

Clinical and Pathological Reports

Clinical investigations are sometimes included under Reports of Research

MULTIPLE TUMORS

The Multiplicity of Origin of Malignant Tumors. Collective Review. SLAUGHTER, D. P. [Univ. of Ill., Coll. of Med., Research and Educational, and Presbyterian Hosps., Chicago, Ill.] *Surg., Gynec. & Obst., Internat. Abst.*, 79:89-98. 1944.

The problem of multiple tumors is discussed from three standpoints to determine what, if any, are their patterns of localization: (1) the microscopic origin of single tumors, (2) the benign and malignant tumors known or generally considered to be of multiple origin, and (3) an analysis of tabulated cases of double primary carcinomas.—J. G. K.

DIAGNOSIS

The Vaginal Smear in the Diagnosis of Uterine Cancer. FREMONT-SMITH, M., GRAHAM, R. M., JANZEN, L. T., and MEIGS, J. V. [Vincent Memorial Hosp. of Massachusetts General Hosp., and Harvard Med. Sch. Boston, Mass.] *J. Clin. Endocrinol.*, 5:40-41. 1945.

This is a brief report calling attention to the usefulness of vaginal smears in the diagnosis of uterine cancer and is based upon a study of this material from 813 women. The authors conclude that cancer even in the early stages can be diagnosed by this method. A positive smear is presumptive evidence of cancer and the patient should have a biopsy immediately despite any lack of clinical evidence of disease. A negative smear does not exclude the possibility of cancer but is strong evidence against its presence.—J. B. H.

THERAPY—GENERAL

Some Effects of Testosterone, Testosterone Propionate, Methyl Testosterone, Stilbestrol, and X-Ray Therapy in a Patient with Cushing's Syndrome. DEAKINS, M. L., FRIEDGOOD, H. B., and FERREBEE, J. W. [Harvard Med. Sch., and Peter Bent Brigham Hosp., Boston, Mass.] *J. Clin. Endocrinol.*, 4:376-384. 1944.

In a 15 year-old girl with clinical and laboratory evidence of Cushing's disease, androgenic treatment in the form of daily intramuscular injections of 25 mgm. of testosterone propionate or of daily oral doses of 40 mgm. of methyl testosterone for 16 days, did not produce demonstrable clinical benefits but did increase the acne, hirsutism, and general virilism of the patient. Notwithstanding the lack of clinical benefit, the treatment with testosterone propionate brought about a positive nitrogen balance amounting to several grams daily and diminished considerably the excretion of creatine. Treatment with methyl testosterone in contrast to that with testosterone propionate produced a still greater retention of nitrogen and an increase rather than a decrease in creatinuria. Daily intramuscular injections of large amounts (2 to 10 mgm.) of diethylstilbestrol were of no benefit clinically and were accompanied by nausea and a transient hyperglycemia. Irradiation of the pituitary gland was followed by lessening of the virilism and of the plethora and by the appearance of normal menstrual periods.—J. B. H.

A Case of Cushing's Syndrome Treated with Testosterone Propionate. WHITELAW, M. J. [Charles S. Wilson Memorial Hosp., Johnson City, N. Y.] *J. Clin. Endocrinol.*, 4:480-482. 1944.

A 17 year-old boy with indubitable evidence of Cushing's disease received treatment with intramuscular injections of 25 mgm. of testosterone propionate daily or on alternate days. This was followed by a noticeable gain in strength and increase in creatinuria plus slight augmentation of the excretion of creatinine, an elevation of blood levels of creatine, and an increase in libido. The osteoporosis, hypertension and excretion of calcium remained unchanged.—J. B. H.

Treatment of Breast Cancer with Testosterone Propionate. A Preliminary Report. FELS, E. [Buenos Aires, Argentina] *J. Clin. Endocrinol.*, 4:121-125. 1944.

Varying degrees of benefit in 3 women with mammary cancer are stated to have followed treatment with intramuscular injections every other day of 25 mgm. of testosterone propionate. Case 1, a 34 year-old woman, had an alveolar type of mammary carcinoma along with a large uterine fibroma. Roentgenographic examination in October, 1941, showed evidence of infiltration of the hilum of the right lung but no skeletal metastases. Upon radical mastectomy in November, 1941, the presence of epitheliomas in the right axillary lymph glands was revealed. Roentgen-ray treatment was then given. In July, 1942, widespread metastases to the skeleton were demonstrable by x-ray. By July, 1943, when the patient was cachectic, unable to move her head, and suffering great pain despite daily dosage with 0.15 to 0.2 gram of morphine, treatment with testosterone propionate was begun. After 250 mgm. of testosterone propionate had been received, vomiting and pain became less. After receipt of 700 mgm. the fibroma had disappeared and metastatic nodules in the supraclavicular and cervical regions (apparently derived from the mammary cancer) had decreased in volume. The patient became ambulatory, regained her appetite, and showed signs of virilism. Roentgenographic examination in September, 1943, indicated no change in the status of skeletal metastases, but by December, 1943, there was considerable improvement and general calcification about the sites of metastases in the skeleton. In December, 1943, a cervical node was excised and compared histologically with an axillary node removed 2 years before. Now there was a much higher proportion of fibrous tissue and some walling off of the nests of cancerous tissue, an effect to which the author attributes the beneficial action of the endocrine treatment.

Cases 2 and 3 are reported in less detail and although they were stated to have been benefited by androgenic treatment, improvement does not seem to have been as noticeable as in Case 1.—J. B. H.

Treatment of Carcinoma of the Cervix by Interstitial Radium Needles at the Rhode Island Hosp. Supplemental Report. WATERMAN, G. W., and DRLEONE, R. [Providence, R. I.] *Am. J. Obst. & Gynec.*, 50:482-488. 1945.

Survival rates for the 5 and 10 year intervals of 309 cases previously reported are given. Of the whole group

100 patients survived for at least 5 years, and 69 of these survived for 10. Recently 5 year survival rates have been better due to the use of deep x-ray as a mode of treatment. Methods of therapy are given.—A. K.

Sclerosing Agent in Treatment of Subluxation of Mandible and of Hemangiomas of Mouth. SALMAN, I. [U. S. N. R.] *U. S. Nav. M. Bull.*, **44**:361-369. 1946.

Report of favorable results obtained by injecting hemangiomas of the oral cavity with a sclerosing solution.—C. W.

SKIN AND SUBCUTANEOUS TISSUES

Le traitement des cancers primitifs de la peau et des orifices cutané-muqueux à la Fondation Curie. [The Treatment at the Curie Foundation of Primary Cancers of the Skin and Muco-Cutaneous Orifices.] TAILHEFER, A., and COURTIAL, J. [Univ. of Paris, Paris, France] *Bull. Assoc. franç. p. l'étude du cancer*, **31**:85-115. 1943.

Skin epitheliomas and epitheliomas of the mucocutaneous orifices both have a variable prognosis, depending on their localization and their extension. There is no sharp difference between basal-cell and spinus-cell epitheliomas as far as their radio-sensitivity is concerned. The different kinds of treatment are discussed. When metastases are present, the authors prefer surgery and complete removal of the invaded lymph nodes. Where there is a recurrence of the cancer *in situ*, radiotherapy is indicated if surgery was applied first; surgery is indicated if radiotherapy was the initial treatment.—R. J.

Basal-Cell Carcinoma of Face, with Remote Metastases and Pathological Fractures. SINGER, A. [Oldchurch County Hosp., Romford, England.] *Brit. J. Surg.*, **32**:537-538. 1945.

The primary tumor, which had caused extensive ulceration of the face, had an unequivocal appearance of basal-cell carcinoma. Metastases of the same histological character were present in both femors, which were fractured, and in the ilium.—E. L. K.

Multiple Idiopathic Hemorrhagic Sarcoma of Kaposi in a Full-Blooded Negro. PERSKY, B. P., and LISA, J. R. [City Hosp., Welfare Island, Dept. of Hosps., New York, N. Y.] *Arch. Dermat. & Syph.*, **49**:270-272. 1944.

Report of a case.—J. G. K.

Kaposi's Sarcoma and Lymphatic Leukemia. Report of a Case with Histologic Evidence of the Two Diseases in the Same Lesion. SACHS, W., and GRAY, M. [New York Post-Graduate Med. Sch. and Hosp., Columbia Univ., New York, N. Y.] *Arch. Dermat. & Syph.*, **51**:325-329. 1945.

A case report.—J. G. K.

Bowen's Disease Associated with Anaplastic Carcinomatous Tumour. MITCHELL-HEGGS, G. B., and CROW, K. D., *Proc. Roy. Soc. Med.*, **39**:687. 1946.

Description of a case.—E. L. K.

Adenoma Sebaceum. With Report of a Case. ARONSTAM, N. E. [Detroit, Mich.] *M. Rec.* **157**:411-412. 1944.

In the cases of adenoma sebaceum which the author has observed, the disease was not (contrary to other reports) related to mental retardation, and was not alleviated by hormones, vitamins, physiotherapy, or any other measures tried. One case is presented in detail, in which no improvement followed 6 months of therapy by x-ray, ultraviolet radiation, foreign proteins, Fowler's solution, vitamin B complex, or endocrine preparations.—M. H. P.

NERVOUS SYSTEM

Notes on the Pathology of Cranial Tumors. 1. Osteomas of the Skull with Incidental Mention of Their Occurrence in the Ancient Incas. ABBOTT, K. H., and COURVILLE, C. B. [Coll. of Med. Evangelists, and Los Angeles County Hosp., Los Angeles, Calif.] *Bull. Los Angeles Neurol. Soc.*, **10**:19-34. 1945.

An illustrated review, with bibliography, and a description of osteomas found in Inca skulls at the San Diego Museum is given. In 3 of the Inca specimens, the frontal bone was the seat of the growth, in 2 the parietal bone, and in 2 the occipital bone.

The available facts regarding the location and development of osteomas of the skull suggest that these tumors result from some perversion in the union of the suture lines, possibly with the formation of isolated cell rests of osseous or cartilagenous character.—M. H. P.

Notes on the Pathology of Cranial Tumors. 2. Metastatic Tumors of the Calvarium with Incidental Reference to Their Occurrence in American Aborigines. COURVILLE, C. B., and ABBOTT, K. H. [Coll. of Med. Evangelists, and Los Angeles County Hosp., Los Angeles, Calif.] *Bull. Los Angeles Neurol. Soc.*, **10**:129-154. 1945.

Six instances of metastatic lesions of the skull were found in 30,000 autopsies at Los Angeles County Hospital; the primary lesions were in the breast, uterus, lung, and thigh. A seventh case is presented in which the cranial metastasis from a thyroid tumor was observed while the patient was still alive. Seven ancient American skulls studied in the San Diego Museum are described, in which defects, apparently arising from myelomas or metastatic tumors, appeared in the cranial vault. The literature on metastatic tumors of the skull is reviewed, with an extensive bibliography.—M. H. P.