Skin and Subcutaneous Tissues


In the series of 36 cases reported in this article the average age incidence was 61.6 years. There was a ratio of 8 men to 1 woman. About 64% of the lesions occurred on the dorsum of the extremities. Metastases occurred in 44.4% of the cases. The average duration of the disease was 25½ months. It is noted that these lesions of the extremities are too often overlooked and undertreated. Wide surgical excision, with regional lymph node irradiation, has yielded good results.—R. C. R.


The origin of all primary epithelial tumors of the skin is traced to basal cells and a classification on this basis is presented. The failure of basal cell carcinomas to metastasize is explained on the assumption that the normal basal cells form a syncytium which is maintained in the tumors. Ulceration is attributed to invasion of lymphatic vessels by the tumor with compression of neighboring blood vessels and regional ischemia.—C. E. D.


"Progressive cancerization" at the edges of cutaneous epitheliomas is judged a misinterpretation of histologic data, which reveal abnormal cells only in juxtaposition to normal ones, undermining, replacing, and engulfling them. No evidence of conversion of normal cells into cancerous cells is found in diagnosable epitheliomas of the human skin. Malignancy and invasiveness are presented as phenomena intimately concerned with cohesion of cancer cells and the rate of their growth. "Precancerosis" is discussed and its absence of biologic meaning emphasized. Evidence is presented that, clinically and histologically, each spontaneous epithelioma of the human skin behaves like a colony of cells of a new kind—possibly the homogenous progeny of one mutant cell.—H. G. W.

Oral Cavity and Upper Respiratory Tract


Eighty per cent of cancers of the lip are curable if the lesion is recognized early enough and treated correctly. Indications for surgery are a large primary tumor and metastases to the nodes. Smaller lesions should be treated by irradiation. A prophylactic neck dissection is not advised.—R. C. R.


Seventy-four cases of proved carcinoma of the lower lip have been followed at the Brooklyn Cancer Institute for periods of 6 months to 6½ years. All but one of these tumors occurred in males and all were diagnosed as squamous cell carcinoma with the exception of one basal cell carcinoma. The lesions were treated by surgery, radium, or roentgen rays. At the end of an average follow-up period of over two years, the authors consider 59 cases to have been successfully treated, although this figure includes 3 patients who died from intercurrent disease and 17 who were lost track of.—C. E. D.


Of 2,077 chronic ulcerative lesions of the mouth examined microscopically at the Barnard Hospital, no less than three-fourths were malignant. Every physician or dentist should appreciate that when a patient has an ulcer of the mouth that has lasted more than a week the chances are three to one that it is malignant. Of the 1,501 malignant lesions, 1,523 were squamous cell carcinoma, 28 were sarcoma, 8 adenocarcinoma, and 2 basal cell carcinoma. Squamous cell carcinoma of the mouth is chiefly a disease of men—91.1% of 460 patients were male. Lip carcinoma is even more a disease of the male—only 3 of 787 instances of squamous cell cancer of the lip occurred in women. Cancer is rare in a clean mouth; it is usually found associated with foul teeth and with excessive use of tobacco. Of 124 cases of cancer of the lip, in but 4 did it arise from the upper lip. The 1,523 cancers of the mouth were located as follows: lip, 787; buccal mucosa, 564; tongue, 172. There were also 180 benign neoplasms in the 2,077 cases of mouth lesions, of which 63 were epulis and fibromas, 38 angiomas, 31 polyps or papillomas, and 26 cysts.—H. G. W.


Sixty-five patients with malignant tumor of the nasal cavity were seen at the Memorial Hospital from 1928 to 1940. This group made up about 0.7% of all persons admitted for cancer of the upper respiratory and alimentary tracts. Forty-one patients were male and 24 female. Their ages ranged from 5 to 84 years with an average of 55. Of the 65 tumors, 34 were classified as epidermoid carcinoma, 7 as transitional cell carcinoma, 4 as lympho-epithelioma, 2 as melanoma, 11 as adenocarcinoma, and 7 as sarcoma. Only 19 patients developed metastases, the lymph nodes of the neck usually being involved. In 6 patients there were distant metastases. With the exception of one adenocarcinoma, all metastasizing tumors were epidermoid carcinoma. The most frequent cause of death was uncontrollable local disease complicated by hemorrhage or infection. Radioresistant tumors were treated with 4,000 to 5,000 r of roentgen rays while radioresistant growths were removed by radical operation whenever feasible. In 35 cases that were followed, 5 year cures were obtained in 4 instances of epidermoid carcinoma, 2 of lympho-epithelioma, and 1 each of adenocarcinoma and angio-
sarcoma, making a total of 8 cases or about 23%. No patient with metastases survived.—C. E. D.


Two instances of successful excision of large postnasal fibromas are recorded.—M. J. E.

BONE AND BONE MARROW


Eighty patients with unquestionable osteogenic sarcoma were admitted to the University Hospital between 1925 and 1938. Of these, 62% were men and 36% women. The ages varied between 8 and 72 years, with an average at 29 years and half of the patients in the second decade of life. Thirteen per cent of the patients had a tumor-positive family history. Thirty-six per cent gave a history of preceding trauma of various grades. The average duration of symptoms from the onset to the time of admission was 13 months. The outstanding symptoms were pain and swelling. A palpable tumor was present in 91% of the cases. These tumors showed a definite predilection for the ends of the long bones, 50% of them being in the region of the knee. Classification of the neoplasms with respect to five year survivals showed that sclerosing osteogenic sarcoma and secondary chondrosarcoma were the least malignant of the group. The treatment of choice was radical amputation without preoperative irradiation therapy. A follow-up of this series revealed 78% mortality to date. The average survival period was 41 months. The prognosis appeared to be better if the lesions occurred after the twentieth year.—R. C. R.


A sarcoma of the sternum was treated by combined surgical and roentgen therapy with apparently excellent results. Six months later, roentgen examination of the chest showed evidence of metastases.—M. J. E.


A discussion of 5 cases of the disease, including blood chemistry, urinary and physical findings, symptoms, pathology, differential diagnosis, and roentgenology, is presented. It is emphasized that all patients in the sixth decade of life presenting pain in the back, in the absence of injuries or history of injuries, should be watched carefully in an attempt to rule out multiple myeloma. The importance of frequent blood examinations is stressed.—R. C. R.


A positive Takata reaction is found in the blood in cases of multiple myeloma, when there is a coexisting increase in the globulin content. With normal blood protein values, the reaction is negative. Two case reports illustrate these generalizations.—M. J. E.

LEUKEMIA, LYMPHOSARCOMA, HODGKIN'S DISEASE


An analysis of 54 histologically proved cases of Hodgkin's disease is presented. Of these, 83.3% were in white persons as compared with 16.7% in negroes. There was a predominance of males (59.4% as against 40.6% of females). The ages varied between 4 and 70 years, with the greatest number of patients in the third decade of life. No predisposing factors were demonstrable. The chief complaint in 57.4% of the cases was swelling of the cervical lymph nodes, and in 53.7% of the cases this was the region first involved. The most common symptoms prior to hospitalization were weakness, loss of weight, cough, and fatigue. The average duration of life in 41 patients of the group was 26 months from the onset of the symptoms. Radiation, blood transfusions, and general therapy increased the survival period nearly three times.—R. C. R.


A description of an atypical form of chronic myeloid leukemia is based upon records of 4 cases. Clinically, with the exception of the benign, protracted course, the disease does not differ essentially from the ordinary forms of leukemia. Hemorrhagic manifestations are common. However, instead of enormous increases in the number of circulating leucocytes, counts of 20,000 to 40,000 are the usual finding. Although immature forms of leucocytes are rarely encountered peripherally, obvious leukemic alterations are evident in the sternal marrow. The erythrocytes are not specifically altered. Corroborative proof of the true nature of the process is the presence of leukemic infiltrations in the spleen, observed in a patient who died of a complicating gastric hemorrhage. Two patients treated symptomatically continue in satisfactory condition; the status of the fourth is unknown.—M. J. E.