reduces the potency of viruses. The virus theory of cancer is confirmed by: (a) the presence of inclusions in acute cases of carcinoma, and (b) the relative immunity of the small intestine to cancer, since the contents contain a viricidal factor secreted by the pancreas. This action ceases at the large intestine.

Carcinoma of the prostate. The ability of the neurosurgeon to relieve pain in many cases of late cancer has been an extrinsic agent or a product of the tumor. The existence of several types of virus tumors, and even the discovery of further examples in several species of animals, is no logical reason for postulating a viral cause for all tumors against the balance of evidence. The virus induced sarcomas differ from those chemically induced in their tendency to undergo spontaneous cure. Carr has shown that this tendency may have a genetic basis.

"Histologically, these tumors are sarcomas, yet spontaneous cure is certainly not a characteristic feature of sarcoma in man. This calls in question the value of histological classification as a guide to etiology. . . .

The desire to find a specific cause of cancer probably arises from the idea of cancer as a single disease rather than as a special type of pathological tissue reaction. The weight of evidence available at the present time points to multiple causes of cancer, as in the case of most other types of lesion and tissue reaction."

Papers of the Joint Discussion abstracted by E. I. K.

Clinical and Pathological Reports

Clinical investigations are sometimes included under Reports of Research

Therapy—General


A discussion. Experimental and clinical observations indicate that normal lymphatic tissue has no restraint on the growth of cancer cells. The surgical treatment of cancer should never be conservative, and even normal lymph ducts and nodes usually invaded by the type of cancer treated should be removed.—C. A.


The case of late cancer can seldom be handled to best advantage without the close cooperation of a number of physicians. Many patients can be relieved of pain by radiation; an occasional cancer can be arrested indefinitely; some can be controlled for years and months. Radiation produces bone regeneration in many cases of destructive bone metastases, and orthopedic support may prevent pathological fractures. Persistent pain is an indication for radiation in patients with known cancer. Radiation may be a valuable supplement to orchidectomy in metastatic carcinoma of the prostate. The ability of the neurosurgeon to relieve pain in many cases of late cancer should be kept constantly in mind. Ten illustrative case histories are presented.—M. E. H.

Radiation


A description of devices for the protection of normal tissues in radium therapy of cancer of the cervix and the mouth.—G. H. H.


A review of experimental work on sarcoma produced in animals by thorium dioxide (Thorotrast) leads the authors to condemn the clinical use of this x-ray contrast agent in human patients.—C. A.


A discussion. The discovery that cells, normal and pathological, are much more susceptible to radiation effects during mitosis than in the resting stage has led to fractionating the radiation dosage and prolonging the period of time of administration over a number of days in order to affect many more cells during mitosis. The author feels this method has more to offer than the massive dose technic, even in carcinoma of the lip. The proper selection of wave length (voltage and filtration)
is also important. The author decry the more recent trend toward the use of multiple small fields and favors, for many reasons cited, a larger field of radiation therapy. He calls attention to the fact that radiation sensitivity and curability of the lesion are by no means synonymous. He advocates the present day trend in the better clinics to consider a patient as having some chance for a cure in almost every instance and to treat adequately rather than palliatively. To be effective, radiation therapy must be carried out intensively at the first attempt. In many instances the combined use of radium and x-rays is essential. In the author’s experience during the past 2 years, x-rays from a 400,000 volt machine have given better results in carcinoma of the cervix, rectum, and bladder and in osteogenic sarcoma than were previously obtained with ordinary “deep x-ray therapy” at 200,000 volts.—M. E. H.


Values for the ratio of depth to surface dose obtained by a physical method (Victoreen dosimeter) agreed, within the limits of experimental error, with those obtained by a biological method (Drosophila eggs).—R. E. S.


Curves for the measurement of surface and depth dose ratios at voltages of from 70 to 1,000 kv. are given. These charts with instructions for their use are obtainable at cost.—R. E. S.


The author reviews 409 cases of skin cancer treated by himself with x-radiation and concludes that this is the method of choice. Late sequelae and the exact number of recurrences are not reported.—V. F. M.


A case report. An epitheloid carcinoma of the labia majora was treated by radium. A biopsy taken 2 months later revealed the persistence of neoplastic cells. The tumor continued to regress without further applications. During a follow-up of 6 years, there has been no recurrence.—C. A.


The cure of cutaneous cancer of the eyelid and neighboring tissues presents an important therapeutic problem. Treatment by means of radium needles produced cures with a minimum of residual deformity in 65 of 82 cases and avoided irradiation-lesions of the neighboring tissues.—G. H. H.


The effect of radiation of the normal ear, the injured ear, and the ear with obstruction of the eustachian tube by carcinoma of the nasopharynx was studied. In the last group of cases there was initial conduction deafness, which was completely reversed by massive radiation with x-rays, in doses up to 15 r per minute and 300 r per day, totalling about 5,000 r.—W. A. B.


A discussion on the x-ray diagnosis of cancer of the larynx with statistical report on 220 cases.—C. A.


A study of 18 cases of salivary gland tumors (9 mixed tumors of the parotid, 5 cylindromas of the submaxillary gland, 4 cylindromas of the buccochinopharyngeal region) treated by radiotherapy. Recurrences were common after local excision. One visceral metastasis from the mixed tumors and 7 from the cylindromas were observed over a period of 3 to 22 years after diagnosis. Neither type of tumor responded to radiotherapy.—G. H. H.


A case report. The early diagnosis was made on the persistence of a rigid “niché” after the clinical signs had regressed.—C. A.


The speaker calls attention to the difficulties in radiological interpretation and the misunderstandings liable to occur if too much stress is laid on radiographic features without reference to the clinical findings. Points are illustrated by a series of radiographs of bone tumors collected over a period of 20 years.—W. V. M.

SKIN AND SUBCUTANEOUS TISSUES


A discussion of the clinical signs and treatment of pigmented moles, nevocarcinoma, and secondary pigmented...
carcinoma of the skin, with short case reports and photographs.—C. A.

Description of a case.—E. L. K.

Description of a case.—E. L. K.

FEMALE GENITAL TRACT

Four cases of carcinoma of the breast are reported in which pain from metastatic foci to the spine and bony pelvis was the first evidence of neoplastic disease.—C. W.

This study is a review of all patients with carcinoma of the breast who have been castrated with surgery or radiation in a period of 18 years at the Memorial Hospital. Improvement was noted in approximately 13 to 15% of 335 women so treated. There seemed to be no difference between x-ray castration and surgical castration. It would appear that, among women, castration gives a temporary, rather than a permanent, improvement.

More striking effects from castration were noted among 7 males with breast carcinoma. The change of the disease processes seems to be immediate, and the improvement in general health is as striking as that seen in cases of carcinoma of the prostate treated by castration.—M. E. H.

In primary lymphosarcoma of the breast, there may be a single focus, or multiple foci as in 1 of the 5 cases reported. Three of these patients had radical mastectomies, 1 a simple mastectomy, and the fifth, local excision followed by irradiation. All 5 patients are alive from 3 months to 7 years after therapy. Radical operation is the treatment of choice except in cases in which the disease is not limited to the breast; the latter are best treated by irradiation alone.—W. A. B.

Testosterone propionate therapy (140 to 150 mgm. weekly) was utilized in the treatment of patients with progressively advancing carcinoma of the uterine corpus, cervix, fallopian tube, ovary, or breast. Symptomatically the patients were improved. There was no indication, however, of any regression or even retardation of the malignant process. The dose of androgen used was sufficient to cause masculinization.—A. K.

Descriptions of cases.—E. L. K.

Report of a case of theca-cell tumor of the ovary, which occurred in a 72 year old woman, 21 years after the menopause. The feminizing effect produced uterine bleeding and enlargement of the breasts.—A. Cnl.

A dermoid cyst is described containing, free in the lumen, a miniature human-like structure (homunculus) with remnants of an umbilical cord. Pertaining literature and theories are discussed with emphasis on the organizer theory.—Author’s summary. (A. Cnl.)

The vaginal smear method, used in 427 cases, led to a diagnosis of cancer of the cervix or fundus of the uterus in 91, and in 82 of these the diagnosis was confirmed by biopsy or curettage. There were 7 false negative diagnoses. The method is recommended for continued trial as a preliminary or corroborative measure.—A. K.

A study of the predisposing factors in uterine cancer and of ways of controlling this type of growth.—C. A.

Case report. There was evidence of malignant change in both squamous and glandular tissue in the body of the uterus. The abnormally placed squamous epithelium is considered to have arisen by stromal metaplasia.—A. K.

Thirty-nine of 51 patients are reported cured by this

Three cases of early cancer of the cervix are reported. One tumor was discovered in small cervical fragments removed during a trachelorrhaphy. This patient was followed for 7 years; there was no evidence of recurrence or further growth. In the 2 remaining cases, the tumor was discovered in the amputated cervix after Fothergill operations; 1 patient developed recurrence in the cervical stumps 5 years and 4 months after the operation, despite x-ray and radium therapy, and the other, also treated, at 5 years after operation had shown no recurrence. The question of latency and the morphologic criteria of early cancer are discussed.—A. K.


In 7 of the patients described, the tumor was a stratified squamous cell carcinoma, and in 1 it was an adenocarcinoma.

One patient aborted after radium treatment, 4 were delivered by cesarean section, 1 gave birth spontaneously, 1 was subjected to hysterectomy after death of the fetus, and 1 died undelivered. Bleeding during pregnancy was reported by 6 of the 8 patients; obstetricians are urged to suspect carcinoma in the presence of this symptom. Treatment for various stages is indicated.—A. K.


Five instances of proliferative or papillary lesions of the cervix uteri associated with pregnancy are reported. The ages of the patients ranged from 17 to 22 years. The lesions were seen at various stages of pregnancy, from the second month to time of delivery. The proliferative growths were single or multiple, varied in size from small nearly gray-white areas to papillomas raised 2 to 3 cm. above the surface and were always located at or near the external cervical os. There were various grades of squamous epithelial proliferation microscopically, i.e., (a) simple thickening, (b) greatly thickened irregular epithelial units fused together with confluent tiny papillary stalks, (c) large papillomatous growths. Irregularity in size of nuclei, hyperchromatism, mitotic activity, and cytoplasmic vacuolization tend to confuse the diagnosis with adenocarcinoma, and in 1 it was an adenosquamous carcinoma.

In 1 case the tumor was diagnosed as granular cell myoblastoma, which has formerly been considered benign.—V. F. M.


This report is based on sections of 600 cervices. The authors believe that chronic inflammation is an important factor in inducing replacement of columnar epithelium by stratified squamous epithelium within the cervical canal. Another factor that may be of major importance is hyperestrinism. It is thought that the metaplastic epithelium probably does not give rise to cancer of the cervix, but that both the cancerous and metaplastic epithelium have a common ancestral cell.—A. K.

A discussion. Total parotidectomy with conservation of the facial nerve is the treatment of choice.—C. A.


Report of 7 cases. Complete surgical excision of such tumors being extremely difficult, total parotidectomy is the only logical treatment.—C. A.


A report of 4 cases in 2 of which the lesion proved to be a primary adenocarcinoma. In the others symptoms were due to an inflammatory nodule; a diagnosis of salivary calculus had been excluded preoperatively by x-ray examination.—W. A. B.

Intrathoracic Tumors—Lungs—Pleura


A better clinical study of occupational bronchial carcinoma caused by asbestos, chrome, and radium is advocated. Effort should be made to produce these tumors in experimental animals.—C. A.


A man who had been engaged as a marine boiler scaler for 47 years died of metastatic bronchogenic carcinoma possibly initiated by a carcinogenic agent in the flue dust or soot. His lungs showed silicosis, and pigmentation due to iron. A sample of scale taken from the type of boiler usually scaled by this man contained 10.1% Fe, 8.6% total silica; a sample of scale taken from the type of boiler for 47 years died of metastatic bronchogenic carcinoma caused by total pneumectomy. The patients are well 3 years and 1 year, respectively, after operation.—C. A.


A report of 2 cases of mixed tumors of the lung, so-called bronchial adenomas.—C. A.


Three case reports demonstrating how pleuroscopy together with pleural biopsy is the only way of making a differential diagnosis between endothelioma and subpleural cancer of the lung.—C. A.

Gastrointestinal Tract


A case report.—W. J. B.


A discussion with special reference to early diagnosis and surgical technic in gastric cancer.—C. A.


A case report. Early diagnosis of a small gastric carcinoma of the limits type.—C. A.


A case report.—C. A.


A case report.—C. A.


A report on the follow-up of 18 cases of carcinoma.
in situ" and small cancerous lesions of the stomach, in which an early diagnosis was followed by prompt surgical treatment. Only 1 death is recorded; it occurred after hepatic metastases.—C. A.


A case report.—C. A.


A case of a 35 year survival following a Billroth No. 2 operation for a poorly differentiated, rapidly growing carcinoma is presented with a photomicrograph of the original section.—C. W.


Report of 2 cases.—C. A.

Schwannome de l’estomac. [Gastric Schwan-

Three case reports.—C. A.


This is a statistical study of the end results of surgical treatment for carcinoma of the gastrointestinal tract in more than a thousand cases during a 20 year period. Surgery for gastric carcinoma in 193 cases provided some relief from pain and distress but, through the years, no cures. In carcinoma of the intestines, 287 resections were performed. The patient, a 63 year old male, was apparently well 9 months after the procedure.—W. A. B.


A carcinoma of the third portion of the duodenum was resected, and an antecolic duodenojunostomy performed. The patient, a 63 year old male, was apparently well 9 months after the procedure.—W. A. B.


A case of a malignant carcinoid of the lower ileum with widespread metastases to the adjacent mesentry, to the periaortic, peripancreatic, and posterior mediastinal lymph nodes, and to the liver, pancreas, and heart is reported. Among 50 malignant carcinoids of the small intestine reported in the literature, only a few have shown widespread metastases.—M. E. H.


Two case reports.—C. A.


The series of surgical cases reviewed comprises 116 cases of cancer of the large bowel and 18 cases of other lesions. The role of preoperative care in increasing extent of operability is stressed. The surgical procedures chosen were: anastomosis and immediate resection in right and mid-colon growths, obstructive resections with delayed anastomosis in left colon growths, and one stage combined abdominoperineal resections for rectal carcinoma.—W. A. B.


On the basis of 712 operations for cancer of the colon, the authors discuss the choice of operation, wound complications, drainage, the preservation of a functional anal orifice, as well as postoperative pulmonary complications. They have adopted radical excision instead of colostomy for patients with advanced secondary lesions from cancer of the large bowel and have tended toward a wider use of end to end resection, preservation of the uninvolved anus, and the elimination of the Mikulicz operation except when serious peritoneal contamination renders a rapid termination of the intra-abdominal procedure desirable. Statistics are presented in support of these decisions.—M. E. H.

MISCELLANEOUS


A discussion on the pathogenesis of cancerous nodules in surgical scars. The author favors the theory of retrograde metastasis.—C. A.