

**Induced Antibodies That React *in vitro* with Sedimentable Constituents of Normal and Neoplastic Tissue Cells. Presence of the Antibodies in the Blood of Rabbits Carrying Various Transplanted Cancers.** FRIEDEWALD, W. F., and KIDD, J. G. [The Rockefeller Inst. for Med. Research, New York, N. Y.] *J. Exper. Med.*, **82**:21-39. 1945.

Rabbit sera, of animals carrying either the Brown-Pearce carcinoma, the V2 carcinoma, the rabbit sarcoma I, or the Kato sarcoma, have been found to contain an antibody which will *in vitro* fix complement with extracts of various normal and neoplastic rabbit tissues. The portion of the extracts which react with the antibody are readily sedimentable in the high-speed centrifuge. The antibodies found in these rabbits differ from natural antibodies in that they are not found in normal rabbits and are stable for 30 minutes at 65° C.—D. S.

**Incidence and Specificity of the Antibody for a Distinctive Constituent of the Brown-Pearce Tumor.** MACKENZIE, I., and KIDD, J. G. [Rockefeller Inst. for Med. Research, New York, N. Y.] *J. Exper. Med.*, **82**:41-63. 1945.

Rabbits implanted with a Brown-Pearce carcinoma or injected with extracts of the carcinoma, developed an antibody which reacted specifically *in vitro* with a particular sedimentable fraction of an extract of the tumor. This constituent of the Brown-Pearce carcinoma differed immunologically from other sedimentable fractions which can be extracted from rabbit tissues. The results and implications of the study are discussed.—D. S.

**The Heterologous Transplantation of Mouse Tumors Induced *in Vitro*.** GREENE, H. S. N. [Yale Univ. Sch. of Med., New Haven, Conn.] *Cancer Research*, **6**:396-402. 1946.

The tumors induced *in vitro* by Dr. Wilton R. Earle of the National Cancer Institute have been successfully transplanted to guinea pigs and to mice of foreign strains. The ability to survive and to grow in animals of alien species identifies the tumors with the chemically induced and naturally occurring sarcomas, and adds further significance to their mode of origin.

The success of the transfer of the tumors to unrelated mice varied with the strain or species of the donor, and an examination of this relationship suggested that the stromal component of the tumor was concerned in the variation.—Author's abstract.

**Multiple Malignant Growths.** LOMBARD, H. L., LEVIN, M. L., and WARREN, S. *Cancer Research*, **6**:436-441. 1946.

Peller has suggested that a cured cancer protects against the development of other malignant neoplasms and has advocated the experimental induction of a skin cancer to prevent subsequent occurrence of the more fatal cancers of other organs, while Warren and his associates have presented data which indicate that the incidence of multiple primary cancers is sufficiently high to presuppose increased individual susceptibility. This paper, based on 5,078 records from the Massachusetts cancer clinics, suggests that individuals with skin cancers are predisposed to other skin cancers. There is also an indication that males with lip cancers have some predisposition to multiple skin cancers. There is no evidence that immunity to the formation of a second primary cancer is produced by the presence of cancer in any location.—Authors' abstract.

**Physiological Studies on Tumor-Inhibiting Agents. II. Effect on Rectal Temperatures in Normal Rabbits of the *Serratia marcescens* Tumor-Necrotizing Polysaccharide of Shear.** BECK, L. V., and FISHER, M. [Hahnemann Med. Coll., Philadelphia, Pa.] *Cancer Research*, **6**:410-420. 1946.

The *Serratia marcescens* tumor-necrotizing polysaccharide which Shear and his co-workers have brought to a high state of purity is extremely potent as a pyrogen when injected intravenously into rabbits. Measurable increases in rectal temperature occurred after injection of only 0.005 micrograms per kgm., and elevations of 2 to 3° C. were produced by 0.5 µgm. per kgm. and larger amounts. The fever reaction was intensified and prolonged on very warm days.

Death occurred within 24 hours in some of the rabbits given 20 to 100 µgm. per kgm. Rabbits that died usually exhibited a rather weak fever reaction, and greatly diminished muscular strength.

Elevation of the rectal temperature did not occur as long as the rabbit was tied down on a copper table, or cooled with ice water and cold air. It was possible to minimize the polysaccharide induced fever reaction using the following drugs in amounts that were not acutely toxic to the rabbit: antipyrine, isopropyl antipyrine, acetylsalicylic acid and di-allyl barbituric acid.—Author's abstract.

## Clinical and Pathological Reports

*Clinical investigations are sometimes included under Reports of Research*

### MULTIPLE TUMORS

**Multiple Primary Tumors.** HAYWARD, W. G. [Jamestown, N. Y.] *J. Urol.*, **54**:307-311. 1945.

This is principally a case report of an 82 year old male who in two years had these histologically proved neoplasms: (1) basal cell carcinoma of the perineum; (2) epidermoid carcinoma of the groin; (3) adenocarcinoma of the prostate; and (4) embryonal carcinoma of the testis.—V. F. M.

### DIAGNOSIS

**Delimitation of Subcortical Tumours by Direct Electrography.** WALTER, W. G., and DOVEY, V. J. [Burden Neurol. Inst., Bristol, England] *Lancet*, **250**:5-9. 1946.

It has been shown by means of indirect electroencephalography that a space-occupying lesion has two effects on the electrical activity of the brain. (1) An indirect action due to edema, and vascular change, resulting in the production of delta waves. (2) Disappearance of all electrical activity when there is replacement of nervous

tissue by neoplasm, abscess, or hematoma. A needle electrode has been designed by which the electrical activity of the subcortical structures can be directly recorded. The details of the construction of the needle electrode and the technic for use are described. The results following the use of this needle have been clear and consistent although the appearance of the records depends upon whether or not a general anesthetic is being used. Normal cerebral white matter is identifiable by rhythmic electrical activity of the same type as that found in the cortex, while matter adjacent to a space-occupying lesion displays slow delta activity similar to that seen in the cortex in the same conditions. The presence of a space-occupying lesion can be detected by its electrical inactivity. From these facts it is possible to delimit with satisfactory precision the spacial extent of a subcortical lesion and the zone indirectly affected by it. The results of the investigations of 4 cases are described and discussed.—M. L.

#### SKIN AND SUBCUTANEOUS TISSUES

**Multiple Keloids Following Varicella.** THOMAS, E. W. P. *Proc. Roy. Soc. Med.*, **39**:229. 1946.

The patient, aged 14, was said to have had a severe attack of chickenpox 6 months ago. Many of the lesions became pustular and healed leaving numerous hypertrophic keloidal scars.—E. L. K.

**Angioma Serpiginosum (Crocker).** WIGLEY, J. E. M. *Proc. Roy. Soc. Med.*, **39**:89. 1945.

Description of a case.—E. L. K.

#### BREAST

**Bilateral Carcinoma of the Breast.** WHIGHAM, J. R. M. [St. Andrew's Hosp., London, England] *Brit. J. Surg.*, **31**:303-304. 1944.

Both breasts showed solid acinar polygonal cell carcinoma.—E. L. K.

#### FEMALE GENITAL TRACT

**Arrhenoblastoma of the Ovary. Report of Two Cases.** GOLDSTINE, M. T. [Chicago Gynecological Society, Regular Meeting Nov. 16, 1945] *Proc. Inst. Med. Chicago*, **16**:75-76. 1946.

The pathologic diagnosis in the first case was an undifferentiated arrhenoblastoma and in the second a highly differentiated tumor (testicular adenoma of Pick).—M. E. H.

**A Granulosa Cell Tumour of Tubular or Adenomatous Type.** DOUGAL, D. [Univ. of Manchester, England] *J. Obst. & Gynaec. Brit. Emp.*, **52**:370-371. 1945.

A woman aged 22 who had suffered from continuous uterine hemorrhage for 17 months was found to have a tumor of the right ovary composed of well-formed tubules lined by a single layer of cylindrical cells. There were large amounts of lipid in the inner portions of the cells and in the lumina.—E. L. K.

**Total Abdominal Hysterectomy. A Study of 500 Cases.** DANFORTH, W. C. [Chicago Gynecological Society, Regular Meeting Oct. 16, 1945] *Proc. Inst. Med. Chicago*, **16**:75. 1946.

This study comprises a series of patients upon whom operations were performed. The indication for operation in 319 cases was myoma. Among the other principle indications for surgery were adenomyosis, carcinoma of the corpus, endometriosis, cervical lesions in which the cervix was definitely unhealthy, and sarcoma of the uterus which occurred only once.—M. E. H.

#### MALE GENITAL TRACT

**Benign Intrascretal Tumors.** MOREHEAD, R. P. [Bowman Gray Sch. of Med., Wake Forest Coll., Winston-Salem, N. C.] *Urol. & Cutan. Rev.*, **48**:592-597. 1944.

A review of the literature with discussion.—V. F. M.

**Bilateral Orchiectomy in Advanced or Recurring Carcinoma of the Bladder With Severe Subjective Symptoms. A Preliminary Report.** SHIVERS, C. H. de T. [Atlantic City Hosp., Atlantic City, N. J.] *J. Urol.*, **54**:539-546. 1945.

The two interesting cases of bladder cancer resistant to treatment, reported here, showed considerable relief from symptoms following bilateral orchiectomy. In one of these there was apparent retardation of growth locally and marked improvement in general condition during the 3 year follow-up period.—V. F. M.

**A Biological Interpretation of Carcinoma of the Prostate and Its Significance.** ANGRIST, A., and KHOURY, E. N. [Queens General Hosp., Jamaica, N. Y.] *Urol. & Cutan. Rev.*, **48**:577-580. 1944.

A relationship between the histological appearance of the removed testis and the clinical results obtained by orchiectomy in cancer of the prostate could not be demonstrated. Also there was no connection between the presence or absence of vas deferens obstruction and the degree of tumor activity. "Five percent of all men over the age of sixty develop clinical carcinoma of the prostate" but the histological incidence is much greater.—V. F. M.

#### URINARY SYSTEM

**Massive Renal Fibrolipoma: Report of Two Cases.** TAHARA, C., and HESS, E. [St. Vincent's Hosp., Erie, Pa.] *J. Urol.*, **54**:107-115. 1945.

One tumor was intrarenal and the other was extracapsular. Both were considered benign. Both patients had hypertension which decreased after surgery.—V. F. M.

**Wilm's Tumor With Adenocarcinoma of the Kidney in an Adult.** OESTERLIN, E. J. [Orangeburg, N. Y.] *Urol. & Cutan. Rev.*, **49**:731-734. 1945.

A case report with illustrations and discussion.—V. F. M.

**Renal Adenoma: A Case Report.** STRAUSS, A. [Cleveland, Ohio] *J. Urol.*, **54**:221-223. 1945.

A renal tubular adenoma 11 cms. in diameter was removed from a 49 year old female.—V. F. M.

**Primary Carcinoma of Ureter with Special Reference to Hydronephrosis.** LAZARUS, J. A., and MARKS, M. C. [New York, N. Y.] *J. Urol.*, **54**:140-157. 1945.

This is a good review covering 183 cases collected from the literature and the authors' experience. Forty-two per cent of the cancers were non-papillary. Men were affected

almost twice as frequently as women. The greatest incidence was in the sixth and seventh decades. Metastases were common. Treatment of choice is nephro-ureterectomy.—V. F. M.

**Leiomyosarcoma of the Kidney: Report of Two Cases.** TETELMAN, M. M., and LISA, J. R. [City Hosp., New York, N. Y.] *J. Urol.*, 54:224-226. 1945.

A description of two cases with autopsies.—V. F. M.

**Primary Carcinoma of the Ureter.** BOWIE, C. F., and BORS, F. [Hammond General Hosp., Modesto, Calif.] *J. Urol.*, 54:434-437. 1945.

The authors add one case to the 175 previously reported.—V. F. M.

**End Results in the Treatment of Bladder Tumors.** PARMENTER, F. J. [Buffalo General Hosp., Buffalo, N. Y.] *Urol. & Cutan. Rev.*, 49:676-680. 1945.

This is a statistical study. Of 39 cases of papilloma seen from 1916 to 1932, "Six are known to be well." Of 46 cases of papillary carcinoma, "Four are apparently well; four others reported themselves well in 1935 and cannot be traced at this time." Of 25 cases with carcinoma one lived 23 years, 4 others died many years later without cancer, and the remainder died of cancer. Statistical observations on a similar group from 1933 to 1944 are presented in tables, the follow-up period being less than a year for many cases. In commenting on the "Papillary Carcinoma" group the author states: "The results are indeed depressing." Radiation by radon seeds or radium plaque gave the best results in recurring papillomas, papillary carcinomas, and carcinoma—simple fulguration being advised first for simple papilloma. X-ray and resection were disappointing.—V. F. M.

**Tumors of the Urinary Drainage Tract: Urothelial Tumors.** MELICOW, M. M. [Columbia Univ. Coll. of Physicians & Surgeons, New York, N. Y.] *J. Urol.*, 54:186-193. 1945.

This is principally a review of histology, but the author also considers the problem concerning why vesical tumors are not associated with other growths in the urinary tract, since the histologically similar pelvic neoplasms are quite often associated with other tumors in the ureter and bladder. A possible explanation is given in that a carcinogenic agent might be excreted in the urine and this acts at the site of longest contact or stagnation—the bladder.—V. F. M.

**Sarcococcygeal Teratoma in an Infant of Five Months Causing Acute Urinary Obstruction.** WOODRUFF, S. R., and BEGNER, J. A. [Bayonne Hosp., Bayonne, N. J.] *J. Urol.*, 54:177-181. 1945.

The incidence in infants is about 3 times greater in females than males. The authors' case is described and illustrated.—V. F. M.

#### ORAL CAVITY

**Recent Advances in the Treatment of Carcinoma of the Mouth and Jaws.** SOMERVELL, T. H. [London Mission Hosp., Neyyoor, Travancore, S. India] *Brit. J. Surg.*, 32:35-43. 1944.

A review is presented based upon 20 years experience

in a large Mission Hospital in Travancore, South India. Here epitheliomas of the tongue, jaws, teeth and lips occur more frequently than any other type of cancer.—E. L. K.

#### INTRATHORACIC TUMORS

**Multiple Cavernous Haemangiomas of the Lungs Successfully Treated by Local Resection of the Tumours.** JANES, R. M. [Toronto, Canada] *Brit. J. Surg.*, 31:270-272. 1944.

Hemangiomas were removed from both lungs at two operations. The patient had also hemangiomas on the lower lip. Such conditions of the lung "can be treated successfully by local resection of individual tumors providing none of the lesions are too massive, in which case a lobectomy or pneumonectomy would be preferable. Because of the danger of fatal haemorrhage, operation should not be delayed."—E. L. K.

**Miniature Scar-Carcinoma of the Lung and the "Upper Sulcus Tumour" of Pancoast.** ILLTYD, J., and PAGEL, W. [Central Middlesex County Hosp., Acton Lane, London, England] *Brit. J. Surg.*, 32:85-90. 1944.

Two cases are described of primary squamous-cell carcinoma originating in the apical part of the pleural cavity and invading the ribs and vertebrae. Although both tumors appeared to be intrapulmonary in origin they belong to an unusual group presenting characteristic clinical, radiological and histological features. "We agree, therefore, with Pancoast that they deserve to be more widely known as a special entity, and we suggest that 'miniature scar-carcinoma of the lung with involvement of the thoracic inlet' is more descriptive of the pathology than the more general term 'superior pulmonary sulcus tumour.'"—E. L. K.

#### GASTROINTESTINAL TRACT

**Gastric Mucosal Atrophy and Carcinoma of the Stomach.** STOUT, A. P. [Presbyterian Hosp., New York, N. Y.] *N. Y. State J. M.*, 45:973-977. 1945.

The author has accumulated a number of surgically resected stomach specimens which were all treated in the same fashion by opening along the greater curvature, pinning out on a cork board, fixing in Bouin's fluid, and then taking ten or more sections from different areas according to a definite plan. There were thus made available multiple sections from 150 stomachs, 50 with gastric carcinoma, 50 with gastric ulcer and 50 without ulcer or carcinoma but were removed because of duodenal ulcer. This material was studied to see if any further information could be elicited which would be of value in deciding whether or not morphological changes in the gastric mucosa could be regarded as precancerous.

It was found that mucosal atrophy may appear as early as the third decade and from then on with ever increasing frequency and extent in the succeeding decades of life. Moreover, in comparable groups of stomachs, mucosal atrophy was found in a larger number of instances and tended to be more widespread in those with cancer than in those without cancer. In attempting to find actual progression from altered mucosal glands, it was impos-

sible to tell when there was juxtaposition of carcinoma and mucosal glands whether the carcinoma was invading the glands or developing from their epithelial cells. In occasional stomachs with carcinomas, multiple sections from various areas failed to show any epithelial changes at all, while other stomachs without cancer showed only minimal changes.—J. L. M.

**Sarcoma of the Stomach.** PORRITT, A. E., HUGHES, K. E. A., and CAMPBELL, R. J. C. *Brit. J. Surg.*, **31**:395-398. 1944.

A round-celled sarcoma, involving the whole of the lesser curvature from cardia to pylorus, was removed at operation.—E. L. K.

**Neurofibroma: A Gastroscopic Report.** PAUL, W. D., and CHAPMAN, D. W. [State Univ. of Iowa Coll. of Med., Iowa City, Iowa, and Baylor Univ. Coll. of Med., Houston, Tex.] *Am. J. Digest. Dis.*, **12**:258-260. 1945.

The symptoms caused by this lesion were long-standing, dull epigastric distress and syncope accompanied by tarry stools and hematemesis. A mass in the anterior wall of the stomach, having a smooth surface and even rounded contour, was seen on gastroscopy. Blood flowed from the surface. A subtotal gastrectomy was successfully performed. There is a photograph of the specimen and of a microscopic section.—E. E. S.

**Gastric Schwannoma.** SANGUILY, J., and BLANCO, F. L. [Havana, Cuba] *Surgery*, **17**:328-336. 1945.

Report of a case in a 58 year old woman, in whom this benign tumor of the neurogenic type reached such a large size that on roentgenographic examination it resembled a bezoar.—W. A. B.

**Lymphosarcoma of the Stomach.** CARDON, L., and GREENEBAUM, R. S. [Chicago, Ill.] *Am. J. Digest. Dis.*, **12**:339-344. 1945.

The outstanding features of the case presented were: fever, tender epigastric mass, palpable spleen, achlorhydria, occult blood in the stool, and a stomach that filled poorly with barium and had a persistent deformity. At operation a soft mass at the pylorus and antrum resembled a granuloma, while the fundus was stony hard. This proved at autopsy to be a reticulum-cell sarcoma. The symptoms are discussed in detail in relation to differentiation of this lesion from a gastric carcinoma.—E. E. S.

**Adenocarcinoma of the Jejunum Arising Around Polyps.** CHENEY, G. P., and MEZEY, C. M. [Tumor Clin. of Lawrence and Memorial Associated Hosps., New London, Conn.] *Connecticut M. J.*, **10**:23-24. 1946.

A case report. A hard mobile tumor 5 cm. in length, involving the midjejunum was found, on histologic study, to be an adenocarcinoma. Malignant growths of the small intestine are 36 times less frequent than those of the large bowel, but they occur with about equal frequency in all three divisions.—M. E. H.

**Adenocarcinoma of the Jejunum Associated with Hyperplasia of the Parathyroid Glands and Generalized Osteoporosis.** MULLIGAN, R. M. [Univ. of Colorado Sch. of Med. and Hosps., Denver, Colo.] *Arch. Path.*, **40**:182-186. 1945.

Case report.—J. G. K.

**Leiomyoma of the Jejunum. Intermittent Melena of Fourteen Years Duration, and Fatal Hemorrhage.** HANNO, H. A., and MENSCH, M. [Grad. Hosp., Univ. of Pennsylvania, Philadelphia, Pa.] *Ann. Surg.*, **120**:199-206. 1944.

The chief manifestations of leiomyomas of the small bowel are enterorrhagia and intestinal obstruction. The diagnosis is often not made because the presence of a tumor in the small bowel is not considered. Failure to make a correct diagnosis roentgenographically may be due to the subserosal position of some tumors and superimposition of bowel shadows. Introducing barium through a tube directly into the small bowel is sometimes helpful. A case is presented with a history of melena at intervals for 14 years and previous gastroenterostomy with no change in the patient's course. It is pointed out that if a celiotomy, which was indicated in spite of negative roentgenograms, had been performed, the subserosal leiomyoma found at autopsy could have been removed.—W. J. B.

**Carcinoma of Ampulla of Vater—Successful Radical Resection.** WATSON, K. [East Surrey Hosp., England] *Brit. J. Surg.*, **31**:368-373. 1944.

Description of a case.—E. L. K.

**Peritonitis Following Malignant Obstruction of Sigmoid and Free Perforation: Report of Three Cases.** BLACK, B. M., and EVERT, J. A. *Proc. Staff Meet., Mayo Clin.*, **21**:137-142. 1946.

The authors report three cases in which the perforation was situated at or very near to the obstructing lesion. All three patients recovered. The ancillary use of chemotherapy was of great importance, since recovery before the advent of the sulfonamide drugs and penicillin was unusual.—J. L. M.

**Late Invasion of the Bladder and Prostate by Carcinoma of the Rectum or Sigmoid.** OPPENHEIMER, G. D. [Mt. Sinai Hosp., New York, N. Y.] *J. Urol.*, **54**:162-165. 1945.

A review of 50 consecutive autopsy records of cases with cancer of the rectum or sigmoid indicated that 21 had invasion of the bladder. Two clinical cases also described.—V. F. M.

**Primary Anastomosis in Carcinoma of the Colon.** CLUTE, H. M., and KENNEY, F. R. [New England Baptist Hosp., and Massachusetts Memorial Hosps., Boston, Mass.] *New England J. Med.*, **233**:799-803. 1945.

In a series of 48 cases of resectable cancer of the colon, intestinal anastomoses were done in 34—in 27 as primary operations and in 7 as secondary (right colon) procedures—with a mortality of 3%. Mikulicz resection was done in 18 cases, with colostomy closure in 10, without closure in 8 cases; there was a mortality of 11%. The authors recommend that the Mikulicz operation in cancer of the colon be used only in cases in which it seems impossible to re-establish continuity of the intestine by direct intestinal anastomosis, or unwise to attempt it. They find that with careful preoperative preparation, including preliminary cecostomies as indicated, with meticulous surgical technic and with individualized postoperative treatment, most patients having cancer of the colon can be safely operated on by resection of the lesion and intestinal anastomosis, and propose this as the method of choice.—C. W.

**Lymphosarcoma of the Bowel in Childhood.** CUTLER, G. D., STARK, R. B., and SCOTT, H. W., JR. [Children's Hosp., and Harvard Med. Sch., Boston, Mass.] *New England J. Med.*, **232**:665-670. 1945.

A brief review of the subject, and a report on 4 cases of lymphosarcoma and 1 case of reticulum-cell sarcoma of the bowel, treated surgically at the Children's Hospital during the past 15 years. Although a very rare condition, lymphosarcoma makes up such a large proportion of cases of neoplastic disease of the bowel in childhood that it is justifiable to consider a neoplasm of the intestinal tract in an infant or child as lymphosarcoma until it is proved otherwise. Four of the 5 patients died, 2 with terminal lymphatic leukemia. Radical surgical extirpation and heavy x-ray therapy (employed in the surviving patient) are recommended as offering the best chance of cure.—C. W.

**Primary Resection (Closed Anastomosis) of Rectal Ampulla for Malignancy with Preservation of Sphincteric Function. Together with a Further Account of Primary Resection of the Colon and Rectosigmoid and a Note on Excision of Hepatic Metastases.** WANGENSTEEN, O. H. [Univ. of Minnesota, Minneapolis, Minn.] *Surg., Gynec. & Obst.*, **81**:1-24. 1945.

General discussion.—J. G. K.

**Evolution of Sphincter Muscle Preservation and Re-Establishment of Continuity in the Operative Treatment of Rectal and Sigmoidal Cancer.** BACON, H. E. [Temple Univ. Sch. of Med., Philadelphia, Pa.] *Surg., Gynec. & Obst.*, **81**:113-127. 1945.

General discussion, illustrated.—J. G. K.

**Surgical Treatment of Carcinoma of the Rectum.** BERTER, E. L., PETERSON, F. R., and DULIN, J. W. [State Univ. of Iowa Coll. of Med., Iowa City, Iowa] *J. Iowa M. Soc.*, **35**:468-471. 1945.

This is a statistical study of 348 patients admitted to the University of Iowa Hospitals because of carcinoma of the rectum during the 7 year period from January 1, 1937 to January 1, 1944. One hundred and thirty-nine patients, or 43%, presented operable lesions. There follows a discussion of the type of operation used, the preoperative and postoperative care.—M. E. H.

#### BONE AND BONE MARROW

**Giant-Cell Tumor of the Occipital Bone with Increased Intracranial Pressure.** GIFFIN, M. E., and LOVE, J. G. *Proc. Staff Meet., Mayo Clin.*, **20**:284-287. 1945.

Giant-cell tumors arising from the sphenoid and ethmoid bones of the skull have been reported fairly frequently. The authors report what they believe to be the second case of giant-cell tumor of the occipital bone and the first case of giant-cell tumor in which there were obvious signs of increased intracranial pressure.—J. L. M.

**Cholesteatoma of the Petrous Bone.** PENNYBACKER, J. [Nuffield Dept. of Surg., Oxford] *Brit. J. Surg.*, **32**:75-78. 1944.

Description of three cases.—E. L. K.

**Benign Giant Cell Tumor of the Spine. Report of a Case Occurring in the Cervical Spine.** BROCK, E. H., and BOGART, F. B. [Medical Corps, Army of the United States] *Am. J. Roentgenol.*, **54**:512-518. 1945.

This is a case report, illustrated with roentgenograms and details of successful roentgen therapy.—E. H. Q.

**An Unusual Case of Ewing's Sarcoma.** SWENSON, P. C., and TEPLICK, J. G. [Jefferson Hosp., Philadelphia, Pa.] *Radiology*, **45**:594-598. 1945.

A case of Ewing's sarcoma in a 2 year old girl is reported. The course of the disease was extremely rapid with every bone in the body involved within 2 months. Extensive calcification of arteries was observed.—R. E. S.

**Isolated Myeloma in a Fourteen Year Old Boy.** KAUFMAN, J. [City and Gouverneur Hosps., New York, N. Y.] *Am. J. Surg.*, **69**:129-132. 1945.

A report of a myeloma in a boy whose first cousin was known to have died of myelogenous leukemia is presented. This present patient has remained well for 4 years following surgical removal of the tumor from the occipital bone and x-ray therapy.—W. A. B.

**Disarticulation of the Innominate Bone for Malignant Tumors of the Pelvic Parietes and Upper Thigh.** SUGARBAKER, E. D., and ACKERMAN, L. V. [Ellis Fischel State Cancer Hosp., Columbia, Mo.] *Surg., Gynec. & Obst.*, **81**:36-52. 1945.

General discussion, with presentation of 6 unselected cases.—J. G. K.

**Benign Giant Cell Xanthoma of the Knee Joint.** FOOTE, R. F., and FETT, H. C. *Am. J. Surg.*, **70**:234-236. 1945.

A case report.—W. A. B.

**Thrombopenic Purpura Secondary to Multiple Myeloma. Report of a Case.** RUSSELL, H. K., and JACOBSON, B. M. [U.S.N.R.] *U. S. Nav. M. Bull.*, **45**:967-970. 1945.

A case report.—C. W.

#### LEUKEMIA AND HODGKIN'S SARCOMA

**Eosinophilic Leukemia and Eosinophilia Leukemoides.** HEERUP, I. Report to Danish Path. Soc., Nov. 24, 1941; from abstr. in *Acta path. et microbiol. Scandinav.*, **19**:313-315. 1942.

A report of a patient believed by the author to have had eosinophilia leukemoides, and a discussion of the differences between this disease and true eosinophilic leukemia.—M. H. P.

**Case Reports of Barnes Hospital. Clinical and Postmortem Records Used in Weekly Clinicopathologic Conference at Barnes Hospital, St. Louis. Case 78.** WOOD, W. B. J. C., and MOORE, R. A., EDITORS. [St. Louis, Mo.] *J. Missouri M. A.*, **42**:555-563. 1945.

Case 78 was one of Hodgkin's sarcoma involving the stomach, lungs, liver, spleen, and tracheobronchial and preaortic lymph nodes. The tumor had extended from the wall of the stomach to involve the body and tail of the pancreas. There were ascites, bilateral hydrothorax, and atrophy and fibrosis of the bone marrow.—M. E. H.

#### CAROTID BODY

**Carotid Body Tumors.** DICKINSON, A. M., and TRAVER, C. A. [Albany Med. Coll., Albany, N. Y.] *Am. J. Surg.*, **69**:9-16. 1945.

The literature on carotid body tumors is reviewed. The tumors are usually slow-growing, and benign in the first years of their growth, and tend to recur. The one constant symptom is a swelling at the level of the bifurcation of the carotid artery. There may be associated attacks of faintness due to carotid sinus irritation. These features are well demonstrated in the 2 new cases presented here.—W. A. B.

**Carotid Body Tumour.** ROBIN, I. *Proc. Roy. Soc. Med.*, **38**:621. 1945.

Description of a case.—E. L. K.

**Tumor of the Carotid Body.** SOWLES, H. K. [Boston, Mass.] *New England J. Med.*, **233**:62-64. 1945.

A short review of the subject and case report.—C. W.

**Neurofibroma of the Carotid Body.** GOODSITT, E., and SUDIMACK, G. [Huron Road Hosp., East Cleveland, Ohio] *Am. J. Surg.*, **67**:131-133. 1945.

A case report.—W. A. B.

#### ADRENAL

**The Adreno-Sympathetic Syndrome with Transposition of Viscera.** BROSTER, L. R., and McKEITH, R. C. *Brit. J. Surg.*, **31**:393-395. 1944.

A male aged 29 who suffered from attacks of hypertension was found to have a tumor of the right adrenal. During manipulation of the tumor the blood pressure rose to 225/145, and dropped to 90/70 within ten minutes after the growth's surgical removal. The tumor, a pheochromoblastoma, was composed of large polyhedral cells giving a chromaffin reaction.—E. L. K.

**Adrenal Virilism—Report of a Case with Unusual Features.** McLETCHE, N. G. B. *Brit. J. Surg.*, **32**:90-99. 1944.

The patient who had lived first as a female and then as a male, died from peritonitis. At the autopsy there was found: 1) mammary carcinoma with hepatic metastases; 2) bilateral ovarian dermoid cysts; 3) epithelioma arising in the right ovarian dermoid and invading the colon; 4) right adrenal represented by ridges of thickened cortex upon a calcified and ossified medulla.—E. L. K.

**Bilateral Carcinoma of the Adrenal Cortex As a Cause of Severe Backache With Report of a Case.** ZASLOW, J., and BERNSTEIN, M. [Jewish Hosp., Philadelphia, Pa.] *J. Urol.*, **54**:409-412. 1945.

Case report.—V. F. M.

#### PANCREAS

**The Surgical Treatment of Carcinoma of the Body of the Pancreas.** BRUNSCHWIG, A. [Univ. of Chicago, Chicago, Ill.] *Ann. Surg.*, **120**:406-416. 1944.

After a review of the literature, 6 cases of carcinoma of the pancreas are reported. Resection of the body of the pancreas and the spleen was done in 4 cases and total pancreatectomy, duodenectomy, and splenectomy in 2. There was an immediate mortality of 50%, while the longest survival was 3 years and 11 months. An outline of the surgical procedures is included, and the importance of blood transfusions is stressed. Although the results may seem discouraging, there was postoperative relief of pain in 3 cases, and the present work is regarded as only one stage in the development of effective therapy.—W. J. B.

**Back Pain as a Symptom of Carcinoma of the Body of the Pancreas.** KATTWINKEL, E. E. [West Newton, Mass.] *Ann. Int. Med.*, **23**:1006-1009. 1945.

A case report. Carcinoma of the pancreas should be suspected if indigestion is accompanied by a back pain that is worse when the patient lies down and is relieved when he bends forward.—J. G. K.

**Spontaneous Hypoglycemia Due to Islet-Cell Tumors of the Pancreas.** CLYNE, R. M., LEEDS, H. M., and COWDERY, J. S. [Lincoln Hosp., New York, N. Y.] *N. Y. State J. M.*, **45**:405-409. 1945.

The authors review the literature on islet-cell tumors and have collected 60 additional cases, 56 of which were benign, and 4 malignant. The physiology of hyperinsulinism is briefly discussed. In addition there is presented a summary of the more interesting cases in the literature of the past five years. This paper adds to the literature one islet-cell tumor, a benign adenoma. This brings a total of islet-cell tumors to 176. Of these 127 are benign adenomas, 27 carcinomas, and 22 questionable carcinomas. Two case reports are presented.—J. L. M.

#### THYMUS

**Malignant Thymoma.** WILSON, F. N., and PRITCHARD, J. E. [Montreal Gen., Hosp. Montreal, Canada] *Canad. M. A. J.*, **53**:444-454. 1945.

The authors have attempted in a general way to clarify the problems of malignant thymoma by indicating its histogenic nature. The position of the two cell types, epithelial and lymphoid, in thymic oncology is discussed. Representative cases are presented.—M. E. H.

#### MISCELLANEOUS

**Endometriosis.** COUNSELLER, V. S., and SLUDER, F. S. [Rochester, Minn.] *Rocky Mountain M. J.*, **42**:189-194. 1945.

The pathology, diagnosis, and surgical treatment of endometriosis are discussed, on the basis of 754 cases in which operation was performed between the years 1938 and 1941 for endometriosis of the genital, urinary, and digestive tracts, and various other parts of the body.—M. E. H.

**The Incidence, Prognosis and Curability of Malignant Lesions. A Brief Review.** DIXON, C. F. [Mayo Clin., Rochester, Minn.] *J. Iowa M. Soc.*, **35**:215-219. 1945.

The chances for cure after proper treatment are related directly to the extent and activity of the growth at the time treatment is started. The early recognition and diagnosis of cancerous growths and the guidance of public education are the duty of every qualified physician.—M. E. H.

**The Impact of the Cancer Program on the Medical Profession.** CREADICK, A. N. [New Haven, Conn.] *Connecticut M. J.*, **9**:428-430. 1945.

The author predicts that renewed interest in the cancer program as well as the prospects of increased funds will touch the life and practice of every person in the medical profession. The service provided to the patient will make changes in our present clinic programs. The good ultimately will depend to a great degree on the efforts of the medical practitioner.—M. E. H.

**Carcinoma in the Overseas Soldier.** JUDD, E. S. *Proc. Staff Meet., Mayo Clin.*, 20:289-291. 1945.

A brief discussion of the problem is presented together with a report of a patient with carcinoma of the colon.—J. L. M.

**Cancer in Cows' Udders Extremely Rare.** [U.S.D.A. Research Admin., May 29, 1945] *J. Am. Vet. M. A.*, 107:75. 1945.

Federal meat inspection service disclosed that there were 32,709 cattle in 1944 which were found to have tumors, many of them malignant, but none occurred in the udder. This is especially striking in view of the frequency of breast cancer in many other species.—E. E. S.

#### STATISTICS

**Cancer Mortality and Marital Status; an Analysis of Deaths Attributed to Cancer Among the White Population of New York City During 1939-41.** DUFFIELD, T. J., and JACOBSON, P. H. [Bureau of Records and Statistics, Dept. of Health, New York, N. Y.] *J. Nat. Cancer Inst.*, 6:103-112. 1945.

The recorded deaths from cancer among the white population of New York City, 15 years of age or older, during the 3-year period 1939 through 1941, were analyzed with regard to marital status. The over-all mortality rate for cancer of all types and in all sites was slightly higher in the unmarried population both male and female. In the female population, cancer of the breast and genital organs other than uterus was more prevalent among spinsters, while uterine cancer occurred at a higher rate among married women. Of the tumors in the male, prostatic cancer resulted in a higher mortality rate in the married group, while cancer of the buccal cavity and pharynx had a 73% higher rate among single men. In the case of cancer of the stomach, the married group showed the higher rate, 5% for the males and 20% for the females. The mortality rates for cancer of the peritoneum and digestive tract (other than the stomach) and the respiratory system were not significantly different in the married and unmarried groups, although cancer of "other and unspecified organs" was slightly more prevalent in the unmarried group. Some of the implications of these statistics were discussed.—R. A. H.

**The Susceptibility of Indians to Cancer.** KHANOLKAR, V. R. [Tata Memorial Hosp., Bombay, India] *Indian J. M. Research*, 33:299-314. 1945.

The information regarding the incidence of cancer in India has been very conflicting in the past. The author has, therefore, reviewed the clinical experience of trained observers from different parts of the country, as well as his own experiences covering 3,919 autopsies performed at the King Edward Memorial Hospital, Bombay, and clinical cases at the Tata Memorial Hospital. He has analyzed the official vital statistics after noting the limitations and

shortcomings of such data in India. He finds that wherever reasonably accurate information is available the total incidence of cancer in India, Europe, and America shows very little difference; and that any apparent difference disappears when comparable age groups are considered. He further shows that even though there may be no racial difference regarding the total incidence of cancer in human beings, there exists a considerable difference in the incidence of separate forms of cancer, or of cancer of various parts of the body in the different peoples of India.—Author's abstract.

#### CANCER CONTROL AND PUBLIC HEALTH

**Interim Report of the Joint Advisory Committee of the Cotton Industry. Mule Spinners' Cancer and Automatic Wiping-down Motions.** GT. BRIT. MINISTRY OF LABOUR AND NATIONAL SERVICE. May 17, 1945.

A Committee was appointed to consider among other things (a) the prevention of mule spinners' cancer and (b) the provision of mechanical means of wiping-down the carriage tops and roller beams of the mules in order to eliminate manual methods. The Committee recommended (1) that the oils used for spinning mules should conform to certain specifications of refractivity and specific gravity (2) that devices be provided to prevent the splashing of oil from mule spindles (3) that a private medical examination be provided every 6 months for all persons engaged in mule spinning and (4) that mechanical means of wiping-down be provided as stated under (b) above.—E. L. K.

**The Tumor Clinic. Its Function, Organization and Operation.** ZIMMERER, E. G. [Division of Cancer Control, Iowa State Dept. of Health, Des Moines, Iowa] *J. Iowa M. Soc.*, 35:396-399. 1945.

The tumor clinics serve a humanitarian role by providing the best available treatment for the patients, and also give an opportunity to collect data on cancer. Furthermore they serve as important educational opportunities for physicians. The author urges more tumor clinics for Iowa.—M. E. H.

**The Expansion of the Connecticut Cancer Program.** GRISWOLD, M. H. [Division of Cancer Research, Connecticut State Dept. Health, Hartford, Conn.] *Connecticut M. J.*, 10:18-21. 1946.

At the present time there is scarcely a home in the State of Connecticut more than 25 miles from a cancer center. The percentage of individuals with cancer receiving treatment within 1 month of the first symptoms has steadily increased, and the number of individuals who received treatment within 4 or 6 months of this disease is also greater. Twenty-one hospitals in Connecticut have provided the facilities for the diagnosis and care of cancer patients. As of July 1945, 27 hospitals have complete registries, 3 others have partial registries, and the remaining will start this service as soon as time permits.—M. E. H.

## Correction

Volume 6:282 (Abstracts) 1946. Effects of Implantation of Methylcholanthrene in the Brain of the Dog, the second line "dogs provoked a chronic granulomatous reaction on the" was omitted.