
A number of adult female rats of the Sherman strain were castrated, and one ovary was transplanted to the spleen. After about 2 weeks, rats showing estrous reactions were discarded. The others were kept on a complete diet for about 11 months thereafter. At the end of this time 9 animals remained; of these, 6 were completely anestrous, and 3 gave smears showing an occasional estrous smear.

Microscopic sections were made of the vagina and uterus, pituitary body, and the spleen containing the transplanted ovary. In every case the ovarian mass in the spleen was considerably enlarged. Histologically, all transplanted ovaries were greatly hypertrophied and composed of masses of theca cells. Three large tumors were found, apparently of the granulosal cell type, and in 2 other tumors there were smaller nodules of the same cellular structure. The uterus, vagina, and pituitary body showed the type of atrophy associated with castration.—M. B.


Samples of transmissible fowl lymphoid tumor grown in pectoral muscle were excised aseptically, minced, and placed in pyrex glass or lusteroid tubes. The samples were frozen by immersing the tubes in 95% ethyl alcohol or change was found in the capacity of the tumor to produce typical growths upon inoculation.—M. B.


Mitotic figures were counted in biopsy specimens of 9 malignant tumors. Six specimens were obtained from each tumor at 4 hour intervals. No rhythm of mitosis, such as has been demonstrated for normal tissues, was apparent.—E. E. S.


Intravenous injections of 0.16£ “folic acid concentrate” and 0.025£ L. casei factor inhibited tumor growth significantly in 7 mice. Similar results were obtained with “folic acid concentrate” in 6 experiments on 117 mice, and with L. casei factor in 10 experiments on 364 mice. On a weight basis, the L. casei factor was many hundred times stronger than inositol.

Female Rockland mice inoculated with sarcoma 180 were used.—M. B.


The oral administration proved more effective for liver cancer of rats than for mammary cancer of mice. The compound was unable to prevent cancer of the liver but seemed to help towards its cure.—M. E. H.


An analysis is given of feminization in 6 cases of adenocarcinoma of the testis of dogs, collected from the literature. Protocols and discussion of experiments in which dogs were given stilbestrol and other estrogens are also presented.—J. G. K.


General review.—J. G. K.


A testicular seminoma of the sertolian type which occurred in one of 130 male dogs studied is described. Attention is called to the fact that canine seminomas can be traced to the seminiferous epithelium and are thus not of teratomatous origin.—Author’s summary.


Reticulum cell sarcomas developed in 9 animals of a group of 1,000 Wistar albino rats, and similar growths appeared in 5 of 185 gray Norway rats. The growths are described and illustrated, and their successful transplantation is reported.—J. G. K.
tion test, though non-specific, often might yield evidence for the presence of cancer. The titer of B. proteus OX19 agglutinins was measured in the sera of 30 normal women, 27 with mammary carcinoma, and 3 with carcinoma of the cervix. The diagnosis of carcinoma in each case was confirmed by biopsy. With the methods used, no difference was shown by the 3 groups.—M. B.

**Feather Germ Reaction to Urine from Patients with Cancer and Other Conditions. A Preliminary Study.** JURHN, M. [Maryland Agric. Expert. Station, Univ. of Maryland, College Park, Md.] Arch. Path., 37:383-386. 1944.

The pigmentation reaction of the growing feather germ of the Brown Leghorn capon was used to record the effects of injected urines from cancerous, other pathologic, and normal subjects. Positive and negative reactions were obtained from various individuals in all 3 groups.—J. G. K.

**THERAPY—GENERAL**


The author states that 10 patients having malignant growths of various kinds, as proved by pathologic examinations, were chosen for study and treatment. Three of the patients were given avidin therapy alone, while in the others roentgen ray therapy or surgery was employed in addition to the egg white treatment.

Two cases (one a carcinoma of the stomach, and the other a carcinoma of the breast with metastasis) are only mentioned; brief details are given of the remaining 8 patients, of whom 1 (with carcinoma of the lung) died 10 months after egg white and roentgen ray treatment had been instituted. The rest seemed to show some improvement in “general condition.” In 1 patient (with carcinoma of the tongue) there seemed to be some recession in the size of the primary growth, though the regional nodes did not change in size; in another patient (with metastatic squamous cell carcinoma in the neck), given concentrated avidin in amounts up to 2,000 units per day during 4 months, the tumor finally increased in size and ulcerated through the skin. There was no effect on the leukocyte level in the 2 cases of leukemia.

Some of the patients received a total of more than 12,000 egg whites; none developed signs of biotin deficiency.

The author states in conclusion that “as yet no definite cure of cancer has been brought about through the use of egg white therapy . . . in a selected group of cases.” He feels, however, that the avidin therapy may have played a beneficial role in some of the cases, and that the method of treatment might be improved if a definite biotin deficiency could be induced. He makes no mention of the fact that certain transplanted tumors will grow readily in animal hosts that manifest severe induced biotin deficiency, as shown by West and Woglom (Cancer Research, 2:324-331. 1942).—J. G. K.


Cancer patients in general are poor operative risks. A thorough evaluation of the patient’s clinical status should include the potentialities (pathologic, radiotherapeutic, and surgical) of the tumor itself. Emphasis during the post-operative period should be on the prophylaxis of complications, mainly atelectasis, ileus, and shock.—M. E. H.


The difficulty in evaluating reports on various modes of therapy, when there is such great diversity in the type and extent of the tumor being treated, is discussed at length. A classification of breast cancer based on clinicopathologic criteria is offered, and an analysis of 1,022 unselected cases is used to illustrate the applicability of this classification. The conclusion is reached that until better procedures are developed, the present axillary dissection is still the best radical operation even though paths of spread of the cancer, other than through the axilla, are not checked.—E. E. S.


The difficulty in evaluating reports on various modes of therapy, when there is such great diversity in the type and extent of the tumor being treated, is discussed at length. A classification of breast cancer based on clinical and pathological criteria is offered, and an analysis of 1,022 unselected cases is used to illustrate the applicability of this classification. The conclusion is reached that irradiation therapy is preferable to radical mastectomy for patients with one or more clinical manifestations listed as criteria of incurability.—E. E. S.


Descriptions of cases.—E. L. K.

In an aged patient with senile psychosis, true hermaphroditism was confirmed by the demonstration of a right ovotestis and left scrotal testis. Secondary sexual characteristics were of feminine type. In the left breast there was a primary adenocarcinoma.—J. G. K.

**FEMALE GENITAL TRACT**

**Hemorrhagic Tumors of the Ovary.** Brookbank, E. B. [Seattle, Wash.] *Northwest. Med.*, 43:170-171. 1944. After a brief mention of ovarian tumors in general, the author discusses the etiology, classification, symptoms, diagnostic features, and treatment of endometriosis of the ovary and other organs. For therapy of endometriosis, resection is recommended except in widespread involvement of the rectum and rectovaginal septum where roentgen therapy is regarded as the safer procedure.—E. E. S.


**Carcinoma of the Cervix Coincident with Pregnancy.** Maino, C. R., and Munsey, R. D. [Mayo Foundation and Mayo Clinic, Rochester, Minn.] *Am. J. Obst. & Gynec.*, 47:229-244. 1944. Of 3,570 cases of carcinoma of the cervix seen at the Mayo Clinic during a period of 32 years, pregnancy was present in 26. The average number of previous pregnancies was 6, and the average number of children was 4. The number of pregnancies did not affect the prognosis. When the carcinoma was diagnosed in the later months of pregnancy, the lesion was well advanced and the prognosis poor. Pregnancy may occur after carcinoma of the cervix has developed. A family history of carcinoma was elicited in 7 of 20 cases of pregnancy seen before 1941, the type of carcinoma in relatives not being stated. Bleeding was the initial symptom in most cases; in 25% of the cases the patient did not know she was pregnant.

In contrast to the preferred treatment for non-pregnant patients, operation is felt to be the treatment of choice if the lesion is operable, with supplementary irradiation therapy. If the extent of the lesion permits operation and the fetus is not yet viable, total hysterectomy followed by panhysterectomy and postoperative irradiation. If the lesion is non-operable and the fetus viable, the procedure is cesarean section followed by irradiation; in cases in which the fetus is not yet viable, sufficient irradiation is employed to treat the tumor and incidentally abortion occurs.

In cases in which the lesion was operable, total abdominal hysterectomy produced the best results. In 57% of the cases where this procedure was employed patients were free of recurrences 5 years after operation.

The prognosis seemed to be at least as favorable in carcinoma of the cervix associated with pregnancy as in those cases not thus associated.—A. K.


**Local Eosinophilia in Malignant Neoplasms.** Gill, A. J. [Univ. of Tennessee, Memphis, Tenn.] *J. Lab. & Clin. Med.*, 29:820-824. 1944. Local eosinophilia was observed in 7.7% of a series of 309 cases of epidermoid carcinoma of the cervix. The possible meaning of the finding is discussed.—J. G. K.


The discussion related essentially to the differential diagnosis of a number of causes of vulval pruritus. These included leukoplakic vulvitis, lichen planus, lichen sclerosus, lichen itself, psoriasis, vitiligo, and monilia infections. Treatment was by pelvic diathermy, by estrogenic therapy, and by radiotherapy, combined with dermatological measures and relief of concomitant *B. coli* infection.—L. W. P.

**GASTROINTESTINAL TRACT**

**Secondary Carcinoma of the Esophagus as a Cause of Dysphagia.** Tomson, W. E. [McGill Univ., Montreal, Canada] *Arch. Path.*, 38:82-84. 1944. An analysis of 26 cases.—J. G. K.

**Achalasia of the Esophagus.** Nihaus, R. F. [State Univ. of Iowa Coll. of Med., Iowa City, Iowa] *J. Iowa M. Soc.*, 34:145-148. 1944. The differential diagnosis of achalasia, carcinoma of the esophagus or the fundus of the stomach, and Zenker's diverticulum is discussed. Proved malignant neoplasm was discovered in 5 instances in this series of 40 patients, although after roentgen examination and esophagoscopy the condition had been diagnosed as achalasia. This represents an error of approximately 13%. In these cases, carcinoma is usually suspected, although diagnosis is difficult.—M. E. H.

**Sarcoma of the Stomach.** Porritt, A. E., Hughes, K. E. A., and Campbell, R. J. C. *Brit. J. Surg.*, 31:395-398. 1944. Report of a case in a male aged 27. The tumor is described as a round-cell sarcoma, but its origin is indefinite. The radiological appearances are said to be characteristic—a filling defect with regular contours, a normal or exaggerated mucosal pattern, and persistence of peristalsis.—L. W. P.

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