(1930); Ewing (1935); Brocx (1931); Koelsch; and Knox) laid down a series of postulates, the fulfillment of which was considered essential for the recognition of a primary traumatic genesis of a cancer. The following theses were advanced for this purpose:

1. The workman's accident and injury must be established with moral certainty, and the injury must be due to force and not shock or fatigue (authenticity of the trauma). The information concerning the type of the accident and in regard to the site and character of the injury sustained must be obtained from the claimant as soon as possible after the accident, and must be confirmed, if possible, by reliable witnesses. The immediate effect of the injury should be ascertained and recorded as early as possible by a physician, in order to avoid the possibility that a much delayed notification opens the way to biased and uncontrollable statements from the interested party.

2. The absolute intensity of the trauma is less important than the tissue effect produced by it, which must be sufficiently appreciable to cause demonstrable tissue changes, which do not necessarily need to become manifest immediately after the trauma, but may develop possibly to their full extent some time later (adequacy of the trauma). The tissue changes may be a superficial and open wound (laceration), or a more deep-seated contusion. In the latter case, there should always be evidence of at least some kind of injury to the overlying superficial parts, especially in parts where the skin is close to the bone or fixed to the deeper parts.

3. The tumor must be present either at the site of the trauma or at a place where an indirect, associated, traumatic effect appears to be possible under the particular anatomical conditions existing (counter coup in the brain and eye) (topographical relation of trauma).

4. The preexistence of a tumor at the site of the trauma must be excluded, and the previous integrity of the wounded part must be established with reasonable certainty. Physical and, where feasible, roentgen-examinations of the injured area should be made for this reason as soon as possible after the accident, so as to eliminate the presence of a small and slowly growing, preexisting neoplasm, producing no subjective symptoms at the time of the trauma. Absolute proof concerning the absence of a preexisting tumor is difficult to bring about even with such measures, as an incipient neoplasm present at the time of the accident may not cause any objective symptoms demonstrable with the applicable diagnostic methods.

5. An interval of reasonable length must elapse between the trauma and the first signs of a neoplastic growth. While it does not seem advisable to set an upper limit in this respect, as it is well known that cancers may develop in burn scars and similar lesions showing a prolonged inflammatory and regenerative activity several decades after the original accident (similar to the long latency periods observed with many occupational cancers), there must be serious doubts as to the primary etiological relation of a trauma to a