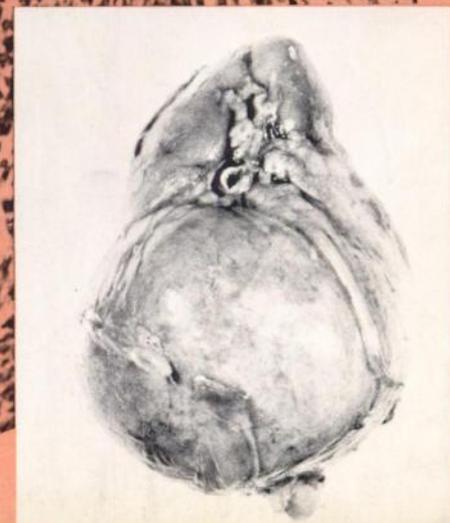
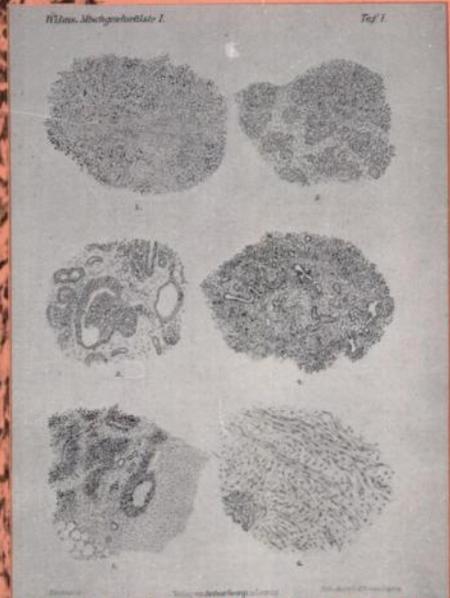
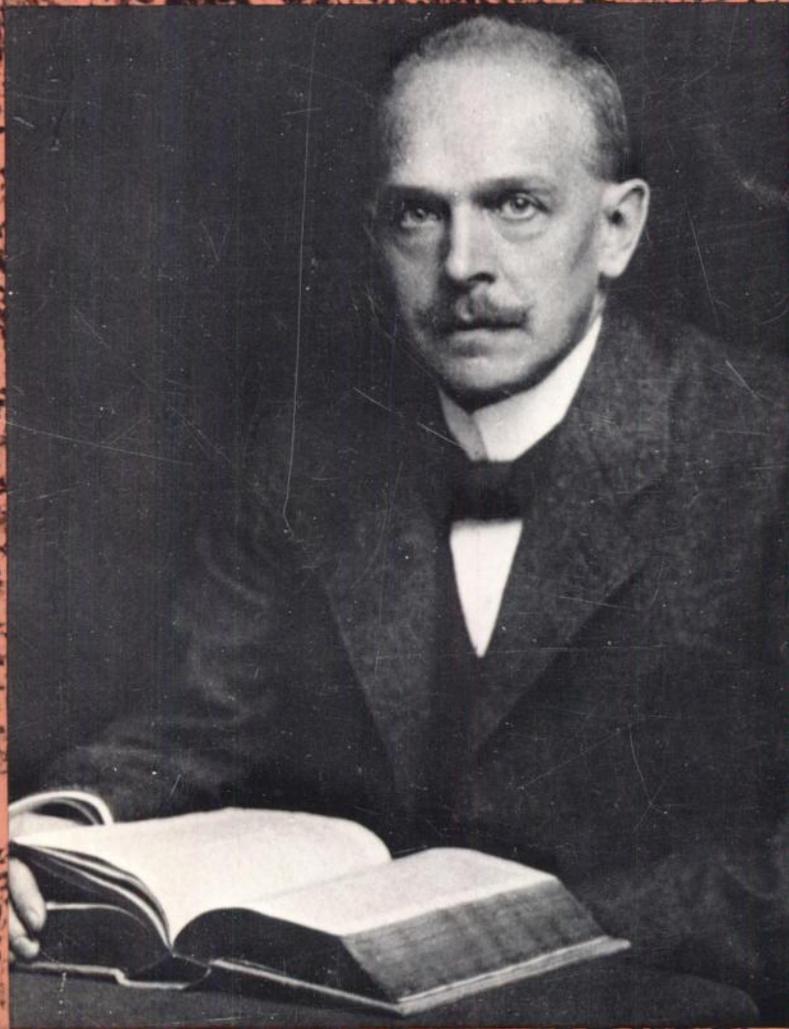


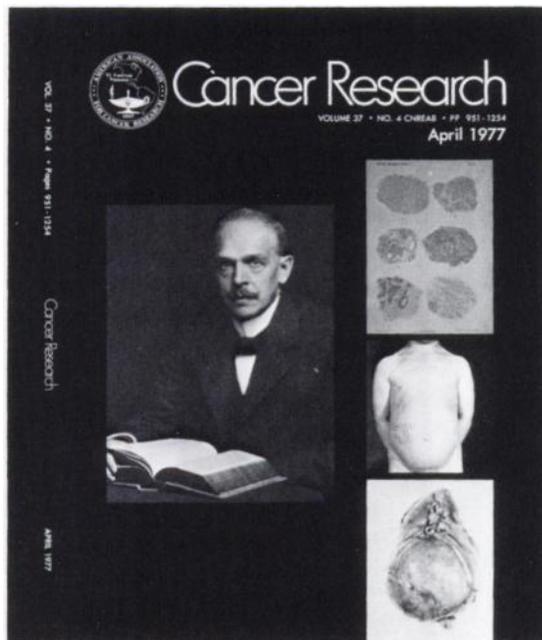
Cancer Research

VOLUME 37 • NO. 4 CNREAS • PP 951-1254

April 1977



COVER LEGEND



The patient was a 3-year old girl with a kidney tumor which had grown to immense proportions in a short time. The child, anemic and emaciated, was admitted with an enormous mass in the right abdomen and with definite ascites. After nephrectomy, the little child recovered uneventfully. A few months later, however, a recurring abdominal mass was again palpable and shortly afterward the child died. The removed tumor had nearly the size of a man's head and was surrounded by an external capsule which was invading the renal capsule. The kidney lay compressed at the hilus of the neoplasm, the tumor situated like a shell around the kidney. The boundaries to the renal parenchyma were sharp, but the neoplasm had grown into the renal vein, partially obstructing its lumen. The renal pelvis was free of tumor.

This typical description of the first of seven cases of nephroblastoma was published by Max Wilms, in 1899, in his monograph on mixed tumors (*Die Mischgeschwülste. Heft. 1: Die Mischgeschwülste der Niere.* Leipzig: A. Georgi, 1899).

Wilms was not the first to describe the embryonic

renal tumor that became known as Wilms' tumor. T. F. Rance recorded a case in 1814 (*Med. Phys. J.*, 32: 19, 1814), and Wilms reviewed published cases starting with Eberth in 1872 and Cohnheim in 1875. The nomenclature of these tumors was based on dominant histological structures and included chondroma, rhabdomyoma, and similar terms. The complex structures were attributed to metaplasia by Virchow and to displaced germinative tissue by Cohnheim. Wilms pointed out that the tumors were derived from embryonic mesoderm. It is this classification of their origin that related his name eponymically to the tumor.

Among recent contributions that have related Wilms' tumor to events during the embryonic period are the studies on growth rate and recurrence by V. P. Collins *et al.* (*Am. J. Roentgenol.*, 76: 988, 1956) and on the association of Wilms' tumor to aniridia and hemihypertrophy by R. W. Miller *et al.* (*New Engl. J. Med.*, 270: 922, 1964). Most importantly, Wilms' tumor is one of the neoplasms yielding increasingly better survival with combined surgical, radiological, and chemotherapeutic management (*cf.* A. H. Ragab *et al.*, *Cancer*, 30: 983, 1972, and G. J. D'Angio, *Cancer*, 30: 1528, 1972).

Max Wilms (1867-1918) was born near Aachen and obtained his medical degree at Bonn in 1890. He worked in pathology at Giessen and Cologne and, in 1899, published his monograph on mixed tumors. He subsequently trained in surgery at Leipzig and was appointed professor of surgery in Basel in 1907 and at the University of Heidelberg in 1910. He died at age 51 from an infection contracted during an operation on a French prisoner of war. Laro Röhl (*Invest. Urol.*, 4: 194, 1966) wrote a recent obituary in English.

The portrait of Wilms is from the National Library of Medicine. The pictures of the child with Wilms' tumor and of the surgically removed tumor are from B. Lucké and H. G. Schlumberger, *AFIP Sect. III, Fasc. 30*, 1957, and are reproduced by permission. The histological drawings of various components of the tumor are from Wilms' monograph. The histological section of a contemporary case was furnished by Dr. C. Dawe.

M. B. S.