Greenwald et al. (New York State Department of Health, Albany, New York) compared certain physical and demographic features of 268 men, examined while in college and who later died with prostate cancer, with those of 536 controls. Since physical traits are determined in part by sex hormones, the study was designed to ascertain whether such traits would indicate groups with varied risks for prostate cancer. No statistically significant differences were found, though there was a suggestion that married men in the case group were less likely to have had children than were the married controls.

To detect residual leukemia in bone marrow cells, Gutterman et al. (The University of Texas, M. D. Anderson Hospital and Tumor Institute, Houston, Texas) used marrow from 25 adult patients with acute leukemia in complete remission to stimulate blastogenesis among autologous peripheral blood lymphocytes. Of 17 patients whose peripheral blood lymphocytes did not react to autologous bone marrow cells, 15 remained in complete remission. In contrast, five of eight patients whose peripheral lymphocytes were stimulated by the bone marrow cells relapsed.

Meltzer and Cohen (National Cancer Institute, Bethesda, Maryland) reported that vitamin A treatment of mice increased the tumor-suppressive effectiveness of suboptimal doses of BCG. The incidence of 3-methylcholanthrene-induced sarcoma was significantly decreased when tumor cells were mixed with $6 \times 10^4$ colony-forming units of BCG and injected intradermally into vitamin A-treated animals. Vitamin A treatment without BCG had no effect on tumor incidence or growth.

Investigating the interaction of 3-methylcholanthrene and radiation on the incidence of gliomas and sarcomas in mice, Mandybur (University of Cincinnati College of Medicine, Cincinnati, Ohio) found that heavier doses of radiation inter-
ferred with the induction of both tumor types. The author suggested that irradiation decreased the neoplastic response of nervous tissue by reducing the number of cells available as recipients of carcinogenic stimulus.

Graw and co-workers (German Cancer Research Center, Heidelberg, West Germany) observed toxic injuries to the liver parenchyma, malignant hepatomas, and benign adenomas of the lung in hedgehogs after they were treated with diethylnitrosamine. The hedgehog was chosen because it is one of the oldest mammals on earth and has a great resistance to certain toxins.

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To complement a previous survey, Chabalko et al. (National Cancer Institute, Bethesda, Maryland) studied death certificates and hospital records for 648 patients with childhood rhabdomyosarcomas. Mortality was highest from birth to four years and 15-19 years and was attributed mainly to fibrosarcomas and neurofibrosarcomas. The tumors arose mostly in the head and neck among younger children but predominated in the lower extremities among adolescents. Genetic determinants were suggested by two familial occurrences of sarcoma, an excess of brain and breast neoplasms in family members, and the relationship of certain cases to multiple neurofibromatosis.

Henderson and co-workers (University of Southern California School of Medicine, Los Angeles, California) found no epidemiologic evidence to support the hypothesis of a milk-transmitted virus in the etiology of breast cancer among young women. Regardless of the patient's age at diagnosis, increased risk was not associated with breast feeding. The greater familial risk occurred in both the paternal and maternal line. The familial aggregation of breast cancer seemed related to an altered estrogen excretion or metabolism, since the mothers of breast-cancer patients as well as the patients themselves were reported to have a later age at first delivery and at menopause than did the controls. Exogenous hormones given at natural menopause may have had a protective effect.

A preliminary report by Friedell and associates (St. Vincent Hospital, Worcester, Massachusetts) described a cooperative study to assess the prognostic significance of combinations of clinical, pathologic and urinary steroid variables in women with breast cancer treated by radical mastectomy. Lymph node involvement, tumor size and blood vessel invasion had prognostic significance when considered as single variables. Empirical evidence indicated that about 10 percent of operable primary breast-cancer patients had a diagnosed recurrence between mastectomy and one-year follow-up, and about 30 percent at or before the two-year follow-up.