Clinical and Pathological Reports

ETIOLOGY


The author presents his concept of the genesis of cancer, which is based on a personal study of various phases of the disease over a long period of years. Many specific agents or factors may cause destruction of tissues. The author believes this destruction to be the first essential biological causative factor. Alone it does not always produce cancer, but it is frequently followed by lipoidal or fatty degeneration, some of the products of which may alter cellular surface conditions that bring about cellular hypertrophy or hyperplasia. When this occurs the lipoidal products must be removed by certain mechanisms of the body or they continue such stimulation. Lipolysis occurs normally in the body and is usually complete. But sometimes it is incomplete, and the latter condition may be a possible cause for the physical stimulation of cellular regeneration with or without complete differentiation or, as one sees in the initial stages of cancer, little or no differentiation. The migration of cells, which constitutes the chief characteristic of cancer, is believed to be the expression of a fundamental biological defensive phenomenon; it is looked upon as the result of an interference with the food supply of the hyperplastic cells.—J. L. M.


The author offers the suggestion that cancer may be due to the absence from the diet of some constituent of certain visceral organs, notably of brain and stomach tissue.—M. E. H.

HEREDITY


According to the author, heredity is not an aid in preventing cancer, as the disease cannot be bred out. The majority of patients develop cancer after they have ceased producing their families. Heredity may be of importance in that it may become an instrument in the hands of the physician for the achievement of early diagnosis.—M. E. H.

DIAGNOSIS—GENERAL


A comprehensive discussion in which hormonal excretion in patients with tumors is reviewed. Chorionepithelioma of the testis produces large amounts of gonadotrophic hormone. Generally these are sufficiently large to give a positive Friedman or Aschheim-Zondek test. After surgical or roentgen therapy, repeated gonadotropin assays are of use in following the course of the disease.

High blood and urine estrogen levels have been found in granulosa cell tumors of the ovaries. In certain tumors and hyperplasias of the adrenal cortex associated with the adrenogenital syndrome increased amounts of estrogens may sometimes occur. There is usually, however, a more striking increase in the androgens and 17-ketosteroids.—J. L. M.


In tests of 4,818 noncancerous patients, the results could be classified as positive or doubtful in only 9.04% of the cases. Among 4,187 cancerous patients, the results were negative in 18.96%.—M. D. R.

THERAPY—GENERAL


The substance “glyoxylide” is said to have been perfected by, and the formula of it to be the property of, one Dr. William F. Koch, of Detroit, Michigan. It is stated that this substance may benefit or cure not only cancer, but also coronary disease, infections like tuberculosis, anterior poliomyelitis, and leprosy, eczema, hay fever, asthma, endarteritis obliterans, psoriasis, and benign tumors. Its use is urged in all these conditions. It was stated by a nurse in Dr. Koch’s employ that 3,000 physicians are administering glyoxylide.

The Commission has not been able to learn how many patients have been treated directly or indirectly by Dr. Koch, nor what percentage have recovered. Inquiry failed to elicit any report made by any recognized authority in the United States that could be of assistance to the Commission. Dr. David H. Arnott, of London, Ontario, communicated with the Commission signifying his willingness to stand as sponsor for the substance. Cases presented as having been treated by Dr. Arnott personally were investigated by the Commission with the following findings: of a group of 10 patients treated by glyoxylide, 2 died of cancer; 2 patients with cancer received, in addition, either surgical treatment or radiotherapy. In the latter it is not possible to decide whether the cure or improvement noted was derived from surgery, radiotherapy, or glyoxylide. In 5 cases, the diagnosis of cancer was either lacking or questionable; 1 case was not of cancer but of endarteritis obliterans and was said to have resulted in recovery.

Through arrangements made by Commissioner Dr. Valin, Dr. Arnott attended in Ottawa and treated 10 patients. In connection with these cases Dr. Valin and the medical observer in charge reported as follows: "out of nine patients with positive biopsies for cancer and treated with glyoxylide nine, or 100 per cent, are dead. The other case who is well did not have cancer."
Three other sponsors presented cases lacking material value.

Considerable weight was attached by Dr. Arnott to a communication by Professor Maisin, of the University of Louvain, Belgium. In a letter, Dr. Maisin stated that over a period of 5 years he had seen cancer disappear in animals and in men, as a result of the use of glyoxylide.

As regards laboratory experimentation, Dr. Arnott has from time to time voiced his desire to cooperate but the Commission has never been able to obtain a sample of the substance in question or to observe or learn its exact method of preparation. Arrangements made for laboratory tests were never carried out, owing to objections by Dr. Arnott.

A careful review of all the evidence presented at this date falls utterly, in the opinion of the Commission, to support the claim made on behalf of the Koch treatment that it is either a remedy or a cure for cancer.—A.C.

RADIATION—DIAGNOSIS AND THERAPY


A brief survey of the general indications for roentgen irradiation in neoplastic disorders. The importance of cooperation between radiologist, clinician, surgeon, and pathologist is stressed.—M. E. H.


A short and general discussion on the fields of usefulness of radium in the treatment of cancer.—M. E. H.


A review of 97 cases involving patients who came to the Mayo Clinic for treatment of roentgen and radium dermatitis revealed the fact that in 20 cases, or 20.6% of the total number, epitheliomas had developed in regions affected by actinodermatitis. This supports the well known observation that roentgen dermatitis is a potentially malignant lesion. Although malignant lesions developed in only a portion of the instances of this type of dermatitis, the incidence is high enough to make adequate treatment imperative in all cases, particularly those in which ulceration is present. The treatment of choice, according to the author, is wide excision followed by a skin graft, preferably of the split type. Excision and primary closure of small areas of roentgen dermatitis with or without ulceration are possible when sufficient mobility of the surrounding skin is present to permit its being brought together.—J. L. M.


Two products of the cyclotron of interest to medical men are the artificial radioactive elements and neutron rays. Radioactive phosphorus is being used experimentally in the treatment of malignant disease since it accumulates in tumors, and thus the malignant cells are exposed to larger doses of damaging radiation than are the surrounding normal tissues. It is too early to claim major advantages from this form of therapy; its chief importance lies in its unexplored possibilities.

The possibilities of neutron therapy are even less well understood, but the preliminary clinical and experimental work indicates that the effect of neutrons on tissues is different from that of other forms of radiation. Since neutrons have a greater effect than x-rays on cells in the resting phase, they may prove more effective in the treatment of slowly growing tumors.—C. E. D.


The author reviews the prognosis, results, and reactions associated with combined radium and roentgen ray therapy of carcinoma of the cervix.—M. E. H.


The difficulties involved in diagnosing lesions of the ileum, cecum, and ascending colon are illustrated by 13 brief case histories and 9 roentgenograms. Among the possibilities that must be considered are benign and malignant tumors, nonspecific granulomas, inflammatory processes, and congenital or acquired adhesions.

Benign tumors are more common in the small intestine, produce a rounded defect, and, if pedunculated, may cause intussusception. Multiple tumors of the ileum suggest carcinoid. Carcinomas of the cecum or ascending colon are the most common malignant tumors of the lower right quadrant. The medullary type may produce polypoid intraluminal masses, while smooth annular constrictions are more common in the scirrhous form. Cancer of the terminal ileum is rare but must be differentiated from inflammatory lesions. Stenosis, obstruction, and fixation are common. Intestinal tuberculosis is usually associated with pulmonary disease and is more frequent in children.

Increased intestinal irritability is a valuable sign. Multiple ulcerations, hyperplastic mucosal defects with some fixation and narrowing may be seen.

Regional ileitis is usually associated with decreased motility, early disappearance of mucosal pattern, and later development of a rigid narrow lumen. An appendiceal abscess may simulate the smooth outline of an extrinsic tumor. Accurate clinical data together with knowledge of the anatomical characteristics of the possible lesions are essential to correct roentgen diagnosis in this difficult region of the intestine. The barium meal, the opaque or double contrast enema, and study with the Miller-Abbott tube all have advantages and disadvantages.—C. E. D.


A study is presented of 557 patients with carcinoma of the cervix, including all those with clinical grades I, II, and III, admitted to the State Institute for the Study of Malignant Diseases from 1931 to 1935. A graph of the

Six cases of intramural lesions of the esophagus are presented, and the aspect of roentgenologic diagnoses is discussed. There were 2 cysts, 1 neurofibroma, and 3 lesions not diagnosed histologically. The features common to these lesions were the presence of a mass sharply outlined in the relief roentgenograms and an abrupt, sharp angle where the tumor met the uninvolved wall of the esophagus. The mucosa was preserved but flattened over the bulging mass. These characteristic appearances were often elusive and were seen clearly only when the proper amount of barium was administered and the tumor was viewed exactly face on or in perfect profile.

Experimental roentgenograms are shown of esophagi removed from cadavers and distorted by intramural and extrinsic artificial tumors made of cork, paraffin, or inflated rubber balloons. Foreign masses within the wall of the esophagus or firmly attached to its outer surface produced a filling defect of different character, which lacked clear cut limits. The same principles of differential diagnoses apply to intramural and extrinsic lesions throughout the gastrointestinal tract. Adherent tuberculous lymph nodes or stone in the intraduodenal portion of the common bile duct may simulate intramural lesions. Thirty-seven roentgenograms are reproduced.—C. E. D.


Under three headings: (1) carcinoma of the cervix, (2) carcinoma of the uterine body, and (3) malignant diseases of the ovaries, the author outlines the technic of choice for combined radium and roentgen treatment.—M. E. H.


Ten cases of pyloric peptic ulcer are presented, and the method of differentiating them from prepyloric and duodenal ulcer is illustrated by reproductions of 24 roentgenograms. The characteristic findings are: deformity of the prepyloric area and base of the duodenal cap, distortion and broadening of the pyloric sphincter, and an ulcer crater usually on the lesser curvature at the sphincter. Localization of these ulcers is important since they are rarely malignant in contrast to prepyloric ulcers with which they may easily be confused.—C. E. D.


A classification to aid in the identification and localization of gliomas by roentgen ray examination.—M. E. H.


A critical historical review of the subject, with a description of the treatment adopted at the Cancer Institute of Vancouver, which is based on that developed at the Radiological Institute of Stockholm. Radiation treatment of carcinoma of the cervix represents one of the most successful chapters in the radiation therapy of cancer. The best results are obtained in clinics when all treatments are supervised or carried out by one man.—A. C.


A review of the literature on the roentgen diagnosis of lymphoblastoma of the gastrointestinal tract reveals that few if any dependable criteria have been proposed for differentiating this tumor from other malignant and benign conditions. All cases in the Mayo Clinic files designated as lymphoblastoma, lymphosarcoma, or Hodgkin’s disease were reviewed, and 34 were found in which the lesion was primary in the gastrointestinal tract and adequate roentgenological studies were available. The stomach was involved in 25 cases, the small intestine in 3, and the large intestine in 6. In the 25 cases of stomach lesions an unqualified roentgenologic diagnosis of carcinoma was made in 19, in none was lymphoblastoma suggested. Review of the roentgenograms and restudy of several patients after exploratory surgery failed to reveal any neglected clues. The 3 lymphoblastomas of the small intestine were diagnosed respectively as an obstructing lesion, a perforating lesion, and carcinoma. In 1 of the 6 lesions involving the colon a presumptive diagnosis of lymphosarcoma was offered.
In the great majority of cases lymphoblastoma may be diagnosed as neoplastic and usually as malignant, but the authors can offer no suggestions for achieving greater roentgenological accuracy. Gastroscopy may be of some help. Twelve roentgenograms and 3 photographs of gross specimens are reproduced.—C. E. D.

Discussion on the Technique of Radiotherapy. 

Discussion by B. W. Windeyer, Constance Wood, Ralston Paterson, and others.—E. L. K.


Discussions by Stanford Cade and others.—E. L. K.

Skin and Subcutaneous Tissues


Description of a case.—E. L. K.


A typical case of chimney sweep’s cancer is reported.—M. E. H.


Complete primary removal of a cancer of the face, regardless of the apparent inactivity of the lesion, is essential in order to prevent the pronounced deformities that result from the late removal of recurring disease. When cancer about the face has been treated and the condition has not cleared up entirely, the apparent limits of the disease are indeterminate, and it is only by wide removal with surgical diathermy, particularly if cartilage or bone is involved, that permanent elimination of the growth is obtained.

Early lesions of low grade cancer of the face may be excised and replaced immediately with a free shaved skin graft. This method should be employed only for the inactive lesions in which the possibility of recurrence is slight. After an inactive lesion has been removed, in general it is best to wait before attempting reconstructive surgery until it is fairly well established that the growth will not recur. In the period of waiting an artificial prosthesis is employed to replace the lost part so that the patient may go about his work without appearing unsightly.—J. L. M.


A report of a case with a review of the literature.—M. D. R.


Early recognition, prompt and adequate therapy, should make recovery the rule in cancer of the skin.—M. E. H.


Description of a case.—E. L. K.

Nervous System


The authors have tabulated 50 cases, including their own, of intraventricular tumors reported between 1922 and 1942 that had been identified microscopically. The lateral ventricles proved to be the seat of the tumor in the great majority of cases; only in 4 cases were the tumors primary either in the third or the fourth ventricle. With one possible exception the reported tumors were found to belong to the type of fibrous or fibroblastic meningioma. The fact that only the fibroblastic type is found arising from within the ventricles would seem to disprove the assumption that the fibroblastic meningiomas are of dural origin. The problem of the origin of these tumors is discussed in detail.—A. C.


Medulloblastomas have a tendency to inoculate the cerebrospinal spaces spontaneously and thus form cellular implantations. Only occasionally do these spinal metastatic growths give rise to clinical evidence of their presence. The conditions leading to the dissemination, implantation, and growth of the metastatic elements are discussed.—A. C.


A report of 2 cases.—M. E. H.


The case reported is unusual in that the patient not only recovered rapidly from removal of a large intramedullary ependymoma from the cervical portion of the spinal cord, but also showed a remarkable improvement in the use of his extremities, which had been paralyzed before operation.—J. L. M.


A further development of the Kroenlein operation is presented.—M. E. H.


Four meningiomas of the spinal cord, removed surgically, are here reported to illustrate the clinical and
surgical aspects of these tumors. Meningiomas constitute one-fourth of all neoplastic spinal cord tumors. They are solitary, benign growths, which arise in the spinal meninges and compress, but do not invade, the spinal cord. Their symptoms are those of spinal cord tumors in general, consisting of varying combinations of nerve root pain and signs of spinal cord compression. A spinal cord tumor may be suspected of being a meningioma when it occurs in the thoracic region of the spine in a woman of adult years and has produced symptoms for 1 to 2 years. Occasionally a positive preoperative diagnosis may be formulated by making a calcified meningioma radiographically visible.

Most meningiomas of the spinal cord may be completely removed surgically with a gratifying restoration of function. The risk attending such operations has been reduced by refinements of technic that necessitate accurate preoperative localization of the tumor. The subarachnoid injection of lipiodol is the most frequently employed localizing method and is the only effective method in many cases. Other and simpler methods are also available, as is demonstrated by the present series of cases in which 1 tumor was made visible by direct radiography, 1 was found by the method of multiple spinal punctures, and the remaining 2 were demonstrated by air myelography.—J. L. M.


Clinical observations by the writer emphasize the fact that the parasagittal symptom complex does not necessarily signify the presence of a meningioma.—A. C.


The authors have grouped the meningial tumors that they have studied into five unequivocal types; i.e., syncytial, fibrous, transitional, angioblastic, and malignant, or sarcomatous, meningiomas. This classification is based primarily upon the morphology and the architectural arrangement of the tumor cells, secondary importance being placed on the formation of reticulin and collagen. The authors believe that the classification under the term "psammomatous meningiomas" is misleading and should be avoided since psammoma bodies are regressive in character, play no recognized part in the neoplastic process, and are found in many varieties of meningiomas.—A. C.


In addition to the description of 2 new cases of neurogenic tumors of the brain, the paper includes a critical survey of similar cases found in the literature, and considerations regarding the proper classification of these tumors. Gangliogliomas (Ewing), are most commonly found arising from the floor of the third ventricle and from the centrum of the temporal lobe. The essential neoplastic cells are both of ganglionic and neuroglial origin. The presence of neoplastic ganglion cells in the reticular portions of the tumor should serve to identify it definitely as a ganglioglioma.—A. C.


A review of the literature on spinal dermoids and epidermoids with a report of a case of the latter.—W. A. B.


A report of two cases of extramedullary tumors of the spinal cord. One tumor developed in a patient with subacute leukemia and was classified as a chloroma; the other was not neoplastic.—A. C.


A case report.—J. G. K.


Removal of the tumor, which weighed 115 gm., was followed by rapid and uneventful recovery except for a left homonymous hemianopsia.—A. C.


A case report.—M. E. H.


This paper includes introductory remarks on malignant tumors of the brain and the presentation of a case of a child 2 years of age from whom a highly malignant tumor of the fourth ventricle was removed.—J. L. M.


Illustrative cases are presented together with operative and encephalographic studies of patients in whom one or more examiners failed to recognize tumor as the cause of psychotic symptoms.—M. E. H.


A case report with a short discussion of the histology of the tumor.—M. E. H.

A case is presented in which a malignant tumor of the left hemisphere (posterior parietal area) was associated with mental symptoms suggesting a psychosis. The role of mental symptoms in the diagnosis and localization of brain tumors is discussed.—M. E. H.


The present case gave no evidence of other cerebral neurofibromatosis. The possible relationship between the single acoustic tumor and von Recklinghausen’s disease is discussed.—A. C.


A report of 2 cases.—M. E. H.


The first reported case of this type. The patient, a 62 year old male, died of metastases 21 months after removal of the tumor at the base of the mesentery.—W. A. B.


A report of 3 cases.—M. E. H.


A case report with autopsy findings.—M. E. H.


A cystic tumor of the left temporoparietal region occurring in a 14 year old boy was removed, with good results continuing 41 months after operation.—W. A. B.


A case report.—M. E. H.


A report of 3 cases.—W. A. B.

Eye


Four cases of adrenal sympathocoblastoma with ocular manifestations are reported. Ecchymosis of the eyelids was the most constant finding in all 4. Papilledema occurred in 2 cases. This tumor metastasizes to the globe via the blood stream, as demonstrated by the presence of tumor cells in the medium sized blood vessels of the choroid in 1 case.—E. C. R.


Fourteen cases from the literature are reviewed, and 5 additional ones are reported. The symptoms, clinical course, and surgical treatment are discussed. The histologic recognition of this type of tumor is described and illustrated.—E. C. R.


A case of squamous cell carcinoma, treated by radiation following surgical removal of the tumor.—E. C. R.


A general discussion with a report of a case.—E. C. R.


A general discussion based on 13 cases occurring in Brazil that had come to the author’s attention.—E. C. R.


A case report in which the initial lesion was on the eyelid. Late widespread metastasis occurred.—E. C. R.


A case of primary malignant melanoma of the choroid with metastases is reported. Callender’s classification of melanosarcoma is discussed. Attention is called to the variation in time that may elapse between the primary lesion and the development of metastases. Earlier diagnosis is the only way now known for improving the prognosis.—J. L. M.


About 70% of metastatic carcinomas of the eye follow carcinoma of the breast. Report of a case.—E. C. R.


The authors believe that this condition is a primary ectodermal malformation, and that the disturbance of balance of ectoderm and mesoderm leads secondarily to a mesodermal tumor. A case is reported and a general discussion of phacomas is given.—E. C. R.

Many intraorbital tumors can be removed satisfactorily by means of an anterior approach. Other intraorbital tumors, chiefly those situated behind the eyeball, are best removed by a transcranial approach. The latter technic provides excellent exposure of the orbital contents and permits accurate visualization of the tumor and surrounding structures. Adequate exposure is essential if the surgeon is dealing with angiomatosus lesions, which have a tendency to bleed profusely. Visualization of the optic nerve enables the surgeon to prevent additional trauma to an already injured vital structure. In addition to the case presented in detail, the author has removed intraorbital tumors in 5 other instances. No deaths have occurred in this group of patients, and the results have been satisfactory.—J. L. M.


This report is based on 23 patients observed at the Memorial Hospital. The management of unilateral and bilateral retinoblastomas together with their many complications is fully discussed. Enucleation of blind eyes is advised, and radiation therapy intended to control the disease and conserve useful vision is described in detail. Pathologic observations, with illustrations, are reported on eyes enucleated after receiving radiation.—E. C. R.


A general discussion with description of 3 new cases.—E. C. R.


A general discussion with report of a case.—E. C. R.


A general discussion of tumors and tumor-like masses in the orbit. The first part deals with tumors that are primary in the orbit; the second part with tumors adjacent to it.—E. C. R.


A report of a case with concise summaries of 11 cases collected from the literature. Other instances are listed, and a good bibliography is added.—E. C. R.


A series of 11 cases of neurofibromatosis about the orbit is presented to illustrate the surgical procedure necessary for correction.—M. E. H.

FEMALE GENITAL TRACT


A general review of the incidence of cancer of the female genitalia and of the breast with some suggestions for improving the timing and quality of diagnostic and therapeutic services.—M. E. H.


A report of 2 cases in which surgical removal of the tumor (in 1 case by complete hysterectomy) was followed by apparent cure, the patients showing no recurrence 15 and 5 years after operation respectively.—A. C.


Description of a case.—E. L. K.


Surgical treatment, radium therapy, and roentgen therapy, either singly or in combination, are the best procedures known at present for the treatment of carcinoma of the uterine cervix. This is equally true for adequate treatment of primary and secondary lesions and for the treatment of initial and late associated complications as they arise.

For a proper diagnosis, the history, palpation, bimanual rectoabdominal palpation, inspection, and biopsy should be included. The differential diagnosis is more tedious, since not every carcinoma occurring in the region of the lower uterine segment and vaginal vaults is a primary carcinoma of the uterine cervix. A careful follow-up system is necessary, since most of the early secondary lesions are symptomless in onset.—J. L. M.


The author adds 5 cases to the 47 already reported in the literature and discusses the treatment of choice.—M. E. H.


One hundred and ten patients were studied. Abnormal vaginal bleeding was found to be the primary and most constant symptom. Diagnostic curettage, with microscopic confirmation of disease before selection of the type of treatment, is stressed. Treatment may be by radiation, or surgery, or their combination. The highest
Abstracts

percentage of 5 year cures was obtained by the combined treatment.—M. R. D.


The incidence and prognosis of cancer of the cervical stump should not make total hysterectomy imperative in every case in which removal of the corpus uteri is required, if enough attention is given to the condition of the cervix before subtotal hysterectomy.—M. E. H.


Illustrative examples emphasize the necessity of a complete and thorough general physical examination as well as the local examination and curettage, before major surgery is undertaken.—M. E. H.


Case summaries indicate a variety of representative examples of mismanagement in the treatment of early carcinoma of the cervix.—M. E. H.


Eighty per cent of ovarian tumors are cystic, and the majority of cystic tumors are benign. Twenty per cent of ovarian tumors are solid, and about two-thirds of the latter are malignant. Another important feature distinguishing ovarian tumors of the solid type is that 15% of these neoplasms produce hormones and give rise to peculiar clinical symptoms on the basis of altered physiologic processes. The clinical, pathological, and physiological features of some 50 solid ovarian neoplasms studied from the files of the Clinic are correlated in several tables. Photographs of histological sections of the neoplasms are included.—J. L. M.


The time elapsing before treatment in a series of 220 cases of carcinoma of the cervix is analyzed, and suggestions are offered for diminishing the delay.—M. E. H.


As a result of these two 5 year studies, the author feels that the ideal treatment for hydatidiform mole is thorough curettage of the uterus followed by frequent biologic pregnancy tests. If chorioepithelioma develops, hysterectomy is the procedure of choice. The only indication for removal of the ovaries is their involvement by the growth.—M. E. H.


A case report with the histological findings is presented. A basis for classification of these tumors is given in the discussion.—M. E. H.


The lymphatic drainage of the external genitals is quite rich, with abundant anastomosis, so that a unilateral lesion can readily be propagated to both inguinal areas. An operative technic has been devised in which the superficial group of inguinal nodes is removed by the excision of a T-shaped mass of fat, while the deep seated inguinal nodes are removed after exposure through the division of Gimbernat's ligament. Eighteen drawings illustrate each step of the procedure.—A. C.


Discussion of 6 cases. The treatment advocated consists of removal of both ovaries, and irradiation of the pelvis by radium placed in the uterine canal as well as by external irradiation.—W. A. B.


The final follow-up on a previously reported case of arrhenoblastoma of the ovary is presented. Several theories are discussed in an attempt to correlate physiologic manifestations with morphology. Reported cases are tabulated, and evidence is brought forth to support the conclusion that from a purely pathologic standpoint arrhenoblastoma may represent one-sided teratoma.—M. R. D.


From a practical standpoint all cystic ovarian tumors are relatively benign except the solid carcinomatous cystadenomas. Death rarely follows complete removal of the papillary cystadenoma despite the serious appearance at exploration. Surgeons should be aware of the clinical nature of these tumors and be prepared to remove them since they will produce implants, ascites, emaciation, and death if not eradicated.—J. L. M.


This paper reviews the problems that are met in the handling of gynecological malignant conditions. The following points are discussed: (1) hospitalization of the patient undergoing radiation therapy in the lower abdomen, (2) justification of massive dose technics, (3) order of x-ray and radium treatments, (4) desirability of preliminary biopsy, (5) control of radiation dosage and its division, (6) origin of squamous cell carcinoma of the cervix, (7) significance of carcinoma of the cervix in young women, and (8) carcinoma of the body of the uterus.—J. L. M.


Four cases are reported, illustrating the management of choice at various stages of pregnancy.—M. E. H.

In cases of carcinoma of the cervix, careful watch must be maintained on the urinary tract as the mortality rate due to pathologic conditions in this location is high (60 to 70%). The high mortality may be due to involvement by the carcinoma itself or indirectly to irradiation therapy.—M. E. H.


This paper presents a review of the diagnosis and treatment of this condition. The author favors radiation therapy, either alone or combined with surgery, rather than surgery alone. Cancer of the uterus can be satisfactorily controlled if an early diagnosis is made and prompt, adequate treatment is given.—J. L. M.


The paper is based on the study of 115 patients treated at the hospital between 1937 and 1940. In the great majority of cases, the disease was in an advanced stage when the patient was first seen by the physician. Often, delay in diagnosis because of the failure to see a physician when the first symptoms appeared was due admittedly to the fact that the patient felt she could not afford the cost of the treatment.

Abnormal vaginal bleeding is by far the most common and earliest warning of cancer of the cervix. Modalities in treatment with radium and x-radiations, depending on the clinical stage of the disease, are discussed.—A. C.


Positive Friedman tests persisting after the removal of intrauterine hydatiform moles led to subsequent hysterectomy, with disclosure of a small, infiltrating, intramural hydatiform mole.—J. G. K.


The results of treatment by radium and x-ray in 350 patients with carcinoma of the cervix are reported. An analysis of the replies to a questionnaire on methods of treatment of carcinoma of the cervix in 28 clinics in the United States and Canada is briefly presented.—M. E. H.


Description of a case.—E. L. K.


One of the lesions had the appearance of a thyroid adenoma; the other was of the colloid goiter type.—I. G. K.


Nonneoplastic enlargements of the ovary are in the nature of either follicle or corpus luteum cysts. They represent a physiologic alteration that may or may not give rise to functional disturbance of an endocrine nature. Treatment is rarely surgical unless complicating pelvic disease requires operative interference.

On the other hand certain neoplastic enlargements of the ovary cause striking endocrine manifestations, either of a feminizing or masculinizing nature. The former are from the granulosa cell and allied tumors, and the latter from arhenoblastoma and adrenal-like growths. Treatment in these instances is entirely surgical.—J. L. M.


On the basis of embryological development, the author discusses the so-called “special” ovarian tumors: the granulosa cell tumor, the arhenoblastoma, the closely related digerminoma, and the theca cell tumor.—E. H.


Fourteen cases of serous adenofibromas and cystadenofibromas of the ovary are reported. The tumors consisted of a dense connective tissue matrix in which were embedded numerous small cystic spaces lined by compact, single-layered, cuboidal or low columnar, often ciliated, epithelium. In the gross the tumors were firm and solid. There was no constant associated pathologic condition in the pelvis. Pain was the common presenting complaint in 9 instances and in 6 of these cases it could definitely be related to pressure of the tumor. No endocrinologic importance could be attached to the tumors. Most of the patients were 40 years of age or older. Malignancy was not observed in any of the cases. It is suggested that these tumors be classified as a special type of epithelial tumor of the ovary under the subhead of serous cystadenomas.—A. K.


The presence of uterine fibromyomas does not negate the possibility of pregnancy nor nullify the chance of its successful conclusion.—M. E. H.


A review of 43 patients with respect to symptoms, physical findings, pathology of the disease, treatment, and follow-up, is presented.—M. E. H.


A case is recorded of spontaneous rupture of a large dermoid cyst of the ovary, followed 9 months later by a large squamous cell (epidermoid) carcinoma in the cul-de-sac of Douglas.—M. E. H.
NECK


The defeatist attitude toward treatment of cervical metastatic cancer must be overcome. Radiation therapy has contributed but little to the cure rate. Too frequently, surgical failures are due to the lack of knowledge of the lymph drainage areas and their inadequate dissection.—M. R. D.


Five hundred consecutive cases of cervical metastatic cancer were studied according to the site of the primary lesions. Treatment by radiation, surgery, and their combination are comprehensively discussed and illustrated. End results are presented.—M. R. D.


A case report. The early age of the patient, 4 weeks at the time the tumor was surgically removed, makes this case of unusual interest.—M. E. H.

INTRATHORACIC TUMORS—LUNGS—PLEURA


Frequently there is dangerous delay in making the clinical and pathological diagnosis of intrathoracic neoplasms. Virtually every case of intrathoracic tumor should be promptly explored surgically, if there is no evidence of metastases or hopeless invasion of adjacent thoracic walls, and if the patient's general condition permits. Low operative mortality rate and uncomplicated convalescence depend upon the observance of certain special preoperative, operative, and postoperative principles.—M. R. D.


A comprehensive discussion of the development of pneumonectomy and its application to various types of pulmonary disease. A comparison is given of the results of surgery for cancer of the stomach and of the lungs. Eighteen clinical cases in which pneumonectomy was done are summarized.—M. R. D.


A short résumé on the incidence, diagnosis, and treatment of primary pulmonary carcinoma followed by a case report.—M. E. H.


A clinical discussion, emphasizing the frequency of the disease and the desirability of early bronchoscopy and exploratory thoracotomy in suspected cases.—J. G. K.


Three cases of carcinoma of the lung are described, and the possible role of tobacco smoke in the etiology is discussed.—W. A. B.


A case of benign angiomata of the lung successfully treated by lobectomy.—M. E. H.


A case report with necropsy findings.—M. E. H.


A tumor occurring in the periphery of the right middle lobe, of a type hitherto reported only in bronchi of the first and second order, and a favorable response to lobectomy is reported.—M. E. H.


A case report.—M. E. H.


A report of 2 cases in which bone metastases were evident 2 and 7 months before pulmonary symptoms were manifest. Nine illustrations are appended.—M. D. R.


Report of a case successfully treated.—M. D. R.


Four figures illustrate the 2 cases, which are reported in detail, together with a discussion of the literature.—J. G. K.


The author reviews bronchiogenic carcinoma under the following subtitles: (1) historical data, (2) incidence, (3) etiology, (4) pathology, (5) clinical considerations—symptomatology and physical signs, (6) differential diagnosis, (7) diagnostic aids—pleural effusion, sputum, roentgenology, and bronchoscopy, and (8) treatment—palliative measures, irradiation, and surgery.—J. L. M.

Case reports and further evidence to show that the majority of malignant tumors in the region of the thoracic inlet or pulmonary apex are carcinomas of the terminal bronchioles of the lung.—M. E. H.


The peculiar cells with acidophilic granules called oncocyes or pyknotic cells were demonstrated among the mucous and serous glands of adult human bronchi and their ducts. The relationship of these cells to the cells of bronchial adenoma is discussed, and it is considered possible that they may be the stem cells for tumors of this type.—J. G. K.


Suppression of breath sounds without impairment of percussion note is important in the diagnosis of primary bronchial carcinoma.—M. E. H.


The report deals with what is apparently the eighth case of lipoma of the bronchus to be recorded.—M. E. H.

GASTROINTESTINAL TRACT


This study deals with 277 patients in whom the original diagnosis was gastric ulcer. Thirty-nine, or 14%, proved to have cancer. The seriousness of this disease is stressed, and the clarification of ideas concerning management is urged. Evidence is presented that gastric ulcer is a surgical disease.—M. R. D.


Description of a case.—E. L. K.


A case is reported with the operative technic employed.—M. E. H.


Microscopic examination showed the tumor to be lymphosarcoma. Death from recurrence took place 3 months after operation.—W. A. B.


A case report.—M. E. H.


A successful esophageal resection with esophagostomy is reported. The authors believe that the absence of postoperative suffering, the ability to eat normally and again to carry on a normal existence makes the operation worth while even though the patient should live only a few months.—J. L. M.


A case of adenocarcinoma of the stomach is presented to illustrate how a good result may be obtained in the face of many ominous prognostic signs including a history of short duration, achlorhydria, involvement of lymph nodes, involvement of the serosa, and carcinoma, grade 4 (Broders' classification). Almost 4 years have elapsed since operation without evidence of recurrence.—J. L. M.


A study of the lymph nodes in 46 specimens of carcinoma of the colon was made by David and Gilchrist's modification of the method of Spalteholtz. The routes of spread of carcinoma by the lymph channels are illustrated and discussed. Factors influencing prognosis are summarized.—M. R. D.


Since the general hospital of medium size does not offer sufficient material for all surgeons on its staff to perfect their technic in surgery of the colon and rectum, the suggestion is advanced that all cancers be handled according to anatomical group by different teams of surgeons. This would enable a surgical team to perfect a technic in a particular anatomical field, which should result in general improvement in cancer therapy in the general hospital.—M. E. H.


The authors' figures show that by present standards the earliest clinically recognizable carcinoma of the colon may be an advanced pathological growth. They also indicate that the future of any given case depends more on the grade of the lesion than on its physical properties.—J. L. M.


The contraindications for radical operation in 277 patients with carcinoma of the rectum were: liver metastases (40 cases), attachment to the base of the bladder (28 cases), and infiltrative attachment to the sacrum, prostate, or rectovesical septum (23 cases).—W. A. B.

Perforation of a lymphosarcoma of the stomach was found at operation. Subtotal resection was done and x-ray therapy instituted (1,750 r). The patient was alive and apparently well 1 year later.—W. A. B.


A review of cases, 5 with polyps, 1 with a leiomyoma.—W. A. B.


A presentation of the records of 12 patients who had received sulfanilylguanidine before resections of the colon. It is the impression that there were more per primam healings and smoother convalescence in complicated cases.—M. R. D.


The Billroth I operation (gastric resection and gastro-duodenostomy) is the procedure of choice in the treatment of malignant lesions of the stomach when employed in favorable circumstances. It has the advantages of speed and less surgical manipulation, which are valuable factors in operations on elderly, debilitated persons, especially those who have small lesions in the lower end of the stomach. Applied correctly, it has offered a good chance for a 5 year cure (35%) with a low average hospital mortality rate (11%).—J. L. M.


One hundred and twenty cases of carcinoma of the colon proximal to the rectosigmoid are reviewed. This small series of cases combined with the reported statistics of MacPev, Wilkie, and Stone, and of McCranahan reveal the following: In 246 patients operated upon by the aseptic technic, the operative mortality was 14%; in 124 patients operated upon by exteriorization methods, it was 27%; in 72 patients undergoing an open anastomosis, it was 28%. These combined statistics appear to indicate that the aseptic, immediate anastomosis is the operation to be preferred.—M. R. D.


Lymph nodes in appendices epiploicae contained carcinoma in 5 surgically removed specimens of carcinoma of the rectum or sigmoid. Preparations injected with India ink demonstrated lymph channels on the antimesenteric border of the sigmoid that sometimes travelled 2 to 3 cm. lengthwise before turning to drain into the mesentery. These observations suggest that, for radical resection of the sigmoid for carcinoma, the colon should be divided at least 3 cm. from the margin of the neoplasm.—W. A. B.


A case report.—M. E. H.


During the period from 1907 to 1938 inclusive, 9,632 patients with a diagnosis of malignant lesion of the colon or rectum were seen at the Mayo Clinic. Many irremovable lesions were treated by radium or roentgen rays; in a few instances the growth was fulgurated; a certain number of lesions were deemed inoperable; and some patients refused operation.

For 74% of the patients seen, surgical exploration was undertaken; for 68% of these resection was performed. On the remaining 32% of patients who underwent surgery, operations of a palliative nature, such as colostomy or a short circuiting operation were carried out. Palliative resections were frequently performed whenever relief could be accomplished and the patient's condition appeared to be fair or good, even though evidence of metastasis was found at exploration.

The high percentage (75%) of low grade lesions in this series accounts in part for the relatively favorable prognosis in such cases compared to that in cases of malignant lesions in some other parts of the body. Prognosis was also directly correlated with lymphatic involvement. The 5 year prognosis in cases of grade 4 lesions without metastasis was more favorable than in those in which the lesions were of histopathological grade 1 and metastasis to regional lymph nodes was present.—J. L. M.


The authors present 4 cases to illustrate the advisability of exploration in apparent recurrent carcinoma of the colon. If a patient thought to have such a recurrence is in good condition, they believe an exploratory procedure is indicated, since (1) a lesion which appears to be recurring carcinoma may be a benign condition, (2) the apparent recurrent tumor may be a new lesion and therefore merit as radical treatment as did the first malignant growth, and (3) removal of a locally recurring malignant tumor may be followed by many years of comfortable living for the patient or even permanent relief from the disease.—J. L. M.


The author stresses diagnosis as the important point in cancer of the stomach, as surgical excision is the only known method of cure.—M. E. H.


The following topics are discussed in connection with carcinoma of the stomach: operability, diagnosis, gastric ulcer and malignancy, and surgical procedures. It is worthy
of emphasis that in accordance with present knowledge of carcinoma of this organ early gastric resection provides the only opportunity for cure.—J. L. M.


The 124 cases successfully operated upon since Halsted's original case in 1898 are reviewed, and 4 new ones are added. Abstracts of 32 cases, not previously collected, are appended. Diagnosis, surgical procedures, operative mortality, and the results in general are discussed.—M. R. D.


Personal recollections.—W. A. B.


Surgical treatment should be considered more frequently for recurrent carcinoma of the rectum. One case report is presented.—M. R. D.


A case report with surgical and autopsy findings.—M. E. H.


Lymph nodes were obtained by the dissection of cleared specimens and examined microscopically. Lymph node metastases were found in 75.5% of 53 gastric carcinomas, 60.87% of 46 colonic carcinomas, and 64.2% of 53 rectal carcinomas. There was no relation between the duration of symptoms and the presence of lymph node metastases, but sessile neoplasms had a greater tendency to metastasize than the polypoid neoplasms. There was no relation between the size of the neoplasm and the presence of metastases.—W. A. B.


A case report of lymphosarcoma of the stomach with perforation.—M. R. D.


A case report.—W. A. B.


A case report.—J. L. M.


This is a brief review of a study of 885 cases of malignancy of the cecum and ascending colon in which operation was performed at the Clinic from 1907 to 1938. In 67% of these cases, resection was performed with a view to cure.

The author states that any person who has anemia of undetermined cause should not be dismissed without roentgenologic examination of the colon. In 15% of the cases in this series, appendectomy had been performed after the onset of symptoms attributable to the lesions in the right portion of the colon. Only a little more than 2% of the patients were less than 30 years old. It is suggested therefore, that whenever operation is performed for appendicitis on a patient who is more than 30 years of age, an incision be made that is large enough to permit examination of the right portion of the colon also.

As a result of this study the author favors the one stage resection of the right portion of the colon, as this usually means a lower hospital mortality rate and lower morbidity. It also removes the carcinoma from the body at an earlier time than any multiple stage type of resection. In addition the one stage resection has the advantage of being a more economical method of dealing with the situation, a factor which is of prime importance to most of those suffering from this condition.—J. L. M.


A clinical discussion.—J. G. K.


The authors report a pregnant patient in whom, after removal of a carcinoma of the rectum, the pregnancy was successfully terminated 5 months after the first operation by an elective low cervical cesarean section.—J. L. M.


The observations concerning a group of 55 patients, for whom palliative resection of the sigmoid for inoperable carcinoma was performed, have been reviewed. Comparison of these observations with those made on a group of patients subjected to colostomy, reveals a slightly lower primary surgical mortality and a shorter postoperative duration of life for members of the latter group.—J. L. M.


A review of the various procedures used in dealing with carcinoma of the right side of the colon. Resection in one stage with end-to-end ileocolostomy was done in 96 cases with 18 deaths. In 42 cases complementary enterostomy was done (mortality 28.6%); in 54 cases enterostomy was not done (mortality 11.1%).—W. A. B.

It is generally conceded at present that the so-called carcinoid tumors arise from the Kulchitsky cells, which are found in the base of the crypts of Lieberkühn. The ability of the cells of this tumor to reduce silver provides the surgeon with a positive means of diagnosis, although if ordinary hematoxylin and eosin preparations are used the arrangements of the cells in groups will be characteristic enough. On gross examination the surgeon may gain an impression of the nature of the tumor by the yellow color that, in most instances, is present. The malignancy of carcinoid tumors becomes more obvious as more cases are reported.—J. L. M.


A report of successful resection of the stomach and lower 5 cm. of the esophagus with death due to carcinomatosis 5 months later.—W. A. B.


The paper is a survey of the present status of carcinoma of the colon and rectum. The slightest uneasiness in the left lower quadrant, a slight pain, a change in bowel habit, especially in patients over forty, suggests the possibility of carcinoma and calls for a thorough investigation. The greatest single cause of mortality in large bowel resection seems to be infection. It is felt that chemotherapy and improvements in surgical technic may reduce the mortality to about 5%, instead of the 70% of only a decade ago.—A. C.


Diagnosis and operative treatment as well as preoperative and postoperative care are reviewed.—M. E. H.


A case report.—M. E. H.


Total gastrectomy was indicated because of ulcer and infiltrating adenocarcinoma near the cardia. Recovery was uneventful. A year and a half after the operation the patient had gained 15 pounds and was well. Physiologically it is interesting to note that, although the stomach was absent, the patient experienced a feeling of hunger and had a fair appetite.—A. C.


One of the most important palliative procedures for obstructive carcinoma of the colon and rectum, in the presence of metastasis, is undoubtedly the establishment of colostomy; in some such cases the growths can be removed, or treated with radium and fulguration, or with fulguration alone, depending on circumstances. The authors present several cases of extensive carcinoma of the colon in which operations have been performed.—J. L. M.


At present the only hope for cure of carcinoma of the stomach resides in surgical removal of the growth following a sufficiently early establishment of the diagnosis. The diagnosis of carcinoma of the stomach is established by means of the following: appreciation of the early symptom complex of this lesion, a carefully elicited history, an easily aroused suspicion of gastric carcinoma, and the insistence on roentgenologic examination by a competent specialist in this field in any case in which the presence of a malignant lesion is faintly suspected. Of patients who survived gastric resection, 29% were alive 5 years after operation.—J. L. M.


A study based on 926 cases. The authors do not favor radiation in cases of cancer of the rectum, but regard electrosurgery as the method of choice. Of 261 patients treated by the latter method, 5 year cures were obtained in 50% with only 2% operative mortality. Thirty-eight illustrations are appended.—M. D-R.


A case report and a survey of 26 cases previously recorded form the basis of this study. The tumors occur predominantly in men after the fifth decade of life. Malignant change is uncommon. Cures are reported following removal in 8 cases: in 2 by external esophagotomy, and by endoscopic means in 6. It is the opinion of the authors that endoscopic removal is the superior method.—M. E. H.


Of 28 patients with carcinoma of the esophagus, 22 had obviously inoperable lesions. Four of the remaining 6 were subjected to exploratory thoracotomy but in only 2 was it feasible to attempt removal of the tumors. The latter were situated in the upper two-thirds of the esophagus. The operative technic is discussed in detail. A right transpleural approach is advocated because of lessened chance of establishing bilateral pneumothorax. Esophagectomy was preceded by gastrostomy and exploratory laparotomy. At the time of report the patients were well 7 and 6 months respectively after resection.—E. E. S.

A review of 100 cases of carcinoma of the rectum with the various operative procedures used in 67 patients submitting to operation.—M. E. H.


A case report.—M. E. H.


Five cases are reported.—J. G. K.


The author discusses the problem of cancer of the esophagus under several headings: anatomy, microscopic pathology, metastases, symptomatology, etiology, and treatment. It is of interest that multiple cancer occurred in the series 16 times and the second primary growth was intraoral in 87.5% of these, leading to the suspicion that the same predisposing factors were responsible for the production of both cancers. Treatment consisted of radiation or surgery.—M. E. H.


As far as the authors were able to ascertain from the literature, their 72 year old patient represents the oldest person to undergo total gastrectomy successfully. The fact that the esophagus was mobile and long enough to permit successful resection of the lower 1½ inches together with the stomach, suggests that in selected instances many patients suffering from carcinoma involving the cardia and lower part of the esophagus, with esophageal dilatation and obstruction, for whom operation has been refused in the past, may undergo this procedure with reasonable hope of success.—J. L. M.


Only 12 cases of carcinoid tumors of the colon have been reported. A case report is presented involving a tumor arising in the cecum. These tumors are usually found at laparotomy, are relatively benign, and may be locally resected.—M. R. D.


Although differential diagnosis of sarcoma of the stomach is difficult clinically, if a history of a large epigastric mass that has been present a long time is elicited from a patient who has suffered little loss of weight and little general debility, the presence of a tumor of this type should be suspected. A rather severe secondary anemia may often be a prominent feature in such cases. Roentgenologic examination is not conclusive in the differentiation. An illustrative case is presented.—J. L. M.


All three physicians who saw the patient concurred in the diagnosis of acute appendicitis, and immediate operation was advised. An exploration, carried out through a primary McBurney incision, revealed a large carcinoma of the cecum. This was removed; the postoperative course was uneventful.—J. L. M.


A case report.—M. E. H.


A discussion of the surgical method of choice and suggestions for preoperative and postoperative care are offered with the view of further reducing the operative mortality.—M. E. H.

LIVER


A case report.—W. A. B.


A case report.—M. E. H.


This appears to be the third reported case of carcinoid tumor of the gall bladder.—J. G. K.


Description of a case.—E. L. K.


Carcinoma of the gall bladder is discussed under the following headings: age and sex, symptoms, roentgen diagnosis, and pathology. The author finds that the clinical picture will fit many cases of benign biliary disease or cancer in other organs and is not diagnostic for carcinoma of the gall bladder. The following points can be stressed: (1) advanced age, (2) steady dull pain or a change from ordinary biliary symptoms to a more steady pain, (3) weight loss with onset soon after the constant pain, (4) absence of anemia, and later presence of (5) a tumor in the right upper quadrant, and probably jaundice.—J. L. M.

Several cases are reported with a review of the subject. Thirteen photomicrographs are appended.—M. D. R.


Two cases of primary carcinoma (hepatomas, neoplastic hyperplasia of hepatic tissue) occurring in young infants aged 2 and 3 1/2 months.—M. E. H.


In patients with carcinoma of the biliary passages, the difficulties of management are as much of a problem as those of diagnosis. Four cases of carcinoma in different regions of the extrahepatic biliary tree were presented for discussion. Each illustrated one or more diagnostic and therapeutic problems during the preoperative and postoperative course. Necropsy reports were available.—J. L. M.


The authors report a case of squamous cell epithelioma of the gall bladder with successful surgical removal in the presence of perforation and peritonitis.—J. L. M.

Bone and Bone Marrow

A case report.—M. E. H.

A short résumé of the benign and malignant neoplastic lesions of the bones of children is presented.—M. E. H.

A case report. It is suggested that correction of the lesion may be easier if diagnostic aspiration of the suspected mucocele is done through a simple trephine before craniotomy is performed.—M. E. H.

A case report of central chondrosarcoma of the upper femur, nearly 6 years after curettage. Bone Sarcoma Registry #1544.—M. R. D.

A case report that raises the question of the role played by the site of the fracture and the method of treatment in the occurrence of a tumor.—M. E. H.

A case report.—M. E. H.

This is a report on 424 cases of primary malignant tumors of the bone. The tumors fell into the following classes: about 50% were osteogenic sarcoma; about 25%, Ewing’s sarcoma; less than 10%, fibrosarcoma; about 10%, multiple myeloma; and less than 2%, giant cell sarcoma (malignant). On less than 2% a clinical diagnosis of sarcoma had been made. The greatest percentage of the tumors (almost a third) occurred in patients between 10 and 19 years of age, and more than a fifth in those between 20 and 29 years; thus the majority of the tumors occurred in patients under 30. Of the 424 patients about a third underwent amputation and about a fifth underwent excision. Following radical surgical treatment, irradiation with or without the administration of Coley’s toxin was carried out. In a fourth of the patients biopsy and irradiation were employed; in the remainder treatment was by irradiation alone.

Of the patients who received surgical treatment, 25% were alive after 5 years. Of those who did not receive surgical treatment, slightly less than 10% were alive after 5 years. Although surgical treatment is preferable in the majority of cases, great emphasis is laid on the value of roentgenology in the diagnosis, prognosis, and treatment of malignant tumors of the bone.—J. L. M.

A review of the 57 cases so far reported in the literature, in which sarcoma developed from bone affected with Paget’s disease. The latter can be considered a precancerous condition although malignancy occurs in only a small percentage of cases. Seven illustrations are included.—M. D. R.

A 9 year follow-up of 2 cases of osteogenic sarcoma of the lower end of the femur, treated by amputation. These cases have not been registered with the Bone Sarcoma Registry.—M. R. D.

A case report. A malignant neuroectodermal tumor arising in and diffusely invading the temporal bone, with extension into the middle and posterior cranial fossae, was classified as a neuroepithelioma.—M. E. H.

This is the final paper of an extensive review. There are 89 illustrations.—M. D-R. Inst. Med. Chicago, ortop. y traumatol., Arch. Otolaryng., 728 (Brachetto-Brian). [Osteogenic Sarcoma.

and the rapid development of the symptoms are facts of interest in this case.—M. E. H.


A case involving an intracranial chordoma. The onset and the rapid development of the symptoms are facts of interest in this case.—M. E. H.

Miscellaneous


Two cases are reported. The first concerned a glomus tumor of 24 years’ duration, located within the knee joint. The second involved a lipoma that arose within the soleus muscle and was of 9 years’ duration. Both tumors were benign and both were, the authors believe, eradicated by surgical intervention.—J. L. M.


A classification of lipomas is presented with a brief discussion of the various subgroups and their characteristics. While a large majority of lipomas are benign, there are indications that many more are malignant than is suggested by the records.—M. E. H.


A case report.—M. E. H.


A plan is outlined for a tumor clinic in a small hospital that would serve to educate both the patient and the doctor in cancer work.—M. E. H.


The postmortem records of 6,596 cases at Bellevue Hospital were analyzed in a study of the relationship between malignant tumors and cirrhosis in man. Cirrhosis was present in 608 cases (9.2%) in the series. The ratio of intrahepatic tumors was several times increased in the cirrhotic patients as compared with noncirrhotic ones. Furthermore, cirrhotic men showed an increased ratio of malignant tumors of the mouth, pharynx, larynx, and esophagus.—J. G. K.


Under the headings of cause, new methods of attack, and treatment, the author discusses in a general way some of the advances that have been made with the study of carcinogenic compounds, radioactive substances, and the search for cytostatic chemicals.—M. E. H.


Tables are presented showing death rates from cancer in childhood at various ages up to 15 years, compiled from the United States census figures of 1939, and the relative death rates of children in Massachusetts from cancer and 8 other diseases for various years since 1915. In 1939 childhood cancer deaths in Massachusetts exceeded those attributed to pertussis, pulmonary tuberculosis, measles, diabetes, meningitis, syphilis, scarlet fever, or typhoid.

Seventy-two tumors excluding 11 cases of Hodgkin’s disease and 27 of leukemia were observed in children under 15 at the Boston City Hospital in the years 1915 to 1939 inclusive. The most frequent sites were as follows: intracranial, 23; kidney, 13; bone, 11; soft tissues, 6; skin and mucous membranes, 5; eye and orbit, 4. A tabular summary compares the types of tumor found with the series reported by Scotti and by Kellert. In the authors’ series the commonest tumors were glioma (medulloblastoma, astrocytoma, and mixed gliomas) Wilms’ tumor, osteogenic and Ewing’s sarcoma, and miscellaneous soft tissue sarcomas. Malignant tumors in children account for 0.7% of the total cancer death rate and are common enough to warrant careful consideration in differential diagnoses.—C. E. D.


Thirty-five cases of primary carcinoma of the pancreas and 17 of carcinoma of the ampullary region are reviewed because of similarity of symptoms and amenability to similar surgical treatment in their early stages. Associated fatty infiltration and degeneration of the liver are discussed in relation to their influence on pre- and postoperative management.—M. R. D.


A case successfully treated by surgical removal of the tumor is reported.—M. E. H.


The recognition of the pathologist as a consultant in medicine and surgery can add much of value to the patient and to the cancer clinic team as a whole.—M. E. H.


Personal experience is related concerning the conduct and hazards of pancreaticoduodenectomy in both two and one stage procedures.—M. R. D.