Papers dealing with amyloid infiltration and renal disease in the mouse are reviewed, and the comparative pathology of these changes in the mouse and similar processes in man is briefly considered. Eleven photographs are included, which illustrate the characteristic appearance of these two conditions in the mouse.—T. B. D.


The object of this report is to provide more definite information than has been available in the past on the morphological characteristics of the various types of neoplasia found in chickens, and on the relative incidence of the specific types.

The classification employed follows in general the simple scheme by which tumors are arranged according to their tissue of origin. In 2,304 chickens examined the incidence for all tumors, benign and malignant, was 12.9%. Three hundred and eighty-four neoplasms in 365 chickens were studied. Lymphosarcoma, the most common, accounted for 55.5% of the 384; 6 other types (leiomyoma, embryonal nephroma, myelocytoma, leukemia, epithelioblastoma, and fibrosarcoma) for 33%.

The different varieties are described, and their incidence is discussed in relation to season and to age, sex, and breed of the host, each of which appeared to be of significance in one or more types of tumor.—W. H. W.


On the basis of recent biological and biophysical data, the author seeks a hypothesis for the mode of origin of tumor cells. He systematically reviews previous theories.—M. H. P.

**Comment on Experimental Gastric Cancer.** Smith, G. M. [Pine Orchard, Conn.] Connecticut Med., 8:409-414. 1944.

A review with 25 references. Among the reports discussed are those dealing with injurious action of biliary backflow into the stomach upon the gastric mucosa, production of stomach cancer by carcinogens, relation of diet to experimental stomach cancer, growth patterns and diagnosis of early cancer of the human stomach, precancerous changes in the gastric mucosa, metabolic abnormalities in patients with gastrointestinal cancer, possible role of viruses in gastric disease, and progress in organization of cancer research and prevention.—M. H. P.

### Clinical and Pathological Reports

**Etiology**


Description of 2 cases.—M. H. P.


Seven patients with chronic arsenic poisoning showed carcinoma of the skin, and 2 of these also had mucosal carcinoma of the esophagus and bronchi, respectively. Clinical observations and experimental investigations indicate that chronic arsenic poisoning increases the general susceptibility of the organism to cancer and can promote cancer development locally, especially in the skin.—M. H. P.

**Diagnosis—General**


The tests considered in this review fall into 3 categories: (1) Those that measure comparative concentrations of blood constituents, or chemical and physical properties dependent upon these constituents, in cancer and noncancer patients. Several of these tests are listed, but no appraisal of them is given. (2) Immunologic tests: Immune reactions specific for cancer and useful in diagnosis have not yet been discovered. (3) Enzymic tests: These depend upon the presence, or absence, of some specific cytolytic, proteolytic, or lipolytic activity in the blood of cancer patients. Several of these tests, including those devised by Freund and Kaminer, Bernhard, Abderhalden, and Fuchs, have been found by some workers to give high percentages of correct diagnoses. However, their value has not been confirmed by all investigators, and none of the tests is known to provide diagnoses of early stages of cancer.

Recently several tests have been developed that indicate the presence of malignant disease in organs with well defined secretory function, or highly specialized activity. Although successful in many cases these tests are limited to certain types of cancer. and therefore a general test for cancer is still needed.—R. B.


Confirmation is offered of Koster’s observation (Acta med. Scandinav., 93:420. 1937) that blood from patients with malignant neoplastic disease is slower than blood from other persons to show a decline in erythrocyte sedimentation rate during 24 hour storage. The average sedimentation rate after such storage was 64% of the prestorage rate in 40 patients with cancer, leukemia, or Hodgkin’s disease, 78% in 6 patients suspected of having
malignant neoplastic disease, 40% in 8 patients with anemia, and 23% in 78 control patients with various nonneoplastic diseases. A simplified form of the Koster technic for determining sedimentation rate is presented.--E. L. K.

**Therapy—General**


Careful, systematic study of 25 patients with carcinoma indicates that insulin therapy is suitable only in certain cases as a supportive measure for transitory amelioration of pain and depression.—M. H. P.


The authors record the treatment of 73 cases of advanced malignant disease (40 of the breast and 33 of other organs) with triphenylchlorethylene (52 cases), triphenylmethyllethylene (7 cases), and stilbestrol (14 cases).

1. Triphenylchlorethylene and cancer of the breast (22 cases). Total amounts ranged roughly from 200 to 1,000 gm. (3 to 6 gm. daily) given orally in all but 2 cases in which intramuscular injections were given. When either of the two triphenyl compounds was given by mouth about 90% could be recovered from the feces (F. L. Warren). Initial regression occurred in 10 cases. Metastases in lung sometimes developed while the primary tumor was regressing. Only one case showed prolonged arrest. The ultimate course of the disease was not altered. In responsive cases there was flattening and disappearance of small skin nodules, ulceration and disappearance of larger nodules and masses, followed by growth of epithelium over the area. On biopsy, 4 cases in which regression of the primary tumor took place showed a highly cellular type, as did also 2 of 3 cases in a stationary condition, the remaining tumor being of scirrhous type. In one case biopsy before and after treatment showed in the most successful case treated with stilbestrol the type of regressed carcinoma.

2. Miscellaneous cases variously treated. Triphenylchlorethylene. The compound was ineffectual in nearly all of 30 cases of cancer of the skin, antrum, bladder, ovary, testis, rectum, in reticulo-endothelial tumors, and in 1 case each of chronic myeloid and chronic lymphatic leukemia. But 2 cases showed undoubted regression of the primary tumor:
   (a) Carcinoma of bladder. Primary growth (nature verified by biopsy) disappeared under treatment (760 gm. in 9 months), but the patient died of circulatory failure after 11 months. (b) Carcinoma of prostate (biopsy). The prostate returned to normal size (after 1,546 gm. of compound in 13 months), but there was no definite regression of skeletal metastases. Triphenylmethyllethylene. Four patients with advanced cancer of the breast received intramuscular injections (total dose 1.4 to 3.8 gm.); only one of these (with spheroidal celled carcinoma) showed temporary improvement. Three cases of Hodgkin's disease showed no improvement. Stilbestrol. Of 14 cases of breast treated orally or by intramuscular injection, 3 showed temporary improvement, which in one case was considerable, similar to that described under Triphenylchlorethylene above. Total amounts were roughly 100 to 700 mgm.

The cytological changes seen in four successive biopsy specimens in the most successful case treated with stilbestrol are described by Dr. Koller. Photographs are given of the naked-eye appearances in this case, and in a case of similar type under treatment with triphenylchlorethylene. Details of each of the 38 cases of cancer of the breast treated with triphenylchlorethylene or stilbestrol are given in concise tabular form.—E. L. K.

**Radiation—Diagnosis and Therapy**


Radiosensitivity and radioresistance are by no means well defined and fixed qualities of living tissues. They depend to a large extent on the actual technic of radiation therapy. The limitations as well as the indications of radiation therapy are discussed.—M. H. P.


Report of a case that has been followed for 9 years. Fear of adversely affecting growing bones in children with radium therapy is needless if irradiation is properly administered.—C. J. M.


It is stated that the best treatment for carcinoma of the breast is surgical but that irradiation is important as supplemental therapy. Roentgen therapy is discussed as postoperative, palliative, and preoperative methods of treatment, as a sterilizing procedure, and as sole treatment for surgically curable breast carcinoma. The last method is not recommended.—E. E. S.


The fever occurring because of congestion during radium treatment of carcinoma of the cervix was suppressed by the use of Marfanil-Prontalin powder.—M. H. P.
Clinical and Pathological Reports

*Cancer Res* 1945;5:127-128.

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