changes in carcinogenesis; hormonal, enzymatic, and tissue culture studies; effects of light; heterotransplantation; viruses; and studies on human cancer. To the author, the most significant investigations of the last 5 years have been in the production of malignancy in vitro; the production of carcinoma in animals from their own intrinsic chemical factors; the hormonal control of some cancers; the work upon heterotransplantation; the modification of viruses by passage in young and alien hosts; additional discoveries on the milk factor; and the studies on the effects of light. A bibliography of 124 references is included.—M. E. H.

Clinical and Pathological Reports

Clinical investigations are sometimes included under Reports of Research

HEREDITY


A report of neuroblastoma of the right adrenal in a brother and sister.—M. E. H.

DIAGNOSIS—GENERAL


Among 4,365 patients treated for thoracic or abdominal cancers, 122 (2.8%) had metastases to supraclavicular lymph nodes as evidenced by microscopic examination. Of these 122 patients, 73 had involvement of the signal node on the left side, 31 on the right side, and 18 on both sides. Involvement of the right side and bilateral involvement were more frequent in patients with tumors of the thoracic cavity. In 41 patients the supraclavicular metastases were the first indication of a malignant tumor. The percentage of supraclavicular metastases associated with cancer of different viscera varied: lung, 13.2% of 334 cases; esophagus, 7.1% of 210 cases; stomach, 2.6% of 883 cases; ovary, 6.1% of 148 cases; cervix uteri, 1.5% of 336 cases; testicle, 4.3% of 166 cases; and none among 54 cancers of the small intestine, 17 of the gall bladder, and 208 of the urinary bladder. Radium pack or deep x-ray therapy may relieve local symptoms, but the length of life is not appreciably increased.—W. A. B.

RADIATION


A brief review.—V. F. M.


An illustrated lecture on: biological radiation effects; roentgen unit research developments; the double cross-arm vaginal radium applicator; radium distribution in cancer of the cervix; dosage records; comparison of effects of x-ray and radium; and radiotherapy of cancer of the skin, breast, larynx, pharynx, tonsils, and cervix.—J. L. M.


A description of a new instrument for use in x-ray therapy of cancer of the cervix.—R. E. S.


The author describes a method for cystoscopic implantation of radium that permits removal after an allotted time, and he presents histories of 4 cases in which the method was used.—V. F. M.


The case of a Negro with a huge hemangioma of the lip treated with radium needles is presented, with photographs.—V. F. M.

Roentgen Diagnosis of Bronchogenic Carcinoma. SHINNALL, H. L. [St. Louis City Hosp., St. Louis, Mo.] Radiology, 42:213-219, 1944.

From an analysis of 40 cases of bronchogenic carcinoma in which roentgenographic, clinical, and postmortem studies were made, the author concludes that a diagnosis can be made in the large majority of uncomplicated cases by the finding of a rounded nodular shadow, usually in the hilar region, when this finding is correlated with clinical history.—R. E. S.


Three cases of bronchogenic carcinoma with secondary lung abscess are reported, with roentgenograms.—R. E. S.


The various mediastinal tumors cannot be exactly differentiated by roentgenological appearance, but certain diagnostic features have been demonstrated.—R. E. S.
A discussion of the diagnosis and treatment of osteoclastoma is presented. Biopsy and surgery are not recommended, the author depending on radiographic appearance for diagnosis and on roentgen therapy for treatment.—R. E. S.


A case report with review and discussion. Inflammatory diseases of the stomach are not infrequently mistaken for tumors. Differential diagnosis is sometimes difficult even for the roentgenologist and the gastroscopist. Chronicity, slight bleeding, vomiting, and achlorhydria suggest gastritis, with or without polyloid or adenomatous changes. The treatment is surgical because of the high incidence of hemorrhage and malignant change.—E. H. Q.


Cancer of the rectum usually remains clinically silent until it has become quite large; in early stages it is usually discovered only during a routine examination. Therefore any routine study of the digestive tract should include careful examination of the rectum by the use of an opaque enema. A technic is described that provides accurate control of the distribution of the opaque medium in the rectum and sigmoid. The most constant sign of incipient cancer of the rectum is a small ulcer with rigid walls. Malignant polyps and small annular cancers not noted by digital examination may often be found roentgenologically. Suspurrative periclitis or other appearances simulating cancer, and care should be used in making the differential diagnosis.—E. H. Q.

**BREAST**


During the past 30 years, among 65,000 patients with a clinical diagnosis of neoplastic disease, seen at the Barnard Free Skin and Cancer Hospital, 2,500 breast tumors were observed, of which 1,722 were verified by pathological study. Of the verified breast tumors, 43 were in males; of these, 15 were cancer.

"Radical operation in operable cancer [of the male breast] is the only treatment offering any hope for cure.... Criteria of operability are set down. Radiation therapy is an adjunct to radical operation, but it is indicated routinely only in cases having proved auxiliary metastases at operation or in cases of inoperable carcinoma. An analysis of the end results in this series reveals 5 year cures in only 20%. The literature dealing with carcinoma of the male breast supports this very disappointing and challenging result. It is suggested that earlier recognition of all breast tumors by the local doctor, with advocacy of immediate operative investigation and radiation therapy in the event cancer is found, might improve the general outcome. The 2 cases of fibrosarcoma of the male breast in the series are briefly discussed. Simple mammectomy is advocated as the treatment of choice for sarcoma of the male breast."—L. M. M.


A case report in which a primary bronchogenic carcinoma metastasized to the breast.—J. G. K.


A case report.—R. A. H.

**MALE GENITAL TRACT**


The disease in its earliest stages is readily amenable to complete surgical eradication. The importance of early diagnosis, as in all other types of malignant disease, is stressed.—M. E. H.


A discussion of personal experience, based on 23 castrations for prostatic cancer. The operation was performed as an adjunct to other procedures in 21 of the patients, and as the sole form of treatment in 2. Although 19 patients, including the last-mentioned 2, showed various degrees of improvement for periods ranging from 4 months to 3 years, the author expresses no hope that orchidectomy will ever cure.—V. F. M.


Of 28 patients subjected during 1941 to 1944 to orchidectomy for advanced prostatic carcinoma, 17 were comfortable and active at the time of writing (2 months to over 2 years after operation), 2 showed progression of the carcinoma, and 9 had died. Twelve of 20 patients having pain other than bladder pain were relieved of discomfort at least temporarily by orchidectomy. Nine patients had a marked increase in weight. A testicular prosthesis of plastic is advocated.—V. F. M.


The mortality in a group of 33 patients with inoperable cancer treated by castration or stilbestrol was 21.2% at the end of 1 year (Ibid., 46:343. 1942; abstr. in *Cancer Research*, 3:795. 1943). The mortality of the same group at the end of 3 years was 81.8%. Of the 6 surviving patients, 4 were castrates and 2 were under stilbestrol treatment; only the latter 2 were in good health, free from symptoms of prostatic carcinoma. In a subsequent series of 38 patients treated by castration, stilbestrol, or both, the mortality has been 47%. Improvement by
endocrine therapy can be expected in 70% of cases, but it is only temporary.—V. F. M.


The present practice of the authors is to advise orchidectomy primarily for the relief of symptoms due to metastases. When orchidectomy is performed in conjunction with transurethral resection, the frequency of recurrent obstructive symptoms requiring subsequent prostatectomy is reduced. A group of patients without metastases is being treated with estrogens after transurethral resection in order to see if the course of the disease is appreciably altered and whether preliminary estrogenic therapy will tend to nullify the palliative effects of castration should that become necessary later for control of symptoms. Data from 220 cases treated by orchidectomy are analyzed.—M. E. H.


A discussion of the relative merits of orchidectomy and medication by stilbestrol. Nineteen cases in which stilbestrol was used are described. There was improvement in all patients except in one, who did not tolerate the drug.—E. E. S.


Sixteen case reports. The chemical treatment of carcinoma of the prostate (by estradiol dipropionate, diethylstilbestrol, ethinyl-estradiol, and pellets of estradiol benzoate) should not be considered as a cure. It offers a relatively simple method for the relief of pain and varying periods of satisfactory inhibition of extensive malignant processes. The observations already made should stimulate further constructive experimental and clinical efforts in this field.—M. E. H.


The author points out that orchidectomy or treatment with estrogens has not been advocated as a cure of carcinoma of the prostate with metastases but as a physiologic method for the relief of pain, and that this benefit may last 1 or more years. He cites 2 cases in which bilateral orchidectomy restored men with prostatic cancer and bone metastases to apparently good health, and led to considerable healing of the bone defects.—M. E. H.


During treatment, the breast grossly becomes enlarged and often painful. There is proliferation of the duct epithelium with elongation and budding of the ducts themselves, increase in connective tissue stroma, increased vascularity throughout the connective tissue, and edema. Interstitial fibrosis and deposition of fat take place at a later stage. In the prostatic cancer tissue, after estrogen therapy, the cytoplasm is no longer swollen or foamy, and the nuclei become deep staining, pyknotic, and without orderly arrangement. As yet, no malignant changes in the breast have been found to arise from diethylstilbestrol therapy. Ten photomicrographs are presented.—M. E. H.


To 23 previously reported "acceptable" interstitial cell tumors of the testes, 3 new ones are added. One was malignant and occurred in an 82 year old man. The other patients were 30 and 34 years old. The tumors were characteristically nodular and yellow or yellow-brown; they were composed of cells similar to those of the hepatic parenchyma with rather small, round nuclei and many nucleoli.—W. A. B.

Urinary System—Male and Female


Renal hemangioma is comparatively rare, approximately 50 cases having been recorded in the past 100 years. Three additional cases are presented with illustrations.—V. F. M.


There are only 46 reported instances of supernumerary kidney. The authors report the first unquestionably authentic case of a malignant neoplasm in the anomalous organ.—V. F. M.


Two cases of renal pelvic neoplasm (1 benign and 1 malignant) are described, with illustrations.—V. F. M.


A report of 2 cases of malignant leiomyoma of the kidney with a general discussion of this lesion.—V. F. M.

Six instances of primary ureteral tumor are described, with roentgenograms. Ureteronephrectomy is the treatment of choice.——V. F. M.


This disease is more frequent in men, more frequent on the right side, more commonly in the lower ureteral segment, and usually appears in persons over 50. Radical nephroureterectomy including a cuff of bladder is the treatment of choice. Follow-up data and illustrations are included.——V. F. M.


In 51 autopsies of patients with primary bladder carcinoma, distant metastases were found 16 times and local metastases, 5 times. The most common cause of death was pyleonephritis. Thirteen of the 16 patients with distant metastases had also invasion of the prostate or parametrium. Grading seemed of less prognostic value than determination of such invasion. The author poses the question whether a tumor primary in organ A and invading organ B will metastasize in the way that primary tumors of organ B metastasize in the way that primary tumors of organ A do. Certain cases here presented suggest this may be true.——V. F. M.


An illustrated case report.——V. F. M.


The authors describe the ninth proved case of this bladder condition. The first signs appeared 3 days after birth of the patient. The treatment was total cystectomy. At autopsy 11 months later residual tumor was found. The histogenesis and microscopic morphology are discussed.——V. F. M.


A male, aged 5, had a large rhabdomyosarcoma arising beneath the trigone and prostate. The authors consider this tumor might well be classed with those arising along the vas deferens rather than with those of prostatic origin.——V. F. M.

Oral Cavity and Upper Respiratory Tract


Report of a case of a simple, benign mixed tumor originating in parotid glandular tissue of the palate, and decreasing in size under radium therapy.——W. A. B.


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


Report of case.——W. A. B.


Report of recent progress in diagnosis and treatment, as presented in the literature, with 59 references.——W. A. B.


The study is based on 271 patients treated prior to 1937. Irradiation was the treatment of choice, by both radium introduced into the nasopharynx and radium or roentgen rays applied externally.

Squamous cell carcinoma occurred in 67.8% of the patients, various types of sarcoma in 15.9%, adenocarcinoma in 2.6%; in 13.7% there was no positive biopsy. Among those patients with carcinoma and without palpable lymph nodes, who were followed, 5 of 32 (15.6%) survived 5 years, and but 1 of 14 (7.1%) (operated upon earlier) survived 10 years. Among those with sarcoma without palpable lymph nodes, 8 of 16 (50%) survived 5 years, and 5 of 13 (38.5%) were alive after 10 years.——W. A. B.


A review of the literature, with bibliography, and report of 3 cases.——W. A. B.


A general clinical discussion. Stress is laid on the importance of investigating persistent hoarseness. The surgical technic of choice is suggested for various forms of the tumor.——E. E. S.


A report of 2 cases of fibrosarcoma. Although microscopically malignant, these tumors may follow a clinically benign course and are amenable to conservative surgical measures, even when the growth is large.——W. A. B.


A case report of an uncommon disease. As much as possible of the primary adenocarcinoma was removed.
endoscopically; then intratracheal radium was applied. The patient is well 2 years after treatment. A test with radioactive iodine was indecisive in showing whether the tumor was of thyroid origin.—M. E. H.

Description of a case.—E. L. K.

Gastrointestinal Tract


These tumors occur rarely. The majority are fibrous tumors arising in the submucosa, or are leiomyomas of the muscularis. Various means of removal are discussed. Reports of 7 cases are given; in 5, esophagotomy was performed, in 1, the tumor was removed orally by snare, and in the remaining instance, the esophagus was resected. Roentgenograms, photomicrographs, and diagrammatic drawings of operative findings are numerous and clear.—E. E. S.


This is a report of 60 operable cases of adenocarcinoma of the cardia and squamous carcinoma of the esophagus with a mortality of 48%. Six deaths were regarded as surgical failures. The majority of the additional deaths were attributed to cerebral accident or pneumonia.—E. E. S.

A case reported because of relief obtained by repeated dilatation of the malignant stricture.—M. E. H.

A report based on relief obtained by repeated dilatation of the malignant stricture.—M. E. H.

Reports of 5 cases, all metastatic, with reference to 25 cases from the literature. Intestinal obstruction and intussusception were frequent complications.—J. G. K.

This is a case report of a rare condition, illustrated with roentgenograms and photomicrographs.—E. H. Q.

A case report. After the removal of a large fungating tumor of the jejunum and a small submucous one, the patient developed complete small bowel obstruction for the second time. A large, loose tumor within the ileum was removed. Presumably these growths were secondary adenocarcinomas from an undisclosed primary site.—M. E. H.

It is the responsibility of the medical profession to insist on the utilization of 4 simple procedures for the early diagnosis of cancer of the large bowel: (1) complete detailed history, (2) a digital examination, (3) the use of the sigmoidoscope, and (4) roentgenography with the aid of a barium enema before a gastrointestinal series is ordered. A wider utilization of exploratory laparotomy is urged. Annual examinations after the age of 50 would aid in the detection not only of cancers in the earliest stages but of benign epithelial tumors (adenomas and papillomas) that tend in varying degrees to undergo malignant changes.—M. E. H.

Report of 2 cases in which right-sided colectomy and the Whipple type of operation designed for carcinoma of the pancreas were done.—W. A. B.

Biopsy provides the only means for differentiating between ulcer callous and carcinoma of the rectum, and even this is not infallible. Since it is now generally accepted that ulcer callous recti is not a precancerous condition, radical operation is unnecessary. In the 2 cases reported here, temporary colostomy for a few months sufficed for healing of the ulcer.—M. H. P.

Liver

The author found 5 cases of liver cell cancer in 33 autopsies on Chinese men during 8 years in Curacao; in none of the 33 cases was there clinical, gross, or microscopic evidence of schistosomiasis.—J. G. K.

Resection of the left lobe of the liver was performed in 3 cases: hemangiomia, gumma, and carcinoma of the liver. All 3 patients survived the procedure. In the case of the gumma, a preoperative diagnosis of cancer was the reason for surgery.—W. A. B.

A case report, with roentgenograms.—R. E. S.
THYROID


Report of 2 cases. The authors believe that the lesions known as lateral aberrant cervical thyroid should be interpreted as tumor metastases in cervical lymph nodes from small primary carcinomas in the homolateral lobe of the thyroid.—W. A. B.

MISCELLANEOUS


Instances of many different types of tumor are presented, with case histories, microscopic descriptions including photomicrographs of histological sections, and diagnoses.—J. L. M.


A general discussion, and reports of: 3 cases of carcinoma of the body of the uterus arising in women 25, 29, and 27 years old; 2 cases of carcinoma of the cervix occurring in women aged 19 and 20; and 2 cases of carcinoma of the liver in boys aged 13 and 18.—J. G. K.


Discussion.—J. G. K.


Talcum powder granuloma, arising in the region subjected to surgery, complicated the postoperative course of 2 patients with cancer. Potassium bitartrate is recommended as a substitute for talc (which consists chiefly of magnesium silicate) in powdering rubber gloves used in surgery. Upon intraperitoneal administration to rats, talc and various other dusting powders caused granuloma, plaques, adhesions, or serous exudates, while potassium bitartrate did not.—J. L. M.


A report of 2 cases in which radical removal of adenocarcinoma metastases from the diaphragm and lung, respectively, apparently restored the patients to health. The primary tumors, in the cecum and uterus, had been removed before the metastases were observed. Usually, if multiple metastases are present, radical surgery is not warranted. Occasionally, however, sufficient palliation will be obtained by the removal of a single offending lesion to justify the time, expense, and danger of the procedure.—M. E. H.


The administrative organization for the handling of malignant neoplastic disease is outlined, and experience in 231 cases examined in 1943 by the Tumor Board of a single Veterans Administration Facility is summarized.—M. E. H.


The author cites statistics from the literature to show the large number of 5 year cures of patients with cancer of various organs when such patients are treated early in the disease.—J. L. M.


Advice on the care of the nonhospitalized patient.—J. L. M.

STATISTICS


The data in this paper are derived from the returns of the Registrar-General for England and Wales. The death rate from cancer of the stomach in middle life has increased in recent years in men but not in women. Thus for the three periods 1911 to 1920, 1921 to 1930, and 1931 to 1935 the death rates per million at ages 45 to 55 were: for men 367, 413, 432, and for women 261, 259, 238. At ages 65 and onwards there has been an increase in both sexes. The Registrar-General's Decennial Supplements for 1921 and 1931 showed that the incidence of cancer of the stomach in males increased regularly with descent in the social scale from the richer to the poorer classes. The mortality from gastric ulcer shows a similar social relationship up to the age of 65; thereafter the relation is reversed, the incidence being heavier on the richer classes. Duodenal ulcer shows little relation to social class up to the age of 55; at later ages there is an increasing incidence upon the richer classes.—E. L. K.


A study was made of the malignant tumors in a British West Indian and a Panamanian Negro autopsy population in the Canal Zone. Because of unique circumstances these autopsy populations represent reliable cross sections of the findings in Negroes dying at all ages in this area. Malignant tumors occurred in 339 of 2,553 persons 10 or more years of age, or 13.3%. Among 1,839 males, malignant tumors occurred in 238, or 12.9%; among 714 females, malignant tumors occurred in 161, or 14.1%. Carcinoma was found 5 times as frequently as sarcoma and other malignant tumor types. The type of tumor, location, and age incidence are given in tabular form. The incidence of malignant tumors in this Negro autopsy population was essentially similar to that reported in Negro autopsy populations elsewhere and was substantially less than the incidence reported in white autopsy populations in the United States.—Authors' abstract.
Clinical and Pathological Reports

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