

with normal animals took a much deeper Nissl stain and showed a disturbance of the nucleus-plasma relation and size of the cells.

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**Further observations on hemolysis in cancer.**

By **GEORGE W. CRILE, M.D.**

This note is based on a study of fifty-two cases. Blood from three normal individuals is used for each test. With each there is a control heated to 55° C. for ten minutes and also a salt control. A hemolytic reaction in one or more tubes is counted as a positive test. Of the cases offering a fair surgical risk, 82 per cent. showed a positive reaction; of the advanced cases 39 per cent. showed reaction. Of these all but one showed reverse hemolysis. These results conform with my former tables. The total number thus far observed is three hundred and one. In a large number of observations upon surgical patients other than those with cancer or tuberculosis, there is rarely a hemolytic reaction. In tuberculosis the reaction, when present, is always reverse. In chronic infection there is, in about ten per cent., a direct hemolysis. Among apparently normal individuals, hemolysis occurs in about two per cent.

We conclude that hemolysis occurs rarely in normal individuals, occasionally in routine surgical patients excepting those with tuberculosis and cancer. In active tuberculosis it is the rule and is always of the reverse type. In advanced cancer there is hemolysis in about two out of five patients and in these the hemolysis is usually reverse. In the operable stage of cancer among about four out of five patients direct hemolysis occurs. Hemolysis is therefore additional evidence of cancer, but in no sense specific.

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**On the behavior of autodermic and isodermic skin grafts in cancer.**

By **GEORGE W. CRILE, M.D.**

I have observed in cases having growing cancers that isodermic grafts of skin from husband and from son caused a marked local reaction, characterized by excessive exudation, edema, red-