

Clinical and Pathological Reports

Clinical investigations are sometimes included under Reports of Research

HEREDITY

Familial Occurrence of Leukemia. HOGREFFE, G. [Univ. Inst. for Human Genet., Copenhagen, Denmark] *Acta path. et microbiol. Scandinav.*, 22:89-101. 1945.

A family is described in which 2 sisters died of myelogenous leukemia and their nephew of plasmocytic reticulosarcoma. The literature on familial occurrence of leukemia is reviewed, with bibliography and tables.—M. H. P.

MULTIPLE TUMORS

Multiple Primary Malignancy. GOLDMAN, C. [Brooklyn Cancer Inst., Brooklyn, N. Y.] *Am. J. Surg.*, 69:265-269. 1945.

The case reported is that of a woman dying at 60 years of age who had had a mastectomy at the age of 41 for a medullary carcinoma of the breast. At the age of 58 she had undergone an operation with removal of an ulcer, which had developed in the scar of the previous incision following irradiation. The microscopic diagnosis on this second tumor was squamous cell carcinoma. She later developed a transitional cell carcinoma of the cervix, for which she received x-ray therapy at the Memorial Hospital. One year later, she was found to have a papillary adenocarcinoma of the rectum. Removal was not attempted, and she died shortly after the fourth carcinoma was diagnosed.—W. A. B.

DIAGNOSIS

Autopsic Evaluation of the Clinical Diagnosis "Cancer of the Stomach," with Special Reference to Its Value to the Cancer Statistics. HANSEN, J. L. [Kommune Hosp., Copenhagen, Denmark] *Acta path. et microbiol. Scandinav.*, 21:731-746. 1944.

Among 8,633 autopsy records accompanied by clinical diagnoses, relating to adult patients who died in the surgical and medical departments of a Danish hospital during 1915 through 1935, there were 396 in whom a clinical diagnosis of cancer of the stomach was supported, 132 in whom this clinical diagnosis was found to be erroneous, and 200 in whom cancer of the stomach was revealed after having been missed clinically. In the group of 200 patients last mentioned, 71 had not manifested symptoms of the disease, and 129 had shown symptoms that were erroneously interpreted. If the symptom-free cases are omitted from consideration, the false positive clinical diagnoses (132) are found to be almost exactly equal numerically to the false negative ones (129). Hence (with correction for symptom-free cases) clinical diagnoses alone can be expected to give a fairly reliable index to the frequency of fatal gastric cancer in the population.—M. H. P.

SKIN AND SUBCUTANEOUS TISSUES

The Paget Cell; Its Structure, Occurrence and Significance. MEIROWSKY, E., and KEYS, S. *Proc. Roy. Soc. Med.*, 38:495-499. 1945.

The author expresses his views concerning the nature of the Paget cell. He concludes that "the process occurring in the Paget cell is a normal response of the epithelial cell towards different kinds of animate and inanimate stimuli among which are tar, x-rays, sunlight, viruses, and the unknown causes of cancerous conditions, psoriasis, and lichen planus."—L. W. P.

The Principle of Excision and Dissection in Continuity for Primary and Metastatic Melanoma of the Skin. PACK, G. T., SCHARNAGEL, I., and MORFIT, M. [Memorial Hosp., New York, N. Y.] *Surgery*, 17:849-866. 1945.

The scope of the operation for removal of a melanoma of the skin should be planned to enable the surgeon to remove the primary lesion and the regional lymph nodes in one encompassing excision of skin and deeper structures. When the lesion is on the trunk, this may be accomplished without grafting, but grafting is necessary if the lesion is situated on the hands, feet, lower legs, forearms, head, or neck. When regional nodes are removed in this manner, they have been found to contain microscopically identifiable melanoma even when there was no clinical evidence of metastases; this was the case in 2 of 7 instances of elective groin dissection for melanomas of the extremities or genitalia.

Six cases are reported here.—W. A. B.

Glomus Tumor (Glomangioma, Angioneuromyoma, Glomal Tumor). POHL, J. F. [Minneapolis, Minn.] *Journal-Lancet*, 65:253-254. 1945.

Case report. The tumor was in the left fourth finger, and involved the bone.—M. E. H.

Glomangioma. BEATTY, W. M. [Liverpool Roy. Infirmary, Liverpool, England] *Lancet*, 249:137-138. 1945.

Three typical examples of the glomus cell tumor are described in patients aged 25, 54, and 39 respectively, and an account of the normal neuromyoarterial glomus is given. A plea is made for the more general recognition of this small tumor, which presents itself clinically as a bluish, soft, subcutaneous mass with the characteristic symptom of lancinating paroxysmal pain that is relieved with uniform success by simple excision of the growth under local anesthesia. Malignant change is unknown.—L. W. P.

Hemangioendothelioma of the Skin. CARO, M. R., and STUBENRAUCH, C. H., JR. [Univ. of Illinois Coll. of Med., Chicago, Ill.] *Arch. Dermat. & Syph.*, 51:295-304. 1945.

Report of a case in which the tumor appeared on the scalp at the site of trauma, spread slowly over the face, scalp, and neck, and produced late metastases in the cervical lymph nodes.—J. G. K.

Mixed Tumors of the Skin. Report of Cases, with a Consideration of the Histogenesis of Mixed Tumors of Organs Derived from the Ectoderm. MOREHEAD, R. P. [Bowman Gray Sch. of Med. of Wake Forest Coll., and Baptist Hosp., Winston-Salem, N. C.] *Arch. Path.*, **40**:107-113. 1945.

Observations made on 4 cases suggest to the author that mixed tumors arising in the skin, the breast, and the salivary glands are histogenetically similar.—J. G. K.

Disseminated Visceral Idiopathic Hemorrhagic Sarcoma (Kaposi's Disease): Report of Case with Necropsy Findings. NESBITT, S., MARK, P. F., and ZIMMERMAN, H. M. [Yale Univ. Sch. of Med., New Haven, Conn.] *Ann. Int. Med.*, **22**:601-605. 1945.

This case is of particular interest because of the involvement of the thyroid gland and brain, and the presence of disseminated visceral lesions in the absence of dermal manifestations.—J. G. K.

BREAST

Some Unusual Aspects of Cancer of the Breast. DALAND, E. M. [Pondville Hosp., Wrentham, and Tumor Clin. of Massachusetts Gen. Hosp., Boston, Mass.] *New England J. Med.*, **233**:515-519. 1945.

Examples are given of the importance of investigating vague symptoms in the breast, even in young girls. The necessity of radical mastectomy is emphasized, but several case reports of simple mastectomy and the indications for it are given. A case of recurrence 34½ years after radical mastectomy is reported. Two cases of persistent recurrence of low grade cancer over periods of 24 and 10 years, respectively, are reported in detail.—C. W.

Carcinoma of the Breast: A Study of 37 Cases. KENT, G. B., and SAWYER, K. C. [Denver, Colo.] *Rocky Mountain M. J.*, **42**:672-676. 1945.

Among the 37 cases of carcinoma of the breast followed by the authors, 90.9% were classed as grade 3 or 4 or highly malignant. The 3 year survival rate was 75%; 5 year was 50%, and 15% of patients have survived 10 years. The results from prophylactic roentgen therapy are not impressive. Pain was a more common complaint in these cases than previously supposed to occur in carcinoma of the breast.—M. E. H.

Giant-Cell Tumours of the Breast. ENGELBRETH-HOLM, J. [Cancer Research Lab. of Danish Anti-Cancer League, Copenhagen, Denmark] *Acta path. et microbiol. Scandinav.*, **17**:506-523. 1940.

A report of 2 cases, and a review of 5 from the literature.—M. H. P.

EYE

Orbital Tumours. JACKSON, H. *Proc. Roy. Soc. Med.*, **38**:587-594. 1945.

The differential diagnosis is intimately related to that of "unilateral proptosis," the lesions most likely to be confounded being exophthalmic ophthalmoplegia, certain generalized bone diseases, meningocele or encephalocele, and vascular lesions of aneurysmal or of arteriovenous fistulous nature. Proptosis, either unilateral or bilateral, has been found in association with subdural hematoma,

basal tumors of the anterior and middle fossae, tumors of the cerebello-pontine angle, ventricular tumors, and occipital tumors. An intracranial lesion that encroaches upon but does not extend into the orbit, such as a cyst of the jaw, may produce proptosis owing to deposition of bone on the surface coincident with its absorption adjacent to the lesion. The so-called "pseudo-tumor of the orbit" is an infective granuloma. Apart from the outstanding unilateral proptosis, other symptoms discussed include visual deterioration, pain, tumor formation, ptosis, edema of the eyelids, chemosis, cranial nerve palsies, an audible bruit, and a discharging sinus. Reference is also made to the ophthalmoscopic examination, the duration of the disease, the pathology of the various lesions found and to the radiographic appearances, laboratory investigations, and treatment.—L. W. P.

Orbital Tumours. MEADOWS, S. P., ET AL. *Proc. Roy. Soc. Med.*, **38**:594-600. 1945.

A general discussion, with case reports, on a variety of orbital tumors, some with intracranial extension.—L. W. P.

Glioma of the Optic Nerve. KATZIN, H. M. [Mt. Sinai Hosp., New York, N. Y.] *J. Mt. Sinai Hosp.*, **11**:332-335. 1945.

A case is reported of glioma of the optic nerve, with operative exploration, biopsy, and treatment. The progressive nature of this neoplasm is stressed, and its frequent association with von Recklinghausen's disease noted. The apparent benefit from radiation, seen in this case at present, may be temporary. If it proves to be lasting, the observation is a significant one. Most cases are found to be inoperable.—Author's summary. (A. Cnl.)

THERAPY—GENERAL

Surgical Treatment of Cancer of the Larynx. JACKSON, C. L., and NORRIS, C. M. [Philadelphia, Pa.] *Laryngoscope*, **55**:196-215. 1945.

The author briefly mentions the various types of surgical procedures, methods of irradiation, and their combination employed in the treatment of cancer of the larynx. He enumerates certain indications for surgical treatment. Irradiation is preferred for inoperable growths and for lesions unsuitable for laryngofissure where laryngectomy is contraindicated because of the patient's condition. The technic of laryngofissure and laryngectomy as practiced at Temple University Clinic is described in detail. The post-operative care and complications are discussed. Of a total of 148 laryngofissures performed over a period of 14 years, not a single patient has died, nor has there been a single operative fatality in the last 70 laryngectomies. Of 150 patients with cancer of the larynx treated by all methods between 1930-1937 a "5 year cure" rate of 64% was obtained. Surgical treatment for intrinsic lesions was given 101 of these individuals; 75% were "cured." Laryngofissure resulted in a "5 year cure" rate of 80%, while 69% of intrinsic lesions subjected to laryngectomy were "cured."

The bibliography includes 25 papers. There are 5 figures illustrating the technic of laryngectomy.—A. M.