plastic potentialities represented a significant and essential factor for the production of chordomas. The trauma was thought to release the normal pressure from the intervertebral discs, and thus incite the dedifferentiation of the chordal tissue resulting in tumor formation. A traumatic causal factor existed, according to these investigators, in 23 per cent of the recorded cases of chordoma.

It is obviously very difficult to evaluate the possible or potential role which a trauma may exert in the genesis or upon the development of a chordoma, as these neoplasms are not only rare, but also inaccessible to direct observation. Their slow growth and long latency period complicates still further any decision on the traumatic origin of these tumors. It may be possible that a trauma does have some influence upon the realization of the neoplastic potentialities possibly possessed by the small aberrant vestiges of chordal tissue, frequently found in the occipital and coccygeal regions. A traumatic break in the normal confines of such formation may be followed, for instance, by a luxuriant growth into the adjacent tissue.

Ribbert attempted, according to Dürck, to produce these neoplasms experimentally by stabbing into the intervertebral discs of rabbits. Chordoma-like proliferations of the cells of these organs resulted, but regressed spontaneously after some time. The observation, while negative as to true tumor formation, suggests that the presence of an embryonic anlage may not be absolutely necessary as a focus of chordomatous growth.

BIBLIOGRAPHY

ABRIKOSOFF, A., Zentralbl. f. Path. 38: 542, 1926; 45: 396, 1929.

ADAIR, FR. E., PACK, G. T., and FARRIOR, J. H., Am. J. Cancer 16: 1104, 1932.

AGADJANIANTZ, K., Étude Anatomo-Clinique des Tumeurs des Nerfs périphériques. Thèse, Paris, A. Legrand, 1928.

ALIUS, H. J., Beitr. z. klin. Chir. 143: 567, 1928.

ANDERVONT, H. B., Pub. Health Rep. 49: 620, 1934.

ANDLER and SCHMINCKE, cited by Güthert, H., Ztschr. f. Krebsforsch. 48: 557, 1939.

ANDREI, O., Arch. ital. di chir. 22: 111, 1929.

ANDREWES, C. H., J. Path. & Bact. 43: 23, 1936.

ANDREWES, C. H., AHLSTRÖM, C. G., FOULDS, L., and GYE, W. E., Lancet 2: 893, 1937.

ANITSCHKOW, N., Arch. f. Dermat. & Syph. 120: 627, 1914.

ARNING, E., Arch. f. Dermat. u. Syph. 105: 290, 1910.

ASKANAZY, M., Virchows Arch. 158: 407, 1899.

BACKLUND, B., Finska läk.-sällsk. handl. 72: 554, 1930.

BAILEY, O. T., Am. J. Path. 11: 915, 1935.

BALLOCH, E. A., Med. News, 64: 29, 1894.

BARKER, H. H., Am. J. Roentgenol. 31: 673, 1934.

BARKER, H. H., and SCHLUNDT, H., Am. J. Roentgenol. 24: 418, 1930.

BARNARD, L., Arch. Surg. 29: 560, 1934.

BARRET, M., Ann. de méd. lég. 14: 518, 1934.

BARRY, G., and COOK, J. W., Am. J. Cancer 20: 58, 1934.

BARTSCH, G. H., Arch. f. klin. Chir. 178: 62, 1933.

BARTSCH, G. H., and POLLACK, A., Arch. f. orthop. u. Unfall-Chir. 30: 67, 1931.