

## Clinical and Pathological Reports

## THERAPY—GENERAL

**Control of Pain in Cases of Cancer.** Greenhill, J. P. [*Cook County Hosp., Chicago, Ill.*] M. CLIN. NORTH AMERICA, **25**:117-128. 1941.

Five methods are discussed for relieving or preventing pain in cases of cancer. These are: (1) the use of opiates, (2) the administration of cobra venom, (3) intraspinal injection of alcohol, (4) sympathectomy, and (5) cordotomy.

Other methods that are not considered as acceptable as those mentioned above include: (1) refrigeration, (2) hibernation, (3) intravenous injection of 33% ethyl alcohol solution, and (4) intravenous, intramuscular, and oral administration of calcium gluconate.—J. L. M.

**Pain in Cancer of the Face, Jaws, and Neck. An End-Result Study of the Relief Afforded by Neurosurgical Methods.** Munro, D. [*Harvard Med. Sch. and Boston Univ. Sch. of Med., Boston, Mass.*] NEW ENGLAND J. MED., **224**:1049-1053. 1941.

A discussion of 30 cases.—G. H. H.

## RADIATION—DIAGNOSIS AND THERAPY

**Observations on the Results of Combined Fever and X-Ray Therapy in the Treatment of Malignancy.** Shoulders, H. S., Turner, E. L., and Scott, L. D. [*Meharry Med. College, Nashville, Tenn.*] SOUTH. M. J., **35**:966-970. 1942.

The combined technics seem to produce results definitely superior to those obtainable by x-rays alone.—H. G. W.

**Chorionepithelioma in the Male and Female as Observed Roentgenologically.** Arendt, J. [*Mt. Sinai Hosp., Chicago, Ill.*] AM. J. ROENTGENOL., **47**:591-595. 1942.

Two cases of chorionepithelioma of extragenital origin in the male are presented with one autopsy. Both were diagnosed roentgenologically from the appearance of the lung metastases. The metastases are well defined, nodular, and concentric, but differ from sarcoma metastases in that the margins blend with the surrounding tissue in a softly blurred outline due to hemorrhage. A description of the various forms in which chorionepithelioma might occur in the roentgenogram is given.—C. E. D.

**Five Year Control of Bladder Cancers by Radon Implants.** Barringer, B. S. [*Memorial Hosp., New York, N. Y.*] J.A.M.A., **120**:909-911. 1942.

Bladder cancers, both papillary and infiltrating, are well adapted for attack by radon implants. In 257 cases seen up to and including 1937, there were 112 papillary and 145 infiltrating cancers. Excluding 15 cases, in most of which there were metastases and palliative operation was performed, 56.1% of patients with papillary cancer and 28.9% with infiltrating cancer have remained well for 5 years. For both groups combined there is a 5 year cure rate of 40.4%. While tumors of the bladder vault and extensive papillomatosis are better dealt with by surgery alone, in all other bladder cancers radon implantation is simpler to effect, has a lower operative mortality, and gives more assurance of 5 year cure.—H. G. W.

**Radium in Medicine: Introduction and General Considerations.** Fricke, R. E. [*Mayo Clinic, Rochester, Minn.*] M. CLIN. NORTH AMERICA, **25**:873-884. 1941.

A review on the use of radium in the treatment of cancer including the following subjects: discovery of the x-ray and early investigation of uranium, discovery and properties of radium, source and supply of radium, radium therapy, and radiologic associations and publications.—J. L. M.

**Radium Therapy for Carcinoma of the Female Genitalia.** Fricke, R. E. [*Mayo Clinic, Rochester, Minn.*] M. CLIN. NORTH AMERICA, **25**:905-914. 1941.

This review is concerned with the treatment of carcinomas of the ovary, fallopian tube, uterine cervix, uterine fundus, vagina, and vulva. In the fortunate instances in which diagnosis can be established early and in which the general condition of the patient is favorable, radical surgical operation followed by irradiation is the treatment of choice.—J. L. M.

**Treatment of Nonmalignant Conditions with Radium.** Fricke, R. E. [*Mayo Clinic, Rochester, Minn.*] M. CLIN. NORTH AMERICA, **25**:945-956. 1941.

In general, treatment with radium of all benign lesions, whether neoplastic or inflammatory, necessitates certain precautions. Most of these conditions are not fatal if not treated. By overtreatment, underfiltration of radium, or lack of protection to adjoining tissues, a benign condition may be changed into a malignant one. Unskilled treatment may cause serious damage to the skin and underlying tissues, necessitating surgical repair. It should be mentioned that for benign conditions good results can be achieved with only a percentage of the dose used in the treatment of carcinoma. The treatment is never a full erythema dose.—J. L. M.

**Dangers of Radiation without Biopsy of Brain Tumors in Children. Report of a Case.** Ingraham, F. D., and Campbell, J. B. [*Harvard Med. Sch., Boston, Mass.*] NEW ENGLAND J. MED., **224**:925-927. 1941.

A case report concerning a patient treated for 2 years with radiation for a cerebellar tumor thought to be a medulloblastoma. During the period of treatment permanent blindness ensued. At operation a fibrillary astrocytoma was removed. The authors emphasize the uncertainty involved in classification of brain tumors without benefit of biopsy.—G. H. H.

**Carcinoma of the Cervix. Clinical Evaluation of Radium Dosage and Supplementary Roentgen Irradiation Based on a Study of 915 Cases.** Jones, H. W. [*Kelly Clinic, Baltimore, Md.*] SOUTH. M. J., **35**:959-965. 1942.

A clinical evaluation of radium dosage and supplementary roentgen irradiation, based on a study of 915 cases.—H. G. W.

**Recent Advances in Radiation Therapy.** Kaplan, I. I. [*New York Univ. Med. Coll., New York, N. Y.*] M. CLIN. NORTH AMERICA, **25**:803-814. 1941.

The history of radiation therapy is traced from the time of the discovery of x-rays by Roentgen in 1896. The following items which led to the standardization of radiation

therapy are briefly discussed: rate of administration, irradiation by several converging beams (crossfire method), divided dose method, saturation method, radium and radon therapy, interstitial irradiation with radon seeds and tubules, radium pack therapy, and preoperative irradiation. The use of irradiation in the treatment of various neoplasms is briefly mentioned. The application of nuclear physics (artificial radioactive elements and neutrons) is still in its early stages, and clinical results are too uncertain to make evaluation of this therapeutics possible.—J. L. M.

**The Roentgen Ray Treatment of Malignant Tumors.** Leddy, E. T. [*Mayo Clinic, Rochester, Minn.*] *M. CLIN. NORTH AMERICA*, **25**:973-1009. 1941.

The paper reviews the use that may be made of roentgen rays by the general practitioner. Several problems of technic are considered, and the roentgen ray treatment of tumors is discussed. The radiosensitivity of tumors parallels that of their normal cell prototypes. This permits subdivision of all tumors into 4 classes. (1) Those which theoretically and under ideal conditions can be cured by roentgen rays because they are radiosensitive (lymphoblastoma, leukemia, carcinoma of the cervix, intracranial carcinoma, carcinoma of the larynx). (2) Those in the treatment of which roentgen rays should be combined with other methods (tumors of the nervous system; malignant tumors of the eye, salivary glands, lymph nodes of the neck, and thyroid gland; carcinoma of the breast, bronchi, bladder, rectum; and malignant tumors of the kidney, testis, ovary, and bone). (3) Those in the treatment of which roentgen rays are of questionable or no value (carcinoma of the gastrointestinal tract and fundus of the uterus, fibroid tumors, periosteal sarcoma, malignant melanoma, carcinoma of the prostate gland). (4) Those in which treatment by roentgen rays is still experimental.—J. L. M.

**The Lesions Produced in the Gastro-Intestinal Tract by Irradiation. General Review with an Illustrative Case Report.** Mulligan, R. M. [*Univ. of Colorado, Sch. of Med. and Hosps., Denver, Colo.*] *AM. J. PATH.*, **18**:515-527. 1942.

The clinical and experimental studies on radiation lesions of the gastrointestinal tract are reviewed, and a case is described.—J. G. K.

**Diaphragmatic Abnormalities Secondary to Tumors. A Roentgenologic Study.** Turner, J. W. [*Westfield State Sanatorium, Massachusetts Dept. of Public Health, Mass.*] *NEW ENGLAND J. MED.*, **224**:936-940. 1941.

Three instances of diaphragmatic abnormalities, determined by x-ray, are reported: left subphrenic abscess due to a perforated carcinoma of the stomach, paralysis of the right phrenic nerve due to a carcinoma of the bronchus, and left diaphragmatic hernia apparently caused by increased intra-abdominal pressure due to a large cystic hemangioperithelioma.—G. H. H.

**Pathology and Pathologic Diagnosis of Radiation Lesions in the Gastro-Intestinal Tract.** Warren, S., and Friedman, N. B. [*Harvard Med. Sch., Boston, Mass.*] *AM. J. PATH.*, **18**:499-513. 1942.

Thirty-eight cases were studied in which pronounced radiation lesions in the gastrointestinal tract followed

radiotherapy. The lesions consisted of ulceration, sclerosis, and combinations of the two. Necrosis was a part of most reactions, and in extreme instances the reaction approached massive gangrene of a loop of intestine. Histopathologically, the primary points to be looked for in radiation lesions are hyalinization of the connective tissue, abnormal fibroblasts, telangiectasia, and hyaline degeneration of vessel walls. These are described in detail and illustrated.—J. G. K.

#### NERVOUS SYSTEM

**Intraspinal Meningiomas. A Clinical and Pathologic Study.** Brown, M. H. [*Mayo Foundation, Rochester, Minn.*] *ARCH. NEUROL. & PSYCHIAT.*, **47**:271-292. 1942.

In the investigation reported, 130 meningiomas of the spinal cord were examined both clinically and pathologically. In this group, the following 8 variants have been distinguished: meningotheial, fibroblastic, psammomatous, osteoblastic, lipomatous, chondromatous, melanomatous, and, finally, malignant. It is concluded that meningioma is the product of an admixture of 2, and at times of 3, different elements; e.g., the specialized arachnoid type cell, its multipotential stroma, and dural components. The neoplastic cells *per se* arise from the superficial layer of the arachnoid, stimulate its stroma, which is likewise of neural crest origin, and incorporate mesenchymal elements into the tumor pattern only as a result of the usually rapid dural attachment for purposes of vascularity. Diffuse meningiomatosis, the neoplastic transformation of embryonically arrested leptomeninges, has been delineated in a separate category and differentiated from gliomatosis, sarcomatosis, and melanomatosis of the meninges.—A. C.

**Effects of Destruction of Hypothalamus by Tumor.** Collins, V. P. [*New England Deaconess Hosp., Boston, Mass.*] *ARCH. NEUROL. & PSYCHIAT.*, **48**:774-788. 1942.

This is a report of the clinical and pathologic manifestations of a slowly growing tumor involving the floor and walls of the third ventricle in such a manner as to destroy all nuclei of the hypothalamus and to sever functionally the hypophysial stalk, while not disturbing adjacent regions or obstructing the flow of cerebrospinal fluid. Early symptoms may have been present in infancy; pronounced polydipsia and polyuria were first noted when the patient was 17. The various stages of the disease, which was terminated by the death of the patient at the age of 28, included diabetes insipidus; suppression of function of the pituitary (anterior lobe), the thyroid, the ovaries, and the adrenal glands; disturbance of thermal regulation; and disturbance of personality. The case is discussed, and it is concluded that the manifestations just mentioned can be attributed to the destruction of the hypothalamus by the tumor.—A. C.

**Lindau-von Hippel Disease. A Report of Four Cases.** Craig, W. McK., Wagener, H. P., and Kernohan, J. W. [*Mayo Clinic, Rochester, Minn.*] *ARCH. NEUROL. & PSYCHIAT.*, **46**:36-54. 1941.

A report of 4 cases of hemangiomas of the cerebellum associated with angioma of the retina. The family history in one of the cases, illustrated by a genealogic chart,

supports the view that the disease is of congenital origin.—A. C.

**Multiple Meningioma. Removal of Ten Intracranial Tumors from a Patient.** Echols, D. H. [*Tulane Univ. Sch. of Med., New Orleans, La.*] ARCH. NEUROL. & PSYCHIAT., **46**:440-443. 1941.

A case report.—A. C.

**Removal of Tumor Arising Anterior to the Medulla.** Ecker, A. [*Syracuse Univ. Coll. of Med., Syracuse, N. Y.*] ARCH. NEUROL. & PSYCHIAT., **46**:908-912. 1941.

The tumor, a meningioma arising from the anterior rim of the foramen magnum, had displaced the medulla and spinal cord backward. This case is believed to be the second reported in which removal of the tumor was apparently complete, with recovery of the patient.—A. C.

**Mixed Tumors of the Spinal Canal.** French, L. A., and Peyton, W. T. [*Univ. of Minnesota Hosps., Minneapolis, Minn.*] ARCH. NEUROL. & PSYCHIAT., **47**:737-751. 1942.

Depending on the number of germ layers present, mixed tumors may be classified into the 3 following types: teratomas, dermoids, and epidermoids. The paper reports on the diagnosis and treatment of 3 cases of mixed tumors of the spinal canal, including 2 teratomas and 1 epidermoid cyst.—A. C.

**Metastatic Tumors of the Brain.** Globus, J. H., and Meltzer, T. [*Mt. Sinai Hosp., New York, N. Y.*] ARCH. NEUROL. & PSYCHIAT., **48**:163-226. 1942.

The clinical and anatomic manifestations in 57 cases of metastatic tumors of the brain were analyzed. The series constitutes about 13.5% of the entire collection of brain tumors encountered at necropsy at the Mount Sinai Hospital. On the basis of the present study it may be said that the following features point strongly to the presence of an expanding brain lesion of metastatic nature: (1) acute onset of symptoms indicative of increase in intracranial tension, (2) rapid development of neurological signs but slow development of papilledema, (3) absence of positive serological reactions and febrile manifestations. The presence or absence of meningeal signs does not seem to bear any relation to the position of the tumor in the brain. Anatomic and microscopic study of the material suggests that the metastatic cells were brought to the brain by way of the blood stream.—A. C.

**Otitic Thrombosis of the Cerebral Sinuses and Veins Simulating Multiple Brain Tumors.** Keschner, M., and Davison, C. [*Montefiore Hosp., New York, N. Y.*] ARCH. NEUROL. & PSYCHIAT., **47**:428-437. 1942.

A report of a case in which thromboses and hemorrhages in the region drained by the right and the left middle and posterior cerebral veins simulated multiple tumors of the brain. A definite diagnosis could not be established until necropsy.—A. C.

**Simmonds' Disease: Report of Two Cases Caused by Intracranial Tumors.** Moss, R. E. [*Boston Univ. Sch. of Med., Boston, Mass.*] J. CLIN. ENDOCRINOL., **2**:395-402. 1942.

Detailed case reports and postmortem data are presented for an 18 year old boy and a 70 year old man who had intracranial tumors and evidence of Simmonds' disease. The younger patient had diabetes insipidus.—J. B. H.

**Pain Arising from Lesions of the Nerves and Spinal Cord: Differential Diagnosis and Treat-**

**ment.** Oldberg, E. [*Univ. of Illinois, Coll. of Med., Chicago, Ill.*] M. CLIN. NORTH AMERICA, **25**:55-62. 1941.

Eight cases are presented to illustrate specific types of pain arising from lesions affecting nerves rather than the spinal cord. In these the pain arose from extramedullary intradural spinal tumor, tabetic radiculitis, postherpetic neuralgia, peripheral avitaminotic neuritis, peripheral neurofibroma, neuritis resulting from focal infection, cervical rib, and protruded intervertebral disc. Differential diagnosis and treatment are discussed.—J. L. M.

**Epidermoid, Dermoid and Teratomatous Tumors of the Central Nervous System.** Peyton, W. T., and Baker, A. B. [*Univ. of Minnesota, Minneapolis, Minn.*] ARCH. NEUROL. & PSYCHIAT., **47**:890-917. 1942.

Fourteen cases are reported.—A. C.

**Head Pain: Differential Diagnosis and Treatment.** Pollock, L. J. [*Northwestern Univ. Med. Sch., Chicago, Ill.*] M. CLIN. NORTH AMERICA, **25**:3-13. 1941.

Head pain from intracranial tumors is discussed. Five case histories are given to illustrate the fact that although headache may be the presenting symptom, it is not the sole symptom in intracranial tumors. Several conditions other than tumors are referred to.—J. L. M.

#### INTRATHORACIC TUMORS—LUNGS—PLEURA

**Carcinoma of the Lung: Bronchoscopic Aspects.**

Betts, R. H. [*New England Deaconess Hosp., Boston, Mass.*] NEW ENGLAND J. MED., **225**:519-525. 1941.

A general discussion with the presentation of 62 patients with histologically verified pulmonary tumors. In 74% the diagnosis was established by bronchoscopic biopsy.—G. H. H.

**Commercial Lead as a Possible Inciting Factor in Bronchiogenic Carcinoma. Report of Two Cases.**

Black, C. E. [*Michigan State Coll., East Lansing, Mich.*] ARCH. PATH., **35**:366-372. 1943.

Bronchiogenic carcinoma is reported in 2 lead workers, both of whom showed also chronic fibroid pneumonitis. Because commercial lead is the most radioactive of the common metals, it may be a possible factor in the production of lung cancer when lead dusts are inhaled.—H. G. W.

**Extragenital Chorio-Epithelioma in the Male with Associated Gynecomastia.**

Bonn, H. K., and Evans, N. [*Los Angeles County Hosp., Los Angeles, Calif.*] AM. J. SURG., **58**:125-132. 1942.

This patient, a man of 34, presented what seems to be the sixth case on record in which proof of extragenital origin of chorionepithelioma was furnished by serial block sections of the testes. Possibly the primary focus was located at the hilus of the lung. Abnormal amounts of sex hormones were found in the urine and in the metastases in the lungs, and a true gynecomastia was present in both breasts.—H. G. W.

**Thoracic Surgery.** Churchill, E. D. [*Harvard Med. Sch., Boston, Mass.*] NEW ENGLAND J. MED., **225**:335-338. 1941.

A brief discussion of the pathogenesis and treatment of bronchial adenoma, blast injuries to the chest, carcinoma and congenital atresia of the esophagus, cardiospasm, and bronchiectasis.—G. H. H.