Clinical and Pathological Reports

HEREDITY


The 121 married couples of which both partners had cancer had 590 children, of whom 359 were more than 40, and 286 more than 50, and 188 more than 60 years old. Cancer was found in only 43 of the offspring; these were progeny of 30 of the couples. Of the 286 progeny more than 50 years old, only 38 (13.28%) had cancer, as contrasted with the cancer expectancy of 21% among persons over 45 years old in Zurich. Cancer occurred in only 15.46%, and cancer of the stomach in 11.94%, of the 97 offspring aged 40 or more, of 33 couples of which both partners had cancer of the stomach.—Z. D.


An extensive review with 121 references, and a case report with family history.—M. H. P.


Case reports. Tumors of the brain occurred in 4 members of one family. In 2, the tumor was a cerebellar hemangioblastoma. The type of tumor was not determined in the other 2, but a cerebellar tumor that could not be removed was present in 1 of them.—M. E. H.

ORAL CAVITY AND UPPER RESPIRATORY TRACT


A description of surgical technics, with evaluation of results. Various types of carcinomas of mouth, lips, tongue, and other parts of the oral cavity are included.—J. G. K.


During the period from 1934 to 1939, a total of 464 cases of intraoral (tongue, buccal mucosa, alveolus, floor of the mouth) cancer and 74 cases of carcinoma of the larynx were accepted for treatment at the Ontario Cancer Centers. These represented 5.8% of all new cancer cases treated. Eighty-five per cent of the cases were in males. Results of treatment are discussed.—M. E. H.


These tumors seldom invade the optic nerve as its dural sheath is dense and resistant. Compression by the tumor results in optic nerve atrophy. A case with autopsy findings is reported.—E. C. R.

SALIVARY GLANDS


The radical excision technic (Janes, R. M., Canad. M. A. J., 43:554. 1940; Cancer Research, 1:838. 1941) has been applied during the past 9 years to 25 benign parotid tumors, with only 1 instance of accidental division of the facial nerve; there were no recurrences in the 21 cases followed. A small malignant mixed tumor, believed benign at the time of operation and removed with surrounding normal gland, has not recurred during 6 years. Of 3 malignant tumors treated by total parotidectomy, 2 recurred. In 2 other instances in which enormous lesions involved the main trunk of the facial nerve, it was necessary to sacrifice the whole nerve; the tumor recurred in 1 case. Parotid tumors should be irradiated for palliation only if surgical removal is impossible. Postoperative irradiation is probably indicated for malignant tumors, especially carcinoma. Illustrations.—M. H. P.

GASTROINTESTINAL TRACT


Reports of 3 cases are presented in which metastases to bone were the first symptoms of cancer in the gastrointestinal tract. In one the metastasis was in the skull, the primary lesion an adenocarcinoma of the sigmoid; in the second a destructive lesion in the fibula was secondary to adenoacarcinoma of the stomach; in the third, metastasis in a rib was due to a primary adenocarcinoma of the sigmoid.—E. H. Q.


An attempt is made to correlate the presence of cancer and the appearance of the blood pattern in a drop of blood on a glass slide.—W. A. B.


Clinical discussion based upon an analysis of 7 cases.—J. G. K.

A case report. This is another instance to be added to the growing list of argentaffinomas or carcinoid tumors that exhibit malignant properties by producing metastases.—M. E. H.


Report of 2 cases, both with symptoms of intestinal obstruction and metastases in regional lymph nodes.—J. G. K.


Practical considerations.—J. G. K.


Relationships are traced between age, sex, tumor development, and tumor form in benign and malignant, epithelial and mesenchymal, growths of the human gastrointestinal tract.—M. H. P.

LIVER


Review of the literature, analysis of 36 cases, and discussion.—J. G. K.


The architecture of the primary growth was reproduced in the distant metastases, which were composed of anastomosing cords of epithelial cells, separated by spaces lined with endothelium. In the areas of better differentiation there was evidence of the formation of bile.—J. G. K.


Case report.—W. A. B.

Leukemia, Lymphosarcoma, Hodgkin's Disease


Report of a case, and discussion. The autopsy findings as given do not permit a decision whether the leukocytopsis, which became progressively greater during the last 10 days of the patient's life and finally reached a figure of 157,000, was a manifestation of acute leukemia or whether it represented a leukemoid reaction. The role of trauma as a possible etiological factor of leukemia is discussed.—J. G. K.


Clinical and necropsy findings are given, and reference is made to 12 somewhat similar cases in the literature.—J. G. K.


When ascorbic acid was given intravenously in doses of 500 mgm. to a patient with myeloid leukemia, the leucocyte count decreased from 235,000 to 67,500 [per cu. mm.] although there was a transitory increase in the number of lymphocytes and a mild eosinophilia. The immature forms were not suppressed, in contrast to the results of x-ray therapy. The hemoglobin content and erythrocyte count increased, the bone marrow showed intensified erythropoiesis, and the patient felt better for several months. In a patient with lymphatic leukemia, the same therapy produced temporary reduction in the leukemia without subjective improvement; a single irradiation of the spleen in this subject reduced the lymphocyte count from 500,000 to 14,000.—M. H. P.


A report of 27 young patients with lymphoblastoma. Of these, 10 had leukemia, 11 had Hodgkin's disease, and 6 had lymphosarcoma. The suggestion is made that greater attention to supportive therapy and a more gradual over-all irradiation might prove of greater benefit than the present mode of treatment. No other method offers any more optimistic outlook at present.—M. E. H.


A brief description is given of symptoms and findings on x-ray examination of 5 patients with Hodgkin's disease or lymphosarcoma affecting various parts of the alimentary tract. All patients experienced at least temporary improvement following radiation therapy.—E. E. S.


A man with Hodgkin's disease was found to have a severe degree of involvement of the liver together with a decided disturbance of vitamin A metabolism. He also showed a generalized ichthyosiform atrophy of the skin, and it is suggested that this atrophy may have been a secondary effect of the vitamin A upset.—Authors' summary.


Report of an unusual case of Hodgkin's disease with autopsy findings. There were three uncommon features in the case: marked leukocytosis, a high percentage of eosinophils, and the occurrence of the disease in an elderly female.—M. E. H.

**Spleen**


In 2,842 patients who died of cancer, the average weight of the spleen did not differ significantly from normal. This is seen, also, among animals with spontaneous and induced tumors. The enlargement of the spleen previously observed in animals with transplanted tumors may have been due to a concomitant virus infection. The frequency of primary and secondary tumors in the human spleen is not below expectation, if the mesenchymal character of the organ and its relative weight as compared with bone marrow and liver are considered. The frequency of metastases per unit of weight of organ was in the author's material about the same for spleen as for bone marrow and liver when cases with tumors in the region of the portal vein were excluded. The role of the spleen as a defensive organ against tumors appears therefore very doubtful.—Z. D.


A discussion and 3 case reports. An enlarged spleen, surgically removed, proved to contain numerous nodules of lymphosarcoma, and the patient died with tumor in lungs, kidneys, mesentery, and retroperitoneum. The lesions found at autopsy are regarded as metastatic. The second patient had a large cyst in the spleen, 12 cm. across; references are given to reviews of this condition. The third patient did not have a tumor, but large infarcts provided a nodular surface leading to an erroneous diagnosis and resection. Illustrations.—E. E. S.

**Adrenal**


After removal of a large cortical tumor (670 gm.) of the left adrenal gland from a 54 year old woman, 2 small pieces of the tumor tissue were implanted into the subcutaneous fat close to the incision, in the hope that they would secrete sufficient adrenal cortex hormone to counteract the expected, dangerous, postoperative adrenal insufficiency. The patient suffered from adrenal insufficiency symptoms during the first 2 days after operation, despite the implantation procedure mentioned above and the liberal injection of adrenal cortex hormone preparations. However, improvement began on the third day, and the patient was discharged in less than a month. Masculinization symptoms disappeared within 3 months. Urinary analyses made by F. J. Baumann showed 58 mgm. a- and 16.7 mgm. b-ketosteroids daily before operation, and 0.7 and 0 mgm. respectively of these compounds after operation [how long after is not stated]. The tumor transplants did not diminish in size. They were removed 1 year after operation because the histological report on the original tumor did not exclude the possibility of malignancy. The excised transplants resembled the original tumor morphologically. It is probable that the transplants supplied hormone from the second day after grafting, and supported the patient until the opposite adrenal gland recovered from the compensatory atrophy that had been induced by the excessive hormone-production of the tumor-bearing gland. The choice of a readily accessible site for implantation of such grafts permits excision should the graft become malignant. Photomicrographs.—M. H. P.


Diagnostic and therapeutic implications are discussed.—J. G. K.


A case of Cushing's syndrome associated with an adrenal tumor of uncertain histogenesis, possibly a phaeochromocytoma, is described. A high content of 17-ketosteroids was found in a single sample of post-mortem urine, but no significant amount of cortin was demonstrated in the neoplastic tissue. Application of the usual histological criteria as well as more refined technics did not yield a clear-cut answer concerning the origin of this neoplasm. Careful study by histochemical methods and by assay of fresh tissue for epinephrine and steroid hormones may be expected to give more definite information than routine histological methods in the investigation of adrenal tumors associated with Cushing's syndrome.—Author's summary.


CANCER CONTROL AND PUBLIC HEALTH


The article is chiefly a general discussion of the importance of proper care of precancerous lesions. To avoid...
development of breast cancer, attention must be paid to chronic cystic mastitis, and practices that produce stagnation of milk are to be avoided. Many forms of irritants are mentioned as contributing to the development of carcinoma of skin, mouth, and stomach. Rectal papillomas may precede malignant growth in this region, and cervical lacerations seem to predispose to cervical cancer. Emphasis is placed on the value of cleanliness, which is regarded as the best single preventive of those cancers that can be avoided.—E. E. S.


As the campaign of lay education becomes increasingly effective, the doctor's alertness must become intensified.—M. E. H.


A brief description of the activities of the Nassau County Cancer Committee, starting with its organization in 1928. The educational program is planned to include not only the general public but also the practicing physician.—J. L. M.


Abstract of a study outline for high school prepared by the Women's Field Army for the education in cancer of the coming generation.—M. E. H.


Suggestions concerning subject matter and precautions to be taken by the speaker.—C. W.

STATISTICS


In England and Wales "Cancer deaths increased from 70,419 in 1942 to 72,158 in 1943. The standardized rate is not yet known, but from 1941 to 1942 an increase of 1197 deaths was accompanied by a fall in the standardized rate from 979 to 977 per million and it is unlikely that the increase of 1739 deaths in 1943 will imply any rise in the rate, being such as might be anticipated from the increasing numbers of persons alive at the ages most liable to death from cancer."—E. L. K.


The methods by which a measurement of morbidity may be attempted differ according to the more acute and transient, or the more lasting character of the disease considered. The author, after treating the first of these two subjects in some detail, states as follows a scheme under which the statistics required for the study of cancer in man might be obtained:

"The statistical work of Derrick, McKinlay, and others on generation mortality suggests that the changes in the average environment to which children born in successive periods of time are exposed in their early years tend to impress themselves on subsequent rates of dying throughout life. The Registrar-General has called attention to progressive movements of the age of maximal death-rate from cancer and some other chronic diseases, and such changes in the age-mortality curve may reflect not what is happening to the disease now but what happened several decades ago when the pathological process was commencing. The conquest of acute disease is likely to continue with increasing rapidity and consequently chronic degenerative diseases will assume a greater importance in the general morbidity picture. It is improbable that such conditions will respond greatly to chemotherapy; it is more likely that we shall have to go back to their beginnings and try to remove or counteract the irritant causes which, when unchecked, eventually produce them. Before we can identify these causes it may be necessary to study by statistical methods the continuous health histories of very large numbers of individuals of all occupations and classes, and in this the methods of morbidity recording I have mentioned will not help us. Cross sections of the population alone, no matter how complete and how frequent, can give no complete answers to these problems of chronic disease. They need to be supplemented by individual health histories extending over long periods of time. . . .

"The ultimate aim is to keep for every individual a record of every event of health significance from the time of conception to death, and to establish a system by means of which a person does not cease to exist statistically when he removes to another administrative area. The building up on a national scale of individual health histories is no new idea—it has been in our minds at the General Register Office since the time of Farr. Not until now, however, have we had the administrative machinery for it ready at hand and a public opinion educated to the point of being ready to welcome it. In my opinion it should be started forthwith for every newborn child, with, as first objective, the keeping of continuous records of every event directly or indirectly affecting the child's health up to the age of 15. We may anticipate that before the children now being born have reached that age a National Health Service will have been developed which could continue to take care of their records throughout life."


Correction

Cancer Research, 5:56. January, 1945. The last abstract in column 2 should begin: "The esterase activity of numerous normal and neoplastic tissues against methyl butyrate was determined. The extracts of the tissues . . ."
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