
Among xiphophorin fishes, Platypogulus maculatus, Xyphophorus pygmaeus, and hybrids between P. maculatus and X. kelleri, there were sporadic cases of exophthalmia due to melanomas of unknown origin. Examination of these tumors revealed involvement of the choroid, with invasion of the retina and, finally, of the intraocular spaces. These growths were comparable to melanomas of the human eye. Their cells were predominantly epithelioid, but in one instance epithelioid and spindel cells appeared in the same tumor. The cause of the tumors, like that of most animal neoplasms, is unknown. It was not any known microbic or viral agent, nor was it apparently a result of specific hybridizations or controlled by genetic factors. The growths cannot be produced at will, as can generalized integumentary melanomas in platyfish-swordtail hybrids, or certain tumors of plant hybrids.—Authors' summary.

Clinical and Pathological Reports

Clinical investigations are sometimes included under Reports of Research

Nervous System


This study is based on data concerning 100 consecutive patients, 67 men and 33 women, who had lesions of the frontal lobes of the brain. Surgical intervention showed that in 42 cases the lesion was in the left frontal lobe, and in 47, in the right frontal. The 100 electroencephalographic records were divided into 3 main groups, according to quality of delta wave activity. The pattern of the electroencephalograms in Group I was found to be associated with meningiomas in the majority of cases, and the pattern in Group II was identified with gliomas of all types. The intensity of the changes in the record depended in part on the nature and the extent of the lesion. For the most part metastatic lesions produced electric patterns resembling those of gliomas. Vascular lesions presented patterns similar to those of Group III. In 76 of the cases, delta wave localization gave a correct guide to the position of the lesions.—M. E. H.


A series of 9 neoplasms, the origin of which is traceable to the subependymal cell, is presented. Five of the neoplasms were identified as spongiosioblastoma ependymale, 1 as papillary ependymoma, and 2 as choroid papilloma. Medullary epithelium, spongiosioblasts, and neuroblasts are held to be the only clearly recognizable embryonic cellular elements from which all neuroectodermal cell forms arise. There is also found strong evidence for the assumption of the presence of a bipotential mother cell form. Such immature elements are also found within the subependymal cell plate. The structure of this residual periventricular matrix layer, which persists during the entire postnatal life, is surveyed.—A. Cnl.


A survey of 150 meningiomas subjected to thorough histopathologic study yielded a rather large proportion of sarcomatous meningiomas (16 cases or 9.3%). Of the latter, 8 cases were selected for this study. The histological character and local behavior of these tumors are not unlike those of sarcomas elsewhere. The tumors are frequently multiple, often diffuse, and may give rise to visceral metastases. The cellular constituents of these tumors are commonly traceable to derivatives of the pial component of the leptomeninges.—A. Cnl.


The case presented is typical of this brain tumor and its lymphoma-like temporary response to radiotherapy. The unusual localization of symptoms was due in all probability to metastases in the brain and cord.—M. E. H.


Case report.—J. G. K.

Breast


Swelling of the breasts occurred in 20 of 38 men engaged in the manufacture of stilbestrol and in 1 chemist
exposed to dienestrol. Cutaneous and respiratory absorption were believed responsible. Nine case histories are presented, some with biopsy reports, and 1 photomicrograph of mammary tissue is shown.—M. H. P.


Sixty-three patients with mammary cancer who had previously been operated upon were treated with relatively large doses of testosterone propionate over prolonged periods. The results in these patients were subjected to detailed analysis as to recurrences and survival during periods of 4 years and more and compared with those in 64 patients with similar growths that were removed in the same way but who were not treated afterwards with testosterone propionate. The analysis led the author to conclude that testosterone propionate exercises a protective or prophylactic action against recurrences of surgically treated mammary cancer. The rationale is given, along with details of the therapy.—J. G. K.


In a series of 180 cases of cancer of the breast treated since 1938, there was definite evidence of skeletal metastasis in 37. Of these patients, 24 have died; an analysis of this group is presented. Skeletal lesions were the first metastases to be found and the only ones demonstrable in 62.5% of the cases; these, therefore, as well as pulmonary metastases must be looked for systematically before any operation is performed on the primary tumor, and in regular follow-up examinations. The rate of incidence of bone metastases increases or decreases with the usual rate of incidence of primary cancer of the breast in the various decades. The mean interval between the appearance of the primary tumor and that of the skeletal metastases in the series was about 3 years, except for the age group 20 to 30, in which that interval was but one-half as long. At least 75% of the bone lesions have an osteolytic character when first discovered. An osteoblastic lesion probably indicates a long standing or slowly growing skeletal lesion. In this series, a change from the osteolytic to the osteoblastic type, which is interpreted as the result of depression or death of the neoplasm and repair by the remaining bone, was induced by irradiation. The average survival for the whole group of patients was 13.6 months, the maximum 33 months. Under roentgen therapy, 66.0% of the patients showed subjective improvement; 26.0% showed also objective response to irradiation, the average survival period for the latter category increasing to 18 months, the maximum being 29 months.—E. H. Q.


Case report, review, and discussion.—J. G. K.

ORAL CAVITY AND UPPER RESPIRATORY TRACT


This is a report of 145 cases of carcinoma of the oral cavity, seen from January 1, 1931, to December 31, 1940; of the cases were in females, 128 in males; only 3 were lost in follow-up. Treatment was usually by radiation, rarely by surgery. The best results were obtained in cases in which the lesions occupied the buccal mucous membranes and anterior tongue; in these cases, 23% of the patients survived 5 or more years. The poorest results were found in the patients presenting hypopharyngeal lesions, 8% of whom survived 5 years. The outstanding cause of failure was inability to control the disease once extension to regional lymph nodes had occurred.—M. E. H.


A group of 129 cases of carcinoma of the alveolar processes, cheek, floor of the mouth, and palate is analyzed with respect to etiology, metastases, treatment, and end results. The survival rate of 24% compares favorably with the rates reported from other clinics. Treatment was by radiation alone or radiation and surgery combined. The type of treatment for each location is indicated. For better results in the future the increased use of intraoral direct radiation therapy and possibly higher voltage, the more aggressive treatment of cervical metastases, and the earlier recognition of malignant lesions through education of the public, dentist, and physician are recommended.—R. E. S.


Description of a case of mixed parotid tumor.—E. L. K.


A case report.—C. W.


A case report.—C. A.


Description of a case.—E. L. K.


Description of a case.—E. L. K.

With a working theory that cancer of the larynx is one of the most curable of all cancers, the author outlines the appropriate curative treatment indicated at various stages of the disease. The care of the cancer is of primary importance; the return of function is of secondary consideration and should not be a determining factor in the choice of therapy. Of 20 patients treated by the author with laryngofissure, only 1 had a recurrence. Of 19 patients with more advanced lesions, subjected to laryngectomy, 12 were living and well at the time of writing, 1 died free of cancer 7 years after the operation, 1 died 3 weeks postoperatively, and 5 had recurrences. These figures are regarded as preliminary, since sufficient time has not elapsed to establish their statistical value.—M. E. H.

INTRATHORACIC TUMORS—LUNGS—PLEURA


Report of a case in which pneumonectomy was decided upon because of the location of the adenoma (too close to the upper lobe bronchus for complete closure of this structure after removal of the lesion) and because of atelectasis of the middle and upper lobes with recurrent infection.—W. A. B.


Clinical, radiographic, and pathological photographs illustrate a solitary metastatic deposit in the terminal phalanx of the left little finger in a male aged 49 with bronchial carcinoma. The primary lesion proved histologically to be a squamous cell carcinoma arising by a process of metaplasia from the columnar ciliated bronchial epithelium. The metastatic deposit was of similar histology but nonkeratinized. The bony substance of the terminal phalanx was perceptible only in the form of minute peripheral spicules, and there was incipient malignant infiltration of the soft tissues around the distal extremity of the middle phalanx.—L. W. P.


Primary sarcoma of the lung is rare. A case is reported with radiographs and photomicrographs. Radiographic examination and postmortem pathological studies ruled out the possibility that the lesion was metastatic.—E. H. Q.

GASTROINTESTINAL TRACT


The relatively new operation involving resection of the entire esophagus below the level of the aortic arch, followed by a high esophagogastric anastomosis either just above or just below the arch, facilitates radical removal of the tumor, including the majority of the regional lymph nodes, and provides a more satisfactory degree of palliation in incurable cases and a better functional result than does the classic Torek operation. A summary of the results of the new procedure in 20 cases is compared with the author's relatively unsatisfactory experience with 14 cases in which the Torek operation was performed.—C. W.


Descriptions of cases.—E. L. K.


The relationship between gastric carcinoma and ulcer is discussed in the light of U. S. Navy statistics. It is concluded that there is insufficient clinical and pathological evidence to support the concept of carcinomatous transformation of benign ulcer.—C. W.


The data for a 10 year period at the Massachusetts General Hospital show that the most helpful factors in arriving at a diagnosis in early malignant lesions are location of the lesion, age of the patient, and duration of symptoms. Nearly all ulcers of the greater curvature and the fundus of the stomach are cancer. In this series, patients over 40 having symptoms of a gastric ulcer for less than 1 year were 5 times as likely to have cancer as benign ulcer. The surgical treatment of any gastric ulcer in this group is recommended. Size of the lesion is misleading in diagnosis. Gastric analysis may be helpful when there is an absence of free acid, as this occurs in at least 60% of patients with cancer. The presence of free acid, however, does not distinguish between the two lesions. —W. A. B.


Metastatic carcinoma was demonstrated in the bone marrow by biopsy 3 years before death.—J. G. K.


A case is presented of hemangioma of the intestine in a 16 year old girl. The patient had a profound anemia and recurrent abdominal pains. A review of the literature is included.—W. A. B.


Report of a case in a 4 year old boy, in whom the
history of intermittent right lower quadrant pain with nausea and vomiting, and the finding of a palpable mass under McBurney’s point, suggested an appendiceal abscess. The lesion proved to be a lymphosarcoma. Twenty-three previously reported cases are reviewed.—W. A. B.


Report of 3 cases in which a localized lymphoma was found in an appendix that had been removed after the development of symptoms simulating those of acute appendicitis.—J. G. K.


Early total colectomy in cases of polyposis is needed if the almost certain eventual occurrence of malignancy in the colon or rectum is to be avoided. A case is presented in which 4 carcinomas of the colon arose in a young man as a result of malignant transformation in congenital polyposis.—M. E. H.


Case report. The removed colon showed diffuse polyloid adenomatosis with extensive precancerous changes.—W. A. B.


A case report.—J. G. K.


The use of the Devine colostomy as a preliminary procedure for resection of a tumor of the left side of the colon, rectosigmoid, or rectum is described. No deaths followed the procedure in 30 cases.—W. A. B.


The surgical treatment of 198 cases of carcinoma of the rectum in which radical resection was performed is discussed. A 5 year cure rate of 33% was obtained. A single-stage abdominoperineal resection is recommended, the operative mortality in such cases having been 10% compared with an over-all mortality of 13%.—C. W.

Liver


A review, and report of experience at Cincinnati General Hospital, with 3 detailed case histories.—J. G. K.


A case report. A classification of these tumors as cholangiomatous, parenchymatous, or mixed is suggested.—M. E. H.


A case report.—G. J. K.

Bones, Joints, Tendons


Osteogenic sarcoma of the skull is a relatively rare tumor, comprising only about 1% of all osteogenic sarcomas. Garland reports a case in a 17 year old male, treated palliatively by surgery and x-ray.—R. E. S.


Synovial sarcomas are composed of two types of cells, those resembling fibrosarcoma cells with accompanying reticulin fibers, and synovial elements that often contain mucicarminephilic droplets and may line slits in the tissue. An analysis of 9 new cases and 95 from the literature is presented, and in only 3 was there survival for 5 years without evidence of metastases. The neoplasm occurred more frequently in males, the average age of appearance was 32 years, and almost half of the tumors were found in the knee. Metastases were disseminated usually by way of the blood vessels but occasionally were found in regional nodes. Although a fatal disease, the average course lasted 5.7 years. Treatment advocated is a limited, incisional biopsy with high amputation immediately after the diagnosis has been made from permanent sections. Dissection of regional nodes may be desirable as a separate procedure. No beneficial effects from irradiation were found.—W. J. B.

Corrections

Volume 5:602. (Abstracts) 1945. Column 2: line 31-32: for “in the stomach of the host” read “in transplanted stomach tissue”; line 34: for “carcinomas and sarcomas developed” read “carcinomas and sarcomas developed apparently from the transplants.” [Editorial errors.]
