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**

**BREAST**


An analysis of 29 cases of recurrence after apparently successful operation has been made, but no evidence of qualitative difference between cases with long and short latency was found, except that latency was shorter in cases with rapid preoperative growth or with local metastases at the time of operation. On comparison of cases of breast cancer with delayed metastases compiled from the literature no trait common to all these cases was found.—H. G. W.


The relationship of cystic disease of the breast to mammary carcinoma has long been a subject of controversy, yet practical observation frequently reveals the concomitance of the two conditions. The criteria for the recognition of mastopathia cystica, as applied to the present study, included dilatation of ducts with accompanying fibrosis; areas of “pale-celled” hypertrophy of ductal epithelium, of the type found in the apocrine sweat glands; papillary ingrowths, to varying degree, into cystic ducts, and, frequently, hyperplasia of terminal ducts and acini. Operative material from the breasts of 300 women re-examined. One hundred and eighteen specimens were carcinomatous, and of these 67 showed coexisting mastopathia cystica. Of 212 breasts without carcinoma, 82 showed mastopathia cystica. Application of the $x^2$ test to these data indicated that the chance of obtaining such a degree of concomitance, if mastopathia cystica and mammary carcinoma are independent, is less than 1 in 1,000. In practical diagnostic experience, carcinoma is frequently found arising in areas of mastopathia cystica. This was true of 13.5% of the cancers of the breast included in this analysis. Upon both statistical and histopathologic grounds a causal relationship between mastopathia cystica and mammary carcinoma must be accepted.—Author’s abstract.


The records of cured cancer cases of the American College of Surgeons contain in 2,636 cases the records of 1,511 5-year cures and 1,125 cases in which recurrences or metastases developed within the 5-year period. The age of the patients does not have as much prognostic significance as ordinarily supposed, and cancer of the breast at an early age warrants radical approach with as much chance of cure as in older women. Relatives of women with breast cancer have an incidence of breast cancer 3 times greater than the general population. Nulliparous are more prone to develop cancer of the breast than women who have borne children, but the prognosis is as good or better with the nulliparous. Tumors of long duration are no contraindication to radical treatment, for 25% of the 5-year cures were treated more than 1 year after recognition of the tumor.—H. G. W.


This paper based on a study of 803 followed up cases of cancer of the breast treated by radiation with or without surgery, leads to the conclusion that radiation plays a dominant role in the treatment. It contributes to longevity in all groups with the exception of group 1 in which radical removal alone is apparently sufficient. In group 2, preoperative irradiation as an adjunct to surgery increases the rate...
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 43% 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.

Detections 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 glossal papillae or oral leukoplakia were believed to be dietary factors and excessive use of tobacco rather than syphilis.

Pathological changes most frequently associated with glossal papillary atrophy and oral leukoplakia were gastric achlorhydria, functional and organic changes in the gastrointestinal tract, cheiloses 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.