Abstracts

Clinical and Pathological Reports


A review written especially for the practicing physician. Etiologic factors are considered under the headings of precancerous lesions, diet, and physical and chemical agents, especially carcinogenic chemicals and hormones. Genetic studies, heterologous transplantation of human tumors, viruses, and immunity are also dealt with briefly. The discussion of clinical factors is limited largely to precancerous lesions, diet, and physical and chemical agents.

Etiologic factors are considered from the therapeutic as well as etiologic standpoint. Methods of therapy receive a less complete review since the use of x-rays, radium, and radioactive isotopes is covered in other articles in the same series. There are 94 references to recent literature.—C. W.

Hereditary


A cancer family with data for four generations shows the occurrence of bilateral carcinoma of the breast in a number of instances. Attention was drawn to this interesting family while members of the third generation (three sisters) were being studied. Bilateral mammary cancer, as well as other types, had occurred on both maternal and paternal sides. Two of the three sisters have developed bilateral breast cancer. Thus far the third sister has only one breast involved. One female of the fourth generation developed carcinoma of the breast at the age of 18 years. The question arises what advice, if any, should be given to other female siblings of the fourth generation.—Authors' abstract.

Therapy—General


A review of results in over 5,000 cases. The decision to carry out regional lymph node dissection depends on the presence, or likelihood of development, of metastases. The extent of dissection depends on the known behavior of the cancer and the anatomy of the lymphatic drainage areas. Prophylactic dissections may be performed in extensive carcinomas of high malignancy, but dissection may be deferred when there is little likelihood of metastasis. Dissection is capable of curing metastases in a considerable number of cases, with a postoperative mortality rate that should not be excessively high (from 1 to 9% depending on the area involved).—C. W.

Radiation—Diagnosis and Therapy


X-rays of the skull of a 71 year old white man with headache and unilateral blindness showed symmetrical destruction of the pituitary fossa, the roof of the sphenoid sinus, and adjacent bone. One month after receiving 1,300 r of roentgen therapy the symptoms were greatly relieved. One year later the nasopharynx was almost completely obstructed with tumor, which again responded dramatically to 1,750 r of radiation. Biopsy from the nasopharynx showed chordoma. A good photomicrograph of this rare tumor is reproduced.—C. E. D.


In addition to the use of irradiation to control abnormal uterine bleeding of endocrine origin, the author discusses irradiation in selected patients with fibromyomas. Young women with small fibroids can be given substerilization doses of roentgen rays to the ovary with satisfactory results. In women over 40, intrauterine implantation of radium and roentgen sterilization are indicated. In young women with large masses, surgery is necessary to avoid the complete sterilization required to control the more extensive hemorrhage. Irradiation of the ovary likewise gives satisfactory results in patients with endometriosis. While full sterilization doses are frequently required in the latter cases, they may be administered without too much hesitancy, as pregnancy in women with this condition is unusual.—M. J. E.


Thirty-three cases of urinary bladder carcinoma classified as inoperable were treated by supervoltage x-irradiation with or without electrocoagulation. The best results occurred in the group of patients who received the combined therapy.—W. A. B.


General problems and methods of treatment are discussed.—M. J. E.


Radiation therapy in Hodgkin's disease and lymphosarcoma is often administered in a fashion that fails to give the maximum benefit. The author has treated over 2,000 cases and summarizes his experience in the form of several general rules and certain specific directions for treating various parts of the body. In general, therapy is palliative and should be given in limited doses over a brief period of time and only to the lesions causing symptoms, thus preserving normal tissue tolerance for subsequent treatments. In rare instances massive doses are warranted in an attempt to cure localized disease. If possible the ovaries should be spared in women under 40. Rays generated at 140 kv. are usually as effective as more penetrating radiation, and protracted fractional treatments are less effective than 500 to 600 r given within a few days to each field. The general condition...
of the patient must be followed carefully during treat-
ment, and daily blood counts are advised particularly
when abdominal portals are being used. Radiation leuko-
penias may persist from 2 weeks to several months and
are sometimes permanent. A progressive fall in the red
count is a poor prognostic sign and is generally found in
the terminal radioresistant phase of the disease.—C. E. D.

Radium alone (2,400 to 3,000 mgm. hrs., repeated within
6 months if a recurrence develops) is advocated as the
treatment of choice for cancer of the cervix, radium plus
hysterectomy for carcinoma of the fundus. Of 57 patients
with cervical neoplasms treated as indicated, on whom an
estimation of a result was possible, 21 remained tumor-free
after 5 years; of 15 with cancer of the body, 7 appeared
cured.—M. J. E.

Carcinoma of the Cervix Treated by Intravaginal
and Rotation Therapy. Faust, J. J. [Tyler, Tex.] Texas 
In preference to the use of the conventional cross-fire
method of irradiation, the author believes more satisfac-
tory results can be obtained by rotation of the patient
in the beam of roentgen rays. This method avoids too
large a dose to restricted areas of the skin and the deeper
normal tissues, while permitting full depth doses to the
uterus and cervix. This technic is combined with intravaginal
irradiation directed through a suitable speculum.
The early beneficial effects of this therapy in 3 cases are
discussed, but the final results are as yet not known.—
M. J. E.

The Irradiation Treatment of Carcinoma of the
Female Genitalia. Fricke, R. E. [Mayo Clinic, Rochester,
The radium and roentgen treatment of carcinoma of the
ovaries, fallopian tubes, uterine fundus and cervix,
vaginal walls, and vulva are considered in this paper.
Irradiation therapy is a definite adjunct to surgical
measures in the treatment of carcinoma of practically
all these organs and some excellent results are obtained
by radium therapy alone. In other cases it is a valuable
preoperative and postoperative procedure.—J. L. M.

Embyrional Cell Carcinoma of the Testis with
Pulmonary Metastases: Three and a Half Year 
Survival Following Radiation Treatment. Hare, H. F. 
A 40 year old man, with widespread pulmonary and
lymph node metastasis following orchietomy for em-
byrional cell carcinoma, was given roentgen therapy to a
total dose of 16,000 r delivered to various portals covering
the entire trunk. A severe leukopenic anemia re-
sulted but gradually ameliorated, and the patient was
living without evidence of disease 3 years later.—C. E. D.

A Case of Carcinoma of the Duodenal Bulb Diagnosed
Preoperatively. Hartnell, H. V. [King County 
A palpable mass in the abdomen of a 69 year old white
woman was diagnosed roentgenologically as "suspicious
of a primary neoplasm of the duodenum" because of the
presence of a constant filling defect and irregular mucosal
pattern. The suspicion was confirmed at autopsy 2 weeks
after exploratory laparotomy.—C. E. D.

Radiation in Cancer of the Corpus Uteri. Kaplan, 
143. 1942.
Radiation is generally accepted as superior to surgery
in the treatment of carcinoma of the cervix. The diverse
opinions on the proper treatment of carcinoma of the
fundus are reviewed, and some of the appliances and
technics used in intracavity radium therapy are described
and illustrated.
The author used roentgen rays, radium, or combinations
of the two, in the treatment of 95 patients with malig-
nant tumors of the body of the uterus. Seventy-four
patients had adenocarcinoma, 11 carcinoma of undeter-
mined type, 6 epithelioma, and 4 sarcoma. Irradiation
was postoperative in 34 cases, preoperative in 16, and used
alone in 45. Most of the uteri removed after radiation
contained no residual carcinoma. Of the 34 patients
known to be dead, 23 died within a year. The 35 living
patients have survived from 1 to 14 years.
Properly administered radiation gives as good results
as surgery in cancer of the body of the uterus; intra-
uterine radium applications are safe and often simplify
subsequent operations; palliative irradiation is definitely
beneficial.—C. E. D.

Further Experiences in the Treatment of Lymph-
sarcoma with Radioactive Phosphorus. Kenney, J. M., 
and Craver, L. F. [Memorial Hosp., New York, N. Y.] Radi-
Lymphosarcoma is usually a systemic disease, and some
form of systemic therapy is theoretically preferable to
local irradiation. Lymph nodes invaded by lymphosarcoma
absorb about 3.5 times as great a concentration of radio-
active phosphorus as do the tissues of the body in general
and are hence subjected to selective irradiation.
Twenty-two unselected patients with lymphosarcoma
were treated with radioactive phosphorus, and 8 brief
summaries of 8 cases are given. Ten patients are living,
and 4 of these have had complete remissions without
recurrence for periods of 3 to 12 months. Success or
failure appeared to depend on two factors: the differential
absorption of radioactive phosphorus in the diseased
tissues and the radiosensitivity of the tumor cells. Serious
depression of blood counts was seldom encountered. It
is believed that radioactive phosphorus should be used
primarily or as an adjunct to x-ray in practically all cases of
lymphosarcoma.—C. E. D.

Irradiation Treatment of Cavernous Hemangioma
with Special Reference to So-Called Contact 
Roentgen Irradiation. Kerr, H. D. [State Univ. of Iowa, 
Lesions about the head and neck made up 50% of 177
lesions in 145 consecutive cases of cavernous hemangioma
involving the skin and subcutaneous tissues. Eighty-six
per cent of the patients were less than 1 year old, and
girls outnumbered boys roughly 3 to 1. One series of
96 cases treated with radium gave 63.5% good results.
Another series of 49 cases treated by Chatoul \"contact\"
roentgen radiation gave 69% good results. Two case histories are reported, and 7 photographs reproduced.

Although the two methods gave comparable end results, the author prefers roentgen therapy because of the shorter treatment time and greater convenience of administration.—C. E. D.


Since radioactive elements are the same, chemically and metabolically, as their inactive isotopes, and since they emit radiation comparable in action to some of the radia-tions from radium, they may be used for the therapeutic administration of internal radiation. Particular elements are chosen for their ability to localize selectively in special tissues. Radiophosphorus shows some degree of localization in rapidly growing tissue and has been used with some success in the treatment of leukemia and related disorders. A chart is presented of the survival of 212 patients treated with this method at the Crocker Radiation Laboratory since 1937. The 90 patients still alive are chiefly those treated in recent years. Fairly good results have been obtained in chronic myelogenous and lymphatic leukemia, lymphosarcoma, and polycythemia. Patients with Hodgkin's disease, multiple myeloma, or carcinoma were seldom benefited. A number of case histories are reported, and 7 photographs reproduced.

A case of pseudomyxoma peritonei is presented in which a roentgenogram of the abdomen showed many annular, calcified structures, presumably the calcified walls of pseudomucinous cysts, and in addition, many soft tissue masses. A second case showing a similar picture was probably pseudomyxoma but might have been paraffinoma. In 3 other patients with pseudomyxoma peritonei, films of the abdomen did not show similar calcifications.—C. E. D.


A study was made of 636 consecutive, histologically verified, squamous cell carcinomas of the lip treated by radiation. Tables are presented to show the age incidence of the patients, and the extent and size of the initial lesions. Lip cancer was 38 times as common in men as in women and occurred 29 times as frequently on the lower as on the upper lip. Multiple primary lesions were present in 12 patients. Thirty-two per cent of the patients were engaged in occupations exposing them to the weather, and 87% used tobacco.

Treatment by roentgen rays and radium is, in general, as effective as surgery in curing the disease and gives better cosmetic results. In the authors' series the 5 year absolute cure rate was 58.9%, and the rate rose to 74.4% when patients were excluded who were lost from observation or died of intercurrent disease. Only 2 of 38 patients with proved metastatic lesions survived 5 years.—C. E. D.


The literature on combined heat and radiation treatment of tumors is reviewed. This method of treatment was used by the authors for 42 patients with a variety of advanced, inoperable malignant tumors. The temperature of the patient was maintained at 104-106°F in a fever cabinet for 30 to 60 minutes. This was followed immediately by 200 kv. roentgen therapy directed to the site of the tumor. A tabular summary gives the details of treatment and the results for each patient. Five case histories are given in greater detail. Symptomatic improvement was obtained in 65% of the 42 cases. Cures are not claimed, but the results seemed more favorable than could have been expected from radiation alone.—C. E. D.

A case of radium poisoning is presented and discussed at length. The patient, a 36 year old man, was given intravenous injections of radium chloride to a total dose of 440 μg.m., between January, 1925, and November, 1930, as treatment for Hodgkin's disease. In the subsequent years the patient developed extensive radium necroses of the mandible and of the vertebral, but the Hodgkin's disease was controlled. Eighteen years after the first injection the patient was working and in fairly good health even though his body still contained 11.4 μg.m. of radium, an amount in excess of the accepted lethal dose.—C. E. D.


Doses of fast neutrons produced by the cyclotron may be measured with the same ionization chamber as that employed for x-rays. Since the physical factors are different, the resulting unit is called “n” (neutron unit) rather than “r” (roentgen). The skin of normal subjects was exposed to a beam of neutrons and showed a minimal erythema after doses of 110 n. The dose of 200 kv. x-rays necessary to produce this effect is about 650 r. Hence 1 n is equivalent to about 6 r.

Between December, 1939, and September, 1941, 120 patients with cancer in various locations underwent a series of exposures to neutron radiation. Almost all these patients were considered incurable by surgery or ordinary radiation. They were given fractional exposures of 7.8 to 55 n per day and total field doses of 275 to 1165 n. The technic of treatment is described. Local and systemic reactions were quite severe in heavily treated subjects, but no patient died during treatment and only 8 during the subsequent 3 months. Complete regression of the tumor in the field of treatment occurred in 26 patients and partial regression in 53. Since the maximum period of observation has been 20 months, cures cannot be discussed. Although electroencephalography does not tell us the nature of a lesion, nor its exact site, it is an aid to cerebral localization. In the case reported it led the authors to advise encephalography and ventriculography in their search for a focal rather than for a diffuse disease of the brain.—J. L. M.

Skin and Subcutaneous Tissues


A review from a clinical and pathological standpoint.—G. H. H.


A detailed discussion and review of the literature on benign and malignant tumors of sebaceous glands. The authors point out that most so called adenomas are instances of hypertrophy or hyperplasia of sebaceous glands, true sebaceous adenomas being rare. They record brief notes on 5 adenomas, none of which was diagnosed clinically.

Twenty-nine cases of sebaceous gland carcinoma are reported in tabular form and discussed. Many of the carcinomas of this sort probably arise from benign growths; they often resist treatment and not infrequently metastasize. The pathologic entity is distinguished from basal cell or epidermoid carcinoma.—J. G. K.

Nervous System


Report of a case of meningeal gliomatosis originating from an intramedullary glioma. The tumor was notable for its extension to the leptomeninges and even to the dura which was destroyed locally. For this type of tumor, the author proposes the descriptive name of "malignant glioblastoma with astrocytic evolution."—A. C.


Of 205 epidermoids located within the cranial cavity, as described in the literature, 7 were situated in both supratentorial and infratentorial positions. The paper concerns an additional case in which the lesion involved both compartments. It is suggested that the term "cutaneous proliferating cyst," introduced by Paget, is an acceptable designation for the neoplasms now called epidermoid, or cholesteatoma.—A. C.

Abstracts

A study of 25 cases.—W. A. B.

Twelve cases of schwannoma in the tissues about the head and neck are described, 3 tumors originating from the phrenic nerve. The growths were clinically and anatomically benign; they proved radioresistant, but none recurred following excision.—J. G. K.

A case report.—E. L. K.

The paper appears to be the first in which cortical calcification is reported in association with a meningothelialomatous meningioma. The clinical diagnosis of Alzheimer’s disease was complicated by bilateral primary optic nerve atrophy resulting from pressure of the meningioma on the optic nerves and chiasma.—A. C.

A case report.—E. L. K.

A report of 1 intracranial epidermoid and 4 dermoid tumors. In all 5 cases, surgical removal of the tumor was successful.—A. C.

A case report.—C. W.

A case report.—E. L. K.

A case report.—E. L. K.

The present case of sudden and complete deafness was caused by the presence of a glioma infiltrating the tegmentum of the midbrain. Milder symptoms resulted from involvement of the hypohalous.—A. C.

A general review.—W. A. B.

A classification of vascular malformations and vascular tumors of the spinal cord, based on the study of 46 cases, is proposed. Malformations include telangiectasis and angiomata, and tumors are divided into capillary, cavernous, and sarcomatous neoplasms.—A. C.

Ear

Two cases of granular cell myoblastoma of the external auditory canal are added to the 30 cases of this type of neoplasm reported as occurring at various body sites. Some of these tumors are highly vascular and have an organoid arrangement that may give them a resemblance to neoplasms of endocrine gland origin.—H. G. W.

Breast

Included in this short paper is a discussion of cystic disease of the breast which is not considered by the author to be a precancerous condition. In the differential diagnosis of benign and malignant lesions the importance of a simple, but frequently overlooked, procedure of palpation of the breast with the flat hand is stressed. Only in this way can the relationship of a mass to the mammary tissue be established. Intraductal papilloma, believed by many observers to be potentially malignant, is classified as a benign lesion requiring conservative surgery and not more extensive resection. In a series of 714 mammary carcinomas, 50% were classified as the scirrhus type.—M. J. E.

Cystic disease of the breast is considered to be of two types: the cystic type with fairly large cysts of the blue-domed variety, lined with thin epithelium; and the adenocystic type with many small cysts, lined with hyperplastic epithelium. Carcinoma rarely develops in the former type but occurs more frequently in the latter. Cystic disease may arise as a result of overactivity of the anterior pituitary gland, associated with deficient inhibition by the ovaries.—W. A. B.

The myoepithelial cells of the breast are described. These are smooth muscle cells, epithelial in origin, arranged about the ducts and situated on the “epithelial” side of the basement membrane; they stain distinctively with von Gieson’s and Mason’s stains. The myoepithelial cells manifest the ability to proliferate, either alone or in conjunction with the epithelium, especially in breasts showing mastopathia cystica and fibroadenomatosis, and...
FEMALE GENITAL TRACT


A case report illustrating the possibility of malignancy in a secondary implant even though the primary tumor is microscopically benign.—C. W.


The essential data obtained from a study of 75 examples of "newer" types of ovarian neoplasms are presented in tabular form. The following items are considered: histogenesis, age of patients, characteristic symptoms or syndrome, unilateral or bilateral occurrence of the tumor, gross appearance, microscopic pattern, 5 year survival of patients, and the hormone elaborated. Under the newer types are classed: granulosa cell tumor, theca cell tumor, arhenoblastoma, dysgerminoma, and Brenner tumor.—J. L. M.


Surgical removal of a theca cell tumor of the ovary in a woman of 61 years effected a complete cure. After extirpation, the evidence of estrogen secretion by the tumor, such as mammary enlargement and uterine bleeding, promptly began to disappear.—M. J. E.


A report of a case and review of the literature.—W. A. B.


The incidence of carcinomatous obstruction of the bowel was 12.1%, among 74 patients with squamous cell carcinoma of the cervix, coming to autopsy during an 11 year period.—W. A. B.

MALE GENITAL TRACT


A report on the treatment of 37 cases of inoperable carcinoma of the prostate by castration, the use of stilbestrol, or both. The general results were satisfactory, only one patient apparently receiving no benefit. Beneficial effects included rapid and lasting relief of pain; improvement in appetite, weight, and strength; and feeling of well-being. However, there was no radiographic evidence of arrest or regression of bone metastases. The acid phosphatase level was high in some but not in all cases with metastases; when elevated it fell rapidly after castration and was still further reduced by stilbestrol. The 17-ketosteroids were lowered in most cases after orchectomy; the level seemed to have no reaction to the course or progress of the disease. The authors recommend "intracapsular orchidectomy" as a means of reducing the psychological effects of castration.—C. W.

MALE GENITAL TRACT


A report on the early postoperative effects of bilateral orchectomy and transurethral resection on 41 patients with carcinoma of the prostate. Four particularly striking cases are reported in detail. The observations substantially confirm those reported by Huggins.—C. W.


A review of recent advances including clinical, enzymatic, and radiographic studies. The therapeutic use of androgenic substances is discussed, and recommended treatment for various types of cases is outlined.—C. W.

URINARY SYSTEM—MALE AND FEMALE


The hypothesis is advanced that the underlying cause of recurrent vesical papillomatosis may possibly be chemical in nature, and that the chemical agents may be derived from cosmetics, drugs, and industrial chemicals.—H. G. W.
carcinoma survived 5 years or more. Proper use of radiation may improve these results. Twenty-seven references are cited.—C. E. D.

**Oral Cavity and Upper Respiratory Tract**


A general discussion on diagnosis and suggested methods of treatment.—M. J. E.


Panlaryngectomy seemed advisable in 5 patients with advanced extrinsic carcinoma of the larynx in whom x-ray treatments had failed to eradicate the growths. The technic of the operation is described. The results were palliative.—J. G. K.


A general discussion.—W. A. B.


A case is reported of pseudoadenomatous basal cell carcinoma arising in a mixed salivary gland tumor of the base of the tongue. The patient, a white male of 57, was followed for 13 years during which time metastases developed in the cervical lymph nodes, lungs, pelvic bones, and right femur. Radiation therapy resulted in considerable palliation.—J. G. K.

**Salivary Glands**


In contrast to the rather high recurrence rate, development of metastases from these tumors seems to be relatively rare. The authors add a case to the 20 recorded in the literature.—H. G. W.


Four cases are added to the 67 previously reported in the literature. Three figures illustrate the growths, which were benign and composed of numerous cystic spaces lined with well differentiated pseudostratified columnar epithelium thrown up into broad based papillae. The stroma contained a delicate reticulum, in which were numerous closely packed lymphocytes or follicles with large germinal centers. Only 2 of the previously reported cases had exhibited malignant changes.—J. G. K.

**Intrathoracic Tumors—Lungs—Pleura**


A general review.—W. A. B.


Five cases of endobronchial tumor with malignant manifestations, characterized by a long clinical course.—W. A. B.


The autopsy findings in the case described revealed a bronchial tumor that would be regarded as benign from its histologic structure but there was a similar nodule in the liver. Bronchial adenomas are discussed from the standpoint of origin and of relation to carcinoid, mixed tumors of the salivary gland, and cylindromas.—E. E. S.


A report of a case of carcinoma of the bronchus. In the tumor was found embedded a small metal crucifix presumably aspirated 6 years previously.—H. G. W.


A case report.—E. E. S.


Three cases of endothelioma of the pleura were found among 345,000 admissions to the Henry Ford Hospital. The histories and autopsies of these 3 cases are presented together with 5 roentgenograms. The outstanding clinical finding was serosanguinous pleural effusion subsequent to an illness resembling respiratory infection. The characteristic flat and nodular projections on the surface of a thickened pleura are best made visible roentgenographically by withdrawing the pleural fluid and replacing it with air. The tumors probably arise from the endothelial cells of lymph spaces or from pleural lining cells.—C. E. D.


A case report.—C. E. D.


Four tumors of the lung, manifesting evidences of origin either in anlagen or from more than one germinal layer, are described and illustrated. Two of the growths developed during intrauterine life.—J. G. K.

A case is reported of a colored female infant who died at the age of 18 months after an illness of 6 months. Autopsy revealed small cell carcinoma of the left lung. The literature is briefly reviewed to show the rarity of this condition in infants and children. Among the lung carcinomas reported in patients under 20 years of age, there is a great preponderance of males over females.—C. E. D.


A review of recent literature, with a study of 158 proved cases previously reported and 68 additional cases considered largely from the radiographic standpoint. Diagrammatic charts show the types of tumors and implications with reference to diagnosis and treatment.---C. W.


Two patients having hemoptysis and a shadow in the lung simulating that of primary bronchogenic tumor proved to have pulmonary metastases when examined at autopsy. In one patient bronchial obstruction by the secondary tumor was also present. A review of 109 cases of metastatic tumor in the lungs showed that the secondary tumor involved bronchi in 20 cases but was associated with hemoptysis in only 4 cases.—E. E. S.


Report of a case in a colored female, aged 65. The tumor was situated in the anterior mediastinum beneath the pericardium and probably originated from embryonal sympathetic elements contained in the deep cardiac plexus. It was composed of small cells of striking uniformity, resembling somewhat the disease jagziekte as found in sheep. References are given to previously reported cases, and the questions are discussed whether the two types of lesions are infectious, of virus origin, and neoplastic. Four figures are shown.—J. G. K.


The history and autopsy findings are given of a 4 year old boy with a thoracic tumor composed of a mixture of neurogenous elements. While the primary tumor contained differentiated nerve elements with a preponderance of pheochromine cells, the metastases, which were widespread in bones and viscera, were comprised of undifferentiated cells of neuroblastomatous type. There are 8 figures.—J. G. K.


This is a review and general discussion based upon observations at autopsy of 28 cases of pulmonary cancer.—M. J. E.

Gastrointestinal Tract


A fibroma of the esophagus, 6 cm. in diameter, was successfully removed by the transthoracic approach. Details of diagnosis and treatment are described and discussed.—C. W.

Primary Adenocarcinoma in a Meckel's Diver-


A case report and review of the literature.—C. W.


A case report.—C. W.


A report of 9 cases.—W. A. B.


This review deals with the diagnosis and treatment of carcinoma of the rectum. The symptoms and diagnostic signs vary according to the region involved. Further, the age, physical characteristics, general condition of the patient, and duration of the disease furnish problems in diagnosis, treatment, and prognosis. Electro surgery or actual cautierization, radium therapy, and roentgen therapy are not competitive measures but are complementary. Six diagrams are included to illustrate carcinomas of the rectum and their treatment by both conservative and radical methods.—J. L. M.

Primary Sarcoma of the Stomach. Cameron, A. L., and Breslich, P. J. [Northwest Clinic, Minot, N. D.] Surgery, 9:916-930. 1941. Review of 104 cases reported during a 10 year period, with the addition of 2 cases.—W. A. B.

Lipoma of the Stomach Causing Hemorrhage. Report of Case. Cattell, R. B. [Lahey Clinic, Boston, Mass.] Lahey Clinic Bull., 3:34-38. 1942. A lipoma, 6 cm. in diameter, was successfully removed from the wall of the stomach. The only symptom had been gastric hemorrhage.—C. E. D.


Primary Lymphosarcoma of the Intestine in a Boy of Seven. Follow-Up of Nine Years. Charache, H. [Brooklyn Cancer Inst., Brooklyn, N. Y.] Am. J. Surg., 59:601. 1943. The patient is in good health 9 years after the removal of a lymphosarcoma of the ileum that had involved the adjacent lymph nodes. Of the 404 cases of lymphosarcoma of the intestine reported in the literature, 103 were carefully followed. Of the latter number, only 14 patients survived for 5 years.—H. G. W.


Benign Tumors of the Stomach. Dudley, G. S., Miscall, L., and Morse, S. F. [Bellevue Hosp., New York, N. Y.] Rev. Gastroenterol., 10:31-44. 1943. Of the benign gastric tumors studied 76 were found at autopsy and 34 at operation. Of 39 polyps found at autopsy 9 (23%) showed malignant changes, so that gastric resection is probably indicated in this group of tumors.—H. G. W.


Leiomyoma of the Colon. Good, C. A. [Mayo Clinic, Rochester, Minn.] Radiology, 39:731-732. 1942. A case is reported of leiomyoma of the transverse colon in a 46 year old man. The only symptoms were recurrent attacks of left upper quadrant pain accompanied by fever, chilliness, and diarrhea. The diagnosis was suspected roentgenologically and confirmed surgically. Two roentgenograms are reproduced.—C. E. D.

Cancer of the Stomach. Gray, H. K. [Mayo Clinic, Rochester, Minn.] Proc. Mayo Clinic, 16:65-66. 1941. In the light of present knowledge only the surgeon can offer a patient afflicted with cancer of the stomach the possibility of permanent relief, for early removal of the malignant growth is the only known method of cure. Unfortunately there persists among the public and many members of the medical profession a disregard of the significance of persistent symptoms referable to the stomach. There is an equally deplorable tendency on the part of physicians to await the development of a clinical history typical of that ascribed in textbooks to malignant gastric lesions, before serious consideration is given to the possibility that a malignant lesion of the stomach exists.—J. L. M.

Chronic Gastritis. Its Relation to Gastric and Duodenal Ulcer and to Gastric Carcinoma. Hebel, R. [Univ. of Minnesota, Minneapolis, Minn.] Am. J. Path., 19:43-71. 1943. A study was made of 260 stomachs obtained at autopsy, 106 stomachs resected for duodenal or gastric ulcer, and 52 stomachs resected for carcinoma. There was no evidence that the carcinomas arose with unusual frequency in stomachs already the seat of a diffuse gastritis.—J. G. K.


Benign Tumors of the Large Intestine—Incidence and Distribution. Helwig, E. B. [Washington Univ. Sch. of Med., St. Louis, Mo.] Surg., Gynec. & Obst., 76:419-426. 1943. Polyps were encountered in the large intestine in 154 cases in a study of 1,460 consecutive autopsies. There were 139 cases with adenomas. The latter were usually multiple and occurred most frequently in the sigmoid colon, 13 with lipomas, 1 with a rectal carcinoid tumor, and 1 with a leiomyoma. All carcinomas and sarcomas were excluded from the study, though a few of the adenomas manifested microscopic foci of carcinomatosis. Thirteen figures illustrate the types of lesions.—J. G. K.


The Relationship of Polyps of the Colon to Carcinoma. Jackman, R. J. [Mayo Clinic, Rochester, Minn.] Proc. Mayo Clinic, 16:11-12. 1941. Some carcinomas of the colon probably begin as polypoid lesions of the mucosa. For this reason the early growth should be destroyed. A case is reported.—J. L. M.

Relation of Atrophic Gastric Mucosa to Carcinoma of the Stomach. Jankelson, I. R., McClure, C. W., and Freedberg, H. [Boston City Hosp., Boston, Mass.] Rev. Gastroenterol., 10:26-31. 1943. Atrophy of the gastric mucosa, with or without pernicious anemia, should be considered a precancerous lesion, since in the authors’ experience about 4% of such lesions become malignant. This development of gastric cancer is probably associated with the presence of polyps and is almost invariably preceded by a condition in which achlorhydria is present even after administration of histamine.—H. G. W.
A report of a case.—W. A. B.

Early diagnosis of cancer of the stomach is difficult since hemorrhage, obstruction, severe digestive disturbance, and low gastric acidity may not appear until after metastasis has occurred. A gastric carcinoma palpable through the abdominal wall can rarely be cured. Distaste for food has been noted at the Lahey Clinic as one of the early suggestive symptoms, and, if associated with low values in gastric acidity, loss of weight, vague digestive disturbances, or constipation, it warrants careful study of the patient. If the x-ray studies are inconclusive or reveal a poorly defined abnormality, they must be checked at frequent intervals.

Distant metastases contraindicate operation. If the abdomen is explored, resection should not be begun until careful palpation has shown that the regional extensions will permit complete removal of the tumor. On the basis of extensive experience with subtotal gastrectomies, 55 total gastrectomies, and 7 transpleural resections of the esophagus and cardia for malignancy, it is suggested: (1) that it is desirable to remove the omentum together with the stomach in subtotal gastrectomy; (2) that total gastrectomy can be done in cases of limitis plastica with an operative mortality of not over 15%; (3) that total gastrectomy is often simplified by splenectomy; and (4) that transpleural resection is often warranted and can be done with reasonable safety in carcinoma of the lower esophagus and cardiac end of the stomach.—C. E. D.

Abdominoperineal resection is carried out with the patient in a combined lithotomy and Trendelenburg position. The abdominal and perineal parts of the operation can proceed simultaneously with shortening of the operative time.—W. A. B.

Successful resection followed by death 5 months later. At autopsy there were metastases in the liver, suppurative cholangitis, and hepatitis.—W. A. B.

A report of 2 cases.—W. A. B.

A review of 38 reports found in the literature, to which 3 personal cases are added, shows that in 19 cases malignant alterations were found. The large proportion of patients with malignant change argues for radical treatment as the treatment of choice.—H. G. W.

A case report.—W. A. B.

A report of a secondary tumor in the ileum giving signs of intestinal obstruction and tarry stools. Diagnosis was established by necropsy.—E. E. S.

A review of 228 records of patients with a diagnosis of carcinoma of the large bowel studied at New Orleans Charity Hospital from 1935 to 1941. The operability increased from 24 to 70% in 7 years, and the operative mortality decreased from 71 to 28%. The highest incidence was in the higher age groups, but 17% of the patients were under the age of 40. More than half the lesions were situated in the rectum. The symptoms and physical findings are discussed. Emphasis is laid on the need for preliminary exploration and decompression when obstruction exists. A program of preoperative and postoperative care is outlined.—E. E. S.

Report of a tumor measuring 15 X 10 X 8 cm. removed by operation from a 3 months old child.—H. G. W.

Discussion of polyoid lesions of the rectum.—W. A. B.

A review for the layman.—G. W.

A case report and review of the literature.—C. W.

Six probable carcinoid tumors of the rectum are described. Five of them differ cytologically from the common carcinoids found in the appendix and ileum. It is suggested that these are carcinoid tumors composed of Erspermer's pre-enterochromaffin cells.—I. G. K.

Cancer of the Rectum. Womack, N. A. [Washington
Univ., Sch. of Med., St. Louis, Mo.] J. Kansas M. Soc., 42:
369-374. 1941.

A review with an interesting account of the first colos-
tomy operation in 1776.--C. W.

Primary Carcinoma of the Appendix Associated
with Acute Appendicitis. Report of a Case. Young, E. L.,
and Wyman, S. [Faulkner Hosp., Boston, Mass.] New

A case report with a review of the literature for the past
10 years. True carcinoma confined to the apex is found
to be quite rare.--C. W.

Liver
Carcinoma of the Larger Bile Ducts. White, R. J.

Four cases with fatal termination are recorded. All had
obvious clinical evidence of severe obstructive jaundice,
but accurate preoperative diagnosis was not possible. In
2 patients, laparotomy disclosed inoperable masses at the
junction of the cystic and hepatic ducts, while in 2 others
small tumors were present in the region of the ampulla
of Vater. Attempts at radical resection in the latter cases
did not appear advisable.--M. J. E.

Bone and Bone Marrow
Malignant Degeneration in a Case of Multiple
Benign Exostoses. With a Brief Review of the
Literature. Bennett, G. E., and Berkheimer, G. A. [Johns
A case report.--W. A. B.

Stillbestrol and Deep X Rays for Sarcomatous
Metastases. Binnie, G. G. [North Staffordshire Royal In-
1942.

A case is recorded in which a large metastatic deposit
from an osteogenic sarcoma almost entirely disappeared
following a course of deep x-ray therapy combined with
the injection of stilbestrol in comparatively large doses.
The patient, a female aged 18, had an osteosarcoma
(spindle cell, with pleomorphism) at the upper end of
the tibia, showing irregular absorption and sclerosis of
the bone. An intensive course of deep x-ray therapy was
given, but no response occurred apart from relief of pain,
and radiographs showed that bone destruction was con-
tinuing. Eight months later a mass 6 cm. in diameter
was present in the groin. As in the case of the primary
growth, no response occurred after deep x-ray treatment,
and the tumor soon began to ulcerate. Deep x-ray treat-
ment was repeated, on this occasion combined with the
administration of stilbestrol. The result proved striking,
and the fungating tumor gradually disappeared, leav-
ing a clean cavity with small amounts of tumor tissue
still present in the walls. The ulcer, which was at one
time 8.5 cm. in diameter, decreased to 3.5×5.0 cm. An-
other extraordinary feature was the sharp definition of a
metastatic deposit in the lungs. The initial dose of stil-
bestrol was 5 mgm. intramuscularly daily for 1 week,
increased to 7.5 mgm. daily for 12 days. After an interval
of 2 weeks, 10 mgm. was given intramuscularly daily for
22 doses.

Another case is mentioned (of osteochondrosarcoma of
the femur with recurrence in the stump) that was simi-
larly treated. The result was not so definite, although
some retardation of the rate of growth took place.--A. H.

Bone Tumors with Reference to Their Treatment.
Copeland, M. M. [Johns Hopkins Med. Sch., Baltimore, Md.]

A general review.--W. A. B.

Aberant Thyroid Tumor of the Vertebrce with
Compression of the Spinal Cord. Denker, P. G., and

The paper reports the case of a vertebral tumor, com-
pounded of normal thyroid tissue, with secondary compres-
sion of the cord. The treatment consisted of surgical re-
moval of the tumor, which had to be repeated, and high
voltage irradiation. The patient appears to be cured 8
years after the last operation.--A. C.

Cavernous Hemangioma of the Skull. Case Re-
1943.

A case report.--W. A. B.

Cystic Myxomatous Tumors about the Knee:
Their Relation to Cysts of the Menisci. Ghormley,
R. K., and Dockerty, M. B. [Mayo Clinic, Rochester, Minn.]

Four cases with mucinous tumors of the knee joint are
described. The tumors are thought to result from cystic
degeneration followed by extensive repair and are not
regarded as examples of true neoplasms.--E. E. S.

Osteoid-Osteoma of the Astragalus. Horwitz, T.

A benign tumor of bone, typical of "osteoid-osteoma"
as described by Jaffe, was found in the astragalus of a
16 year old Negro boy. Radiologically the lesion appeared
as an oval, sharply defined, radiolucent nodule elevating
the overlying intact cortical bone like a blister. There was
an increase in density of the surrounding bone but no soft
tissue reaction. The tumor was excised. Two photo-
micrographs are reproduced, which show a vascular tumor
with abundant osteoid formation and many giant cells.
Such lesions may be misdiagnosed as sequestrating non-
suppurative osteomyelitis of Garré or as intracortical bone
abscess.--C. E. D.

Benign Chondroblastoma of Bone. A Reinter-
polation of the So-called Calcifying or Chondrom-
atous Giant Cell Tumor. Jaffe, H. L., and Lichten-
Path., 18:969-991, 1942.

The authors describe as benign chondroblastoma of
bone a lesion that has previously been considered a
variety of giant cell tumor. The growth starts its development in an epiphysis, usually of some long bone, not necessarily the humerus; it rarely attains a size of more than 3 to 5 cm. in largest diameter. The lesion occurs particularly in males, almost always in adolescents. It proves benign and heals without recurrence after curettage.

The basic tumor cells of the lesion are polyhedral or round and of moderate size, with a fairly large nucleus, and are held by the authors to be chondroblasts. The tumor cells may be closely packed or more loosely aggregated, but the distinctive feature is the presence of focal areas of calcification of the cellular tumor tissue. Wherever the calcification becomes intense the tumor cells swell and undergo necrosis. The necrotic tumor tissue comes to be replaced by hyaline chondroid tissue, which subsequently may show spots of ossification. There may be areas of hemorrhage and also large vascular sinuses bordered by viable tumor tissue, necrotic tumor tissue, or hyaline chondroid material that has replaced the necrotic tumor tissue. Clumps of large multinuclear giant cells may be seen in the areas of hemorrhage, about the vascular sinuses, and even in the hyaline chondroid tissue; these the authors regard as multinuclear macrophages such as are commonly found in skeletal lesions in the vicinity of local hemorrhage, organization, fibrosis, chondrification, or ossification. Occasionally, a few small giant cells (with 2 or 3 or even several more nuclei), which may be actual tumor giant cells formed by the fusion of smaller unicellular cells, are distributed amongst the polyhedral tumor cells.

Excellent figures illustrate the lesion in its major aspects. The authors discuss why they regard its basic tumor cells as cartilage germ cells, and how the lesion differs from the giant cell tumor of bone on the one hand and the Characteristic Periodic Course. Roberts, C. P. [Tulane Coll. Med. Sch., Boston, Mass.] NEW ENGLAND J. MED., 226:90-97. 1942.

A case report and review of mortality statistics.—C. W.


A search was made at necropsy for microscopic bone metastases in 78 cases of cancer of various types. These were found: in 60% of 23 cases of carcinoma of the breast, in 68% of 16 cases of prostatic cancer, in 25% of 20 cases of cancer of the cervix, and in 1 of 6 cases of carcinoma of the stomach. The metastatic nodules were almost always multiple; they were invariably present in red marrow and not in yellow; frequently they had not elicited symptoms during life. Eight figures illustrate the article.—J. G. K.


The records of 95 patients having roentgenographic evidence of tumor metastases of various types in the spine were reviewed. The majority of tumors were derived from the breast or prostate. Roentgenotherapy afforded the greatest relief of pain. The efficacy of cobra venom, subarachnoid alcohol injection, chordotomy, application of braces, and orchietomy is discussed.—E. E. S.

LEUKEMIA, LYMPHOSARCOMA, HODGKIN’S DISEASE


Four hundred and ninety-five cases, seen during 14 years, are classified as lymphogenous (43.6%), myelogenous (48.3%), and histogenous (undifferentiated or slightly differentiated reticulum cells, 8.1%). The sex and median age of the patients and the frequency of cases of the several types are tabulated; an apparent increase in the incidence of the disease is noted. Hematologic data on 4 illustrative cases are reported. Roentgen therapy of leukemia is discussed, and the results of such treatment are presented.—J. G. K.


The authors tabulate the incidence of leukemic and allied diseases occurring in a group of necropsies done at the University of Texas between 1892 and the present time. Among 5,400 postmortem examinations, 9 examples of lymphosarcoma or chronic lymphatic leukemia were observed; 8 of chronic myeloid leukemia; 8 of acute leukemia; 1 each of leukaemia and Hodgkin’s disease, the latter associated with a blood picture suggesting eosinophilic leukemia; and 2 of chloroma. The latter are discussed in some detail.—M. J. E.

Many aspects of the classification, treatment, and prognosis of leukemia and lymphoblastoma are discussed informally. The available classifications are unsatisfactory since they are morphological rather than etiological. Radiation is the most useful agent in the palliative therapy of chronic leukemia, but some cases will still respond to arsenic after they have become refractory to radiation. Patients with acute leukemia are seldom or never benefited by radiation. Therapy should be directed toward improving the patient's clinical condition, rather than toward reducing the white blood cell count to normal. Anemia and leukopenia may result from radiation or arsenic therapy and sometimes necessitate transfusions.

In Hodgkin's disease, as in leukemia, it is desirable to use the smallest dose of roentgen rays that will relieve the patient's symptoms. Radiactive phosphorus is effective in leukemia but not in Hodgkin's disease.

In certain cases lymphosarcoma may be a localized disease in its early stages and hence curable by surgery or heavy irradiation. Unfortunately in most cases the disease is generalized when first seen and is best treated symptomatically.—C. E. D.


A statistical study is presented of the relation of signs and symptoms to life expectancy in 64 cases of myeloid leukemia and 64 cases of lymphatic leukemia seen at the Presbyterian Hospital between 1919 and 1939. All patients received roentgen therapy. The average age of onset was 41.1 and 49.6 years for myeloid and lymphatic leukemia respectively. The 64 myeloid cases were equally divided between men and women, while 58% of the lymphatic group were men. Initial symptoms of weakness and loss of weight, and symptoms attributable to splenic enlargement were more common in the myelogenous group. Enlargement of superficial lymph nodes was the initial complaint in 63% of the lymphatic group and 20% of the myelogenous group. The average survival was 2.5 and 2.8 years among patients with myeloid and lymphatic leukemia respectively. The corresponding 5 year survivals were 5% and 14.5%. Tables and charts are presented to show, among other things, that early anemia and thrombocytopenia are bad prognostic signs. Radiation therapy affords symptomatic relief but has not been definitely shown to prolong life.—C. E. D.

**Spleen**


A case is reported of partially calcified cystic angioma of the spleen in a 25 year old white woman. The tumor was diagnosed roentgenologically as a splenic cyst and was successfully removed. Roentgenograms and photographs of gross specimens and of sections are presented.—C. E. D.
PANCREAS


A case is reported of islet cell carcinoma of the pancreas with symptoms and signs of severe hypoglycemia. Beta cells were demonstrated in the primary tumor but not in the metastatic lesions. Pituitary basophilism also was found. A comparison is made with 8 other cases of proved islet cell carcinoma with metastases. Six illustrations.

-G. K.


A case of carcinoma of the pancreas with metastases to many of the skeletal muscles is reported.

-H. G. W.


In a case of carcinoma of the tail of the pancreas, the patient died of peritonitis following invasion and perforation of the ileum. The congenital anomalies referred to in the title were unrelated to the tumor.

-M. J. E.

PITUITARY


This is a description of changes observed in a giant between his fifteenth and twenty-second years, and of attempts to suppress his excessive growth. Serial studies were made roentgenographically of the epiphyses and sella turcica, and detailed records kept of the body weight and appearance of the external genitalia. Therapeutic trials included irradiation of the pituitary and administration of gonadotropins and testosterone compounds.

J. B. H.

THYROID


A case report with a review of 21 cases of malignant parathyroid tumors described in the literature.

W. A. B.

MULTIPLE TUMORS


Study of the frequency of new primary cancers occurring some time after another earlier cancer has been cured may reveal whether or not the general resistance to new growth is greater in persons who, at some time previously, were susceptible. The method used in the present work was to examine the records of cancer patients in order to discover whether an earlier cancer had been cured before the current cancer disease had apparently started. Only the combinations surface-internal malignancy, internal-surface cancer, and internal-internal tumors were considered. Records of 5,876 patients, all over 50 years of age, were studied, no incomplete history being rejected if the existence of another primary cancer in the past could be established with some probability. The number of metachronous malignant tumors actually found was compared with the expected number, the calculations being based on survival rates. The results indicate that metachronous primary malignant tumors are several times less frequent than would be expected if the development of one tumor in a susceptible person is assumed to be independent of the existence of another primary tumor in the past. It appears, therefore, that a cured tumor in the history of a patient coincides with a state of resistance of the body against the development of other malignant neoplasms. This remnant protection, though not unfailing, seems to be strong enough to justify an attempt to change the distribution of cancer by site.

-A. C.


Among 3,700 consecutive autopsies at the University of Colorado Medical School, 42 examples of multiple primary benign or malignant tumors were found. In only 10 instances, or 0.27% of the total autopsies, were two or more malignant tumors present. The opinion of Peller that a skin tumor confers protection against internal tumors is cited, and some of the work on tumor immunity in experimental animals is discussed. It is suggested that the rarity of multiple human tumors may well be due to some process of acquired immunity, which could, in the future, play an important part in tumor prophylaxis or therapy. No calculation is presented of the expected incidence of multiple tumors in the author's series of autopsies.

-C. E. D.


Two cases of coexistent vesical and renal neoplasm are reported because of several unusual features. In the first case, vesical, renal, and ureteral lesions were present and were all of the same type and grade; in the second case, the patient had an adenocarcinoma of the kidney and an epithelioma of the bladder, an unusual occurrence.

-J. L. M.


Two case reports: one, carcinoma of the stomach with metastases to the liver and carcinoma of the prostate with metastases to bones; the other, carcinoma of the prostate and rhabdomyosarcoma of the bladder.

W. A. B.

A critical review leads to the conclusion that the neoplasm in question is the cancerous representative of the tumors of the blood vessels and that as such it should be called “angiosarcoma,” the term “Kaposi’s sarcoma” being reserved for the subvariety that arises in the skin.

Four cases are presented, in one of which the tumor was limited to the heart.—H. G. W.


The subject of this conference was a 5 year old white boy with a leukopenic anemia, relative lymphocytosis, and widespread rarefying lesions of bone. The clinician made a diagnosis of leukemia, the radiologist, of sympathetic neuroblastoma with skeletal metastases, and the pathologist, of Ewing’s endothelial myeloma with extensive skeletal involvement.—C. E. D.


Cancer was discovered in 75 patients while they were under treatment for genitourinary infections. A discussion of the role played by syphilis in malignancy, especially of the mouth, tongue, and throat, is given.—M. E. H.


Diagnosis of tumors of the upper and inner aspect of the thigh is not easy, and great harm can be done by cutting into certain nonneoplastic masses, such as aneurysms, hernias, or psoas abscesses. To emphasize this point, as well as to show that the diagnosis of lipoma usually can be made before operation, the authors report a case.—J. L. M.


A report of 2 cases with metastases. One arose in the tongue, the other probably in the parotid gland.—W. A. B.


The regular meeting of the Chicago Roentgen Society for January 14, 1943, was a symposium at which the anatomy and embryology of the reproductive systems were reviewed and the developmental history of the suprarenal cortex was considered. The effects of male and female gonadal hormones on the prostate gland were outlined. In the management of neoplasms whose growth is influenced by sex hormones, the quick withdrawal of the latter is one of the most important advances in clinical medicine. This may be accomplished by surgery, endocrinotherapy that neutralizes a primary hormone, or radiotherapy.—M. E. H.


Four tumors of similar histological structure are described that seemed to originate from the serous membranes of male and female generative organs. The tumors were classified as mesotheliomas and appeared to be benign. Similar growths have been described previously but have been variously classified, usually as adenomas or adenocarcinomas. There are 7 figures.—J. G. K.


Histologically identical tumors (“chromaffinomas”) were present in the carotid body and pancreas of a 47 year old Negro. The question of metastasis or multicentric origin is discussed.—J. G. K.


Tumors of the carotid body, although relatively rare, should always be considered in the differential diagnosis of tumors of the upper anterior neck regions. They are always malignant or potentially malignant tumors.

Treatment should be complete surgical removal. Ligation of the carotid vessels is necessary in about 50% of the cases, and the complication of ascending thrombosis with hemiplegia is frequent.—M. R. D.


A case report.—M. E. H.


A case report.—M. E. H.


Plea for closer cooperation between the pathologist and the clinician in the handling of the cancer patient.—M. E. H.


A review with 2 case reports.—C. W.

STATISTICS


In a study of the incidence of cancer, conducted in ten urban areas from 1938 to 1940, data were collected by means of a questionnaire mailed to every physician, hospital, and clinic in the study area and, if necessary, by
personal visits. A copy of the death certificate, filed for each person who died from cancer in the area during the study year, was obtained from the local health department. The present study is limited to an analysis of the consistency of the entries for primary site of cancer and age. Case reports and death certificates involving cancer were obtained for 13,524 persons. The closest agreement (92.6%) was found for cancer of the digestive tract. The least agreement occurred for cancer of the skin (42.6%), brain cancer (46.3%), and bone cancer (51.5%). In about three-fourths of the cases, the age obtained in the survey fell in the same five year age group as that recorded on the death certificate. The agreement in age was greater for males than for females and greater for white than for colored persons.—A. C.

**Errors in Clinical Statements of Causes of Death.**


The validity of a discussion on the apparent increase in mortality from cancer depends on the accuracy with which certification of cause of death has been established. The paper is the application to deaths from malignant tumors of a study of the statistical expression of error in certification of cause of death based upon clinical findings and opinion as compared with postmortem protocols of the same cases. The diagnoses were classified as topographically and etiologically correct, partly correct, and incorrect. Among 3,462 cases of malignant tumors, two-thirds were found to be correct. The number of diagnoses considered partly correct in one or both ways, but in no way completely incorrect, represented 14% of the total cases. Incorrect diagnosis amounted to 6%. By the arrangement of clinical diagnoses according to anatomical site, an 80% accuracy, or more, was found for malignant tumors of breast, rectum (including rectosigmoid), cervix, pharynx and larynx, and esophagus. There was less than 50% correct diagnosis for malignant growths of the liver, small intestine, brain, and bile duct. The range of correct diagnoses at both admission and death was from 87% for breast cancer to less than 2% for bile duct neoplasm. A study of the primary tumor and of metastases as the cause of death is included.—A. C.

**Primary Site of Carcinoma of Liver, Lungs, and Bone.**


A statistical analysis of mortality reports.—C. W.

**Cancer Data in Kansas.**


A statistical summary.—C. W.

**CANCER CONTROL AND PUBLIC HEALTH**

**Results of Fifteen Years of the Cancer Control Program in Massachusetts.**


An analysis of records showing the improvement resulting from the Cancer Control Program, and a discussion of the factors involved.—C. W.

**SCIENTIFIC SOCIETIES AND RESEARCH ORGANIZATIONS**

**Annual Report for the Year 1941 of The South African Institute for Medical Research, Johannesburg.**

In the section of this report dealing with cancer, Dr. des Ligneris urges the desirability of detailed histories of patients suffering from cancer, and of other patients for comparison, which might suggest precancerous factors. “Every member of the community should have a detailed clinical history, established from the time of birth until the time of death.” Cancer patients can be classified in 3 groups; (1) those with a definite history of a precancerous condition; (2) those in the first 35 years of life “in whom we may suspect a definite inherited or constitutional disturbance;” and (3) the remainder, which of course constitutes the great majority; “the number of patients falling within this category should fall appreciably if the above mentioned method of life-long supervision by medical advisers and investigators were established.”

The treatment of mice with liver extracts from Bantu and European cancerous and noncancerous persons (des Ligneris, M. J. A., AM. J. CANCER, 89:489. 1940) was brought to a provisional conclusion. Amongst the last batch of mice that had been treated with noncancerous Bantu liver extracts, a few more skin epitheliomas appeared, and a case of sarcoma was observed in a mouse that died with lung metastases. Other animals, such as rats, sheep, and rabbits, treated with any of these extracts, did not develop tumors, even after 2 years.—E. L. K.
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