leukocytes. The presence of this leukocytosis-promoting factor is readily demonstrated by noting the effect of injected exudate on the leukocyte level of a normal animal. Various other unrelated materials, including blood serum, broth, turpentine, bacteria, nucleic acid derivatives, histamine, and leukotaxine, are ineffective in reproducing in dogs precisely the same pattern of response as produced by exudates. The leukocytosis-promoting factor bears no evident relationship to leukotaxine, the nitrogenous substance responsible for the increase in capillary permeability and leukocytic migration.

The leukocytosis-promoting factor is thermolabile and essentially nondiffusible. Observations on protein fractionation of exudates either after dialysis or after "salting out" of the material at various concentrations of ammonium sulfate indicate either that the leukocytosis-promoting factor is a globulin or that at least it is closely associated with the globulin fraction. The available data warrant the belief that the factor seems linked primarily with the pseudoglobulin fraction of inflammatory exudate.—Author's abstract.


The device described for hand feeding mice consists of an 18-gauge needle with an enlarged smooth tip of silver solder. The needle is bent to a convenient angle and is fitted to a tuberculin syringe.—L. L. W.

Clinical and Pathological Reports

SKIN AND SUBCUTANEOUS TISSUES


A case is reported in which metastases to the skin, tonsil, heart, mediastinum, omentum, and adrenals manifested themselves 15 years after the removal of a nonpigmented mole from the dorsum of the right second toe. Review of the original section revealed a nonpigmented mole with malignant transformation.—A. DeB.


This article reviews the results of surgical treatment in a small group of cases of melanoma. The youngest patient was 15 months old, the oldest 78 years. Only two cases were under 10. After 20 the distribution was similar for each decade, with 38% of the cases between 45 and 60. Forty per cent of the cases involved the head, 26% the lower extremities, and 15% the upper extremities. Regional lymph node involvement was present in 27.4% of cases at their first examination. Generalized metastases were present in 10%, yet only 1 case had an osseous metastasis. However, no organ is immune from metastases in this disease. No accurate relation could be established between the size of the primary lesion and regional lymph node involvement or general metastasis. The relationship of
trauma, particularly chronic irritation and electric needle "therapy" to the development of melanoma from benign moles, is stressed. Metastases usually occur within 6 months to 2 years, though some lesions grow slowly for many years without dissemination. Many patients who survive 5 years harbor the disease. Metastases may appear as long as 27 years after surgery. Late distant metastases are seen most often after eye cases. Early radical excision followed by regional node dissection is advocated. Amputation is proposed for cases involving the foot, toes, or fingers. Of the 117 cases in this series, 75 were treated surgically; 36 cases lived 3 months to 13 years; 15 were lost to follow-up. Of the 24 dead cases, 16 died within 3 years and only 2 lived over 5 years. A total of only 26 cases were followed over 5 years. Of these, 9 are living and apparently well, 3 having survived node dissections for involved nodes. After 10 years 5 are well; only 1 had lymph node involvement. Four tables summarize the data. One lists the reported 5 year survivals in the literature. Eight photographs are included and a bibliography of 46 papers.—A.M.


Brief report of a case of epithelial cyst of the thumb, excised 36 years after original injury.—A. M.


This report is based on 430 cases of epidermoid carcinoma of the extremities—284 involved the hand, 73 the leg, 41 the arm, and 32 the feet. The median age for cancer of the lower extremities (55) was 10 years less than for the upper (65). Forty-five per cent (193 cases) gave a history of a preexisting lesion. Chief of these were: senile keratosis (63), arsenical keratosis (14), injuries or scars (36), old burn scars (23), radiation dermatitis (10), chronic osteomyelitis (11), varicose ulcer (11), etc.

The local lesion was uncontrolled in about 10% of the 332 cases treated. Nine per cent of the finger cases, 15% of the hand cases, 26% of the arm cases, 41% of the foot cases, and 36% of the leg cases developed metastases. Although most of the lesions were large and of long duration, high grades were encountered in many on the arm and lower extremity. Leg carcinoma cases delayed therapy longer (2.8 years) than the remainder of the group (1.7 to 1.8 years) and 36% showed metastases when first seen. The popliteal nodes were involved in only 1 case. When nodes under 1 cm. were felt in the axilla, 11% were involved; in the epiploic area, 20% were involved; in the groin, 14% were involved. With nodes between 1 to 2 cm., these figures rose to 20%, 72%, 60%, and over 2 cm. to 86%, 100%, 94%. The margin for error is greatest in the axilla. Two upper extremity patients without involved nodes on admission subsequently developed nodes; only 1 patient who had a negative groin dissection later developed fatal recurrence in the groin. Forty-four axillary dissections were performed; 21 showed involved nodes, and 9 are living and well. Of 28 groin dissections, 14 showed disease and only 2 were salvaged. Roentgen therapy cured none. With upper extremity lesions axillary involvement increases with delay from 22% in 6 months to 75% in 3 years; in the lower extremity groin disease increases from 40% to 65%. None of the 11 cases with cancer arising in old osteomyelitis showed metastases. Only 10% of the upper extremity and 15% of the lower extremity fatal cases lived 2 years after therapy.

Delayed node dissection is advocated, reserving prophylactic dissections for large and high grade lesions. There are 6 tables and 2 references.—A. M.

NERVOUS SYSTEM


A complete pathological study of 18 cerebral astrocytomatos tumors occurring in a series of 125 necropsied glomas is presented. Clinical summaries and macroscopic and histological descriptions in full are given. Certain salient facts appear from this study and a comparison of the literature. Histologically pure cerebral astrocytomomas make up only about one-third of the total. Five such tumors were encountered in this material. Cerebral astrocytomomas are primary, diffuse, unincircumscribed proliferations in contrast to the well circumscribed cerebellar astrocytomomas. Microscopically, the tumor cells are less fibrillary in type in the cortex than in the white matter. Early tumors and those that have grown rapidly as evidenced by a short clinical course are less cellular than those of slow growth and long standing. Within the tumors pre-existing nervous parenchyma often persists and may be recognized. The astrocytomomas furthermore are very subject to microcystic degeneration but rarely are areas of necrosis present. The vascularity of the tumors is slight and there is no evidence of angioplastic tendencies. The majority of astrocytomomas are, at time of necropsy, partially transformed into typical glioblastomas. The reasons for this transformation are not clear, but the process is thought to be a dedifferentiation of the cells of a pure astrocytoma rather than the existence of 2 primary tumors arising from normal glia. The paper is supplemented with excellent photographs.—L. L. W.


The term "frontal lobectomy" is a misnomer as the operation involves the removal of the "prefrontal area," which is the frontal lobe exclusive of the motor, premotor, and speech areas. Previously, 7 cases of lobectomy with critical analysis were reported. This paper discusses the results of lobectomy, in 11 frontal lobe gliomas. There was no immediate mortality. Three patients with glioblastomas did poorly. In 6 of 9 cases with astrocytomomas, removal seemed adequate enough to hope for cure. Removal of the diseased region results in a normal patient, as judged by psychometric and psychiatric determination. Seventeen papers are included in the bibliography.—A. M.


Clinical study, with emphasis on the potential danger of benign neurofibromatosis.—H. G. W.
FEMALE GENITAL TRACT


Three malignant ovarian tumors resembling Schiller's "mesonephroma ovarii" (Schiller, W. Am. J. Cancer, 35: l. 1939) are described. From the microscopic appearance and a study of plastic reconstructions, the authors conclude that the tumors are of endotheliomatous origin and do not represent tumors arising in mesonephric rests in the ovary.——L. L. W.

INTRATHORACIC TUMORS—LUNGS—PLEURA


The cytology of 92 primary lung cancers occurring in a total of 7,433 necropsies was studied. Forty-seven were squamous cell, 17 were columnar cell, and 26 were the so-called "reserve cell" type. Some contained all three or two of the cell types but were classified according to the predominant one.

The figures of race and sex incidence of pulmonary carcinoma in this series are interesting. There were 48 cancers in 2,183 white males but only 5 in 987 white females. Thirty-eight of 2,618 colored males had pulmonary carcinomas but only one was found in 1,645 colored females coming to necropsy.——L. L. W.


A case of carcinomatosis with widespread skeletal and visceral metastases including the spleen is presented. The total white count was 28,450 with 60% lymphocytes or prolymphocytes. The platelets were 110,000. The patient before death showed a marked hemorrhagic tendency. At autopsy the tumor was found to be primary in a bronchus. The bone marrow was not unusual except where it was actually replaced by tumor metastasis.——L. L. W.

GASTROINTESTINAL TRACT


Discussion of surgical technic, which has so improved that whereas only 14 successful resections were reported up to 1934, during the next 4 years 15 cases were recorded, and since 1938 the author has collected 34 cases recorded or by correspondence. The 34 successful resections were made from 68 operations, and of the 34 cases 20 have lived as long as 4 years following operation.——H. G. W.


Searching for an inhibitory substance to account for achlorhydria in certain carcinomatous stomachs, the authors made extracts of such stomachs and observed the gastric secretion of dogs with pouch stomachs after intravenous injection of the extracts. Extracts were prepared from organs removed at autopsy or operation by grinding the neoplasm or entire mucosa with sand, adding 50 cc. 0.2% HCl or distilled water per 12 gm. of tissue, boiling the mixture in a Kjeldahl flask for 10 minutes, permitting it to stay overnight at room temperature, centrifuging, and neutralizing the decanted supernatant fluid with NaOH. The extract is stored at 50° C. Since it contains a fine precipitate, it must be shaken before use.

Dogs with gastric pouches were fed meat until a vigorous flow of acid was obtained. The inhibition of pouch secretion and free acid was observed in many 30 to 120 minutes after injection of the extract. Three or more positive experiments in different dogs were used as a criterion for activity of an extract. One hundred and fifty-six positive experiments were performed on 22 achlorhydric carcinomatous stomachs; 11 (50%) showed a secretory depressant. Of carcinomatous stomachs without achlorhydria 25% (3 in 12) possessed this inhibitory factor, but so did 16% of stomachs without cancer, 24% of stomachs in patients with extragastric malignancy and 12% of carcinomatous colon. Achlorhydria could be maintained by repeated injections of inhibitory extract from any source. Fever, atropine, urine, concentrated glucose, and normal tissue extracts may produce transitory inhibition of gastric secretion in these pouch dogs. A chart, 3 tables, and 7 references are included.——A. M.


The author's method made it possible to demonstrate 52 lymph nodes per specimen, whereas the usual methods reveal 14. Twenty-eight of 46 cases (61%) showed metastases. Often, no correlation existed between the size or the duration of the primary cancer and the presence or the extent of metastases. Metastases seemed to parallel the grade of malignancy.——A. M.


Eight cases of apparently primary melanomas of the small intestine are recorded in the literature, to which is added a ninth.——H. G. W.


A modification of the Whipple procedure is described. It was employed to resect a "fibroadenoma of the ampulla."——A. M.


A case is reported with involvement of the entire rectosigmoid, rectum, and uterus. Removal was accomplished by a two stage abdominoperineal resection of rectum and uterus. Forty-eight cases have been reported—20 involved the colon and 28 involved the rectum. Pathologically they varied from "capillary nevi" to cavernous hemangiomas.——A. M.
REPORT OF A CASE OF SUCCESSFUL REMOVAL OF A DIFFUSE CARCINOMA OF THE STOMACH BY TOTAL GASTRECTOMY—H. G. W.


A case report of a male with local recurrence 15 years after a Kraska operation for rectal cancer. The patient was alive and well at 42, 1 year after reoperation.—A. M.


A case report of a 54-year-old man alive and well 1½ years after the removal of a ganglioneuroma the size of an orange from the lesser curvature.—A. M.


Clinical lecture, with emphasis on the importance of the skillful surgeon.—H. G. W.


The author reviews 17 reported cases of so-called carcinoma of the esophagus and 8 of his own. He demonstrates that anaplastic squamous cell carcinomas often contain spindle cells and doubts whether there is any such entity.—A. M.


Mett’s tubes, 1.0 mm. in diameter were filled with egg albumin. They were then placed in boiling water until the protein coagulated and filled into 2 cm. lengths for storage until used. All samples of gastric juice were obtained from patients with, (1) achlorhydria due to gastric cancer, pernicious anemia, or induced by x-radiation to the stomach; (2) achlorhydria without the last 3 types of causes, (3) carcinomatous stomachs secreting free acid, and (4) patients with acid gastric juice due to a variety of other conditions. The results show that achlorhydric juices contain substantially less pepsin than those containing free HCl. In this series, the low pepsin content of achlorhydric gastric juices from cancerous stomachs was of the same order as that from achlorhydric juices from other sources.—M. B.


General considerations.—H. G. W.


The author reports 6 cases including a questionable primary carcinoma, a carcinoid, a mucocle, an extension from a cecum carcinoma, a metastasis from a bronchogenic carcinoma, and a tuberculosis granuloma.

Tumors of the appendix, mostly benign, are not rare. They usually cause few or no symptoms, but may simulate chronic appendicitis. It is the author’s impression that about 1 in 400 appendices (0.25%) subjected to routine study are either carcinoid or carcinoma. Carcinoid is probably ten times as common as carcinoma. Many appendiceal carcinomas probably represent extension from the cecum. Ages of patients with these tumors vary from 5 to 92 years. Carcinoids are most common in the 3rd and 4th decade. The youngest patient with authentic adenocarcinoma was 14 years old. Carcinoids, situated at this site in 90% of cases, rarely recur after appendectomy.

No metastatic case of appendiceal carcinoid has been reported. Adenocarcinomas are of the gelatinous variety and occur about the base. They may become generalized. Mucocles occur in about 0.2% of all appendices seen at postmortem. Two varieties are distinguishable: 1) the “hydrops” type, with a dilated lumen and atrophic mucous membrane, 2) the true “mucocle” type, with hyperplastic and even papillary mucosa. The latter is similar to papillary cystadenoma of the ovary. Rupture may cause pseudomyxoma of the peritoneum and in such cases x-ray therapy should follow surgery.

Carcinomas (lymphosarcoma, myxosarcoma, and myosarcoma) have been reported. Plexiform neurofibroma of the appendix is common microscopically. Neuromatous overgrowth is often seen in association with the obliterated appendix. Rare benign tumors are: intra-appendiceal polyp, fibroma, myxoma, and hemangioma. The bibliography contains 51 references.—A. M.


Twenty-five per cent of these cases gave an “ulcer-type” history; 80% received relief from a medical regimen for ulcer; and 58% of all cases were subjected to surgery. About one-half (56%) were resected. Of the resected cases, 25% lived 10 years; 10% lived 20 years. The survival curve for resected cases after 6 years parallels the expected mortality curve of that age. Recurrence after 6 years is uncommon.—A. M.
papers are included in the bibliography. There as 7 photographs.—A. M.


A report of 5 cases illustrated by x-ray pictures.—M. D. R.


Eighteen cases were treated by irradiation therapy only. On the basis of end results this is judged the best method. Surgery holds the disadvantage of infection. Escharotics act as irritants and delay healing. Healing is most rapid with roentgen ray therapy. The patients received 6 to 8 series of treatments over a 2-year period. Using 200 kv., 350 r were given as an initial series and decreased 10% each time.—A. M.


General review, not suitable for abstracting.—H. G. W.


This report of a case of osteochondrosarcoma emphasizes the occasional difficulty in diagnosing malignancy of bone tumors by biopsy and x-ray.—A. DeB.


The author lists 30 cases of malignant bone-forming tumors of the soft parts from the literature. Twelve were in the breast and 7 in the thyroid. He briefly lists 10 cases, from the Bone Tumor Registry and the Univ. of Chicago, including 7 malignant extraskeletal osteogenic sarcomas and 3 benign osteomas. One of the latter occurred in a neurofibroma associated with Von Recklinghausen's disease. Heterotopic ossification is discussed. The article is illustrated with roentgenograms and photomicrographs. The bibliography includes 36 authors.—A. M.

MUSCLE AND TENDON


Case report with brief review of the 17 cases in the literature.—H. G. W.


A case of synovial sarcoma in a child 10 years old is reported, the pathology of this condition discussed, and its high malignancy emphasized.—A. DeB.

LEUKEMIA, LYMPHOSARCOMA, HODGKIN'S DISEASE


Report of a case of chronic myelogenous leukemia with premenstrual exacerbations uninfluenced by irradiation therapy. In another case, severe leukopenia followed pyramidon therapy. All therapeutic methods failed, including transfusion and x-ray to the long bones, yet an immediate response was obtained with 50,000 I. U. of progynon B. Hormone excretion assays were made on the urine of 18 leukemia cases. The data suggested a high prolum output and some parallelism, between the clinical course of leukemia, not the blood count, and the prolum output. Nine cases of Hodgkin's disease showed no hormone changes. Of 32 collected tumors in males, 5 showed an increased prolum excretion, including 1 seminoma. Of 33 tumors in females 8 cases showed an increase in urinary prolum; 6 of these occurred in 15 breast tumors.—A. M.


By a modified McCullagh's method, details of which are given, specific substances were extracted from the urine of patients with various types of leukemia. Extracts of urine in cases of chronic myeloid leukemia, chronic lymphoid leukemia, and acute lymphoblastic leukemia in guinea pigs caused the animals to become emaciated. After death the animals presented myeloid proliferations in the liver, spleen, adrenal, lung, and kidney. Guinea pigs injected with extracts from acute lymphoblastic leukemia showed amutation of the bone marrow. Lymphadenopathy and lymphocytic proliferation of the liver occurred in guinea pigs injected with extracts from urine in lymphoid leukemia. The saponifiable and nonsaponifiable fractions of the chloroform residue are being tested.—S. B. J.

ADRENAL


Air insufflation of the pararerenal fascial space was employed by the author in 200 cases without accident.—A. M.

PANCREAS


The author reports in detail the 3rd case of malignant cystic tumor in the pancreas to occur at the Massachusetts General Hospital in 20 years. The Mayo Clinic reported only 4 malignant cases in 88 pancreatic cysts. Case reports collected from the literature are reviewed and diagnostic and therapeutic measures discussed. References are given to 49 papers.—A. M.


Three hundred and forty cases of heterotopic pancreatic tissue were reported in the literature up to June, 1939. Autopsy statistics indicate an incidence of close to 2%. About one-third of the cases show Langerhans islets. The chief sites for such tissue are: stomach (31.43%), duodenum (31.33%), jejunum (22.7%), and ileum (9.4%). Cases have been reported in the mesentery, biliary tract, spleen, umbilicus, appendix, and a dermoid cyst. The size may vary up to 43 x 5 x 1 cm. In approximately one-half of the cases this pancreatic tissue occurs in the submucosa of the intestine, but may involve any or all layers. Most cases are asymptomatic. Where symptoms do appear they are not characteristic. All the pathological changes noted in the normal gland may occur in heterotopic pancreas,
including necrosis, malignancy, and ulcer. In close to 40% a diagnosis of peptic ulcer was made. Pyloric obstruction occurred in 17 cases. It is the result of muscular hypertrophy and spasm due to the heterotopic tissue. The author presents such a case in a 45-year-old woman. Four tables summarize some features of the literature. There is a bibliography of 23 authors.—A. M.


Report of a case. Previous cholecystectomy necessitated a choleclochagastrectomy. Three weeks later the head of the pancreas and duodenum were removed. The patient returned after 6 weeks with a pancreatic fistula. Lipoinca is suggested for use in these cases.—A. M.

THYROID


Two cases of surgically treated lateral aberrant thyroid tumor are reported.—A. DeB.


The patient, a 24-year-old male, had bilateral firm cervical masses of 10 months duration. They suggested enlarged lymph nodes, but biopsy showed “papillary carcinoma.” Two courses of roentgen therapy brought no relief. A series of 3 operations were performed, at 2-week intervals beginning 6 months after the original biopsy, removing masses from the right side of the neck, the isthmus, the right thyroid lobe, the mediastinum, and the left side. All showed papillary adenoma of aberrant thyroid. A photograph is shown. One paper is quoted.—A. M.


The author presents the case of a 23-year-old female who had unexplained fever for 4 weeks after subsidence of pneumonia. Painless, movable, globular masses extended from mastoid to clavicle along the anterior border of the right sternomastoid. The right lobe of the thyroid was enlarged. Biopsy, taken of this slowly growing mass, showed only “inflamed necrotic tissue.” The diagnosis was “papillary adenocarcinoma of thyroid and aberrant thyroid metastasizing in lymph nodes.” Postoperative x-ray therapy was administered. The patient is alive and well 14 months after operation.—A. M.

MISCELLANEOUS


Report of a case.—M.-D.R.


Case report with x-ray illustrations.—E. A. L.


A 42-year-old Samoan female had an exenteration performed for a huge tumor protruding from the orbit and invading the lids. It began as a protuberance from the pappillary body 6 months before. She is living and well after 3 years. Biopsy showed the polyhedral cell type of melanoma. The paper includes 2 photographs.—A. M.


Two cases of primary sarcoma of the omentum are presented fully and an additional one as an addendum. The tumors apparently arose from endothelium although the sections suggested a possible lipoblastic origin as well. Fat stains were negative. A review of such cases in the literature revealed that in the majority, operative removal did not prevent recurrences. In one of the authors’ cases, a total of 1,750 r given in divided doses had no apparent effect on the course of the tumor.—L. L. W.


Report of 4 cases of metastatic tumors of the heart causing cardiac dysfunction, with a review of the literature. The outstanding feature has been intractable failure without obvious cause, and sudden death is frequent, especially in the case of primary tumors. The appearance of cardiac failure or arrhythmia in association with a known malignant growth should lead to a consideration of the possibility of cardiac metastasis.—H. G. W.


No relationship between the degree of malignancy and glucose tolerance in individual cases could be established in a study of 128 cases over a period of 6 years. If group behavior is considered, it appears to be true that groups having the more anaplastic tumors do not rid the blood stream as quickly of an excess of glucose as do groups carrying the less anaplastic tumors. This assertion is based upon a consideration of group averages. The glucose tolerance of the tumor bearer furnishes no data of prognostic value as to the expectancy of life of the tumor bearer.—Author’s summary.

STATISTICS


This report contains a chapter upon industrial diseases by the Senior Medical Inspector, Dr. John C. Bridge, in which the following instances of occupational cancer occur. The preparation of this report has been delayed by war conditions.

1) In a fatal case of arsenical poisoning due to sodium arsenite there was pigmentation of the trunk and limbs, warty growths all over the body, perforation of the nasal

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septum, and a primary cancer of the right lung with metastatic growths in adjacent glands and in the liver.

2) "Papilloma of the bladder. Inquests were held in 2 cases of men employed in the manufacture of synthetic dyes. In one case a history of previous substantial contact with beta-naphthylamine and benzidine for 13 years was elicited, but in the other no more definite information was available than that the patient had been in contact with various intermediate dye products for at least 11 years prior to retirement 1 year before."

3) Three cases of cancer of the nose and 5 cases of cancer of the lung were observed in nickel workers. Full accounts of this form of cancer are given in previous reports.—E. L. K.


The author analyzes the death records of 2,571 white married couples both of whom died in Washington County, Maryland during the period 1898-1938. "The material originates from official vital statistics records of all the dead white persons of the community, and no intentional selection has been made relative to the two main variables" dealt with in the study, viz., "age at death and cause of death." Two significant findings result from this investigation. The first is the "high positive correlation in the length of life of husbands and wives." The second is the apparent "tendency for husbands and wives to die from the same cause when one of the spouses dies from either tuberculosis, influenza and pneumonia, heart disease, or cancer. This tendency is statistically significant with respect to all four causes mentioned." "When the husbands died from cancer, 15.5% of their wives also died from this cause, but when the husbands died from other causes, only 10.3% of the wives died from cancer. Similar results are obtained when the frequency of cancer in the husbands of women who died from cancer is compared with that in the husbands of women who did not die from cancer." The paper includes 5 tables and 2 graphs.—G. DeB.


The mortality from cancer in the City of New York for the years 1901 to 1938, inclusive, has been analyzed by age, sex, and site of primary involvement. After eliminating the effect of the ageing of the population through the process of standardization, it is shown that the death rate from recorded cancer increased 73% in the period under review. In the same period of time, the mortality charged to tuberculosis fell almost 80% and the death rate from pneumonia declined more than 70%.

Although in the early years of this experience the recorded mortality from cancer was much higher among women, the standardized cancer death rate among males was higher than that among females in 5 of the last 8 years covered by this study. Cancer mortality among males exceeds that among females except in the period of childbearing and in the following decade of life (25 to 54 years), when the death rates are relatively low.

It is only in the higher ages that the recorded mortality from cancer has shown any increase. This fact, in conjunction with the finding that, with the exception of the female breast, significant increases in the recorded cancer mortality in recent years have been limited to internal sites (generally inaccessible for diagnosis), leads to the suggestion that much of the apparent increase in cancer mortality has resulted from improved diagnostic technics and increased opportunities to employ them, rather than from a large increase in cancer incidence.—Authors' abstract.

SCIENTIFIC SOCIETIES AND RESEARCH ORGANIZATIONS

FIFTEENTH MEETING OF THE ASSOCIATION OF CONNECTICUT TUMOR CLINICS. Connecticut M. J., 4:286-211. 1940.

Details of establishing a successful tumor clinic in a general hospital are presented.—A. DeB.


Carcinoma of the ovary and sarcoma of the uterus are discussed. Papers on the care of inoperable cancer from the medical and neurosurgical points of view are presented.—A. DeB.


Papers are presented on the problems and errors in the diagnosis of malignant tumors of the central nervous system, of the respiratory tract, of the kidney, of the uterus, and of the stomach. The administrative phases of the state tumor program are outlined.—A. DeB.


The program included papers on the following subjects: pathology of benign tumors of the breast, a statistical study of cancer of the breast, radical mastectomy, simple mastectomy, radiation therapy of carcinoma of the breast, and treatment of recurrences and metastases in cancers of the breast.—A. DeB.


Section I of the Congress was devoted to the genetical aspects of growth, and the Proceedings, issued as a supplementary volume of the Journal of Genetics, include abstracts of papers on genetic constitution and the origin of different cancers (L. C. Strong, N. Dobrovolskai-Zavadskiia, M. R. Curtis and W. F. Dunning, G. M. Bonser); the selection of genetic material for the experimental study of cancer (H. J. Bagg, H. B. Andervont); dominance in spontaneous cancer (P. A. Gorser); tumors in twins (M. T. Macklin); transplantation and differentiation (P. A. Gorser); the connection between brown degeneration of the adrenals and mammary cancer (W. Cramer and E. S. Horning, L. Kreyberg, G. M. Bonser, R. C. Bamber); the genetics of growth and differentiation (E. B. Ford); and related subjects.

In another section, papers by W. T. Astbury, D. Croomfoot, T. Caspersson, H. H. McKinney, and J. W. Gowen, forming part of a symposium on protein and virus studies in relation to the problem of the gene, also contain material of interest to the student of cancer.—A. H.