Clinical and Pathological Reports


A review written especially for the practicing physician. Etiologic factors are considered under the headings of precancerous lesions, diet, and physical and chemical agents, especially carcinogenic chemicals and hormones. Genetic studies, heterologous transplantation of human tumors, viruses, and immunity are also dealt with briefly. The discussion of clinical factors is limited largely to precancerous lesions, diet, and physical and chemical agents.

References of Bilateral Carcinoma of the Breast. D. A., and Darling, H. H. [San Francisco, Calif.]—C. W.

Etiologic factors are considered under the headings of precancerous lesions, diet, and physical and chemical agents, especially carcinogenic chemicals and hormones. Genetic studies, heterologous transplantation of human tumors, viruses, and immunity are also dealt with briefly. The discussion of clinical factors is limited largely to precancerous lesions, diet, and physical and chemical agents.


A cancer family with data for four generations shows the occurrence of bilateral carcinoma of the breast in a number of instances. Attention was drawn to this interesting family while members of the third generation (three sisters) were being studied. Bilateral mammary cancer, as well as other types, had occurred on both maternal and paternal sides. Two of the three sisters have developed bilateral breast cancer. Thus far the fourth sister has only one breast involved. One female of the fourth generation developed carcinoma of the breast at the age of 18 years. The question arises what advice, if any, should be given to other female siblings of the fourth generation. Authors' abstract.

Hereditary

HEREDITY


A cancer family with data for four generations shows the occurrence of bilateral carcinoma of the breast in a number of instances. Attention was drawn to this interesting family while members of the third generation (three sisters) were being studied. Bilateral mammary cancer, as well as other types, had occurred on both maternal and paternal sides. Two of the three sisters have developed bilateral breast cancer. Thus far the third sister has only one breast involved. One female of the fourth generation developed carcinoma of the breast at the age of 18 years. The question arises what advice, if any, should be given to other female siblings of the fourth generation. Authors' abstract.

THERAPY—GENERAL


A review of results in over 5,000 cases. The decision to carry out regional lymph node dissection depends on the presence, or likelihood of development, of metastases. The extent of dissection depends on the known behavior of the cancer and the anatomy of the lymphatic drainage areas. Prophylactic dissections may be performed in extensive carcinomas of high malignancy, but dissection may be deferred when there is little likelihood of metastasis. Dissection is capable of curing metastases in a considerable number of cases, with a postoperative mortality rate that should not be excessively high (from 1 to 9% depending on the area involved).—C. W.

Radiation—Diagnosis and Therapy


X-rays of the skull of a 71 year old white man with headache and unilateral blindness showed symmetrical destruction of the pituitary fossa, the roof of the sphenoid sinus, and adjacent bone. One month after receiving 1,300 r of roentgen therapy the symptoms were greatly relieved. One year later the nasopharynx was almost completely obstructed with tumor, which again responded dramatically to 1,750 r of radiation. Biopsy from the nasopharynx showed chordoma. A good photomicrograph of this rare tumor is reproduced.—C. E. D.


In addition to the use of irradiation to control abnormal uterine bleeding of endocrine origin, the author discusses irradiation in selected patients with fibromyomas. Young women with small fibroids can be given substerilization doses of roentgen rays to the ovary with satisfactory results. In women over 40, intrauterine implantation of radium and roentgen sterilization are indicated. In young women with large masses, surgery is necessary to avoid the complete sterilization required to control the more extensive hemorrhage. Irradiation of the ovary likewise gives satisfactory results in patients with endometriosis. While full sterilization doses are frequently required in the latter cases, they may be administered without too much hesitancy, as pregnancy in women with this condition is unusual.—M. J. E.


Thirty-three cases of urinary bladder carcinoma classified as inoperable were treated by supervoltage x-irradiation with or without electrocoagulation. The best results occurred in the group of patients who received the combined therapy.—W. A. B.


General problems and methods of treatment are discussed.—M. J. E.


Radiation therapy in Hodgkin's disease and lymphosarcoma is often administered in a fashion that fails to give the maximum benefit. The author has treated over 2,000 cases and summarizes his experience in the form of several general rules and certain specific directions for treating various parts of the body. In general, therapy is palliative and should be given in limited doses over a brief period of time and only to the lesions causing symptoms, thus preserving normal tissue tolerance for subsequent treatments. In rare instances massive doses are warranted in an attempt to cure localized disease. If possible the ovaries should be spared in women under 40. Rays generated at 140 kv. are usually as effective as more penetrating radiation, and protracted fractional treatments are less effective than 500 to 600 r given within a few days to each field. The general condition...
of the patient must be followed carefully during treat-
ment, and daily blood counts are advised particularly
when abdominal portals are being used. Radiation leu-
kopenias may persist from 2 weeks to several months
and are sometimes permanent. A progressive fall in the red
count is a poor prognostic sign and is generally found
in the terminal radioreistant phase of the disease.—C. E. D.

End Results in Carcinoma of the Cervix and
Uterus Treated with Radium. Dudgson, H., Jr. [Waco,
Radium alone (2,400 to 3,000 mgm. hrs., repeated within
6 months if a recurrence develops) is advocated as the
treatment of choice for cancer of the cervix, radium plus
hysterectomy for carcinoma of the fundus. Of 57 patients
with cervical neoplasms treated as indicated, on whom an
estimation of a result was possible, 21 remained tumor-free
after 5 years; of 15 with cancer of the body, 7 appeared
cured.—M. J. E.

Carcinoma of the Cervix Treated by Intravaginal
and Rotation Therapy. Faust, J. J. [Tyler, Tex.] TEXAS
STATE J. MEd., 38:602-605. 1943.
In preference to the use of the conventional cross-fire
method of irradiation, the author believes more satis-
factory results can be obtained by rotation of the patient
in the beam of roentgen rays. This method avoids too
large a dose to restricted areas of the skin and the deeper
normal tissues, while permitting full depth doses to the
tumor area. This technic is combined with intravaginal
irradiation directed through a suitable speculum. The
preoperative and postoperative procedure.—J. L. M.

The Irradiation Treatment of Carcinoma of the
Female Genitail. Fricke, R. E. [Mayo Clinic, Rochester,
Minn.]. PROC. MAYO CLINIC, 16:93-94. 1941.
The radium and roentgen treatment of carcinoma of the
ovaries, fallopian tubes, uterine fundus and cervix,
vaginal walls, and vulva are considered in this paper.
Irradiation therapy is a definite adjunct to surgical
measures in the treatment of carcinoma of practically
all these organs and some excellent results are obtained
by radium therapy alone. In other cases it is a valuable
preoperative and postoperative procedure.—J. L. M.

Embyryonal Cell Carcinoma of the Testis with
Pulmonary Metastases: Three and a Half Year
Survival Following Radiation Treatment. Hare, H. F.
[Lahy Clinic, Boston, Mass.] LAHEY CLINIC BULL.,
A 40 year old man, with widespread pulmonary and
lymph node metastasis following orchietomy for em-
byryonal cell carcinoma, was given roentgen therapy to a
total dose of 16,000 r delivered to various portals covering
the entire trunk. A severe leukopenic anemia re-
sulted but gradually ameliorated, and the patient was
living without evidence of disease 3 years later.—C. E. D.

A Case of Carcinoma of the Duodenal Bulb Diag-
nosed Preoperatively. Harttell, H. V. [King County
A palpable mass in the abdomen of a 69 year old white
woman was diagnosed roentgenologically as "suspicous of
a primary neoplasm of the duodenum" because of the
presence of a constant filling defect and irregular mucosal
pattern. The suspicion was confirmed at autopsy 2 weeks
after exploratory laparotomy.—C. E. D.

Radiation in Cancer of the Corpus Uteri. Kaplan,
L. I. [Bellevue Hosp., New York, N. Y.]. RADIOLOGY,
39:115-143. 1942.
Radiation is generally accepted as superior to surgery
in the treatment of carcinoma of the cervix. The diverse
opinions on the proper treatment of carcinoma of the
fundus are reviewed, and some of the appliances and
technics used in intracavity radium therapy are described
and illustrated.
The author used roentgen rays, radium, or combinations
of the two, in the treatment of 95 patients with malig-
nant tumors of the body of the uterus. Seventy-four
patients had adenocarcinoma, 11 carcinoma of undeter-
mined type, 6 epithelioma, and 4 sarcoma. Irradiation
was postoperative in 34 cases, preoperative in 16, and used
alone in 45. Most of the uteri removed after radiation
contained no residual carcinoma. Of the 34 patients
known to be dead, 23 died within a year. The 35 living
patients have survived from 1 to 14 years.

Properly administered radiation gives as good results
as surgery in cancer of the body of the uterus; intra-
uterine radium applications are safe and often simplify
subsequent operations; palliative irradiation is definitely
beneficial.—C. E. D.

Further Experiences in the Treatment of Lympho-
sarcoma with Radioactive Phosphorus. Kenney, J. M.,
and Craver, L. F. [Memorial Hosp., New York, N. Y.]. RADIO-
Lymphosarcoma is usually a systemic disease, and some
form of systemic therapy is theoretically preferable to
local irradiation. Lymph nodes invaded by lymphosarcoma
absorb about 3.5 times as great a concentration of radio-
active phosphorus as do the tissues of the body in general
and are hence subjected to selective irradiation.
Twenty-two unselected patients with lymphosarcoma
were treated with radioactive phosphorus, and 8 brief
summaries of 8 cases are given. Ten patients are living,
and 4 of these have had complete remissions without
recurrence for periods of 3 to 12 months. Success or
failure appeared to depend on two factors: the differential
absorption of radioactive phosphorus in the diseased tis-
ues and the radiosensitivity of the tumor cells. Serious
depression of blood counts was seldom encountered. It
is believed that radioactive phosphorus should be used
primarily or as an adjunct to x-ray in practically all cases
of lymphosarcoma.—C. E. D.

Irradiation Treatment of Cavernous Hemangioma
with Special Reference to So-Called Contact
Roentgen Irradiation. Kerr, H. D. [State Univ. of Iowa,
Lesions about the head and neck made up 50% of 177
lesions in 145 consecutive cases of cavernous hemangioma
involving the skin and subcutaneous tissues. Eighty-six
per cent of the patients were less than 1 year old, and
girls outnumbered boys roughly 3 to 1. One series of
96 cases treated with radium gave 63.5% good results.
Another series of 49 cases treated by Chaoul "contact"
roentgen radiation gave 69% good results. Two case histories are reported, and 7 photographs reproduced.

Although the two methods gave comparable end results, the author prefers roentgen therapy because of the shorter treatment time and greater convenience of administration.—C. E. D.


Since radioactive elements are the same, chemically and metabolically, as their inactive isotopes, and since they emit radiation comparable in action to some of the radiations from radium, they may be used for the therapeutic administration of internal radiation. Particular elements are chosen for their ability to localize selectively in special tissues. Radiophosphorus shows some degree of localization in rapidly growing tissue and has been used with some success in the treatment of leukemia and related disorders. A chart is presented of the survival of 212 patients treated with this method at the Crocker Radiation Laboratory since 1937. The 90 patients still alive are chiefly those treated in recent years. Fairly good results have been obtained in chronic myelogenous and lymphatic leukemia, lymphosarcoma, and polycythemia. Patients with Hodgkin’s disease, multiple myeloma, or carcinoma were seldom benefited. A number of case histories are given, and the methods of administration are described with the aid of charts. Results superior to those obtained with external radiation are not claimed, but the new method has promise. Treatment of bone tumors with radioactive strontium, and of thyroid tumors with radioactive iodine, is still in the experimental phase.—C. E. D.


Ninety-eight patients suffering from inoperable ulcerating carcinoma of the breast were treated in the Section on Therapeutic Radiology of the Mayo Clinic from 1925 to 1940. The average time elapsed from the onset of the disease was 26 months, and the average age 55 years. Only 2 patients were free of metastases. Roentgen therapy was administered in converging beams centered on the tumor and delivered to 4 or 6 portals covering the anterior chest wall on the affected side. Supplementary axillary and supraclavicular portals were used as the case required. A single dose of 500 to 600 r was given to each portal, and the series repeated in a month and again after another month. At the conclusion of this study, 43 patients were dead, 24 were not available for further observation, 24 were living and stated that they were improved, and 7 were worse after treatment. In 23 patients the ulceration healed completely, and in an equal number its size was reduced. Considering the hopeless condition of the patients, the palliative results were regarded as good.—C. E. D.


Gaseous distention of the small bowel, with partial obstruction, a tumor, a small filling defect, and kinking at the site of obstruction, are described as a roentgenological complex characteristic of malignant carcinoid. Three cases are reported, one of which was diagnosed preoperatively. Four roentgenograms are reproduced and 53 references given.—C. E. D.


A case of pseudomyxoma peritonei is presented in which a roentgenogram of the abdomen showed many annular, calcified structures, presumably the calcified walls of pseudomucinous cysts, and in addition, many soft tissue masses. A second case showing a similar picture was probably pseudomyxoma but might have been paraffinoma. In 3 other patients with pseudomyxoma peritonei, films of the abdomen did not show similar calcifications.—C. E. D.


A study was made of 636 consecutive, histologically verified, squamous cell carcinomas of the lip treated by radiation. Tables are presented to show the age incidence of the patients, and the extent and size of the initial lesions. Lip cancer was 38 times as common in men as in women and occurred 29 times as frequently on the lower as on the upper lip. Multiple primary lesions were present in 12 patients. Thirty-two per cent of the patients were engaged in occupations exposing them to the weather, and 87% used tobacco.

Treatment by roentgen rays and radium is, in general, as effective as surgery in curing the disease and gives better cosmetic results. In the authors’ series the 5 year absolute cure rate was 58.9%, and the rate rose to 74.4% when patients were excluded who were lost from observation or died of intercurrent disease. Only 2 of 38 patients with proved metastatic lesions survived 5 years.—C. E. D.


The literature on combined heat and radiation treatment of tumors is reviewed. This method of treatment was used by the authors for 42 patients with a variety of advanced, inoperable malignant tumors. The temperature of the patient was maintained at 104°-106° F. in a fever cabinet for 30 to 60 minutes. This was followed immediately by 200 kv. roentgen therapy directed to the site of the tumor. A tabular summary gives the details of treatment and the results for each patient. Five case histories are given in greater detail. Symptomatic improvement was obtained in 65% of the 42 cases. Cures are not claimed, but the results seemed more favorable than could have been expected from radiation alone.—C. E. D.

A case of radon poisoning is presented and discussed at length. The patient, a 36 year old man, was given intravenous injections of radium chloride to a total dose of 440 mgm. between January, 1925, and November, 1930, as treatment for Hodgkin's disease. In the subsequent years the patient developed extensive radium necroses of the mandible and of the vertebrae, but the Hodgkin's disease was controlled. Eighteen years after the first injection the patient was working and in fairly good health even though his body still contained 11.4 mgm. of radium, an amount in excess of the accepted lethal dose.—C. E. D.


Doses of fast neutrons produced by the cyclotron may be measured with the same ionization chamber as that employed for x-rays. Since the physical factors are different, the resulting unit is called "n" (neutron unit) rather than "r" (roentgen). The skin of normal subjects was exposed to a beam of neutrons and showed a minimal erythema after doses of 110 n. The dose of 200 kv. x-rays necessary to produce this effect is about 650 r. Hence 1 n is equivalent to about 6 r.

Between December, 1939, and September, 1941, 120 patients with cancer in various locations underwent a series of exposures to neutron radiation. Almost all these patients were considered incurable by surgery or ordinary radiation. They were given fractional exposures of 7.8 to 55 n per day and total field doses of 275 to 1165 n. The technic of treatment is described. Local and systemic reactions were quite severe in heavily treated subjects, but no patient died during treatment and only 8 during the subsequent 3 months. Complete regression of the tumor in the field of treatment occurred in 26 patients and partial regression in 53. Since the maximum period of observation has been 20 months, cures cannot be discussed. Of 31 autopsies there was no gross or microscopic evidence of cancer in the treated area.—C. E. D.


Seven women with adrenal tumors (4 carcinomas and 3 adenomas) presented the clinical features of Cushing's syndrome. The bones were studied roentgenologically, and osteoporosis was found in 6 of the patients. The bone changes were most frequent in the skull, involving principally the frontal and parietal bones. Diffuse osteoporosis of the vertebral bodies was common and in one advanced case was associated with multiple compression fractures. An almost pathognomonic finding was a symmetrical calcified enlargement of the lower ribs in the region just proximal to the costochondral junction. These enlargements suggested callus although no fracture lines were demonstrated. Four roentgenograms are presented.—C. E. D.


Electroencephalography is a clinical test only and as such its results must be correlated with other findings before the complete picture emerges and the diagnosis can be made. Although electroencephalography does not tell us the nature of a lesion, nor its exact site, it is an aid to cerebral localization. In the case reported it led the authors to advise encephalography and ventriculography in their search for a focal rather than for a diffuse disease of the brain.—J. L. M.

Skin and Subcutaneous Tissues


A review from a clinical and pathological standpoint.—G. H. H.


A detailed discussion and review of the literature on benign and malignant tumors of sebaceous glands. The authors point out that most so called adenomas are instances of hypertrophy or hyperplasia of sebaceous glands, true sebaceous adenomas being rare. They record brief notes on 5 adenomas, none of which was diagnosed clinically.

Twenty-nine cases of sebaceous gland carcinoma are reported in tabular form and discussed. Many of the carcinomas of this sort probably arise from benign growths; they often resist treatment and not infrequently metastasize. The pathologic entity is distinguished from basal cell or epidermoid carcinoma.—J. G. K.

Nervous System


Report of a case of meningeal gliomatosis originating from an intramedullary glioma. The tumor was notable for its extension to the leptomeninges and even to the dura which was destroyed locally. For this type of tumor, the author proposes the descriptive name of "malignant glioblastoma with astrocytic evolution."—A. C.


Of 205 epidermoids located within the cranial cavity, as described in the literature, 7 were situated in both supratentorial and infratentorial positions. The paper concerns an additional case in which the lesion involved both compartments. It is suggested that the term "cutaneous proliferating cyst," introduced by Paget, is an acceptable designation for the neoplasms now called epidermoid, or cholesteatoma.—A. C.


A classification of vascular malformations and vascular tumors of the spinal cord, based on the study of 46 cases, is proposed. Malformations include telangiectasia and angiomata, and tumors are divided into capillary, cavernous, and sarcomatous neoplasms.—A.C.

Ear


Two cases of granular cell myoblastoma of the external auditory canal are added to the 30 cases of this type of neoplasm reported as occurring at various body sites. Some of these tumors are highly vascular and have an organoid arrangement that may give them a resemblance to neoplasms of endocrine gland origin.—H.G.W.

Breast


Included in this short paper is a discussion of cystic disease of the breast which is not considered by the author to be a precancerous condition. In the differential diagnosis of benign and malignant lesions the importance of a simple, but frequently overlooked, procedure of palpation of the breast with the flat hand is stressed. Only in this way can the relationship of a mass to the mammary tissue be established. Intraductal papilloma, believed by many observers to be potentially malignant, is classified as a benign lesion requiring conservative—surgery and not more extensive resection. In a series of 714 mammary carcinomas, 50% were classified as the scirrhus type.—M.J.E.


Cystic disease of the breast is considered to be of two types: the cystic type with fairly large cysts of the bluedomed variety, lined with thin epithelium; and the adenocystic type with many small cysts, lined with hyperplastic epithelium. Carcinoma rarely develops in the former type but occurs more frequently in the latter. Cystic disease may arise as a result of overactivity of the anterior pituitary gland, associated with deficient inhibition by the ovaries.—W.A.B.


The myoepithelial cells of the breast are described. These are smooth muscle cells, epithelial in origin, arranged about the ducts and situated on the “epithelial” side of the basement membrane; they stain distinctively with Van Gieson’s and Mason’s stains. The myoepithelial cells manifest the ability to proliferate, either alone or in conjunction with the epithelium, especially in breasts showing mastopathia cystica and fibroadenomatosis, and...
they survive and proliferate in senile involution and fibrosis of the breast. Myoepithelial proliferations may be confused with true malignant changes, hence suspicious breast lesions should be carefully studied, and if the proliferations are found to be myoepithelial the lesions should be considered benign. There are 10 figures.—J. G. K.


A case report.—C. W.


An analysis of 193 cases of carcinoma of the breast.—W. A. B.

### Female Genital Tract


A case report illustrating the possibility of malignancy in a secondary implant even though the primary tumor is microscopically benign.—C. W.


The essential data obtained from a study of 75 examples of “newer” types of ovarian neoplasms are presented in tabular form. The following items are considered: histogenesis, age of patients, characteristic symptoms or syndrome, unilateral or bilateral occurrence of the tumor, gross appearance, microscopic pattern, 5 year survival of patients, and the hormone elaborated. Under the newer types are classed: granulosa cell tumor, theca cell tumor, archenoblastoma, dysgerminoma, and Brenner tumor.—I. M. L.


Surgical removal of a theca cell tumor of the ovary in a woman of 61 years effected a complete cure. After extirpation, the evidence of estrogen secretion by the tumor, such as mammary enlargement and uterine bleeding, promptly began to disappear.—M. J. E.


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


The incidence of carcinomatous obstruction of the bowel was 12.1% among 74 patients with squamous cell carcinoma of the cervix, coming to autopsy during an 11 year period.—W. A. B.

### Male Genital Tract


A report on the treatment of 37 cases of inoperable carcinoma of the prostate by castration, the use of stilbestrol, or both. The general results were satisfactory, only one patient apparently receiving no benefit. Beneficial effects included rapid and lasting relief of pain, improvement in appetite, weight, and strength; and feeling of well-being. However, there was no radiographic evidence of arrest or regression of bone metastases. The acid phosphatase level was high in some but not in all cases with metastases; when elevated it fell rapidly after castration and was still further reduced by stilbestrol. The 17-ketosteroids were lowered in most cases after orchietomy; the level seemed to have no reaction to the course or progress of the disease. The authors recommend “intracapsular orchidectomy” as a means of reducing the psychological effects of castration.—C. W.


A report on the early postoperative effects of bilateral orchietomy and transurethral resection on 41 patients with carcinoma of the prostate. Four particularly striking cases are reported in detail. The observations substantially confirm those reported by Huggins.—C. W.


A review of recent advances including clinical, enzymatic, and radiographic studies. The therapeutic use of androgenic substances is discussed, and recommended treatment for various types of cases is outlined.—C. W.

### Urinary System—Male and Female

**Chemical Carcinogenesis, Drugs, Dyes, Remedies and Cosmetics with Particular Reference to Bladder Tumors.** Davis, E. [Univ. of Nebraska Coll. of Med., Omaha, Neb.] J. Urol., 49:14-27. 1943.

The hypothesis is advanced that the underlying cause of recurrent vesical papillomatosis may possibly be chemical in nature, and that the chemical agents may be derived from cosmetics, drugs, and industrial chemicals.—H. G. W.

**Tumors of the Urinary Bladder.** Hiemstra, W., and Crevy, C. D. [Univ. of Minnesota, Minneapolis, Minn.] Radiology, 39:175-183. 1942.

One hundred and seventy-four cases of bladder tumor were treated at the University of Minnesota Hospitals from 1930 through 1939. These included 28 benign papillomas, 57 papillary carcinomas, and 89 infiltrating carcinomas. There were 142 male and 32 female patients, a ratio of 4.5 to 1. The majority of the patients were between the ages of 50 and 70. Hematuria was the first symptom in 85% of the cases, and the delay in seeking treatment averaged 2.3 years. Surgical and radiation therapy are discussed, and charts and tables are presented to show the distribution of the tumors and the results of various types of treatment. Only 12.8% of the patients with
A general discussion on diagnosis and suggested methods of treatment.—M. J. E.


Panlaryngectomy seemed advisable in 5 patients with advanced extrinsic carcinoma of the larynx in whom x-ray treatments had failed to eradicate the growths. The technic of the operation is described. The results were palliative.—J. G. K.


A general discussion.—W. A. B.


A case is reported of pseudoadenomatous basal cell carcinoma arising in a mixed salivary gland tumor of the base of the tongue. The patient, a white male of 57, was followed for 13 years during which time metastases developed in the cervical lymph nodes, lungs, pelvic bones, and right femur. Radiation therapy resulted in considerable regression of the primary lesion and lymph node metastases, and relieved pain in the osseous metastases. When last heard from, the patient felt well in spite of persistent tumor in the mouth, lungs, and femur. Five roentgenograms and 2 photomicrographs are reproduced.—C. E. D.

Salivary Glands


In contrast to the rather high recurrence rate, development of metastases from these tumors seems to be relatively rare. The authors add a case to the 20 recorded in the literature.—H. G. W.


Four cases are added to the 67 previously reported in the literature. Three figures illustrate the growths, which were benign and composed of numerous cystic spaces lined with well differentiated pseudostratified columnar epithelium thrown up into broad based papillae. The stroma contained a delicate reticulum, in which were numerous closely packed lymphocytes or follicles with large germinal centers. Only 2 of the previously reported cases had exhibited malignant changes.—J. G. K.

Intrathoracic Tumors—Lungs—Pleura


A general review.—W. A. B.


Five cases of endobronchial tumor with malignant manifestations, characterized by a long clinical course.—W. A. B.


The autopsy findings in the case described revealed a bronchial tumor that would be regarded as benign from its histologic structure but there was a similar nodule in the liver. Bronchial adenomas are discussed from the standpoint of origin and of relation to carcinoid, mixed tumors of the salivary gland, and cylindromas.—E. E. S.


A report of a case of carcinoma of the bronchus. In the tumor was found embedded a small metal crucifix presumably aspirated 6 years previously.—H. G. W.


A case report.—E. E. S.


Three cases of endothelioma of the pleura were found among 345,000 admissions to the Henry Ford Hospital. The histories and autopsies of these 3 cases are presented together with 5 roentgenograms. The outstanding clinical finding was serosanguinous pleural effusion subsequent to an illness resembling respiratory infection. The characteristic flat and nodular projections on the surface of a thickened pleura are best made visible roentgenographically by withdrawing the pleural fluid and replacing it with air. The tumors probably arise from the endothelial cells of lymph spaces or from pleural lining cells.—C. E. D.


A case report.—C. E. D.


Four tumors of the lung, manifesting evidences of origin either in anlagen or from more than one germinal layer, are described and illustrated. Two of the growths developed during intrauterine life.—J. G. K.

A case is reported of a colored female infant who died at the age of 18 months after an illness of 6 months. Autopsy revealed small cell carcinoma of the left lung. The literature is briefly reviewed to show the rarity of this condition in infants and children. Among the lung carcinomas reported in patients under 20 years of age, there is a great preponderance of males over females.—C. E. D.


A review of recent literature, with a study of 158 proved cases previously reported and 68 additional cases considered largely from the radiographic standpoint. Diagrammatic charts show the types of tumors and implications with reference to diagnosis and treatment.—C. W.


Two patients having hemoptysis and a shadow in the lung simulating that of primary bronchogenic tumor proved to have pulmonary metastases when examined at autopsy. In one patient bronchial obstruction by the secondary tumor was also present. A review of 109 cases of metastatic tumor in the lungs showed that the secondary tumor involved bronchi in 20 cases but was associated with hemoptysis in only 4 cases.—E. E. S.


Report of a case in a colored female, aged 65. The tumor was situated in the anterior mediastinum beneath the pericardium and probably originated from embryonal sympathetic elements contained in the deep cardiac plexus. It was composed of small cells of striking uniformity, having darkly stained, round, or oval nuclei, and scanty cytoplasm, which was often bipolar or filamentous as revealed by Masson's trichrome stain. Absence of maturation into larger sympathoblastic cells indicated the embryonal character of the tumor. The growth was encapsulated; there were no metastases.

A tabulation is given of some of the salient features of 13 well documented sympathetic tumors occurring in the thorax, as previously reported in the literature.—J. G. K.


Three cases of benign intrathoracic neurogenic tumors are reported; namely, a neurinofibroma, a ganglioneuroma simplex, and a ganglioneuroma immaturum.—H. G. W.


A case is described of pulmonary adenomatosis in man, resembling somewhat the disease jazziekia as found in sheep. References are given to previously reported cases, and the questions are discussed whether the two types of lesions are infectious, of virus origin, and neoplastic. Four figures are shown.—J. G. K.


The history and autopsy findings are given of a 4 year old boy with a thoracic tumor composed of a mixture of neurogenous elements. While the primary tumor contained differentiated nerve elements with a preponderance of pheochrome cells, the metastases, which were widespread in bones and viscera, were comprised of undifferentiated cells of neuroblastosomatous type. There are 8 figures.—J. G. K.


This is a review and general discussion based upon observations at autopsy of 28 cases of pulmonary cancer.—M. J. E.

Gastrointestinal Tract


A fibroma of the esophagus, 6 cm. in diameter, was successfully removed by the transthoracic approach. Details of diagnosis and treatment are described and discussed.—C. E. D.


A case report and review of the literature.—C. W.


A case report.—C. W.


A report of 9 cases.—W. A. B.


This review deals with the diagnosis and treatment of carcinoma of the rectum. The symptoms and diagnostic signs vary according to the region involved. Further, the age, physical characteristics, general condition of the patient, and duration of the disease furnish problems in diagnosis, treatment, and prognosis. Electro surgery or actual cauterization, radium therapy, and roentgen therapy are not competitive measures but are complementary.

Six diagrams are included to illustrate carcinomas of the rectum and their treatment by both conservative and radical methods.—J. L. M.


Review of 104 cases reported during a 10 year period, with the addition of 2 cases.—W. A. B.


A lipoma, 6 cm. in diameter, was successfully removed from the wall of the stomach. The only symptom had been gastric hemorrhage.—C. E. D.


A review.—W. A. B.


The patient is in good health 9 years after the removal of a lymphosarcoma of the ileum that had involved the adjacent lymph nodes. Of the 404 cases of lymphosarcoma of the intestine reported in the literature, 103 were survived for 5 years.—H. G. W.


A case report.—W. A. B.


Of the benign gastric tumors studied 76 were found at autopsy and 34 at operation. Of 39 polyps found at autopsy 9 (23%) showed malignant changes, so that gastric resection is probably indicated in this group of tumors.—H. G. W.


A case report.—W. A. B.


A case is reported of leiomyoma of the transverse colon in a 46 year old man. The only symptoms were recurrent attacks of left upper quadrant pain accompanied by fever, chilliness, and diarrhea. The diagnosis was suspected roentgenologically and confirmed surgically. Two roentgenograms are reproduced.—C. E. D.


In the light of present knowledge only the surgeon can offer a patient afflicted with cancer of the stomach the possibility of permanent relief, for early removal of the malignant growth is the only known method of cure. Unfortunately there persists among the public and many members of the medical profession a disregard of the significance of persistent symptoms referable to the stomach. There is an equally deplorable tendency on the part of physicians to await the development of a clinical history typical of that ascribed in textbooks to malignant gastric lesions, before serious consideration is given to the possibility that a malignant lesion of the stomach exists.—J. L. M.

Chronic Gastritis. Its Relation to Gastric and Duodenal Ulcer and to Gastric Carcinoma. Hebbel, R. [Univ. of Minnesota, Minneapolis, Minn.] Am. J. Path., 19:43-71. 1943.

A study was made of 260 stomachs obtained at autopsy, 106 stomachs resected for duodenal or gastric ulcer, and 52 stomachs resected for carcinoma. There was no evidence that the carcinomas arose with unusual frequency in stomachs already the seat of a diffuse gastritis.—J. G. K.


A clinical discussion with 6 illustrative roentgenograms.—J. G. K.


Polyps were encountered in the large intestine in 154 cases in a study of 1,460 consecutive autopsies. There were 139 cases with adenomas. The latter were usually multiple and occurred most frequently in the sigmoid colon, 13 with lipomas, 1 with a rectal carcinoid tumor, and 1 with a leiomyoma. All carcinomas and sarcomas were excluded from the study, though a few of the adenomas manifested microscopic foci of carcinomatosis. Thirteen figures illustrate the types of lesions.—J. G. K.


A review.—C. W.


Some carcinomas of the colon probably begin as polyloid lesions of the mucosa. For this reason the early growth should be destroyed. A case is reported.—J. L. M.


Atrophy of the gastric mucosa, with or without pernicious anemia, should be considered a precancerous lesion, since in the authors’ experience about 4% of such lesions become malignant. This development of gastric cancer is probably associated with the presence of polyps and is almost invariably preceded by a condition in which achlorhydria is present even after administration of histamine.—H. G. W.
Cholangitis, and Hepatatis. W. A. B.


Early diagnosis of cancer of the stomach is difficult since hemorrhage, obstruction, severe digestive disturbance, and low gastric acidity may not appear until after metastasis has occurred. A gastric carcinoma palpable through the abdominal wall can rarely be cured. Distaste for food has been noted at the Lahey Clinic as one of the early suggestive symptoms, and, if associated with low values in gastric acidity, loss of weight, vague digestive disturbances, or constipation, it warrants careful study of the patient. If the x-ray studies are inconclusive or reveal a poorly defined abnormality, they must be checked at frequent intervals.

Distant metastases contraindicate operation. If the abdomen is explored, resection should not be begun until careful palpation has shown that the regional extensions will permit complete removal of the tumor. On the basis of extensive experience with subtotal gastrectomies, 55 total gastrectomies, and 7 transpleural resections of the esophagus and cardia for malignancy, it is suggested: (1) that it is desirable to remove the omentum together with the stomach in subtotal gastrectomy; (2) that total gastrectomy can be done in cases of limitis plastica with an operative mortality of not over 15%; (3) that total gastrectomy is often simplified by splenectomy; and (4) that transpleural resection is often warranted and can be done with reasonable safety in carcinoma of the lower esophagus and cardiac end of the stomach.—C. E. D.


Abdominoperineal resection is carried out with the patient in a combined lithotomy and Trendelenburg position. The abdominal and perineal parts of the operation can proceed simultaneously with shortening of the operative time.—W. A. B.


Successful resection followed by death 5 months later. At autopsy there were metastases in the liver, suppurative cholangitis, and hepatitis.—W. A. B.


A report of 2 cases.—W. A. B.


A review of 38 reports found in the literature, to which 3 personal cases are added, shows that in 19 cases malignant alterations were found. The large proportion of patients with malignant change argues for radical resection as the treatment of choice.—H. G. W.


A case report.—W. A. B.


A report of a secondary tumor in the ileum giving signs of intestinal obstruction and tarry stools. Diagnosis was established by necropsy.—E. E. S.


A review of 228 records of patients with a diagnosis of carcinoma of the large bowel studied at New Orleans Charity Hospital from 1935 to 1941. The operability increased from 24 to 70% in 7 years, and the operative mortality decreased from 71 to 28%. The highest incidence was in the higher age groups, but 17% of the patients were under the age of 40. More than half the lesions were situated in the rectum. The symptoms and physical findings are discussed. Emphasis is laid on the need for preliminary exploration and decompression when obstruction exists. A program of preoperative and postoperative care is outlined.—E. E. S.


Report of a tumor measuring 15 x 10 x 8 cm. removed by operation from a 3 months old child.—H. G. W.


Discussion of polyloid lesions of the rectum.—W. A. B.


A review for the layman.—C. W.


A case report and review of the literature.—C. W.


Six probable carcinoid tumors of the rectum are described. Five of them differ cytologically from the common carcinoids found in the appendix and ileum. It is suggested that these are carcinoid tumors composed of Erspamer's pre-enterochrome cells.—J. G. K.


A review with an interesting account of the first colostomy operation in 1776.—C. W.


A case report with a review of the literature for the past 10 years. True carcinoma confined to the apex is found to be quite rare.—C. W.

Liver


Four cases with fatal termination are recorded. All had obvious clinical evidence of severe obstructive jaundice, but accurate preoperative diagnosis was not possible. In 2 patients, laparotomy disclosed inoperable masses at the junction of the cystic and hepatic ducts, while in 2 others small tumors were present in the region of the ampulla of Vater. Attempts at radical resection in the latter cases did not appear advisable.—M. J. E.

Bone and Bone Marrow


A case report.—W. A. B.


A case is recorded in which a large metastatic deposit from an osteogenic sarcoma almost entirely disappeared following a course of deep x-ray therapy combined with the injection of stilboestrol in comparatively large doses. The patient, a female aged 18, had an osteosarcoma (spindle cell, with pleomorphism) at the upper end of the tibia, showing irregular absorption and sclerosis of bone. An intensive course of deep x-ray therapy was given, but no response occurred apart from relief of pain, and radiographs showed that bone destruction was continuing. Eight months later a mass 6 cm. in diameter was present in the groin. As in the case of the primary growth, no response occurred after deep x-ray treatment, and the tumor soon began to ulcerate. Deep x-ray treatment was repeated, on this occasion combined with the administration of stilboestrol. The result proved striking, and the fungating tumor gradually disappeared, leaving a clean cavity with small amounts of tumor tissue still present in the walls. The ulcer, which was at one time 8.5 cm. in diameter, decreased to 3.5 × 5.0 cm. Another extraordinary feature was the sharp definition of a metastatic deposit in the lungs. The initial dose of stilboestrol was 5 mgm. intramuscularly daily for 1 week, increased to 7.5 mgm. daily for 12 days. After an interval of 2 weeks, 10 mgm. was given intramuscularly daily for 22 doses.

Another case is mentioned (of osteochondrosarcoma of the femur with recurrence in the stump) that was similarly treated. The result was not so definite, although some retardation of the rate of growth took place.—A. H.


A general review.—W. A. B.


The paper reports the case of a vertebral tumor, composed of normal thyroid tissue, with secondary compression of the cord. The treatment consisted of surgical removal of the tumor, which had to be repeated, and high voltage irradiation. The patient appears to be cured 8 years after the last operation.—A. C.


A case report.—W. A. B.


Four cases with mucinous tumors of the knee joint are described. The tumors are thought to result from cystic degeneration followed by extensive repair and are not regarded as examples of true neoplasms.—E. E. S.


A benign tumor of bone, typical of "osteoid-osteoma" as described by Jaffe, was found in the astragalus of a 16 year old Negro boy. Radiologically the lesion appeared as an oval, sharply defined, radiolucent nodule elevating the overlying intact cortical bone like a blister. There was an increase in density of the surrounding bone but no soft tissue reaction. The tumor was excised. Two photomicrographs are reproduced, which show a vascular tumor with abundant osteoid formation and many giant cells. Such lesions may be misdiagnosed as sclerosing non-suppurative osteomyelitis of Garré or as intracortical bone abscess.—C. E. D.


The authors describe as benign chondroblastoma of bone a lesion that has previously been considered a
variety of giant cell tumor. The growth starts its deve-
lopment in an epiphysis, usually of some long bone,
not necessarily the humerus; it rarely attains a size of
more than 3 to 5 cm. in largest diameter. The lesion
occurs particularly in males, almost always in adoles-
cents. It proves benign and heals without recurrence after
curettage.

The basic tumor cells of the lesion are polyhedral or
round and of moderate size, with a fairly large nucleus,
and are held by the authors to be chondroblasts. The
tumor cells may be closely packed or more loosely ag-
glomerated, but the distinctive feature is the presence
of focal areas of calcification of the cellular tumor tissue.
Wherever the calcification becomes intense the tumor cells
swell and undergo necrosis. The necrotic tumor tissue
comes to be replaced by hyaline chondroid material that has replaced the
necrotic tumor tissue. Clumps of large multinuclear
giant cells may be seen in the areas of hemorrhage,
about the vascular sinuses, and even in the hyaline
chondroid tissue; these the authors regard as multinu-
cler macrophages such as are commonly found in skeletal
lesions in the vicinity of local hemorrhage, organization,
fibrosis, chondrification, or ossification. Occasionally, a
few small giant cells (with 2 or 3 or even several more
nuclei), which may be actual tumor giant cells formed
by the fusion of smaller unicellular cells, are distributed
amongst the polyhedral tumor cells.

Excellent figures illustrate the lesion in its major aspects.
The authors discuss why they regard its basic tumor
cells as cartilage germ cells, and how the lesion differs
from the giant cell tumor of bone on the one hand and
from the ordinary benign chondroma on the other.—J. G. K.

Osteochondromas Arising from the Base of the
Skull. List, C. F. [Univ. of Michigan, Ann Arbor, Mich.,
and Yale Univ. Sch. of Med., New Haven, Conn.] SURG., GYNEC. &
OBST., 76:480-492. 1943.

Seven cases are reported. In 5 the lesion originated ex-
tradurally from the sphenoid bone, protruding intra-
cranially in 4; in the other 2 cases the neoplasm originated
extradurally in the ethmoidal region, invaded paranasal
sinuses, and finally extended into the cranial cavity. The
histological, clinical, and surgical aspects of the lesion are
discussed.—J. G. K.

Metastatic Lesions of the Sternum. Macey, H. B.,
and Phalen, G. S. [Mayo Clinic, Rochester, Minn.] SURG.,

Two cases are reported of metastatic lesions involving
the sternum, possibly from primary pulmonary adenocar-
cinomas.—J. G. K.


A case report.—W. A. B.

Ewing's Tumor. Report of a Case Demonstrating
the Characteristic Periodic Course. Roberts, C. P.
[Tufts Coll. Med. Sch., Boston, Mass.] NEW ENGLAND J. MED.,

A case report and review of mortality statistics.—C. W.

"Silent" Skeletal Metastases in Cancer. Stein, R. J.

A search was made at necropsy for microscopic bone
metastases in 78 cases of cancer of various types. These
were found: in 60% of 23 cases of carcinoma of the
breast, in 68% of 16 cases of prostatic cancer, in 25% of
20 cases of cancer of the cervix, and in 1 of 6 cases of
carcinoma of the stomach. The metastatic nodules were
almost always multiple; they were invariably present in
red marrow and not in yellow; frequently they had not
elicited symptoms during life. Eight figures illustrate the
article.—J. G. K.

Metastatic Malignancy of the Spine. Towne, J. W.
[Lahey Clinic, Boston, Mass.] J. Bone & Joint Surg., 25:292-
305. 1943.

The records of 95 patients having roentgenographic
evidence of tumor metastases of various types in the spine
were reviewed. The majority of tumors were derived
from the breast or prostate. Roentgenotherapy afforded
the greatest relief of pain. The efficacy of cobra venom,
subarachnoid alcohol injection, chordotomy, application
of braces, and orchietomy is discussed.—E. E. S.

LEUKEMIA, LYMPHOSARCOMA, HOE,DfKIN'S DISEASE

Leukemia: The Relative Incidence of Its Various
Forms, and Their Response to Radiation Therapy.
Bethell, F. H. [Univ. of Michigan, Ann Arbor, Mich.] Ann.
INT. MED., 18:757-771. 1943.

Four hundred and ninety-five cases, seen during 14½
years, are classified as lymphogenous (43.6%), myelo-
genous (48.3%), and histogenous (undifferentiated or
slightly differentiated reticulum cells, 8.1%). The sex
and median age of the patients and the frequency of cases
of the several types are tabulated; an apparent increase
in the incidence of the disease is noted. Hematologic data
on 4 illustrative cases are reported. Roentgen therapy of
leukemia is discussed, and the results of such treatment
are presented.—J. G. K.

A Study of Lymphosarcoma and Leukemias, In-
cluding Two Chloromas. Griffin, L. L., and Brindley,
P. [Univ. of Texas, Galveston, Tex.] Texas State J. Med., 38:
22-27. 1942.

The authors tabulate the incidence of leukemic and
allied diseases occurring in a group of necropsies done at
the University of Texas between 1892 and the present
time. Among 5,400 postmortem examinations, 9 examples
of lymphosarcoma or chronic lymphatic leukemia were
observed; 8 of chronic myeloid leukemia; 8 of acute
leukemia; 1 each of leukaosarcoma and Hodkgin's disease,
the latter associated with a blood picture suggesting
eosinophilic leukemia; and 2 of chloroma. The latter are
discussed in some detail.—M. J. E.

Panel Discussion on the Leukemias and Lympho-
blastomas. Newell, R. R., Falconer, E. H., Hill, H. P.,

A case report.—H. G. W.


A case report with findings at autopsy of a 43 year old woman with malignant paraganglioma of the adrenal medulla. This is the eighth recorded case. Differences in the clinical course of benign and malignant forms of pheochromocytoma of the adrenal glands are discussed, with emphasis placed upon the absence of bouts of paroxysmal hypertension in the malignant forms. An unusual feature in this instance is the Addisonian-like syndrome in the presence of a histologically normal pituitary gland and adrenal cortex.—J. B. H.


This is a case report covering the preoperative and postoperative history of a female infant with an adrenal medullary tumor, hypertension, obesity, and development of some secondary sexual characteristics. When the child was 8 months of age, a heavy growth of hair was observed over the body. This was followed by the appearance of acne, obesity, hypertrophy of the labiae, a systolic blood pressure of 140 to 200 mm. of mercury, a count of 6,830,000 red cells, and advancement in osseous age. At operation, when the infant was 17 months old, a 96 gm. tumor was removed from above the left kidney and diagnosed as chromaffinoma or pheochromocytoma. The adrenal cortical tissue appeared to be normal. Within 6 months after operation the excessive growth of hair, the acne, and the obesity were noticeably diminished.—J. B. H.


A case report and review of the literature.—C. W.


This is stated to be the only recorded case in which diabetes mellitus was the sole endocrine disturbance associated with a tumor of the adrenal cortex. The patient was a 49 year old woman with glycosuria, which was not entirely controlled by large doses of insulin. Values for blood sugar were higher than normal. With removal of a large semi-encapsulated yellow tumor from the right adrenal gland, the carbohydrate metabolism became nor-
nal as determined by glucose tolerance tests. The tumor was described as an adenocarcinoma of the adrenal cortex.—J. B. H.

PANCREAS


A case is reported of islet cell carcinoma of the pancreas with symptoms and signs of severe hypoglycemia. Beta cells were demonstrated in the primary tumor but not in the metastatic lesions. Vitreous basophilism also was found. A comparison is made with 8 other cases of proved islet cell carcinoma with metastases. Six illustrations.—J. G. K.


A case of carcinoma of the pancreas with metastases to many of the skeletal muscles is reported.—H. G. W.


In a case of carcinoma of the tail of the pancreas, the patient died of peritonitis following invasion and perforation of the ileum. The congenital anomalies referred to in the title were unrelated to the tumor.—M. J. E.

PITUITARY


This is a description of changes observed in a giant between his fifteenth and twenty-second years, and of attempts to suppress his excessive growth. Serial studies were made roentgenographically of the epiphyses and sella turcica, and detailed records kept of the body weight and appearance of the external genitalia. Therapeutic trials included irradiation of the pituitary gland and administration of gonadotropins and testosterone compounds.—J. B. H.

THYROID


A case report with a review of 21 cases of malignant parathyroid tumors described in the literature.—W. A. B.

MULTIPLE TUMORS

Metachronous Multiple Malignancies in 5,876 Cancer Patients. Peller, S. [Johns Hopkins Univ., Balti-

Study of the frequency of new primary cancers occurring some time after another earlier cancer has been cured may reveal whether or not the general resistance to new growths is greater in persons who, at some time previously, were susceptible. The method used in the present work was to examine the records of cancer patients in order to discover whether an earlier cancer had been cured before the current cancer disease had apparently started. Only the combinations surface-internal malignancy, internal-surface cancer, and internal-internal tumors were considered. Records of 5,876 patients, all over 50 years of age, were studied, no incomplete history being rejected if the existence of another primary cancer in the past could be established with some probability. The number of metachronous malignant tumors actually found was compared with the expected number, the calculations being based on survival rates. The results indicate that metachronous primary malignant tumors are several times less frequent than would be expected if the development of one tumor in a susceptible person is assumed to be independent of the existence of another primary tumor in the past. It appears, therefore, that a cured tumor in the history of a patient coincides with a state of resistance of the body against the development of other malignant neoplasms. This remnant protection, though not unfailing, seems to be strong enough to justify an attempt to change the distribution of cancer by site.—A. C.


Among 3,700 consecutive autopsies at the University of Colorado Medical School, 42 examples of multiple primary benign or malignant tumors were found. In only 10 instances, or 0.27% of the total autopsies, were two or more malignant tumors present. The opinion of Peller that a skin tumor confers protection against internal tumors is cited, and some of the work on tumor immunity in experimental animals is discussed. It is suggested that the rarity of multiple human tumors may well be due to some process of acquired immunity, which could, in the future, play an important part in tumor prophylaxis or therapy. No calculation is presented of the expected incidence of multiple tumors in the author's series of autopsies.—C. E. D.


Two cases of coexistant vesical and renal neoplasm are reported because of several unusual features. In the first case, vesical, renal, and ureteral lesions were present and were all of the same type and grade; in the second case, the patient had an adenocarcinoma of the kidney and an epithelioma of the bladder, an unusual occurrence.—J. L. M.


Two case reports: one, carcinoma of the stomach with metastases to the liver and carcinoma of the prostate with metastases to bones; the other, carcinoma of the prostate and rhabdomyosarcoma of the bladder.—W. A. B.

A critical review leads to the conclusion that the neoplasm in question is the cancerous representative of the tumors of the blood vessels and that as such it should be called "angiosarcoma," the term "Kaposi's sarcoma" being reserved for the subvariety that arises in the skin. Four cases are presented, in one of which the tumor was limited to the heart.—H. G. W.


The subject of this conference was a 5 year old white boy with a leukopenic anemia, relative lymphocytosis, and widespread rarefying lesions of bone. The clinician made a diagnosis of leukemia, the radiologist, of sympathetic neuroblastoma with skeletal metastases, and the pathologist, of Ewing's endothelial myeloma with extensive skeletal involvement.—C. E. D.


Cancer was discovered in 75 patients while they were under treatment for genitorinary infections. A discussion of the role played by syphilis in malignancy, especially of the mouth, tongue, and throat, is given.—M. E. H.


Diagnosis of tumors of the upper and inner aspect of the thigh is not easy, and great harm can be done by cutting into certain nonneoplastic masses, such as aneurysms, hernias, or pseud abscesses. To emphasize this point, as well as to show that the diagnosis of lipoma usually can be made before operation, the authors report a case.—J. L. M.


A report of 2 cases with metastases. One arose in the tongue, the other probably in the parotid gland.—W. A. B.


The regular meeting of the Chicago Roentgen Society for January 14, 1943, was a symposium at which the anatomy and embryology of the reproductive systems were reviewed and the developmental history of the suprarenal cortex was considered. The effects of male and female gonadal hormones on the prostate gland were outlined. In the management of neoplasms whose growth is influenced by sex hormones, the quick withdrawal of the latter is one of the most important advances in clinical medicine. This may be accomplished by surgery, endo-
personal visits. A copy of the death certificate, filed for each person who died from cancer in the area during the study year, was obtained from the local health department. The present study is limited to an analysis of the consistency of the entries for primary site of cancer and age. Case reports and death certificates involving cancer were obtained for 13,524 persons. The closest agreement (92.6%) was found for cancer of the digestive tract. The least agreement occurred for cancer of the skin (42.6%), brain cancer (46.3%), and bone cancer (51.5%). In about three-fourths of the cases, the age obtained in the survey fell in the same five year age group as that recorded on the death certificate. The agreement in age was greater for males than for females and greater for white than for colored persons.—A.C.


The validity of a discussion on the apparent increase in mortality from cancer depends on the accuracy with which certification of cause of death has been established. The paper is the application to deaths from malignant tumors of a study of the statistical expression of error in certification of cause of death based upon clinical findings and opinion as compared with postmortem protocols of the same cases. The diagnoses were classified as topographically and etiologically correct, partly correct, and incorrect. Among 3,462 cases of malignant tumors, two-thirds were found to be correct. The number of diagnoses considered partly correct in one or both ways, but in no way completely incorrect, represented 14% of the total cases. Incorrect diagnosis amounted to 6%. By the arrangement of clinical diagnoses according to anatomical site, an 80% accuracy, or more, was found for malignant tumors of breast, rectum (including rectosigmoid), cervix, pharynx and larynx, and esophagus. There was less than 50% correct diagnosis for malignant growths of the liver, small intestine, brain, and bile duct. The range of correct diagnoses at both admission and death was from 87% for breast cancer to less than 2% for bile duct neoplasm. A study of the primary tumor and of metastases as the cause of death is included.—A.C.


A statistical analysis of mortality reports.—C.W.