not confirmed histologically. The author believes the changed color pattern resulted from endocrine dysfunction, which in turn was caused by the presence of a neoplasm. Although the ovary was tumorous, it was thought unlikely that the tumor, on the assumption that it was lymphosarcoma, was responsible for the color change since avian ovarian lymphocytomas are very common.—E. E. S.

Clinical and Pathological Reports

**Diagnosis—General**


The use of escharotics, in the form of zinc chloride, in the treatment of cancer has been revived recently by Mohs. The present paper is based on a study of 39 cases previously treated by escharotics. It is concluded that the treatment of cancer by these agents, as generally practiced today, is an unsatisfactory, ineffective, and dangerous method. Except in a few instances, it accomplishes nothing that cannot be equally well or better done by radiation or surgery. In certain cases, it offers a means of local attack when cancer must be eradicated with a minimum sacrifice of normal tissue, and when ordinary methods of treatment are not applicable. In any case, zinc chloride should not be used without the safeguards developed by Mohs. The paper includes case histories and photographs illustrating the damage that can be caused by the injudicious use of escharotics.—A. C.

**Radiation—Diagnosis and Therapy**


A case of cystic tumor of a bone of the little finger, successfully treated, is discussed. It is of interest because of the location of the lesion, the length of time it had been present (30 years), its response to irradiation, and the control of pain by nerve section.—A. C.


The author reviews some of the previously held opinions on surgical and roentgenologic treatment of laryngeal carcinoma and discusses the validity of the basis for choice between the two procedures. He believes that the decision as to the radiocurability of a particular tumor should not be based on histologic structure but on the degree of invasion that can be established by the mobility of the tumor and the surrounding structures. The majority of early carcinomas are thought to be operable. The author gives details of 3 patients with well advanced laryngeal cancer without recurrence, 2 years, almost 2 years, and 4 months, respectively, after irradiation therapy.—E. E. S.


The limitations of both local and spray irradiation of patients with leukemia are presented. In chronic leukemia there is a marked elevation of blood phosphorus, which is increased by irradiation. Leukemic tissues pick up radioactive phosphorus in greater concentration than do normal tissues. Since 75% of administered P32 has decayed by the end of 3 weeks, there is no danger of unduly prolonged effects. P32 may be given orally, intravenously, or by other parenteral routes; the oral route is preferred. Dosage is discussed in detail. Eleven patients with chronic myelogenous leukemia were treated by this method, with improvement in 7 of the 9 who had been observed for some time. It is concluded from observation of 11 patients with chronic lymphatic leukemia that this type responds less favorably. There were no real beneficial effects in 2 cases of acute lymphatic leukemia in adults and in 11 in children. The lymph nodes and spleen had diminished in size in a girl with eosinophilic leukemia.—E. E. S.


Treatment offers more hope in carcinoma of the body of the uterus, than in any other internal malignant neoplasm. Here, as in any form of cancer, the earliest possible diagnosis is essential. In early localized lesions, with patients in good general health, major surgical operation followed by irradiation is the treatment of choice. In advanced lesions decided value, palliation and occasional cure result from well-planned irradiation therapy.—J. L. M.


Results of the treatment of 142 cases of carcinoma of the cervix seen over a 10 year period are reported. Only those treated by combined x-ray and radium and those with a positive biopsy are included in the report. The Schmitz grouping of cases was used in preference to the League of Nations method as being more logical in its definitions. Intracavitary radium was first administered in doses of from 2,400 to 3,600 mgm.-hr., and followed, after the reaction had subsided, by about the same dose applied directly to the cervix. Following radium application, deep roentgen therapy was given with 200 kv. to a total of 1,800-2,400 r (measured in air) to each of 4 ports. Recurrences were treated with further roentgen therapy except in cases where the initial dose was large.

The results show a 3 year survival rate of 37% and a 5 year survival of 24% when all grades of tumor are classed together. Among patients classified in groups I and IV the 5 year survival rate was 100% and 10% respectively.—J. F.

Ureteral obstruction is the most frequent cause of death in patients suffering from stage 3 or 4 cervical cancer. The means at present employed for alleviating this condition have been disappointing and other methods must be considered.—M. E. H.


The authors present 25 cases of pituitary tumor that received x-irradiation and were followed for 1 year or more. Nine cases treated but followed for less than 1 year and 6 that were not treated are not included in the report. Two patients were less than 12 years of age. Seventy-six and six tenths per cent of the tumors were of chromophile type, 21.9% chromophile, and 2.4% basophile. Seven and three tenths per cent were found at operation to be cystic. The patients were given a tumor dose of 2,000-3,200 r with 200 kv. Results showed that in 56% of the patients improvement was maintained, in 20% the disease was arrested, and in 24% it continued to progress.—J. F.


Following an extensive review of the literature the authors present 25 cases of pituitary tumor that received x-irradiation and were followed for 1 year or more. Nine cases treated but followed for less than 1 year and 6 that were not treated are not included in the report. Two patients were less than 12 years of age. Seventy-six and six tenths per cent of the tumors were of chromophile type, 21.9% chromophile, and 2.4% basophile. Seven and three tenths per cent were found at operation to be cystic. The patients were given a tumor dose of 2,000-3,200 r with 200 kv. Results showed that in 56% of the patients improvement was maintained, in 20% the disease was arrested, and in 24% it continued to progress.—J. F.

Of 115 cancers of the pharynx and esophagus seen at the Royal Cancer Hospital from 1936 to 1939, 66 were treated with 400 kv. x-rays. Of this group, 32 received tumor doses of at least 5,000 r. Only 3 patients are still alive. A detailed account is given of the method of calculating the tumor dose.—E. H. Q.


Ewing’s tumor shows great variation in roentgenologic manifestation as well as in histologic picture. For this reason a definite diagnosis can rarely be made from the x-ray examination alone. In planning x-ray therapy it must be remembered that the disease may spread extensively through the soft tissue of the marrow cavity, without producing visible bone destruction. Treatment by a combination of surgery and radiation is recommended.—E. H. Q.

Nervous System


The authors describe the clinical course and pathological features of 4 cases of oligodendroglioma of the brain in which dissemination of tumor occurred throughout the cerebrospinal fluid pathways. In 3 instances the primary tumor abutted on the ependyma of the ventricles and metastases were found in the ventricular walls as well as in the subarachnoid space of the brain and spinal cord. In the 4th case, the site of origin of the tumor could not be determined with certainty and the ependyma was not involved. Histologically, diffuse mucinous degeneration of the stroma is frequently seen in the oligodendroglioma and is of aid in distinguishing this tumor from other metastasizing gliomas such as the medulloblastoma and spongioblastoma. In agreement with the experience of others, the authors found deep x-ray therapy to be of no benefit in their cases of oligodendroglioma.—E. E. S.

amputation is the procedure of choice.--W. A. B.

Peripheral Nerve Trunks (von Recklinghausen's Disease).

Earning power was complete or only slightly diminished in 75.7%.--E. A. L.


This is a review of 130 verified acoustic tumors treated from 1930 to 1939, with an analysis of end-results, particularly emphasizing mortality statistics, fate of the facial nerve, and earning capacity of the surviving patients. Complete extirpation of the tumor is favored rather than subtotal extirpation or intracapsular enucleation. In the group treated by the first method during the last 2 years covered by the report, the mortality rate was 11.1%, the facial nerve was preserved in 65% of the patients, and earning power was complete or only slightly diminished in 75.7%.--E. A. L.


In 2 patients malignant degeneration of neurofibromas occurred, and its presence was signified by pain. Early amputation is the procedure of choice.—W. A. B.

Breast


A brief discussion of the operative results in 363 cases of carcinoma of the breast.—J. L. M.


Report of a case.—W. A. B.


Edwards reports the following in a letter to the Editor. A typical case of scirrhous carcinoma (in a married woman aged 62) was treated by radical mastectomy. The pathological report was: "Carcinoma of breast; growth is a spheroidal-celled carcinoma; there is one large deposit of similar growth in the axilla." Removal of the axillary deposit proved incomplete, and 5 months later there was also extensive recurrence in the skin, scapular region, and posterior triangle. It was decided to administer stilboestrol. Under this treatment, the patient's health gradually improved, and the tumors slowly disappeared, until at the end of a further 3 months regression appeared to be complete. At this time the patient had gained 16 lbs. in weight, and the hemoglobin value was estimated to be 95% (as against 76% initially). The dosage of stilboestrol was 0.5 mgm. daily for 3 periods of 24 days.—A. H.


In 641 patients with cancer of the breast, 160 showed local recurrence after radical mastectomy. These patients had no x-ray therapy to the operative field. These lesions may arise by direct invasion from the primary tumor, by lymphatic permeation, by lymphatic or blood emboli.

Among 168 patients, 81 had skeletal metastases. Of these, 13 showed no other metastases, while the remainder had growths in other regions. Most of the skeletal metastases were multiple.

Of 131 patients coming to autopsy, 117 showed involvement of lungs, pleura, or mediastinal lymph nodes. The majority of these also had involvement in one or more abdominal viscera.

Protocols of 369 patients were reviewed for evidence of metastases to the central nervous system—such evidence was recorded for 89. The metastases were verified for the 40 patients examined post mortem.

Radiation therapy is shown to be useful in controlling skin metastases and in producing palliation of symptoms in skeletal growths and in those of the central nervous system. It is of little value in other metastases. Castration is of value especially in bone lesions, although improvement in other involved regions may also occur.—E. H. Q.


Some of the common forms of breast tumors are listed, and brief mention is made of the problem of their differential diagnosis.—J. L. M.


Differential cell counts, made on the anterior pituitary lobes of 12 women with mammary carcinoma and of 15 women with tumors of other types, revealed no significant differences in the percentages of chromophobes, acidophils, or basophils in the 2 groups. Although recognizing the possibility that the human pituitary gland may not respond to estrogens in the same way as do that of rodents, the authors consider that there was no evidence of hyperestrogen effects in the 12 breast tumor cases. In a thirteenth case with mammary carcinoma, however, an adenoma of chromophobe cell type was
found, which might possibly be considered as evidence for a hyperestrogen effect.—J. G. K.

**Female Genital Tract**


The tumor occurred in a 12 year old girl. Although it grew slowly over a period of 5 to 6 months, histologic examination after resection revealed the presence of malignant tissue. The child died 2 months later after having developed signs of metastatic growths in the lungs and pleura.—E. S.


The author reviews 744 cases of cancer of the female genital organs, seen at the University Hospital, Iowa City, from July, 1926, to July, 1936.

Of these 65% were carcinoma of the cervix; 16%, of the body of the uterus; 11%, of the ovary; 3%, of the vulva; 2%, of the vagina; 1%, sarcoma of the uterus; 1%, choriocarcinoma; and 1%, carcinoma of the tube. Each of these types is discussed briefly in regard to symptoms, diagnosis, and treatment.—J. L. M.


Adenocarcinoma of the cervix is a relatively infrequent tumor. From 4 to 7% of all malignant growths arising in the cervix are placed in this group by various investigators. A survey of the patients presenting themselves at the State Institute for treatment of cervical cancer shows that the ratio of adenocarcinoma to squamous-cell carcinoma was 1 to 26. Sixty-three patients with cervical adenocarcinoma were selected for study. The duration of the disease is closely allied with the histologic group to which the tumor belongs. While the clinical grouping is the paramount factor in considering the prognosis, the histologic grade had a definite bearing on the end result. In this series women who had not borne children were found to have adenocarcinoma of the cervix in a higher proportion than is usually reported. Thirty-eight percent survived for 5 years under treatment that consisted mainly of radiation therapy.—J. L. M.


Modern treatment of this condition is expectant, surgical, or radiologic, and a correct decision as to the type of treatment for the particular case depends on an intelligent appreciation of the pathological condition and the clinical behavior of these tumors. The author discusses the circumstances in which each of these treatments should be used.—J. L. M.


A review from the pathological standpoint of 35 cases of leiomyosarcoma.—W. A. B.

**Male Genital Tract**


Sarcoma of the prostate is briefly reviewed, and 3 cases are reported.—J. L. M.


An instance of rapidly fatal prostatic carcinoma with metastases in a 29 year old male is reported.—V. F. M.


Four of six patients with prostatic carcinoma were benefited by castration with or without estrogenic therapy. Insufficient criteria have been developed to predict which cases will respond to castration and estrogenic therapy, although the metastatic ones seem to do best.—J. L. M.


A case of a lymphangioma with leiomyomatous features in the epididymis is reported. The authors discount trauma as a causative factor. Both lymphangiomas and leiomyomas have rarely been reported, but one author (Halpert) has previously recorded a mixed leiomyoma and lymphangioma like the one here described.—V. F. M.

**Urinary System—Male and Female**


Exstrophy of the bladder and vesical adenocarcinoma are discussed at length. Both conditions are rare and concomitant occurrence is extremely so. Twenty-seven instances, including the one here reported, may be found in the literature. Adenocarcinoma of the bladder arises from cystitis cystica and glandularis which in turn have arisen from cell nests of Brunn in association with chronic irritation. Adenocarcinoma of the exstrophic bladder does not arise from misplaced embryological tissue, except in the case of some tumors in the region of the urachus.—V. F. M.


Wilms' tumor, a highly malignant renal neoplasm in children, must be diagnosed and treated early if the patient is to have the chance of a cure. Intermediate transperitoneal nephrectomy with postoperative irradiation, or preoperative and postoperative irradiation with nephrectomy, are the methods of procedure.

Four cases of Wilms' tumor are presented with one apparent cure 1½ years after operation.—J. L. M.


This is a report of 54 instances of clinically unrecognized, or "silent," renal tumors taken from the autopsy.
files of the Ancker Hospital, St. Paul, Minnesota. The lesions varied from 1 cm. in diameter to large masses. Seventeen had metastasized, but only one tumor that metastasized was less than 8 cm. in diameter. None of the patients had all of the classical symptom triad: hematuria, pain, and mass. Forty-four had not even one of these indications. — V. F. M.


Chorionepithelioma rarely occurs in the male, and when it does, with very few exceptions it arises in the testis. It is a highly malignant growth, and the prognosis is very grave, few patients having lived over 2 years. There are only 10 cases of extrastesticular chorionepithelioma recorded in the literature. To these the authors add another. This represents the fourth case from this hospital and the third in which the bladder was probably the primary focus. In all 4 instances the biologic tests for gonadotropic hormone were positive. In the case being reported, gynecostasia and pulmonary metastases were present. Bilateral orchidectomy and roentgen-ray therapy had no beneficial effect on the tumor. Serial microscopic sections of both testicles failed to reveal any abnormality, scars, or primary focus in the testicle. — A. Cn.


A case of malignant nephroma is reported with a brief general discussion of tumors of the kidney. — A. C.


This is a well illustrated report of a single case of Wilms' tumor in a 49 year old female. — V. F. M.

Oral Cavity and Upper Respiratory Tract


Gingivitis of pregnancy is regarded as probably due to a combination of factors, the most important of which are vitamin C deficiency, hormonal alterations, and trauma. Of the various forms, the so called "pregnancy gum-tumours" (epulides gravidarum), are of special interest; two new cases are described. These tumors are usually single, often pedunculated, grow to a size of 1 cm. or more in diameter, and arise most commonly on the buccal aspect, in the maxilla, and in the lateral incisor-canine region. They appear about the third month of pregnancy, are at their maximum at the seventh or eighth month, and usually disappear rapidly after delivery. There may be an associated gingivitis, but local irritation is often absent.

Treatment suggested is antenatal dental prophylaxis and the administration of large doses (100 to 300 mgm. daily) of ascorbic acid. Removal of gum tumors of pregnancy is not indicated, on account of their prompt regression after parturition. — A. H.


Heretofore, the treatment of this condition has consisted in destroying the prominent portions of the mass with diathermy and irradiation in an attempt to shrink the tumor sufficiently to restore a free airway. Repeated treatments during the course of months have been required, and results frequently have been indifferent. Surgical removal and skin graft, as carried out in the patient whose case history is reported here, are marked improvements over previous methods of treatment. Since the condition progresses slowly, treatment of this type should offer an excellent chance for permanent relief. — J. L. M.


The surgical indications and the technic of laryngofissure are discussed in this review of the surgical treatment of cancer of the larynx. The authors briefly summarize their experience in a series of 30 consecutive cases in which they had performed laryngectomies by a "narrow-field" technic during a period of about 2 years, without operative mortality or serious complication. Recurrences or metastases had developed in 4 cases and were being treated. — J. L. M.


Case report. — J. G. K.


Two cases of epithelioma of the lip with metastases to the vertebrae are reported. The author points out that carcinoma of the lip rarely shows bone metastases and states that vertebral metastases, so far as he could ascertain, have never been previously reported. Each case showed compression of 1 vertebra, first lumbar and tenth dorsal respectively, as demonstrated roentgenographically. No autopsy is reported. Biopsy showed squamous cell epithelioma in 1 case only. Both patients had extensive involvement of the cervical nodes. — J. F.


The lip is one of the less common sites of mixed tumor, which usually arises in or near the salivary glands. In a series of 422 neoplasms of this type recorded in the literature, 9 were lip tumors. The mixed tumor reported in the present paper was on the upper lip of a woman of 35 years and was encapsulated. The nodule shelled out readily, local anesthesia being used. Various theories of development are discussed. It is thought most likely that these tumors represent accidental sequestration of embryonal cells. The majority of the tumors are slow growing. There is occasional recurrence. Surgical removal is recommended; roentgen radiation is used when the histologic picture suggests malignancy. — E. E. S.
SALIVARY GLANDS


Report of a characteristic case in a man of 76 years, with 2 figures.—J. G. K.


Theories concerning the fundamental structure of mixed tumors of the salivary gland type have been based on histologic features. The differentiation between “epithelium” and “stroma” in many areas may be sharp, but in other parts there is gradual, apparent transformation of “epithelium” into “myxomatous” tissue. Histochemical investigation of epithelial and mesodermal mucoids has shown that they can be differentiated by a titration method utilizing the difference in affinity of the protein complexes in the mucoids for dilute aqueous solutions of metachromatic dyes (toluidine blue or polychrome methylene blue). Another method of differentiating the mucoids is based on the greater resistance of the mesenchymal mucoids to hot acids.

The mucoid in the myxomatous and cartilaginous areas in mixed tumors of the salivary glands behaves as does the chondroitin sulphuric acid complex in skeletal cartilage, chondromas etc., while the mucoid in the acini stains the chondronaas etc., while the mucoid in the acini stains the chondroitin sulphuric acid complex in skeletal cartilage, gastrointestinal and respiratory tracts stains. It is considered that the cartilaginous and myxomatous elements are truly epithelial. The pathogenesis of these tumors is presumed to be on the basis of embryonic alteration in tissue relationships in accordance with the “organizer theory” of Spemann.—W. A. B.


All reported cases (48) of this relatively rare tumor are reviewed, and 19 previously unreported cases are presented. These tumors comprise much less than 10% of all parotid tumors and with rare exceptions are benign (96.7%). They occur usually in the fifth, sixth, and seventh decades of life, are 5 times more common in males than in females, and are believed to arise from the growth of parotid tubules and acini that have been found within lymph nodes adjacent to the parotid gland. The treatment of choice is surgical extirpation.—W. A. B.

Intrathoracic Tumors—Lungs—Pleura


Intrathoracic tumors do not occur commonly in childhood. Of those that are seen many are not amenable to surgery. The authors report 3 cases that are of interest for several reasons, not the least of which is that the patient are living and well 6 to 14 months after operation.—J. L. M.


A brief discussion of various aspects of the condition. The high and increasing incidence of this tumor is noted. Emphasis is placed on the mild and insidious nature of the early symptoms leading to erroneous diagnosis until the disease has progressed. Pneumonectomy is regarded as the therapeutic measure of choice.—E. E. S.


A general discussion of all aspects of the disease including types, location of the lesion, age of patient, sex incidence, clinical symptoms, physical signs, fluoroscopic and roentgenographic findings, biopsy of primary tumor or cervical node, and treatment. Contra-indications to exploration are listed in detail.—E. E. S.


A case report of interest because the usual signs of cerebral involvement, e.g., choked disc, were absent. Disturbance of olfactory sense, an uncommon symptom, was an early and prominent feature.—M. E. H.


A short general discussion. In the author’s series of 178 cases of malignant neoplastic disease 12, or nearly 7%, were proved to be bronchiogenic carcinoma.—A. C.


Carcinoma of the bronchus is assuming a position of increasing importance in cancer statistics ranking close to carcinoma of the stomach in incidence. Many diseases of the chest produce the same symptoms as those arising from bronchiogenic carcinoma. X-ray and bronchoscopic examination are invaluable aids in establishing the diagnosis.—M. E. H.

GASTROINTESTINAL TRACT


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


It is suggested that involvement of the bladder by extension of neoplastic lesions of the sigmoid is no reason, in itself, for withholding a radical operation. The author supports this contention by comparing the results in 4 cases in which the diseased portion of the bladder was resected with 2 in which only palliation was attempted. Three patients of the first group were living for periods of from 10 to 46 months postoperatively, and 1 died at 13 months. The outlook in the latter 2 cases was hopeless.—E. A. L.
Hemangiomata of the Ileum. CHRISTOPHER, F. [evarrs-
A case report.—W. A. B.

Transthoracic Resection of Tumors of the Stom-
ach and Esophagus. CHURCHILL, E. D., and SWEET, R. H.
566-573. 1942.
This paper describes the surgical management of tumors
of the lower three-quarters of the esophagus and the ad-
jacent few centimeters of the stomach. Resection of an
esophageal carcinoma in the middle half of the organ
necessitates complete resection of the thoracic esophagus
and a cervical esophagostomy. Of 21 patients reported,
12 had metastases below the diaphragm: esophagectomy
was performed on 6 other patients, 3 being alive and well
at the time of writing. If the tumor lies in the lower fourth
of the thoracic esophagus, in the cardiac orifice of the
stomach, or the adjacent few centimeters of the stomach
including the fundus, a transthoracic resection is performed
with an end-to-side anastomosis between the esophagus and
the stomach. Of 21 patients with tumors in this location,
resection was done on 13 with carcinoma. Ten patients
survived the operation, and 8 are living and well 3 months
to 2½ years after operation.—E. A. L.

Transthoracic Resection of Tumors of the Esoph-
agous and Stomach. CHURCHILL, E. D., and SWEET, R. H.
566-573. 1942.
Brief clinical reports of 24 cases.—W. A. B.

Myo-Epithelial Hamartoma of the Ileum with
355-359. 1942.
A report of a case.—W. A. B.

Extension of the Borderline of Operability in
Cancer of the Rectum. DAVID, V. C., and GILCHRIST, R. K.
1942.
A group of patients with carcinoma of the rectum,
having one or more factors increasing the hazards of the
operation, is discussed. It is thought that the indications
for the operation should be broadened provided
the mortality rate can be kept within reasonable bounds.
The mortality was 9.5% in this group of 105 unfavorable
cases.—E. A. L.

Surgical Treatment of Carcinoma of the Stomach.
EMMETT, J. M. [Clifton Forge, Va.] South. Surgeon, 11:154-
163. 1942.
The author believes that too many gastric carcinomas
are regarded as hopeless and offers evidence to show
that from 18% to 20% of patients could be cured by
resection if exploratory operations were promptly per-
formed. Procedures of diagnostic value are discussed.—
E. E. S.

Carcinoma of the Stomach with Acute Perfora-
tion, Complicated by Bilateral Krukenberg Tumors.
Case Report. FRANCIS, J. H. [Memphis, Tenn.] South. Sur-
The clinical and pathologic features of the case are
described.—E. E. S.

The Lymphatic and Venous Spread of Carcinoma
of the Rectum. GROUNELL, R. S. [Presbyterian Hosp.
and Coll. of Physicians and Surgeons, Columbia Univ., New
This study is based on the examination of 75 speci-
mens of the rectum and rectosigmoid removed at opera-
tion during 1939, 1940, and 1941. Sixty-two were re-
moved by abdominoperineal resection, 10 by perineal
excision, and 3 by anterior abdominal resection. Speci-
mens were cleared by the Spalteholtz method slightly
modified. The average number of nodes was 52, and
metastases were present in 55% of the cases. This is in
contrast to 36% found in a similar series of cases from
1916 to 1932 in which the clearing technic was not used.
In more than half of the cases with node metastases only
2 nodes or fewer were involved, and these lay within 3
cm. of the tumor. The inadequacy of perineal resection
was demonstrated by the presence of involved nodes
beyond the limits of possible perineal resection in 13
of 17 cases with metastases in which the tumor lay
below the pelvic peritoneum. Lateral spread of carcinoma
along lymphatics accompanying the middle hemorrhoidal
vessels was found in but 1 instance. Downward lymphatic
spread occurs only when extensive metastases have blocked
the other routes causing retrograde lymph flow. No
relationship was found between the size of the tumor
and frequency of metastases, but lymph nodes were in-
volved in 53% of cases when the tumor was not com-
pletely annular and in 71% when it was. Invasion of
blood vessels was found in 36% of the 75 specimens
studied. The frequency of invasion varied directly with
the depth of penetration of the bowel wall by the tumor
and inversely with the degree of differentiation of the
neoplasm. Of the 30 cases with visceral metastases 90%
showed blood vessel invasion.—W. A. B.

Granuloma of the Large Intestine Associated
with Amebiasis. LIKELY, D. S., and LIA, J. R. [First Medical
Division and Pathological Lab., City Hosp., New York, N. Y.]
A case of granulomatous tumors of the bowel secondary
to amebiasis and causing intestinal obstruction is reported.
The recent available literature is reviewed. Most of the
cases have been diagnosed as carcinoma. Granulomas
can develop in treated and untreated cases. Certain out-
standing features should indicate the correct diagnosis.
The examination of the stool for amebas after the tumor
develops is usually negative. Intensive anti-amebic therapy
may result in cure. In the majority of cases intensive
therapy was not tried. However, it is generally believed
that when the granuloma has reached a well-developed
stage it will not respond to anti-amebic treatment. Most
of the patients operated upon die of peritonitis. Cancer
may develop in some instances.—J. L. M.

Surgical Treatment of Carcinoma of the Lower
Portion of the Colon. MAYO, C. W. [Mayo Clinic, Roches-
A general discussion. A brief summary is given of the
frequency of the several types of operation that were
performed in a series of 350 cases.—J. L. M.

Carcinoma of the Rectum, Rectosigmoid and
Sigmoid: Selection of Cases for One-Stage Com-

While both benign and malignant polyps may arise in any portion of the intestine, the sigmoid colon is most commonly involved. The symptomatology is not distinctive, and because some of the growths, though at first benign, ultimately may undergo malignant change, it is important to keep them in mind as possibilities in patients with vague abdominal symptoms. The case presented is one of a single malignant polyp of the sigmoid that probably had its origin in a benign adenomatous polyp. The case is of interest because it is an example of the well-known fact that not infrequently the symptoms due to metastases rather than to the primary malignant growth cause the patient to consult a physician. However, it is rare that the metastases were due to one or more of four factors: (1) direct injury to the urinary tract; (2) injury to the bladder with postoperative sagging and pooling of urine; (3) the necessity of postoperative catheterization [24 patients (27%) required intermittent catheterization, 36 (43%) had retention catheters, and 27 (32%) voided normally in the first 24 hours]; (4) injury to the nerve supply to the bladder. The parasympathetic nerves are most frequently injured, and this occurs during the perineal stage of the operation. Mixed types of dysfunction occur and are due to various degrees of injury to several of the nerve pathways. Injury or division of the pudendal nerve leads to incontinence.—W. A. B.


A report is made of multiple hemangioma involving large areas in the upper end of the left fibula and both ends of the left tibia of a 15 year old boy. The patient was followed for 10 years. For 6 years no progress of the lesion was apparent. Nine years after the first examination extensive involvement of the tarsal bones and the fourth metatarsal was demonstrated roentgenologically. The extensive bone lesions were accompanied by only moderate disability. A biopsy was made and the case submitted to the bone tumor registry (Reg. No. 1361) where an original diagnosis of osteitis fibrosa was later changed to primary hemangiomatosa.—C. E. D.


Bone sarcoma is generally recognized as a disease of younger persons, but this case in a patient 55 years of age serves to emphasize that it is also encountered in elderly people.—J. L. M.


A report of 2 cases.—W. A. B.

Direct invasion of bone by epidermoid carcinoma is rare and occurs mostly in the tibia due to its proximity to the skin. The predisposing ulcers of the leg and draining osseous sinuses may exist for many years and even decades, and a malignant degeneration may therefore be overlooked. Cases of an ulcer carcinoma and a fistula carcinoma are reported. The characteristic clinical and roentgenologic features and the differential diagnosis are discussed.

The prognosis is favorable, even in advanced cases, since distant metastatic lesions have been observed on only 6 occasions. Amputation of the diseased leg is usually indicated unless an early diagnosis allows more conservative procedures. In chronic osteomyelitis, efforts should be made to cure residual active foci. With an increase in periodic roentgenologic and biopsy studies are advisable to determine the presence of an epidermoid carcinoma.—E. H. Q.


A report of 3 cases. The lesions necessitating operation were: (1) osteochondroma of the ilium, (2) chondrosarcoma of the brim of the pelvis, (3) osteosarcoma of the ischium. A review of the literature and description of the operation are included.—G. H. H.

Spleen


A report of 5 cases.—W. A. B.


A case report.—W. A. B.


A case report.—W. A. B.

Adrenal


The 3 tumors were benign and were incidental findings at autopsy.—W. A. B.


One of the patients reported on was cured surgically. In the other the tumor was found at autopsy. Hypermetabolism, an outstanding feature in both cases, disappeared in the first after surgical removal of the tumor.—W. A. B.


The successful removal of a 4,200 gm. adenoma of the adrenal is reported. No hormonal disturbances were present.—V. F. M.

Pituitary


Description of a case.—E. L. K.


The new technic is useful in those cases in which edema or increased intracranial tension makes the usual approach impossible unless lobectomy is resorted to.—M. E. H.


Isolated reports of cases of metastatic lesions of the pituitary gland in association with abscesses situated elsewhere in the body have been reported in the literature, but the present case is the first seen at the Mayo Clinic and is reported for that reason.—J. L. M.

Pancreas


Case report.—J. G. K.


The values for activity of lipase and of amylase in the serum were exceedingly high, but the data did not show conclusively whether these phenomena resulted from obstruction of the pancreatic ducts and absorption of the enzymes into the blood stream or from functioning of the acinar cell carcinoma.—J. G. K.


Carcinoma of the body and tail of the pancreas is frequently associated with multiple venous thrombi (7 of 21 cases). This is not true of carcinoma of the head of the pancreas (no instance among 30 cases, but in 5 cases there was a single thrombosed vein). It is suggested that the tumors, which in every case showing multiple thrombi were of the mucinous type, may secrete an abnormal substance or an undue amount of a normal substance concerned in blood clotting.—W. A. B.