The available data on accidental or intentional inoculation of human cancer are reviewed, and the appearance of tumors in several members of the same or successive generations in man is discussed. The conclusion is suggested that human cancer may be similar to that observed in mice and may also, perhaps, be communicable from one generation to another.

Since milk seems mainly responsible for the transmission of certain tumors such as mammary carcinoma, it is suggested that the women of families with any malignant tumors in their ancestry refrain entirely from nursing their progeny. Artificial feeding should be substituted from birth, at least for one generation. This simple preventive measure may bring substantial rewards in the fight against cancer, although results will not become evident until the next generation reaches the tumor age.—Author’s summary.

**Chemistry and Cancer.** Cook, J. W. [Univ. of Glasgow, Glasgow, Scotland] Royal Inst. of Chemistry of Great Britain and Ireland. 1943.
A lecture.—E. L. K.

**Clinical and Pathological Reports**

**Etiology**


The prevalence of syphilis in a sample of 7,761 cancer patients reported in upstate New York in 1940–1941 was determined by comparing cancer case reports with the registers of reported syphilis cases. Of 3,151 white male cancer patients 3.2% were found also to have been reported as syphilitic. Of 4,610 white female cancer patients 1.7% were found to have syphilis. Syphilis prevalence among males with tongue cancer and females with cervix cancer was significantly greater than in patients with cancer of other sites.

On the basis of the present findings, special efforts are indicated toward early discovery of cervix cancer in women who have had syphilis.—J. L. M.

**Radiation—Diagnosis and Therapy**


Ewing’s sarcoma and sympathetic neuroblastoma present definite similarity in histopathology and radiographic appearance. Case histories are given of 4 children with widespread bone tumors, 2 of whom died of the former, and 2 of the latter disease. The differential diagnosis in each case could be made only at postmortem examination.

The author feels that cases of solitary bone tumor diagnosed as Ewing’s sarcoma should be treated as if the bone tumor were secondary to an abdominal tumor whether the presence of the latter can be established or not. Amputation for cure should probably not be attempted, and x-ray treatment to retroperitoneal structures should be routine.—E. H. Q.


The biologic, photochemical, and clinical aspects of tissue recovery from radiation are discussed, and a distinction is made between “true recovery” and “pseudo-recovery.” Most tissues exhibit pseudo-recovery, which is restoration due to growth of cells uninjured by radiation rather than true recovery of single cells.—R. E. S.


The problem of tumor radiosensitivity is outlined, principally according to the theories of Stewart and Warren. Of 160 cases of carcinoma of the bladder treated by x-radiation 14, or 8.8%, had complete disappearance of the lesion (4 of these, however, had a reappearance of the neoplasm). Marked regression was obtained in 51.9%, and no apparent regression in 39.3%. The solid infiltrating carcinomas responded very poorly, but over 50% of the papillary type showed satisfactory results.—V. F. M.


Following radiation therapy of carcinoma of the cervix, radiation necrosis may occur not only in the bladder and rectum but at or near the site of the cervix itself. These lesions may arise many months after the original carcinoma has disappeared and the radiation reaction has subsided. Such lesions may suggest recurrence of the tumor, and they necessitate biopsy to establish the correct diagnosis and to avoid improper treatment. Four illustrative cases are described.—J. L. M.


Seven cases of hemangioma were treated with implantation of radon. Each seed (0.25 to 1.0 mc.) was used to irradiate approximately 1 cc. of tissue. Photographs after this procedure are given as evidence favoring its use where cosmetic results are important and surgery and scarring are undesirable.—W. J. B.


The subdivision of laryngeal cancer into intrinsic and extrinsic forms is much less satisfactory to the radio-
therapist than to the surgeon. The following classification is suggested as a means of helping the radiotherapist to deal with his special problems.

A. The term cancer of the larynx should be limited to the intrinsic forms found in the following sites: 1) True vocal cord. 2) Ventricile, false cord, and infrahyoid epiglottis. 3) Subglottic space. 4) Commissure, anterior and posterior. It is important to subdivide the epiglottis into supra- and infrahyoid parts.

B. The term extrinsic cancer of the larynx should be abandoned, and a laryngopharyngeal group of neoplasms recognized and subdivided as follows:

1) Epilaryngeal group arising in relation to the margin of the laryngeal vestibule, i.e., (a) Suprahyoid epiglottis. (b) Aryepiglottic fold. (c) Arytenoids.

2) Epiophagael group in relation to walls of the pharyngeal channel leading to the esophagus, i.e., (a) Posterior. (b) Pyriform fossa. (c) Lateral and posterior walls of laryngopharynx.

The objects and advantages of the proposed classification are as follows: 1) The neoplasms are grouped clinically and according to response to radiotherapy. 2) Selection of treatment method and technic is facilitated. 3) A basis is provided for prognosis and comparison of results of differing methods of treatment obtained at different centers.—W. V. M.


The paper consists of a discussion of a number of the more technical aspects of the treatment of cancer of the larynx by teleadium. It is insisted that ability to individualize treatment is of paramount importance in radiotherapy, and that radiation should be administered according to the needs of the particular patient, the responses of the patient being the basic guide to such selection. The 4 main topographical types of tumor in the larynx, namely, those involving the anterior half, the posterior half, the centre, and finally, one lateral half of the larynx, lead to a discussion of the necessity for different techniques of treatment. Eight teleadium techniques have been analyzed with some care, complete distributions of radiation in two mutually perpendicular planes being calculated by use of dose finder and contour projector. From a study of postmortem specimens, anatomical charts and models have been constructed, and the distribution is shown in relation to these charts. The advantages of different techniques in the treatment of each of the topographical sites are discussed in detail. For comparison with these teleadium techniques the Finzi-Harmer fenestration technique has been studied. Of 15 patients treated over 5 years ago, in no less than 9 the disease has been eradicated, and 7 are alive and free from disease.—W. V. M.

**A Correlation of Roentgenogram and Pathological Changes in Ossifying and Chondrifying Primary Osteogenic Neoplasms.** Luck, J. V. [State Univ. of Iowa Hosp., Iowa City, Iowa] Radiology, 40:253-276. 1943.

The discussion is limited to those osteogenic neoplasms that consistently produce bone or cartilage. The differential diagnosis of bone tumors calls for close cooperation between the roentgenologist, pathologist, and clinician.—R. E. S.


This is a comprehensive discussion, from the roentgenological viewpoint, of diseases of the mediastinum classified according to the anatomical structures involved. It includes diseases of lymph nodes; primary tumors of the mediastinum other than lymph node tumors; mediastinitis; diseases of the thyroid, thymus, spine, esophagus and stomach; cardiovascular lesions; and bronchiogenic carcinoma.—R. E. S.

**Skin and Subcutaneous Tissues**


Both children are living and well 27 and 20 months, respectively, after amputation of the affected limb.—C. J. M.


Histologic diagnoses under 36 classifications included all of 1,500 specimens that clinically were thought to be tumors of the skin. There were 560 basal cell carcinomas. The incidence of this type of tumor was approximately equal in the two sexes. The anatomical distribution was as follows: on the face, 82%; head, 89%; head and neck together, 96%; trunk, 3%; extremities, 14%. No tumor occurred on the foot, digits, or the genital regions. Although basal cell carcinomas comprised only 37% of all lesions in the series, 77% of all lesions removed from the eyelid, 75% from the upper lip, 68% from the nose, and 53% from the chin were basal cell carcinomas. The proportion of all lesions from the temple, ear, and hand that were basal cell carcinomas was apparently significantly higher in males than in females. This relation was reversed for lesions of the forehead, upper lip, and trunk. In other locations the proportions were not significantly different.—J. L. M.


The body of the child at birth was covered with numerous, darkly-pigmented, elevated lesions. At necropsy, 17 days later, the diagnosis favored was congenital melanotic nevi with antenatal metastatic non-pigmented melanoma in skin, liver, and brain. The paper includes a short review of the literature.—C. J. M.


Two case reports are presented, one in which general metastases occurred from a tumor of the nose, and the
other in which the tumor was localized in the ear with a palpable node in the neck.—J. L. M.


The following groups of skin cancer can be arrested in a high percentage of cases by wide, deep surgical removal and immediate surgical repair: skin cancers occurring in burn and postradiation scars, those that are extensively ulcerated, postradiation recurrences of skin cancer, persistent recurrent skin cancer, and skin cancer that has invaded bone. The accepted teaching that cancer defects should be left open for inspection for at least 18 months is doubtful, should not be repaired until it is certain that recurrence is not probable. However, large surface areas of growth should not be a deterrent to immediate repair.—J. L. M.

Nervous System


Eight cases of tumors of blood vessel origin lying above the tentorium are added to the 2 previously reported by the author. All the tumors were associated with cyst formation. The 10 patients, with one exception, were between the ages of 20 and 40 years; they presented clinical signs in accord with the location of the tumors. The history was short, and the progression of the disease was rapid, in all but 2 cases. Two patients died after craniotomy; 7 of the remaining 8 are known to be alive, the survival period ranging to 9 years. The author believes that in general the prognosis for these patients is good.—S. A. G.


Report of 3 cases with a psychiatric study.—C. J. M.


Two cases are reported of trigeminal neuralgia in which an unsuspected tumor involving the gasserian ganglion was found in the course of section of the posterior root. These were the only such cases that had been found by the authors, in spite of the large number of cases of trigeminal neuralgia seen by one of them (Love) in surgical consultation. Only one similar case was found in the records of the Mayo Clinic.—J. L. M.


A child of 5½ years presented a tumor in the upper right chest and mediastinum. After exploratory thoracotomy a diagnosis of neurofibroma was made. The mass was too fixed for safe removal, and radiotherapy was instituted. Five years later the patient showed a distinct Horner syndrome on the right side, and a cervical neurofibroma was excised. Characteristic areas of brown macular pigment also were present over the skin. After 6 years, the general condition is entirely satisfactory, and there are no new neurofibromas.—A. Cnl.

Female Genital Tract


A discussion and presentation of 3 cases.—W. A. B.


A positive pregnancy test signifies a pregnancy, including ectopic gestation, or the presence of chorionepithelioma arising from pregnancy or teratoma. In very rare instances, other tumors, after widespread metastases have developed, can give a typical pregnancy test. The increase in gonadotropic factors, upon which pregnancy tests are based, reaches a tremendous peak between the 30th and 50th day in normal pregnancy. In hydatid mole and chorionepithelioma, irrespective of origin, the gonadotropic factors are elevated above the level reached in normal pregnancy except that attained during the peak period. Therefore, the quantitative pregnancy test is of value only if the peak is kept in mind. This of course does not apply to a positive test in the male, in whom no peak occurs. A low estrogen blood or urinary titer in the female after the 17th week, gives confirmatory evidence of the presence of a pathologic gestational condition (either death of the fetus, or presence of chorionepithelioma, or hydatid mole).—A. Cnl.


The most common extra-abdominal site for endometriosis is the rectovaginal septum. If untreated, the lesion is prone to extend to the adjacent sigmoid and rectum, where continued progression may produce symptoms of intestinal obstruction in the same way that carcinoma does in this location. Treatment may be by means of surgery, x-ray, radium, or any combination of these. Excision of the lesion is preferable in the younger age groups, if feasible. Cessation of activity in the lesion with gradual cure results from castration, either radiotherapeutic or surgical. A case of endometriosis of limited extent is reported in which treatment was adequate but complicated by pelvic abscess and inflammation producing intestinal obstruction. The roentgen features simulated carcinoma of the large intestine. Hemorrhage from the large bowel resulted from ulceration, and a rectovaginal fistula also appeared. Drainage of the pelvic abscess and colostomy resulted in subsidence of the clinical manifestations and progress toward cure.—A. Cnl.

Cases of pregnant women with tumors above the pelvic brim should be treated expectantly and should be carefully supervised. Surgical interference in pregnancy is practically always necessitated by the effects of pregnancy on the fibroids and frequently may be done without disturbing the pregnancy.—M. E. H.


Tubular testicular adenoma is not only one of the rarest, but also one of the most peculiar, ovarian tumors. Its significance in pathology is based on the fact that it fills the gap between true hermaphroditism and ovarian tumors of male character and opens the way for the understanding of the origin of these interesting neoplasms. Two cases of benign testicular adenoma occurring in 2 sisters are reported. The gonads consisted preponderantly of testicular tissue, but the patients looked and felt perfectly feminine and had female external genitals. Removal of the malformed gonads caused severe deficiency symptoms, thus suggesting a hormonal activity of these gonads. Several other members of the family were intersexual individuals. A third case is reported in which a carcinomaous testicular tubular tumor occurred in a previously normal woman. In this case, as in other reported cases, no hormonal activity of the tumor could be proved. The gonads in the 3 cases are interpreted as ovotestes and the architecture of ovotestis is explained on the basis of embryologic facts. Goldschmidt's intersexuality theory is applied to explain the origin of the ovotestes.—A. Cnl.


For the past 2 years vaginal smears have been made routinely upon every woman admitted to the gynecologic service of the New York Hospital. By the use of the vaginal smear a considerable number of asymptomatic and therefore unsuspected cases of malignant uterine growths have been discovered, some of them in such an early stage of development that they were invisible to the unaided eye or undemonstrable by the biopsy method. Two illustrative cases, one of adenocarcinoma of the fundus and the other of squamous carcinoma of the cervix, are reported. Criteria are given for the diagnosis by this method of squamous carcinoma and adenocarcinoma of the cervix; adenocanthoma, adenoma malignum, and adenocarcinoma of the fundus. Semiannual examination by the vaginal smear method for every woman in the cancer-bearing period of life is urged.—J. L. M.


The case is unique in that large hemorrhagic ovarian cysts with menometrorrhagia developed before pathomonic evidence of the underlying purpuric state was adduced. The characteristic picture of purpura hemorrhagica presented itself only after the surgical procedure that was resorted to in order to correct the uterine bleeding. The importance of searching carefully for symptoms suggesting a possible hemorrhagic diathesis in instances of gynecologic lesions associated with menometrorrhagia in young women is pointed out. Complete and thorough blood examinations are essential despite the apparent justification for pelvic surgery.—A. Cnl.

Male Genital Tract


A case report. A study was made of serum acid and alkaline phosphatase over a 6 month period following castration in a case of metastatic prostatic carcinoma. Clinical improvement followed castration. Roentgenograms of metastatic bone lesions before and after castration are presented.—M. E. H.


This is a detailed case report of temporary improvement and subsequent failure in the control of prostatic carcinoma. Illustrations of microscopic and gross pathologic specimens, are included. Transurethral resection permanently relieved the urinary obstruction. Castration, diethylstilbestrol, and x-radiation were used in further treatment. In a review of the microscopic sections, from this case and from others, no changes in the neoplasm that could clearly be attributed to endocrine therapy were found. Changes apparently did occur, but correlation with clinical status and other features of the disease was at least indefinite. The phosphatase studies, however, did roughly parallel the course of the disease. The problem of failures following castration is discussed. The two usually proposed explanations for failures; namely, the existence of an extragonadal source of hormones, and the pronounced undifferentiation of the tumor arc mentioned. The authors are of the belief that the final outcome from therapy cannot be foretold from the histologic appearance of the lesion.—V. F. M.


Inhibition of androgens by estrogens in prostatic cancer as opposed to castration is discussed. Endocrine castration is at first glance attractive, since it can be carried out without surgery and is financially economical. However, the author believes it to be unsound since the inhibition of androgens brought about in this way is partial and temporary. Furthermore, estrogen must be administered for long periods of time, and in many species this procedure in males is in itself carcinogenic. Although it has been shown that beneficial results occur in prostatic cancer
from both surgical castration and estrogen administration, bilateral orchidectomy appears to be the method of choice as a basic treatment in advanced or metastatic prostatic cancer.—J. L. M.


A standard method of classifying testicular tumors is needed; up to the present no satisfactory classification has been offered. Prolan A, according to the present report, is a valuable aid in the diagnosis of teratoma testis. However, prolann A levels do not seem to coincide with particular histologic types nor do they indicate the relative malignancy of the tumor. An appreciable elevation in prolan A output may be expected in at least 75% of cases; 25% of cases in the series presented showed no elevation with proved malignancy. Conditions other than teratoma of the testicle may cause an increase in prolan A, though the level usually remains low.—M. E. H.


In this series of 12 cases, acid phosphatase determinations on suspected cases of prostatic carcinoma were obtained and then repeated after bilateral orchidectomy so that the value of the test might be judged. Urinary symptoms were present in all cases, bleeding being the most important in 5. Eight patients showed signs of urinary obstruction upon admission. In this series, values of acid phosphatase greater than 3 units were considered suggestive of malignancy. Readings ranged from 4.2 to 35 units, with an average of 12.2. The number of patients is considered too small and treatment too recent to permit definite conclusions to be drawn, however, after bilateral orchidectomy all patients were definitely improved, especially the 5 suffering excruciating pain. In none had a cure been effected.—J. L. M.


The high incidence of carcinoma of the prostate has prompted the author to discuss the differential diagnosis and the operative procedures of choice. Reports made many years ago showed that carcinoma was present in 21% of cases with prostatic obstruction, and that carcinoma of the prostate was accompanied by benign hypertrophy of the lateral lobes in over 50% of the cases. The importance of the routine rectal examination is emphasized, and a plea made to abandon the exclusive use of transurethral resection for all types of prostatic obstruction, particularly the very large and the malignant.—M. E. H.

Urinary System—Male and Female


Rhabdomyosarcoma of the lower urinary tract is rare. Twenty-six cases were found in the literature; the tumor was in the bladder in 8 cases, and in the prostate gland in 18. More than 75% of the growths occurred in persons less than 40 years of age. The 2 additional cases reported here occurred in children 3 days and 2½ years old respectively. It is concluded that early radical operation will achieve the first successful treatment of this lesion.—J. L. M.


An 11 week old male with a Wilms' tumor was treated by nephrectomy and postoperative irradiation. He is alive and well 8½ years later; this is the 13th known 5 year cure.—V. F. M.

Intrathoracic Tumors—Lungs—Pleura


This case illustrates the small but important group of thoracic tumors arising from the sympathetic nervous system. An orange-sized tumor in a 2½ year old child was excised, and radiotherapy given postoperatively. There were no evidences of recurrence or metastasis 6 months later.—A. Cnl.


An orchidectomy for adenocarcinoma of the right testicle was performed upon a 2 year old child. Death from pulmonary metastasis occurred 2 years later.—A. Cnl.


A child 4 years old presented extensive involvement of the cervicothoracic region with neurofibromatosis, the diagnosis being proved later at autopsy. Despite previous radiotherapy, symptoms of respiratory distress had appeared and tracheotomy failed to save the patient.—A. Cnl.


This patient is one of the youngest on record with bronchial adenoma, having come under medical observation at the age of 9 years. The clinical features and course of the disease were observed for a period of more than 8 years. Repeated attempts to remove the tumor by bronchoscopy were unsuccessful. Lobectomy or pneumonectomy seemed to be indicated as the next step.—A. Cnl.


A benign teratoma was removed from the anterior mediastinum of a child a little more than 2 years of age. Two and a half years after operation, x-ray examination of the chest is negative, and general health is entirely satisfactory, the child having gained 30 pounds. Compared with the problem of malignant teratoma, which is by no means infrequently encountered in adults, the problem of removal of a teratoma in a child is, according to the author, much simpler.—A. Cnl.
Abstracts


Because of its size, a benign ganglioneuroma producing pressure effects was removed from a 5 year old child in 2 stages, 10 months apart. Three years after operation no recurrence of the tumor was found, and the patient was symptom-free.—A. Cnl.


A case of bilateral alveolar carcinoma of the lung associated with lipoid pneumonia due to the inhalation of mineral oil is reported. The findings are compared to certain naturally occurring lung tumors in animals, and to pulmonary tumors induced in mice with fractions of natural mineral oil or by the intratracheal injection of hydrocarbons.—R. E. S.

Gastrointestinal Tract


The first patient, aged 3 years and 8 months, who had a reticulum cell sarcoma, survived 19 months after operation and irradiation. The second patient, aged 4 years and 7 months, who had an early adenocarcinoma, is still living at the expiration of 5 years and is clinically free of neoplastic disease. A long bibliography accompanies the report.—C. J. M.


Report of a case in a Negro girl, aged 8.—C. J. M.


A report of cases of polyps of the rectum, the colon, or both, in 49 infants and children. The polyps were made visible by proctoscopic and roentgenologic methods. Treatment was by surgical methods, or by removal or destruction of the polyps with the aid of a proctoscope. Some of the lesions were frankly carcinomatous. All adenomatous polyps, except those found in certain cases of chronic ulcerative colitis, have carcinomatous potentialities and should therefore be removed or destroyed.—C. J. M.


A case report.—M. E. H.


A case report.—E. H. Q.


A report of a case in which carcinoma arose from an ulceration of the first part of the duodenum.—M. E. H.


Description of a case.—E. L. K.


Description of a case.—E. L. K.


Description of a case.—E. L. K.


Report of a case with a discussion of the pathologic features of the tumor, the surgical technic employed, and the differential diagnosis between these benign tumors and carcinoma of the stomach.—A. C.

Leukemia, Lymphosarcoma, Hodgkin’s Disease

Monocytic Leukemia. (General Review of Subject.) EVANS, T. S. [New Haven, Conn.]. Medicine, 21:421-456. 1942.

In the acute form of monocytic leukemia no treatment has proved to be of value. Transfusion has been widely used and has served to keep the patient alive for a short time. Occasionally a remission has been described following transfusion, but it seems probable that in such instances the transfusion is not the causative factor. X-ray has proved of little value. X-ray of the spleen and even splenectomy have been performed, but in the cases where success has been claimed for either measure, there seems to have been considerable doubt concerning the diagnosis. Theoretically, splenectomy is contraindicated in leukemia since it is in the spleen that excess of white blood cells is controlled by lysis and sequestration. In the chronic form of monocytic leukemia x-ray has been reported to have a beneficial effect.—J. L. M.


A presentation and discussion of the classification used by the committee on diagnosis of the Lymphatic Tumor Registry.—J. L. M.


Generalized sarcomatosis of the skin is reported in an infant of 3 months, with later development of histiocytic leukemia. The cutaneous nodules were composed of more mature cells than those found later in the systemic
leukemia. Seven figures illustrate the gross and cytological details, and similar cases in the literature are cited.---J. G. K.

**Adrenal**


This is a brief discussion in which the author mentions cases not strictly of either the Pepper or Hutchinson type.---V. F. M.


This case represents a type of hypertension that is remediable by surgery. The paroxysmal hypertension and symptom complex depend on the discharge into the general circulation, of large amounts of pressor substance from a hormone-producing tumor of chromaffin type arising from the adrenal medulla. In this patient, after perirenal insufflation, x-ray examination revealed a right adrenal mass, and adrenalectomy was performed. A complete description is given of the clinical course of the disease and of the studies that were carried out.---A. Cnl.

**Thymus**


The cases of myasthenia gravis reported in the literature are summarized. In 129 autopsies and operations performed on such patients, 71 thymic lesions in the form of persistence, enlargement, or tumors were observed. The author adds to this series a patient with a low grade carcinoma of the thymus, who was cured of myasthenia gravis after removal of the tumor.---E. A. L.

**Thyroid**


The incidence of carcinoma of the thyroid in younger individuals is remarked. Attention is called to the fact that many malignant tumors are found in small glands. Since preoperative recognition of carcinoma of the thyroid is difficult and carcinoma usually arises in an adenoma, operative removal of the latter is urged. The types of thyroid carcinomas are discussed according to the degree of malignancy. A case of epidermoid carcinoma is reported.---E. E. S.


Report of a case with postmortem findings.---W. A. B.


The Hürthle cell tumor is uncommon. It occurs most frequently in women; 15 of the 17 cases collected from the literature were observed in the female sex. The majority of the reported cases have been in persons in the fifth or sixth decade of life, however, one case was recorded in an infant 6 weeks of age. The signs and symptoms of hyperthyroidism are inconstantly associated with this type of tumor. It grows slowly but is of uncertain benignity. Those tumors that develop malignant characteristics are slow to metastasize. A typical example of the Hürthle cell tumor is reported.---J. L. M.

**Multiple Tumors**


Four cases of simultaneous multiple malignant tumors are presented. They include 3 examples of double malignancy and 1 of triple malignancy. The cases are as follows: 1) Squamous cell of the cervix and adenocarcinoma of the rectum. 2) Carcinoma of the breast and rodent ulcer of the neck. This patient also had a benign polyp of the cervix, and a year later an endometrial polyp was removed. 3) Adenocarcinoma of the uterus and sarcoma of the uterus. 4) Malignant papilloma in the bladder and both sarcoma and carcinoma in the uterus in addition to fibroid tumors of the uterus.---J. L. M.

**Miscellaneous**


The author summarizes the symptoms of cancer of many organs and visualizes the defense in the war against cancer as having 3 objectives: (1) to rouse the patient to seek advice early; (2) to expedite the practitioner's recognition of the condition; (3) to make special facilities for diagnosis and treatment more generally available.---M. E. H.


A discussion of the most advantageous relationship between the surgeon performing the biopsy and the pathologist handling the material. Some limitations of histologic diagnosis are presented. The author describes briefly his own views on the nature and causes of cancer.---E. E. S.


A review of the literature discloses that the great majority of the cases of omental cyst were discovered either incidentally, or at operation because of chronic symptoms such as abdominal distention. In the case reported the patient presented symptoms and signs of an acute surgical...
abdomen. Nine cases were found resembling the present instance both clinically and pathologically.—A. Cnfl.


A case report. The tumor, described in a 7 year old boy, was a benign growth weighing 2,300 gm., easily removed from the omentum. Symptoms were mild until thrombosis of vessels leading to the mass occurred, causing hemorrhage and severe abdominal pain. Recovery was uneventful following resection of the tumor.—E. E. S.


Malignant tumors developing in sacrococcygeal teratomas have occasionally been observed. Two case studies are submitted. Ten similar cases found in the literature are reviewed. Early surgical removal of sacrococcygeal teratomas is advocated, with careful microscopic examination for malignant changes of the tissue at the point of attachment of the tumors.—M. R. D.


A case report.—G. H. H.


A general discussion and description of operative tech-nics with special reference to congenital cysts and fistulas.—W. A. B.


The reasons why the patient should not be told that his disease is cancer are discussed.—A. C.

The British Empire Cancer Campaign has sent the following statement to the Lancet, The British Medical Journal, The Medical Press and Circular, and Nature:

"Ever since the British Empire Cancer Campaign was founded, it has been one of its most important duties to pass in review new suggestions which are made from time to time as to the cause and treatment of cancer. In the past the conclusions arrived at have not always reached the medical profession. At the present time, when practitioners are seeking enlightenment about cancer it is more than ever important that the medical profession should be able to obtain authoritative information concerning the value of various suggested remedies, and of any theories as to causation. The Campaign, therefore, will be willing to communicate its opinion on any new form of treatment on which it has information.

"The Campaign will continue to investigate methods of treatment and theories of causation and is willing to undertake or to promote research into such subjects, provided the following conditions are fulfilled:—

(1) That, in the opinion of the appropriate expert com-mittee of the Campaign, such a subject offers any prospect of advancing the solution of the cancer problem.

(2) That the fact that a theory or suggested treatment is being investigated by the British Empire Cancer Cam-paign shall only be disclosed with the consent of the Campaign.

(3) That the Campaign reserves to itself the right to publish, in an appropriate manner, the conclusions reached, whether favourable or otherwise.

(4) That, in the case of theories concerning causation, all available information shall be furnished by the advocate of the theory on the scientific basis and the experimental data which shall be so detailed that exact repetition of the experiments can be carried out by experts in the field of research concerned.

(5) That, in the case of methods of treatment, the precise nature, composition and method of administration of the suggested remedy shall be disclosed and that the evidence shall be collected in accordance with the safeguards as to scientific accuracy which experience has shown to be essential, namely:—

(a) That cases shall be of proved cancer, in so far as proof is practicable, preferably by histological examination. For choice, they should be cases affecting so-called 'accessible' organs, e.g. skin, breast, cervix uteri and mouth.

(b) That every case treated shall be recorded, whether the result is favourable or otherwise.

(c) That the clinical records, including 'follow-up' shall be as full as possible.

(6) That, in the case of a treatment based on experiments, the Campaign reserves to itself the right to confirm the results of such experiments before attempting clinical trials of the remedy.

"The Campaign will be happy to arrange for medical men to discuss their hypotheses and experiences with appropriate experts in the field concerned."—E. L. K.
Clinical and Pathological Reports

Cancer Res 1944;4:392-399.

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