward Herbert, Jr.

A woman twenty-six years of age had a generalized neurofibromatosis. One of the tumors on the right arm grew rapidly and was excised. There was a prompt recurrence. Histological examination showed many giant cells with large nuclei and questionable malignity. There are no illustrations. Edward Herbert, Jr.


A woman thirty-one years of age developed a typical case of von Recklinghausen's neurofibromatosis during the course of her first pregnancy. A second pregnancy one year later had no appreciable effect on the tumors. [For a discussion of the effect of pregnancy on the skin lesions of neurofibromatosis, see Sharpe and Young: J. A. M. A. 106: 682, 1936. Abst. in Am. J. Cancer 28: 223, 1936.] Edward Herbert, Jr.


A woman twenty-four years of age had a number of subcutaneous nodules on the left thigh which grew slowly for six years. These lesions were preceded by a furunculosis of the same region. Biopsy showed the typical structure of von Recklinghausen's disease. A photograph shows the lesions. Edward Herbert, Jr.


An alcoholic patient with multiple cutaneous tumors and skin pigmentation had epileptic attacks. No evidence is presented to indicate that a cerebral neurofibroma may have accounted for these. Charles A. Waltman

THE BONES AND TENDON SHEATHS


This is a clinical lecture discussing the characteristics of the types of bone tumors described by Codman and Ewing, and urging that they be separated from the bone sarcomas, since the prognosis is much more favorable. Seven references are included. There are no illustrations. Edward Herbert, Jr.


A sixteen-year-old boy had a tumor of the eleventh rib which was twice treated as an infectious process. Metastases to the skull, spine, and femur occurred. These lesions responded immediately to x-ray treatment but subsequently recurred. At autopsy the diagnosis of Ewing sarcoma was made. The tumor cells are not described except for the fact that silver impregnation disclosed evidence of an abundant latticed reticulum, and there are no photomicrographs. A short bibliography is added. Charles A. Waltman

Sarcoma and Osteodystrophia Fibrosa (Diagnosis from Biopsy Material), Karl Drerup. Sarkom und Osteodystrophia fibrosa (Beitrag zur Diagnose am Probeausschnitt), Ztschr. f. Krebsforsch. 43: 386–402, 1936.

There is no longer any doubt that sarcoma may follow osteitis deformans (Paget), particularly in elderly men, some 50 cases of the kind having been reported. Osteitis fibrosa, also, whether localized or generalized, may occasionally terminate in sarcoma,
and the author reports two instances in men aged thirty-eight and twenty-one years respectively.

Diagnosis from biopsy material is often difficult, and an instance is cited where three different diagnoses were made on the same tissue. It must be remembered that in the neighborhood of sarcomas, fractures, myositis ossificans, and osteomyelitis there may be changes that closely resemble osteitis fibrosa, and that radiotherapy or infection may complicate the picture; hence repeated biopsies may be required before a satisfactory decision can be reached.

The paper is illustrated by photomicrographs and photographs of gross specimens.


A large chondroma in the upper end of the right femur of a boy thirteen years of age is reported. It was removed surgically and a bone transplant done with a section of the fibula. The patient has been followed for eighteen months and has good use of his leg. There is no sign of recurrence. Three roentgenograms are included.


An unillustrated report of a case of achondroplasia with multiple exostoses and a large chondroma of the femur.


After a brief description of the general characteristics of chondromas, a tumor is reported in the upper part of the left tibia of a man thirty-two years of age. The tumor was resected, the knee joint being sacrificed, and a portion of the fibula being used to join the femur and tibia. The tumor was histologically benign. Twenty months after operation the patient showed no recurrence and had good use of his leg. Six roentgenograms and 13 references are included.


"Paracancerous" bone lesions are characterized radiologically as a mixed process of hypergenesis and bone resorption. This is irregular or diffuse with attenuation of the normal trabeculation but without the mottled aspect of the true metastases. Histologically, these lesions show the existence of osseous metaplasia with diffuse fibrosis and decalcification.

The authors report a case of cancer of the breast with metastases to the femur. Bone changes in the pelvis demonstrable roentgenographically were interpreted as paracancerous, but there was no histological proof of this opinion. Charles A. Waltman


This case was originally reported as a sarcoma that responded to radiotherapy (Bull. et. mém. Soc. nat. d. chir. 60: 1284, 1934. Abst. in Am. J. Cancer 26: 695, 1936). Autopsy showed that the tumor was a metastasis to the humerus from a primary suprarenal tumor. No photomicrographs are included.


Report of a single case of dorsal spine metastasis from an operated case of breast carcinoma, giving symptoms and signs of cord compression, confirmed by autopsy.
There appeared to be direct extension into the body of the vertebra of a focus of tumor in the posterior mediastinum.


A sixty-two-year-old man displayed clinical and radiological signs of extensive bone metastases. On careful examination a small tumor about 2 cm. in diameter was discovered in the left breast tissue. This was excised and seen to be a scirrhous carcinoma. At autopsy multiple bone and pulmonary metastases were found, all histologically similar to the breast tumor. The case is reported because of the inconspicuousness of the primary tumor as compared with the metastases, and also to emphasize the importance of a routine examination of the breast even in male patients. Three illustrations are included.


A case is presented for diagnosis with two x-ray photographs of a twelve-year-old child with an enlargement of the femoral head and neck and of the superior aspect of the femur. There is no biopsy report and no report of therapy or follow-up. No diagnosis is made.


Two cases with questionable bone lesions are reported and discussed in detail but no roentgenograms are included.


During a period of two years, there developed in a patient fifty years old an anterior convexity of the lower half of the radius. There was no history of trauma. Roentgenograms, reproduced here, showed osteitis fibrosa cystica. This case the author designates as symptomatic Madelung's disease in contrast to true Madelung's disease, which he defines as an internal radial hemiatrophy characterized by hemiatrophy of the epiphysis, with abnormal inclination of the articular surface in its lunar segment.

Case of Multiple Myeloma, J. NUNES DE ALMEIDA. Um caso de mieloma múltipo, Arq. de patol. 6: 485-519, 1934.

The author gives a lengthy description of the clinical, radiological, and pathological characteristics of multiple myeloma. Among 11,490 patients seen at the Portuguese Institute of Oncology in Lisbon, only one case of this disease has been observed. A detailed report of this case is given. The patient was a sixty-year-old man who had two tumors, one in the sternum, the other in the right scapula. The chief symptom was pain. A biopsy diagnosis of plasmocytoma was made. There were no abnormal blood findings other than a moderate anemia, nor was there a Bence-Jones albumosuria. Autopsy, about six months after the first symptoms, revealed no other tumors in the bones, but there were two metastases in the liver which showed the same histological picture as the original tumors. Four illustrations are included, and there is a lengthy bibliography.


The author's patient had a large tumor of the medial aspect of the ankle that developed over a period of seventeen years after trauma. An x-ray of the foot ten years
before operation showed no bone involvement. An x-ray previous to the amputation showed only secondary bone changes. There were no clinical signs of pulmonary metastases. Histologically, the tumor cells are described as endothelial cells, but no photomicrographs are reproduced. There was superficial invasion of the tibia, but the astragalus was intact. The author believes that this tumor arose from the synovial tissue of the ankle joint and considers it an atypical endothelioma. No postoperative follow-up is reported. There is a photograph of the amputated foot and tumor.

[For an excellent discussion of these synovial tumors see Knox, in this number of the Am. J. Cancer, p. 461.]

CHARLES A. WALTMAN

THE LEUKEMIAS, HODGKIN'S DISEASE, RETICULO-ENDOTHELIOSIS

The Preleukemic State, T. SARAGEA AND V. VALTER. Contributions à l'étude de l'état préleucémique, Sang 8: 1117-1122, 1934.

Three cases are presented to demonstrate one type of prodromal symptoms in leukemias. The first patient was a man of thirty-six with anemia and a leukopenia of 950, without abnormal white cells. He responded well to liver therapy but six weeks later had a white cell count of 58,000, with 99 per cent of the lymphatic series. Death followed in five days and the diagnosis of subacute lymphatic leukemia was confirmed by autopsy.

The second patient was a boy of fifteen, who entered the hospital because of asthenia and severe anemia of two months' duration. The leukocytes totalled 3300 and appeared morphologically normal. The patient failed rapidly, with a terminal white count of 25,000 (60 per cent were myeloblasts). The diagnosis of acute myeloid leukemia was confirmed at autopsy. Both of these cases had a terminal Streptococcus septicemia.

The third patient, a man of thirty-two, also complained of asthenia and was found to have a moderate anemia with 9000 white blood cells of which 6 per cent were basophils, 16 per cent monocytes, and 6 per cent myelocytes. Examination a month later revealed 44,200 white blood cells with 32 per cent myelocytes. Subsequent examinations were not made.

These three cases illustrate a group in which the early symptom of leukemia is an asthenia which does not appear too closely correlated with the degree of anemia and which is almost always accompanied by digestive disturbances. Hematologically this latent phase appears to be characterized by an aplastic anemia, almost always very accentuated, often hyperchromatic. There appears to be an initial leukopenia, gradually giving way to a leukocytosis, with the appearance of immature forms. In all cases the treatment in the preleukemic phase should be conservative, avoiding too aggressive measures, such as radiotherapy and arsenic, since it is believed that during this phase the hematopoietic system is in a state of instability and an acute evolution may be precipitated.

F. E. SMITH, JR.


Splenectomy is advocated in chronic myelogenous leukemia with marked splenomegaly, for the following reasons: it produces a temporary improvement; in the later stages of the disease many of the most distressing symptoms are due to the mechanical effects of the enlarged spleen; splenectomy entails only slight risk, especially if a remission is induced previously with radiotherapy. One case is reported in which, following splenectomy, decided improvement was observed for three months, at the end of which time the article was written.

There is a bibliography of 28 items. No illustrations are included.

EDWARD HERBERT, JR.

Lymphatic Leukemia with Large Mononuclear Elements, E. JOLTRAIN. Leucémie lymphoïde à grands éléments mononucléaires, Sang 8: 999–1003, 1934.

A woman of sixty-five with a lymphatic leukemia characterized by generalized node enlargement, hepatomegaly, and splenomegaly of three years' duration, received
intensive radiotherapy at two- to four-day intervals, for which the details are given. Each treatment was followed by a severe and generalized systemic reaction and the enlarged lymph nodes rapidly decreased in size. The white blood count, which had been 82,000, fell to 5000, and there was a reversal in the percentages of large immature mononuclears and lymphocytes, the former originally totalling 82 per cent and in the last examination only 19 per cent. The case is presented to show that radiotherapy may lead to profound modifications in the blood picture, even in the high percentage of mononuclears which characterizes the leukocytosis.

F. E. SMITH, JR.

The Hemorrhagic Syndrome in Acute Leukemia, F. SCHUPFER. Sulle sindromi emorragiche della leucemia acuta, Riforma med. 50: 919–923, 1934.

Schupfer describes the case of a woman aged forty-one whose illness had begun fifty days previous to her entry to the hospital, with weakness, headache, occasional post-prandial vomiting, intermittent fever, night sweats, and occasional slight nosebleeds. Examination revealed hemorrhagic gingivitis and slight enlargement of the liver and spleen. The blood count showed only 1,400,000 red blood cells, and 1000 white blood cells per cubic millimeter. The differential count was: neutrophile granulocytes, 12; lymphocytes, 48; hematocytoblasts, 32; myeloblasts, 3; myelocytes, 1; metamyelocytes, 3. The further course is not stated.

C. D. HAAGENSEN


A female of twenty-five, during the sixth month of pregnancy, complained of a rapid symmetrical hypertrophy of the gums, of a month's duration. There was no bleeding and no ulceration. The patient had, also, a generalized maculo-papular eruption and the submental nodes were slightly enlarged. The Wassermann reaction was negative. The pregnancy was thought to be the etiological factor, especially since the white count was 11,450 with 69 per cent lymphocytes. A month later the blood picture changed and the white cell count rose rapidly to 55,000, with a large percentage of myeloblasts and myelocytes. Death occurred during a premature delivery and autopsy confirmed the diagnosis of myeloid leukemia, the gums and skin being infiltrated with myeloid elements. There are no illustrations or references.

F. E. SMITH, JR.


A man sixty-six years of age presented the clinical picture of carcinoma of the rectum. He was found at autopsy to have a lymphatic leukemia with lymphoid hyperplasia and infiltration of the entire intestinal canal. The spleen was not enlarged. Three photographs and four references are included.

EDWARD HERBERT, JR.


An unusual case of lymphatic leukemia was seen in a woman fifty-five years of age. All the symptoms were referable to the upper respiratory tract, where there was widespread lymphoid hyperplasia and infiltration. The treatment and outcome are not given. There are no illustrations.

EDWARD HERBERT, JR.


Two patients with leukemia who developed a terminal miliary tuberculosis are described. One patient, sixty-two years old, with chronic lymphatic leukemia developed fever and cough. No tubercle bacilli were demonstrated in the sputum, but an x-ray of the
lungs showed miliary tuberculosis. Autopsy showed, besides leukemia, tuberculosis of the lungs, spleen, kidneys, and liver.

In the second case, one of myelogenous leukemia, an acute caseous tuberculosis was found at autopsy. Tubercles were present in the lungs, spleen, liver, and kidneys. A calcified tuberculous process was found in the ileum. Animal inoculation of material from the spleen and liver demonstrated the tubercle bacillus of the human type.

In both cases the tuberculosis was regarded as an endogenous reinfection. A few references to the literature are appended.

**Hematoma in Leukemia; Favorable Response to Radiation, Barrièr and Boucher.**


A patient with myelogenous leukemia developed a large hematoma of the back. This was drained and the patient was treated with x-rays with a favorable response.

**Aleukemic Myelogenous Leukemia with Gangrenous Skin Ulcerations, Arne Reyn.**


A case of leukemia with a leukopenia of 2200 and numerous myelocytes is reported in a man forty-nine years of age, in whom the first symptoms were hemorrhages, vesicles, and pustules in the skin, which later became necrotic ulcerations. There are no illustrations.

**Agranulocytosis and Monocytic Leukemia in the Course of a Necrotic Angina with Terminal Pulmonary Necrosis, Julliard.**


A twenty-five-year-old Algerian soldier developed a phlegmon of the left tonsil following a nasopharyngitis, and a smear of the false membrane revealed Löffler bacilli, but there was no response to treatment. Six days later a blood examination showed 1,900,000 red cells, 55 per cent hemoglobin, and 16,000 white cells. The differential count showed 63 per cent monoblasts and 23 per cent monocytes and transition forms. Four days later the total leukocytes had dropped to 6000, with 43 per cent monoblasts and 40 per cent monocytes of various forms. On the day of death, six days later, the count had dropped to 800,000 red cells and 1200 leukocytes. An autopsy showed a very slight hypertrophy of the lymph nodes, marked splenomegaly, and foci of necrosis in a consolidated right lung. The absence of pus was noted both grossly and microscopically. There is one illustration. No references to the literature are given.

**Acute Basophilic Leukemia, W. A. Groat, T. C. Wyatt, S. M. Zimmer and R. E. Field.**


An instance of acute basophilic leukemia in a twenty-seven-year-old man is reported, which resembled with a few exceptions the cases already described by other investigators. Reviewing the progressive blood changes, the authors find that the total number of leukocytes and the number of basophilic and myeloblastic cells increased roughly in much the same ratio, with the anemia in reverse ratio.

Doubt is expressed whether the basophil or, in eosinophilic leukemias, the eosinophil, is the leukemia cell, and it is suggested that if it had been possible to remove the basophils from the blood of this patient all the essential features of myeloid leukemia would still have remained. For haploid mitotic figures were found only in myeloblasts, an observation which, it is believed, identifies this type as the leukemia cell. The presence of many relatively mature basophils with an increasing left shift as the malady progressed may indicate only that for some unknown reason basophilic production had been unduly stimulated, and the large number of basophils may have been merely an exaggeration of what is commonly found in the myeloid leukemias. The fact that this
patient had at first a myeloid leukemia without basophilic increase supports the suggestion.

Accordingly the authors would like to call their case "acute myeloblastic leukemia with extreme basophilia," but believe that the term "basophilic leukemia" should be retained until more complete evidence has been presented.

The autopsy showed some myocardial degeneration, bronchopneumonia, two duodenal ulcers, splenomegaly with myeloid leukemic infiltration, some leukemic infiltration in the portal canals of the liver, central necrosis of this organ, and myeloid hyperplasia of the bone marrow largely replacing erythroblastic tissue and megakaryocytes.

WM. H. WOGLOM


Although more than 400 cases of plasmocytoma have been recorded, the concomitant occurrence of plasma cells in the peripheral blood has been but seldom mentioned. To the total number of 11 cases the authors add a twelfth.

The patient was a sixty-year-old woman with multiple myeloma involving the sternum, ribs, vertebrae, and femur. The percentage of plasma cells in differential counts ran from 12 to 33, and the urine frequently contained Bence-Jones protein. Blood calcium and phosphorus were normal in amount; the non-protein nitrogen varied from 60 to 76 mg. on three determinations, the total serum proteins from 11.3 to 11.9 gm. per 100 c. c., the albumin fraction from 2.87 to 3.2 gm., the globulin fraction from 7.75 to 8.8 gm., while the fibrin content remained normal. The blood Kahn reaction was negative. Purpuric spots appeared, blood oozed from the nose and gums, and the patient died on the fourteenth day after admission.

Autopsy showed multiple myeloma as stated, plasma-cell leukemia, plasmocytoma of the pancreas, pyelonephritis, and bronchopneumonia.

WM. H. WOGLOM


The Gordon test [see Abst. in Am. J. Cancer 19: 990, 1933] was done on 17 cases clinically and histologically diagnosed as Hodgkin's disease. The results were positive in 10, doubtful in 3, and negative in 4, while in 16 control cases the results were all negative. The characteristic reaction was not changed by extraction of the gland with acetone, ether, alcohol, or glycerine. The conclusions are that the test is a valuable one to facilitate diagnosis in doubtful cases, and that, from the work done up to the present time, the virus theory of Hodgkin's disease has been neither proved nor disproved. There are 7 references.

Edward Herbert, Jr.


The encephalitic syndrome developing in rabbits injected with lymph nodes from patients with Hodgkin's disease (Gordon: Brit. M. J. 1: 641, 1933. Abst. in Am. J. Cancer 19: 990, 1933) was obtained by the author in 7 out of 9 cases. Twenty control nodes, including 5 tuberculous nodes and 2 from patients with infectious mononucleosis, were negative. There were no false positive tests.

Edward Herbert, Jr.


The cutaneous reaction to intradermal tuberculin was studied histologically in 10 cases of Hodgkin's disease proved by biopsy. The resulting lesions were identical and showed primarily a diffuse subcutaneous infiltration consisting of histiocytes, lymphocytes, and epithelioid cells. This reaction is different from that observed in tuberculosis or lymphosarcoma. There are no illustrations.

Edward Herbert, Jr.

This is a clinical presentation of an advanced case of lymphogranulomatosis with symptoms of four years' duration and a history of several series of x-ray treatments. The author discusses the diagnostic points involved and theories as to the nature of the disease, favoring a connection between lymphogranulomatosis and tuberculosis. X-rays and a photomicrograph are included.

JEANNETTE MUNRO


The organisms isolated from two patients with Hodgkin's disease (see Compt. rend. Soc. de biol. 115: 171, 1934. Abst. in Am. J. Cancer 24: 749, 1935) are described in more detail. Large doses produced lesions in the guinea-pig liver which in some of their features resembled Hodgkin's disease in man. Similar changes were elicited by BCG, as well as by attenuated or dead tubercle bacilli, and the authors regard their investigations as still in the preliminary stage.

WM. H. WOGLOM

Compression of the Spinal Cord and Roots in a Case of Hodgkin's Disease, without Bone Changes Radiologically, Paul Chevallier, Alajouanine and W. Stewart. Syndrome radiculo-médullaire au cours d'une maladie de Hodgkin sans lésions osseuses visibles à la radiographie, Sang 8: 1036–1038, 1934.

A man of thirty-eight had been known to have Hodgkin's disease for four years, with amelioration of almost all symptoms following radiotherapy, fever alone persisting. Recently, however, nervous disturbances, at first limited to pain in the left leg with some loss of muscular power and increased reflexes, had developed and now dominated the clinical picture. These later symptoms and disturbances in sensation with associated pyramidal tract signs and absence of bony abnormalities of the spine, led to a diagnosis of an infiltrating Hodgkin's meningitis from the last cervical segments to the first dorsal, producing a rather extensive compression of the cord and adjacent roots. The article does not include any references and is unillustrated.

F. E. SMITH, JR.


A woman twenty-five years of age had enlargement of the lacrimal, parotid, submaxillary, and sublingual glands, of two months duration. Physical examination demonstrated a generalized lymphadenopathy as well as the presence of numerous subcutaneous nodules. Biopsy of one of these nodules showed lymphosarcoma. Radiotherapy was given, but although the glandular swelling subsided, the general condition became steadily worse, culminating in death six months after the appearance of the first symptoms. Post-mortem examination was apparently not performed. Eight photographs, a photomicrograph, and a bibliography of eight items are included.

EDWARD HERBERT, JR.


A male of sixty-two, complaining of diffuse pains in the chest and abdomen of three months' duration, and more recently of excruciating pain on walking, showed clinically a marked kyphosis of the spine and a depression of the upper end of the sternum. The slightest movement elicited extreme pain, while the patient's general health seemed little affected. Radiographically a diffuse decalcification of the spinal column and a compression of the first lumbar vertebra were demonstrated. Three weeks later the patient suddenly failed rapidly and died in four days, the blood count the day of death revealing 4,371,000 red cells and 25,110 white cells (66.5 per cent myeloblasts and 15.5 per cent myelocytes). There had been no previous counts.
At autopsy there was found a generalized and extreme softening of the sternum and of the entire spinal column, which was easily cut with the knife, revealing a diffuse, bloody, very abundant, deep red marrow. Histologically the liver and spleen showed myelogenous infiltration, while in the sections of the spine and sternum there was a complete absence of the bony substance, which was replaced by a loose connective tissue rich in dilated capillaries, in places assuming an angiomatous appearance. In addition this connective tissue was occupied by abundant hematopoietic elements, of which myeloblasts predominated, although nucleated red cells and erythropoietic elements were numerous. There were also many neutrophilic and eosinophilic neutrophils and myelocytes, while the megakaryocytes were more abundant than normal. The vasodilation was the prominent feature in the vertebrae and the myeloid hyperplasia most striking in the sternum. Sections of the long bones and skull appeared normal.

The striking features of this case, then, were the development of what clinically appeared to be true osteomalacia, but occurring in a male and of a peculiarly acute form; the development hematologically of what was perhaps a terminal acute myeloblastic leukemia, and anatomically the entire disappearance of the bony substance of the spongy bones and a remarkable myeloid hyperplasia in these, in which, despite a certain predominance of the myeloblasts, all the young and adult forms of the red and white cells and megakaryocytes were represented.

Three similar cases from the literature, one in a woman of twenty-one (Meek: Lancet 2: 154, 1908), one in a girl of five (Dwijkoff: Folia haemat. 40: 59, 1930) and one in a boy of seven (Grulee et al.: J. A. M. A. 100: 162, 1933), are reviewed. In none of these was there a leukemic blood picture, although the bone marrow showed the same lesions as the present case.

These four cases are believed to represent a definite disease entity, which might anatomically be called decalcifying aleukemic myelosis but to which the anatomico-clinical term osteomalacic myelosis seems better fitted. This entity appears clinically and radiologically as true osteomalacia, becomes localized in the bone marrow, usually without notably altering the blood picture, and finally results in extensive lesions of the skeleton in which the myeloid hyperplasia progresses hand in hand with the decalcification and in which the two evolve together with an equal intensity and diffusion, osteomalacic myelosis belonging thus to the two groups of diseases, those of the bones and the blood dyscrasias. The differences between this new disease entity and osteomalacia, the anemias, the myelomas, and the myeloid and aleukemic leukemias are described in detail. The article is illustrated by a single photomicrograph and is accompanied by several references.

F. E. SMITH, JR.

STATISTICS


Statistics show an increasing cancer mortality rate in Australia. In 1933 the rate was 1179 per 10,000 total deaths. Tables give the rates for the individual states of the Commonwealth and for cancer in various sites.