levels within normal limits were inoculated intratesticularly with the Brown-Pearce tumor. In 90 the grafts were successful. Among these, high eosinophile and low blood platelet pretransplantation levels were associated each with fewer metastases and a lower mortality than was the case with low eosinophile and high blood platelet values. Intermediate values of the red blood cell and basophile pretransplantation levels were associated with fewer metastases and a lower mortality from the neoplasm than were extreme values. No significant correlation existed between the pretransplantation blood levels of the hemoglobin, the total white blood cells, the neutrophiles, the lymphocytes, or of the monocytes, and: (1) the incidence of metastases, (2) the mortality from the neoplasm, or (3) the number of metastatic foci developed. The host factors which influenced the success of transplantation were different from those which influenced its continued growth and spread and the mortality from the neoplasm.—Authors' abstract.

Clinical and Pathological Reports


Previous work (Roffo) has shown that muscle extracts inhibit tumor growth. Muscle was acid-extracted, dialyzed, precipitated with trichloroacetic acid, and the filtrate precipitated with phosphotungstic acid for the preparation of the bases. At each stage tests (daily oral administration; about 1/5th the lethal dose) were made on spontaneous mouse carcinoma and on grafted mouse sarcomas. Using the muscle fractions, the bases likely to occur, and related compounds (β-alanine, aneurin, arcanie sulfate, betaine, carnosine nitrate, choline chloride, creatine, creatinine, ethanolamine, methylguanidine, trimethylamine oxide hydrochloride, ethylenediamine hydrochloride, putrescine, cadaverine hydrochloride, spermine hydrochloride, tetradecamethylenediamine dihydrochloride).

Ethanolamine and cadaverine hydrochloride were the most effective inhibitors but were not much superior to the "muscle extract trichloroacetic acid-soluble fraction." These results (a) indicate that the activity of the muscle fraction is due to a combination of factors and (b) suggest some speculations on the correlation of chemical structure and tumor growth-inhibiting capacity.—I. H.
of survival between 15 and 20%. While irradiation alone does not give the results that surgery does, interstitial irradiation approaches it.—H. G. W.


Two hundred and five cases of carcinoma of the male breast were collected by means of questionnaires sent to leading radiologists, surgeons, and pathologists in the United States and Canada. These are analyzed together with 436 cases from the literature. Male breast carcinoma makes up about 0.7% of all male carcinoma and bears a ratio of 1.16% to female breast cancer. Tables are presented, showing the age incidence, duration of symptoms, type of tumor, location of metastases, and end results. The average age of the patients was 57 years. The tumors were predominantly adenocarcinomas. Local recurrence was noted in 25% of the cases and metastases were diagnosed clinically in 46%. The prognosis of carcinoma of the male breast is considered poor. Most of the patients received adequate treatment but only 7.5% were living and well at the end of 5 years.—C. E. D.


A case of primary parenchymal fibromyoma of the breast is added to the 4 hitherto reported.—H. G. W.

MALE GENITAL TRACT


Data on serum acid phosphatase determination collected over a period of 2 years are presented.

Determinations were made on 430 patients, 147 of whom had carcinoma of the prostate, while 283 were control cases. These studies show that serum acid phosphatase levels up to 4.0 King-Armstrong units should be considered normal. Values of from 4.0 to 6.0 units represent borderline figures, which have no diagnostic value so long as no further increase of the acid phosphatase occurs subsequently. A definite rise indicates metastatic bone involvement from carcinoma of the prostate. A distinct elevation was found in the majority of patients in whom metastatic bone lesions were demonstrated roentgenologically.

Levels of more than 100 King-Armstrong units are to be regarded as an unfavorable prognostic sign. If elevation of the serum acid phosphatase develops, there is a tendency to steady increase providing no effective treatment is initiated.—Authors' abstract.

ORAL CAVITY AND UPPER RESPIRATORY TRACT


Causative factors for atrophy of glosso papillae or oral leukoplakia were believed to be dietary factors and excessive use of tobacco rather than syphilis.

Pathological changes most frequently associated with glosso papillary atrophy and oral leukoplakia were gastric achlorhydria, functional and organic changes in the gastrointestinal tract, cheilos and perleche, onychia, and occasionally varying degrees and types of anemia.

To test the relationship between the inadequate ingestion of protein and vitamin B complex, and the occurrence of papillary atrophy of the tongue and oral leukoplakia, a crude granular yeast preparation was administered orally. This treatment was followed occasionally by a complete, and frequently by a partial, remission of the oral lesion and oral symptoms.—Authors' abstract.

MISCELLANEOUS


This paper is difficult to abstract and should be read in the original. It supplements Willis' treatise on The Spread of Tumours in the Human Body, J. and A. Churchill, London, 1934, by bringing up to 500 the 323 consecutive autopsies on subjects of malignant disease there described; and its object is to summarize the findings in the completed series. Following a short description of the autopsy technic employed, the paper takes the form of a review on a regional and statistical basis, with special reference to modes of extension and the situations of metastases. More detailed accounts are given of various noteworthy items, and attention may be directed to one (case 332) because of the youth of the patient and remarkable variations in the rate of growth of the tumor (massive carcinoma simplex of the breast showing extraordinary mitotic activity) during and between pregnancies. Features of this case were great initial activity of the growth during lactation, a subsequent 12 months' quiescence in spite of incomplete removal, and sudden reappearance and rapid growth in the opposite breast during the latter part of later pregnancy and lactation. "These facts suggest that hormonal influences play a part, not only in the genesis of mammary cancer, but also in its rate of growth."—A. H.