in the catfish were noted. It was observed that the pro-
liferative stage of the neoplastic process was preceded
and accompanied by a vascular reaction. Transplantations
into the anterior chamber of the eye or into the cornea
of the catfish were successful, while attempts to transplant
the tumor to the anterior chamber of the eyes of two
other species of fish and to frogs were unsuccessful.—D. S.

Tissue Culture

GRISORJEW, N. I. [Oncological Inst., and Inst. of Ex-
per, Med., Leningrad, Russia] EXPERIMENTELLE UNTER-
SUCHUNGEN ÜBER DIE BROWN-PEARCE'SCHE GE-

Clinical and Pathological Reports

Heredit

of Cincinnati, Cincinnati, Ohio] EPITOLIA, REPORT OF

The author presents reports of 7 members in 3 genera-
tions of one family with this hereditary disorder which is
marked by mental deterioration, epilepsy, cutaneous les-
ions (adenoma sebaceum), "tuberoz" scarlatiniform patches
scattered throughout the cerebral cortex and ventricles,
superficial filiform papillomas or fibromas especially of
the nail beds, benign tumors of many internal viscera,
etc. The genealogy of the epiloia family is presented.—
A. M.

Therapy—General

HERRMANN, J. B. [Yale Univ. Sch. of Med., New Haven,
Conn.] LOW TEMPERATURE THERAPY OF MALIGNANCY.

This is a review presented at the 16th Clinical Congress
of the Connecticut State Medical Society in Septem-
ber, 1941.

After tracing briefly the development of this form of
treating malignant neoplasms, the author discusses some
of its physiological effects. In his own work, the author
injected animals with small doses of nembutal, morphine,
aspirin, or paraldehyde. These doses were so small that
they caused no discernible depression. When these anin-
mal's were subjected to low temperatures, there was a marked
drop in body temperature which was not exhibited by
undrugged control animals exposed to the same tem-
peratures. Nembutal and paraldehyde were far more toxic
in rats at low temperature than at room temperature.

Local cooling results in regression of the lesion largely
due to ischemia which is followed by degeneration,
necrosis, liquefaction, and absorption. But cold leaves
normal tissues unharmed so that there is normal regenera-
tion. After the neoplasm disappears, recurrence is greatly
retarded, and when recurrence does take place, the rate
of growth is greatly diminished. Cold itself does not
destroy neoplastic tissue completely, however, for it has
been shown that various types of mouse tumors can be
kept at temperatures as low as -70°C. for intervals
varying from 1 week to 1½ years, and at the end of
that time if thawed and injected into mice, the tumor
will grow.

The chief beneficial result of general cooling is the
alleviation of pain, but this is only transient. The size
of the primary or metastatic lesions in soft tissues is not
reduced. The alleviation of pain is due to injury to the
cerebral cortex which becomes edematous. Much better
relief can be obtained by the judicious use of drugs, by
alcohol injection of nerves, and finally by chordotomy.
Cooling may cause pneumonia, the formation of thrombi
and emboli, and cardiac failure due to myocardial de-
geration. The author concludes that the benefits are
not commensurate with the dangers and expense in-
volved.—G. De B.

Skin and Subcutaneous Tissues

de NAVASQUEZ, S. [Dept. of Pathology, Guy's Hosp. Med.
Sch., London] METASTASISING BASAL CELL CARCINOMA.

Since Willis (The Spread of Tumours in the Human
Body, J. and A. Churchill, London, 1934) accepted only
3 examples of metastases from basal cell carcinoma, the
present case is thought worthy of report because of several
distinctive features: 1. the unequivocal appearance of
basal cell carcinoma presented by the tumor; 2. widespread
blood-borne metastases in bones and lungs; 3. a relat-
ively benign course over many years; 4. production
of leuko-erythroblastic anemia.—A. H.

FRIEDMAN, H. H., and LEDERER, M. [Jewish Hosp.,
Brooklyn, N. Y.] MELANOBLASTOMA. Am. J. Surg., 55:
88-95, 1942.

Two cases with widespread and unusual sites of metas-
tases are reported.—H. G. W.

Nervous System

EVANS, J. A. [Lahey Clinic, Boston, Mass.] BRAIN
TUMOR, STATUS EPILEPTICUS, AND SKULL FRACTURE:
CASE REPORT. Lahey Clinic Bull., 2:189-191, 1941.

A case is reported of a 34-year-old farmer diagnosed
and treated as idiopathic epilepsy for 8 years. A ventriculo-
gram was normal 6 years before death and an electro-
cephalogram 11 days before death showed a pattern
seldom seen except in epilepsy. No localizing signs were
present. A sudden increase in the severity of symptoms
was followed by death in 2 weeks. Autopsy revealed a
fibrillary astrocytoma involving the floor of the left
lateral ventricle and a recent left temporal skull fracture
with epidural hematoma.—C. E. D.
Four hundred histologically verified brain tumors were seen at the Lahey Clinic from 1932 to 1939. Of these, 218 were classed as surgically removable. Surgical mortality in this group was 12% and 70% were leading useful lives 2 to 8 years after treatment. Forty-eight uncommon tumors were encountered: 13 hemangiomatomatous cysts, 10 angiomatos, 6 craniopharyngiomas, 4 colloid cysts, 3 cholesteatomas, 2 pinealomas, and 10 miscellaneous and unclassified tumors. There were 9 operative deaths in this group and 5 died subsequently. Of the 34 survivors 26 were engaged in useful occupations 2 to 8 years after operation—C.E.D.

FEMALE GENITAL TRACT


In a series of 432 cervix uteri cancers, the 5-year survivals were better than half for the early cases and less than 1/5 for the late cases. The importance of early diagnosis is emphasized.—H. G. W.


Six examples of benign stromal endometriosis and one of clearly malignant nature are described. The concept that all instances of stromal endometriosis are benign is to be condemned as is also the interpretation of this form as low grade sarcoma. Adenomyosis uteri and stromal endometriosis are apparently variants of the same process, originating by extrusion of endometrium into the myometrium.—H. G. W.


A rare case of lymphangioendothelioma of the uterus is reported.—H. G. W.


Two cases are reported, one operated without recurrence in 3 years.—H. G. W.

OVARY


Report of a cystadenoma measuring 15 x 13 cm., removed by operation from a newborn child.—H. G. W.


Illustrated report of a case.—M. D. R.


A seventh case is added to the 6 reported as primary melanotic tumors of the ovary.—H. G. W.

URINARY SYSTEM—MALE AND FEMALE


Of 39 patients traced since operation was performed in 1936 or before for Wilms' tumor, 6, or 15%, are living. In this series preliminary irradiation followed by nephrectomy and postoperative irradiation has given the best results.—H. G. W.

Oral Cavity and Upper Respiratory Tract


Carcinoma of the oral cavity is almost always of squamous cell origin and is divided by the authors into 4 histological types: intradermal, prickle cell, transitional cell, and anaplastic. Rare types are the basal cell and spindle, sarcoma-like varieties. Radiosensitivity may be estimated from the histological type, location, and size of a tumor as well as from the presence of ulceration, fungation, or infection.

One hundred and thirty-six cases seen at the Brooklyn Cancer Institute since 1936 are reviewed and tables are presented showing the age and sex incidence, location, and classification of the tumors. Ninety-three per cent of the patients were males and the highest incidence was found in the age group from 60 to 69 years. Among the possible etiological factors are heredity, changes due to cigarette smoking, tuberculosis, arteriosclerosis, and vitamin deficiencies, chronic irritation from ill-fitting dentures or tooth fragments, and reactions to excessive use of tobacco and other irritants. Syphilis was present, by serological test, in over 25% of patients with carcinoma of the tongue, alveolar ridge, and buccal mucosa.

Treatment was almost entirely radiological, often with a combination of radium needles and roentgen therapy. The end results were poor in general, the highest 6-month survival rates being found in cancer of the tonsil (17% of 19 cases) and tongue (16% of 49 cases).—C. E. D.

Intrathoracic Tumors—Lungs—Pleura


A study of 11 cases of cancer of the lung of long duration, in this series averaging 90 months from the time of onset of symptoms until diagnosis. Ten of the 11 were epidermoid cancers, and the same proportion were peripheral instead of being in a main bronchus. The high incidence of cancer in men over 40 offers aid in differentiating the slowly growing tumors from adenoma, since nearly 2/3 of patients with adenoma have symptoms before 40 and the same proportion are female (12 of 19 patients). Exploratory thoracotomy to confirm the suspicion of pulmonary cancer is a logical procedure, and should be used as readily as an exploration for suspected abdominal cancer.—H. G. W.

The foregoing term is recommended by the authors for purpose of emphasis on the origin and histogenesis of certain lung tumors, in place of the term "mixed tumors" as applied by Womack and Graham.—H.G.W.


Case histories of 7 histologically verified intrathoracic neurogenic tumors are presented. Most of these tumors are found in the posterior part of the chest and may attain considerable size before giving rise to symptoms. Chest pain, cough, and weight loss are the most common complaints. Arteritis, aneurism, pleural effusion, and phrenic nerve paralysis may occur as complications. Roentgenologically the tumors are generally dense, globular, and sharply circumscribed. They tend to displace rather than invade the thoracic organs and can usually be diagnosed roentgenographically.

Neurogenic tumors are highly radioresistant and surgical removal is the treatment of choice. No metastases were found in any of the authors' 7 cases and 2 patients were successfully treated surgically.—C.E.D.


Three cases of neuroma of the chest wall are presented together with reproductions of roentgenographs.—C.E.D.

HEART


A case of primary myxoma of the heart is described, which caused the signs and symptoms of mitral stenosis, and led to the death of a 53-year-old woman.—H.G.W.

GASTROINTESTINAL TRACT


Attention is called to the occasional healing changes produced by medical treatment of early carcinomatous ulcers, which leads to the error of considering them as benign.—H.G.W.


A report of a case seen in 1909, of a boy of 14, in which there were no gastric studies, no operation, and no autopsy, with a lengthy but uncritical review of the literature on gastric cancer in the young.—H.G.W.


In a study of the literature from 1932 to January 1, 1941, 384 cases of carcinoma and carcinoid tumors of the jejunum and ileum have been found, of which 236 were adenocarcinoma of the jejunum or ileum, 7 were adenocarcinoma of Meckel's diverticulum, 118 were carcinoma of the jejunum or ileum, and 3 carcinoma of Meckel's diverticulum. Two cases were reported of what seemed to be primary chorioepithelioma of the small intestine. Two new cases of adenocarcinoma of the small intestine, with operation, are reported.—H.G.W.


While argentaffine tumors are most frequent in the appendix, being found in 0.2 to 0.5% of all appendices removed surgically, yet only 17 of the 76 malignant argentaffine tumors, including the 3 reported in this article, occurred in the appendix. Presumably this is because the appendiceal tumors produce symptoms earlier and are removed. All argentaffine tumors are potentially malignant.—H.G.W.


A case of successful partial resection of the stomach for carcinoma in an 88-year-old man is described.—C.E.D.


A case report with roentgenograms and photomicrographs.—C.E.D.


A study of 11,000 patients with diagnosis of malignant disease of the stomach from 1907 to 1939 inclusive, in which 58% were subjected to surgical exploration, and in 26% the lesion was removed. The average mortality rate was 16%, whereas in 17 partial or total gastrectomies performed in 1940 the mortality rate was 8.8%. The 5-year survival rate after resection was 29%, and the 10-year survival rate was 20%. Of patients who did not have extension or metastases, 44.7% lived 5 years after leaving the hospital, and 17.3% of those having metastases lived 5 years. In 110, or 1.7% of the cases on which operation was performed, the lesion was sarcoma. Medical treatment of an ulcer type of dyspepsia should not be instituted without a roentgenological examination to determine the exact location and nature of the lesion.—H.G.W.

LIVER


Papillomas of the gall bladder are often multiple. They may occur in any region but are not usually found in the fundic pole. Adenomas are usually solitary and almost invariably are found in the extreme tip of the fundus, often associated with calculi. Roentgenologic diagnosis may be made by the finding of filling defects of constant location best seen as the gall bladder contracts following the fat meal. These tumors must be distinguished from radiolucent stones.
Eight case histories are presented, together with 12 roentgenograms, 4 photographs of surgical specimens, and 2 photomicrographs. Clinically these tumors are silent and symptoms arise from associated cholecystic disease. Adenomas of the gall bladder may be considered potentially malignant.—C. E. D.

**Liver**


Primary carcinoma of the liver occurs with surprising frequency in hemochromatosis, 7.3%, as compared to an incidence of 4.5% in cirrhosis without hemochromatosis, and is apparently due to other factors found in hemochromatosis and not present in simple cirrhosis.—H. G. W.


A clinical and pathological study of 117 cases occurring among 1,808 cases of malignant disease in 13,330 necropsies. Corrected figures show that 76.4% were in the female, and 66% in the white race. The youngest case was 42 years old. There were 55 cases of carcinoma of the gall bladder and 62 of the extrahepatic bile ducts. Of the 55 cases of gall bladder carcinoma, 36.3% gave evidences of cholecystitis and in 72.6% there was cholelithiasis. In 3% of the calculous gall bladders malignancy was present and in 30.6% of the 62 cases of bile duct cancer gall stones were found. An infiltrating type of carcinoma next. Biliary cirrhosis is the most common complication. Pain was present in 60% and jaundice in 30.6% of the 62 cases of bile duct cancer. Courvoisier’s law seems to be verified in a similar proportion of the gall bladder cancer cases, as compared with pain in 42% and jaundice in 92% of the bile duct cancers. Courvoisier’s law seems to be verified more often by post-mortem examination than by clinical findings. A distended gall bladder was found in 29% of cases of gall bladder cancer and in 62.9% of duct cancer.—H. G. W.

**Adrenal**


Part of a review on adrenal diseases, difficult to abstract, but of much value.—H. G. W.

**Pancreas**


A case report of an adenoma of the islets with hypoglycemia, relieved by operative removal.—H. G. W.

**Thyroid**


Out of 412 histologically proved and graded adenocarcinomas of the thyroid gland, a diagnosis of hyperthyroidism was made clinically in 5%, or 13.8%. The incidence was highest in the fifth decade of life and in women. The authors found that hyperthyroidism was associated more frequently with adenocarcinomas of low malignancy, and they believe that at times these tumors may perform the function of benign thyroid tissue. They also found that as the grade of malignancy increases, the frequency of multiple adenomas decreases, but about one-half of the adenocarcinomas associated with hyperthyroidism occurred in glands containing multiple adenomas. In 24 cases, however, hyperthyroidism was present without the presence of multiple adenomas. The author concludes that this study supports the hypothesis of Ewing who states that an anaplastic tumor should retain less of the normal function of its constituent cells as the degree of anaplasia advances.—G. De B.
Clinical and Pathological Reports

*Cancer Res* 1942;2:449-452.

**Updated version**

Access the most recent version of this article at: [http://cancerres.aacrjournals.org/content/2/6/449.citation](http://cancerres.aacrjournals.org/content/2/6/449.citation)

**E-mail alerts**

Sign up to receive free email-alerts related to this article or journal.

**Reprints and Subscriptions**

To order reprints of this article or to subscribe to the journal, contact the AACR Publications Department at pubs@aacr.org.

**Permissions**

To request permission to re-use all or part of this article, contact the AACR Publications Department at permissions@aacr.org.