Clinical and Pathological Reports

Diagnosis—General


Radiation—Diagnosis and Therapy


In 14 cases of proved malignancy, tumors of the nasopharynx were studied radiographically, and osseous and soft tissue changes described. The importance of a stereoscopic basal examination is emphasized.—E. H. Q.


Simple methods are presented for calculating the tumor dose when roentgen factors are known, and for determining the amount of radiation to be given to each field when the tumor dose is prescribed.—E. H. Q.


Statistical data are given on the fate of 432 patients with distant metastases from malignant tumors. Some of the patients were treated with roentgen irradiation, others remained untreated. Local palliation was brought about in 70% of treated patients; this corresponds to 45% of the total number of cases. The duration of life was generally longer for the treated patients, and only in this group did survival periods of more than 3 years occur. The most important criterion of the usefulness of the treatment is the restoration and prolongation of the patient's well-being. This aim was reached in about one-half of all cases treated. —E. H. Q.


Roentgenograms are presented of a carcinoma of the head of the pancreas, with a recently described type of mucosal change in the duodenum.—E. H. Q.


From a review of 12 cases the authors conclude that there is only one form of lymphangiomata, the verrucous type of lymphangiomata simplex, that responds favorably to irradiation given in doses that do not cause permanent injury to normal tissue. All other forms either do not respond at all or require a dose larger than can be given with safety. Infection is a definite hazard in the treatment of these cases, particularly of the large tumors of the neck. For this reason the taking of biopsies and the insertion into the tumor of radium in the form of seeds or needles should be discouraged.—E. H. Q.


Standard techniques are presented for treatment of a wide variety of tumors. Methods for computing and recording the tumor dose, and tables of tumor doses are included.—E. H. Q.


Thirty-seven adults were treated for neoplasm of the kidney either by x-rays and surgery or by radiation alone. Twelve patients are living 5 years or more without evidence of disease; 8 of these had preoperative irradiation. Only 1 patient who was treated by radiation alone survived for this period; this method is, therefore, not recommended.—E. H. Q.


An analysis of 103 proved cases of seminoma fails to provide clinical criteria for accurate diagnosis of the disease; the only certain diagnostic procedure is biopsy. Seminoma is the commonest type of testicular neoplasm; the authors consider it a highly undifferentiated adenocarcinoma. Hormonal analysis is of no definite help in either diagnosis or treatment. Roentgen therapy is the method of choice.—E. H. Q.


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In an attempt to improve the method of radium treatment of cancer of the uterine fundus, a simple instrument was devised for the insertion of multiple capsules. The technic is described.

Sixty-nine cases treated with radium and subsequent hysterectomy were studied with regard to number and position of radium sources, local radiation effect observed in...
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the operative specimen, and clinical result. The time elapsed is too brief to permit final evaluation of the treatment. Preoperative x-ray irradiation together with radium applied within the uterus by a multiple capsule technic, are recommended.—E. H. Q.


A review of 85 cases of cancer of the esophagus, treated by radiation at the University of Wisconsin shows that the average duration of life of patients after admission was 6.7 months; about 10% lived longer than this. Although most patients are admitted in an advanced stage of the disease, even then roentgen therapy offers palliation.—E. H. Q.

SKIN AND SUBCUTANEOUS TISSUES


Five cases are presented in detail with 7 figures. The growth is benign, pigmented, and of epithelial origin; it is unrelated to the tumors composed of nevus cells.—J. G. K.


Extensive review of the literature and discussion, with 9 figures.—J. G. K.


Case report, with 5 figures.—J. G. K.


Review based on 566 epithelial cysts examined during 20 years, with numerous references to the literature, and 3 figures.—J. G. K.

NERVOUS SYSTEM


Case report with autopsy findings.—M. E. H.


A case of oligodendroglioma of the left frontal lobe is reported. Skiagrams showed a dense shadow (7 x 7 cm.) in the left frontal region, attributable to the calcified tumor.—W. J. B.

EAR


The report is based upon a study of 38 cases in which treatment was attempted and 10 in which the tumors were too advanced in their growth to permit therapy. Tumors of the middle ear and mastoid are divided into the intrinsic type—those arising internally, and the extrinsic—those originating in the surrounding skin, parotid, or pharynx. In the present series of treated tumors 25 were classified in the former group and 13 in the latter. The most common symptoms were pain, discharge, ulceration in the affected part, and diminished hearing; while bleeding, involvement of the facial nerve, and vertigo occurred less frequently. Persistent aural discharge often treated unsuccessfully on a symptomatic basis for long periods was, however, the outstanding complaint. Bone involvement was often disclosed by roentgen examination. The most common histologic types were basal and squamous cell cancers, the former obviously of extrinsic origin, the latter of either extrinsic or intrinsic derivation. Extrinsic adenocarcinoma, intrinsic hemangioendothelioma and fibrosarcoma were also encountered. Treatment consisted of electro-surgical excision followed by the implantation of radium. Twenty patients survived for 2 years or longer.—M. J. E.


The tumor was removed following radical mastoidectomy. The patient received postoperative irradiation and appeared tumor-free 4 years later.—M. J. E.


The patient, aged 50, had a peripheral facial palsy of 30 years duration, associated with aural discharge and deafness for 15 to 20 years. Exposure of the mastoid disclosed a neurinoma filling the cavity. The tumor extended into the middle ear, tubal region, and middle cranial fossa where it was attached to the dura. It was shelled out successfully, but deafness and facial palsy persisted.—M. J. E.

BREAST


Three cases are reported; in one there was metastasis to the axillary lymph nodes. Nine figures show the lesion in gross and microscopic form.—J. G. K.


The author points out that the classic attributes of breast carcinoma are features of the later stages of the disease and may be absent in the early stage when recognition might lead to permanent cure. Any single solid lump should
have an immediate biopsy. It is believed that chronic mastitis or a single trauma rarely leads to the development of carcinoma, but papillomas commonly become malignant. If biopsy with frozen sections followed by radical mastectomy is performed in the early stages of the disease, 60 to 75% of the patients are cured, but the percentage is low if axillary lymph node metastasis has already occurred. X-ray therapy alone rarely cures.—E. S. E.


Seventy-three cases of mammary cancer in patients under 30 years of age are reviewed. Five year survivals in patients operated upon were found to be 40.8% and 10 year survivals, 37%, the results being comparable to those obtained in more advanced age groups.—J. G. K.


A report of a case of extramammary Paget’s disease involving the skin and sweat glands of the groin and scrotum, with 2 figures.—J. G. K.


A case report.—M. E. H.

FEMALE GENITAL TRACT


This is a concise discussion. The quantitative Ascheim-Zondek test is considered the most important single factor in the diagnosis of these conditions. The reaction in this test is very strongly positive, more so than in normal pregnancy.—V. F. M.


Nine hundred and twenty cases of primary carcinoma of the cervix observed at Memorial Hospital from 1932 to 1937 inclusive are reviewed. The peak in age incidence lay between 40 and 55 years. Only 24 women were unmarried, and 6 of these had borne children. Of foreign born patients, Italians showed the highest incidence, 13.7%; negroes formed 8.5% of the group; and Jews only 5%, in spite of the large Jewish population in New York City. Treatment consisted of divided doses of x-ray to a total of 2,000 to 2,400 r (air) to each of 6 pelvic fields, with intracervical and intravaginal radium. The overall 5 year cure rate was 35.4%. This is in contrast to a rate of 28.5% in a comparable group of patients treated in the preceding 5 year period with essentially the same radium exposures, but with single “massive” x-ray doses of about 700 r (air) to each of 4 pelvic ports.—E. H. Q.


Primary carcinoma of the vagina is very rare and usually fatal. Of the 3 patients reported, 2 were subjected to radium therapy and to surgical resection, respectively, and appear to be cured 4 and 6 years after treatment.—A. C.


This is a general discussion. It is stressed that the gynecologist should be familiar with all the weapons against cancer—surgery, radiation, endocrine therapy—and be prepared to employ them.—E. H. Q.


Report of a case, with detailed review of the literature. The term gynandroblastoma is used to describe a clinical-pathological syndrome. The ovarian tumor has tubules lined with epithelium and interstitial cell groups in common with arrhenoblastoma, but the histological pattern is not constant. The authors suggest that the gynandroblastomas are teratomas.—J. G. K.


Neoplasms of the ovary are grouped into (1) those arising from the cecal epithelium covering the ovary, (2) from the primitive mesenchymal cells, (3) from tissues adjacent embryologically, (4) from fertilized ova, and (5) metastatic tumors. The members of each class are discussed briefly with reference to pathology, clinical features, and treatment. The role of the pathologist, surgeon, and roentgenologist in the management of these cases is outlined, and the necessity of cooperative effort is emphasized. The endocrinology of the tumors also is discussed. The bibliography includes about 100 references to the literature.—C. W.

MALE GENITAL TRACT


A review of the literature on hormonal treatment in prostatic carcinoma and a report on 27 cases.—C. W.


The authors have observed 8 cases of carcinoma of the prostate, which have been rendered completely symptom-free by stilboestrol treatment. Side effects were slight and often entirely absent.—E. L. K.


Three cases of carcinoma of the prostate are described, in which treatment with estradiol benzoate and diethylstilbestrol produced a definite clinical improvement.—A. H.


Tumors of the epididymis are rare. The author reports 5 instances of a particular type, which he names mesothelioma. These tumors have not heretofore been recog-
nized as a group but have been described by a variety of names such as adecoma, adenocarcinoma, or lymphangioma. The neoplasm is said to arise from the mesothelial cells of the tunica vaginalis.—V. F. M.

**Urine System—Male and Female**


Records of 23 cases are reviewed. Renal tumors are said to produce symptoms through pressure, necrosis, hemorrhage, extension, and metastasis. Hemitrauma was presenting symptom in 19 cases of this series. Eight patients had had at least sporadic symptoms for over 2 years. The radiographic findings characteristic of renal tumors are listed as “elongation of calyces, encroachment of the pelvis, secondary pyelolysis, displacement of kidney and pelvis, deformity of ureteropelvic junction and upper ureter, enlargement of renal contour, and displacement of adjacent structures.”—E. E. S.


Clinical discussion, with 15 illustrative figures.—J. G. K.


The authors have employed total cystectomy for the following types of neoplastic growth: (1) very extensive low grade neoplasms; (2) repeatedly recurring low grade neoplasms; (3) tumors with multiple foci of origin suggesting a possibility of further malignant change; and, (4) high grade neoplasms that seem after careful study to be limited to the bladder. The authors’ technique is described in detail. Their operative mortality for bilateral neoplasms; (3) tumors with multiple loci of origin suggestive of further malignant change; and, (4) high grade neoplasms that seem after careful study to be limited to the bladder. The authors’ technique is described in detail. Their operative mortality for bilateral neoplasms is too brief to permit an accurate estimate of the ultimate survival rates. Eight patients are alive 1 to 28 years after cystectomy.—V. F. M.

**ORAL CAVITY AND UPPER RESPIRATORY TRACT**


The tumor was successfully excised from the nasal septum of a patient with a longstanding history of nasal obstruction.—M. J. E.


A papillary adenocarcinoma involving one nasal cavity and the ethmoid sinuses was extirpated in two stages from a girl of 12 years. Postoperative irradiation was administered (2,100 r), and the patient appeared symptom-free 2 years later.—M. J. E.


This is a report of an undifferentiated carcinoma of the maxillary sinus with metastatic extension in the cancellous tissue of the vertebrae without destruction of the bony trabeculae thus making x-ray diagnosis impossible.—C. W.


While excellent results following the treatment of cancer of the larynx by laryngofissure, laryngectomy, and irradiation have been reported, the authors attempt to establish criteria for a choice of each method. Laryngofissure is indicated for lesions occupying a vocal cord, or even for growths reaching the anterior commissure or the opposite cord. Tumors that imperil the mobility of the larynx by extension to the posterior extremity of the cord, and those that extend subglottically or invade cartilage, require laryngectomy. Those growing more widely in the cervical region, smaller tumors in individuals whose general health contraindicates surgery, and neoplasms extending to the posterior end of the cord without impairing mobility are best suited for protracted roentgen therapy and implantation of radon.—M. J. E.


A case report.—M. J. E.


An infant with persistent respiratory distress since birth died in its fifth month. Bronchoscopy, dilatation of the larynx, and tracheotomy had been employed as palliative measures. Autopsy disclosed a fibrosarcoma of the wall of the larynx, which, by bulging internally, almost obstructed the lumen.—M. J. E.


Metastasis from squamous carcinoma about the mouth usually appears as a gradual enlargement of a single cervical node whose location, determined by the site of the primary cancer, is predictable. Clinical diagnosis of metastasis is difficult; biopsy is essential. Small biopsy specimens are adequate for diagnosis, but block dissection gives an opportunity to study the complete histopathological picture.—E. H. Q.


Six of the 7 patients under discussion had metastases in the cervical region at the time diagnosis was established and treatment begun. Therapy given prior to the realization of the true nature of the condition, consisted of the palliative local measures commonly employed for minor ailments of the throat. Roentgen and radium therapy were administered to all patients, but despite temporary amelioration none survived more than 3 years.—M. J. E.

A detailed report is given of a case of chondrosarcoma of the nasopharynx in a boy 16 years of age. The tumor proved radioresistant; it invaded the cranial cavity and metastasized to the lungs. Seven figures are included.—J. G. K.

INTRATHORACIC TUMORS—LUNGS—PLEURA


A review of the clinical signs and symptoms, methods of diagnosis, treatment, and prognosis of primary intrathoracic tumors. Tumors of the lung, mediastinum, superior sulcus, and thoracic cage are discussed. The authors recommend immediate surgical exploration if the diagnosis of an intrathoracic neoplasm has been made by x-ray examination or bronchoscopy. Operation is not indicated in the presence of metastases or when the lesion is known to be a lymphosarcoma.—G. H. H.


Dermoid tumors of the mediastinum should be considered in the differential diagnosis of chronic empyema. Reports of 2 cases are included in the paper.—W. J. B.


A description of an anaplastic carcinoma of the bronchus with numerous metastases.—E. L. K.


Forty-five cases of pulmonary carcinoma were encountered in 4,137 autopsies during 20 years. Asbestosis was diagnosed 8 times, silicosis 17 times. Pulmonary carcinoma was found in 4 of the 8 instances of asbestosis and twice in the 17 silicotic cases. Sixteen previously reported cases are cited in which pulmonary asbestosis and carcinoma were associated.—J. G. K.

GASTROINTESTINAL TRACT


The mortality from carcinoma of the colon and rectum is recorded as about 30,000 deaths per year. Many cases remain unrecognized because the physician fails to make digital examination of the rectum. Tumors of the left half of the colon more commonly cause obstruction with resulting pain, distention, and vomiting. Those in the right half are more often associated with severe anemia. Recognition and eradication of benign tumors is urged. When resection of a malignant tumor is contemplated either for curative or palliative effect, preoperative reduction of distention and correction of anemia and malnutri-
tion are considered no less important than skill in performing the operation. Preoperative vaccination of the peritoneum has not proved of benefit in preventing peritonitis.—E. E. S.


The treatment of cancer of the rectum has improved considerably during the past 25 years. In 1925, the operability in the larger private clinics did not exceed 30% with an immediate mortality of more than 20%. In 1940, the operability for rectal cancer had reached 60% with an operative mortality of less than 10%. More encouraging has been the corresponding increase in the number of 5-year survivals from 26% to 60% during the same period. Unfortunately, no parallel progress in early diagnosis can be recorded.

In the free clinic of the Memorial Hospital so many new patients with far advanced and incurable rectal cancer were seen that a group of 108 cases were investigated in order to uncover the factors responsible for the delay before treatment was sought at the clinic. One hundred of these patients had seen a physician prior to admission. Seventy percent of the 108 patients remained untreated for an average of 19 months after the onset of symptoms, and one-half of this delay was due to the failure of physicians to make the correct diagnosis. Of the 100 referred patients 20 had not received a rectal examination, their treatment having been based on their symptoms. Thirty-seven had received a digital examination which should have been sufficient to make a tentative diagnosis had the examination been properly performed. In this group, 90% of the rectal cancers were within reach of the examining finger. These findings emphasize again the heavy responsibility that rests on the practicing physician in the early diagnosis, and ultimate successful treatment, of cancer of the rectum. It is the duty of every physician to suspect rectal cancer in any patient who presents himself with complaints referable to any part of the gastrointestinal tract, and a thorough rectal examination should be made. Among early symptoms are blood in the stool, constipation (sudden or gradual), flatus, and frequent bowel movements. More typical symptoms, usually described in the textbooks, are invariably associated with advanced, frequently inoperable, lesions.—A. C.


Eight cases of gastric carcinoma and 1 of gastric sarcoma are reported. Metastases from the gastric cancers were present, but none were found in the patient with lymphosarcoma. Total gastrectomy was done only when at least the greater part of the stomach was involved without extension to other organs or distant metastases and when mobility of stomach and lower esophagus was adequate. In operating, a left paramedian incision was used to uncover the factors responsible for the delay before treatment was sought at the clinic. One hundred of these patients had seen a physician prior to admission. Seventy percent of the 108 patients remained untreated for an average of 19 months after the onset of symptoms, and one-half of this delay was due to the failure of physicians to make the correct diagnosis. Of the 100 referred patients 20 had not received a rectal examination, their treatment having been based on their symptoms. Thirty-seven had received a digital examination which should have been sufficient to make a tentative diagnosis had the examination been properly performed. In this group, 90% of the rectal cancers were within reach of the examining finger. These findings emphasize again the heavy responsibility that rests on the practicing physician in the early diagnosis, and ultimate successful treatment, of cancer of the rectum. It is the duty of every physician to suspect rectal cancer in any patient who presents himself with complaints referable to any part of the gastrointestinal tract, and a thorough rectal examination should be made. Among early symptoms are blood in the stool, constipation (sudden or gradual), flatus, and frequent bowel movements. More typical symptoms, usually described in the textbooks, are invariably associated with advanced, frequently inoperable, lesions.—A. C.
A case report with 3 figures.—J. G. K.

In determining whether or not a tumor is operable, the degree of fixation of the growth should be estimated by palpation and by visualization with the fluoroscope. The possible presence of metastases should also be investigated. The prognosis in lesions of the right half of the colon is considerably better than in those of the left half. The need of preoperative treatment for malnutrition, dehydration, anemia, and obstruction justifies a postponement of operation. A generally poor condition of the patient requires a multiple stage operation regardless of the site of the tumor. Carcinoma in the right half of the colon is more often amenable to one stage resection. When the tumor is in the transverse colon, splenic flexure, descending, or sigmoid colon two operations are usually required. In resecting a carcinoma of the rectosigmoid colon, the advisability of a permanent colostomy must be considered in each case.—E. E. S.

BONE AND BONE MARROW

An instance of eosinophilic granuloma involving the tibia of a 12 year old male is reported. No other bones gave roentgenographic evidence of the disease. The differential white blood cell count revealed a mild eosinophilia. Attention is directed to the specific histopathologic features of this lesion that are unlike those of any classified disease of bone.—E. H. Q.

Case report.—J. G. K.

The authors regard chondrosarcoma as a lesion distinct from osteogenic sarcoma of bone. It develops from cartilage, whereas the latter issues from more primitive bone-forming mesenchyme. In comparison with osteogenic sarcoma, chondrosarcoma is less common, appears at a later age on the average, runs a much slower course, and, especially when excised early, has a much better prognosis. Local trauma does not seem to be a factor in the malignant transformation of the benign growths (enchondroma and osteochondroma) from which chondrosarcomas evolve. Cartilage tumors are regarded as malignant when they present (1) many cells with plump nuclei, (2) more than an occasional cell with two such nuclei, and especially (3) any giant cartilage cells with large single or multiple nuclei or with clumps of chromatin. Twenty-six figures illustrate the lesion.—J. G. K.

General discussion, with 8 figures.—J. G. K.

Case report.—J. G. K.

Case report.—J. G. K.

The principal features of the pathology of Ewing’s tumor are presented. The hypothesis of Ewing that the tumor is derived from vascular or perivascular endothelium, and that of Oberling that it is derived from young reticular cells are discussed. The author favors the latter theory, but believes that a definite decision is not possible with present knowledge.—E. H. Q.

Leukemia, Lymphosarcoma, Hodgkin’s Disease

A report of a case of lymphosarcoma that appeared as multiple lesions on the scalp and the face soon after an automobile accident that had caused head injury.—A. C.

The lesion was an ulcerated enlargement in the pharyngeobuccal region, which resembled a periostal abscess. Its leukemic nature was first suspected after examination of the blood.—M. J. E.

Two cases of myeloid leukemia are presented in which the endothelial (Kupffer) cells of the liver were transformed in situs into monocytes and eosinophils, respectively, as demonstrated by the presence in them of oxidase-positive and eosinophile granules. The findings, in addition to those observed by Jaffé in a similar case previously reported, are held to prove that extramedullary myelopoiesis may occur in myeloid leukemia. Nine figures illustrate the transformations.—J. G. K.

A case report.—E. E. S.
Pancreas


Of 39 patients with cancer of the pancreas 19 had jaundice. In all jaundiced patients there was carcinomatous invasion of some part of the biliary tract; obstruction by compression alone was not encountered. Four photomicrographs and 7 drawings illustrate the mechanisms of obstruction.—J. G. K.


Report of a patient who had a severe metabolic disturbance manifested by two attacks of hemiplegia during convalescence from a kidney operation. These attacks were relieved by dextrose. The disturbance of sugar metabolism was corrected by removal of the adenomas from the pancreas.—C. W.

Pituitary


Report of a case that was notable for the absence of visual changes and the possible therapeutic benefit of x-ray treatment.—M. E. H.

Thymus


A case report.—M. E. H.

Thyroid


Case report.—J. G. K.

Miscellaneous


A 52 year old male was found to have a retroperitoneal dermoid cyst (proved by biopsy). Perirenal air insufflation was considered most helpful in diagnosis.—V. F. M.


A review of the literature and general discussion with notes on 12 cases and 6 figures.—J. G. K.


A general review.—J. G. K.


More than 2,000 cases of cancer treated in a single radiological clinic are classified according to site of origin, instead of pathologic or microscopic diagnoses. It is stated that a cross index file based on this classification makes cases readily accessible for continued observation.—E. H. Q.


In the cases reported, there were 2 males and 5 females. The microscopic structure of 3 tumors was sarcomatous. It was possible to remove the growth in 4 cases, however 1 of these patients succumbed postoperatively. References are given to other reports in the literature of the last 10 years.—W. J. B.


The author discusses the experimental and clinical data bearing on the role of the sex hormones in the production of cancer of the genitalia. He concludes that no definite etiologic relation can be clearly established in man, but that these hormones do have some influence on acceleration and retardation of the rate of growth of mammary and prostatic cancer.—E. H. Q.


Brief reports are given on 3 cases of tumor of the jaw, tongue, and breast, respectively.—E. E. S.


Accurate and complete reporting will furnish much needed information and aid in the effectiveness of lay education programs.—M. E. H.