

PROPERTY OF
*University of
Michigan
Libraries*
1817 
ARTES SCIENTIA VERITAS

RESEARCH IN PHYSIOPATHOLOGY
AS BASIS OF
GUIDED CHEMOTHERAPY
With Special Application to Cancer

RESEARCH
IN PHYSIOPATHOLOGY
AS BASIS OF
GUIDED CHEMOTHERAPY
With Special Application to Cancer

EMANUEL REVICI, M.D.

*Scientific Director, Institute of Applied Biology,
New York, N. Y.*

*Chief of Dept. of Oncology, Trafalgar Hospital,
New York, N. Y.*

Published for the American Foundation for Cancer Research, Inc., by

D. VAN NOSTRAND COMPANY, INC.

PRINCETON, NEW JERSEY

TORONTO

NEW YORK

LONDON

D. VAN NOSTRAND COMPANY, INC.
120 Alexander St., Princeton, New Jersey (*Principal office*),
24 West 40 Street, New York 18, New York

Medical Library

RB

113

R4-5

D. VAN NOSTRAND COMPANY, LTD.
358, Kensington High Street, London, W.14, England

D. VAN NOSTRAND COMPANY (Canada), LTD.
25 Hollinger Road, Toronto 16, Canada

✓
COPYRIGHT © 1961, BY
EMANUEL REVICI, M.D.

Published simultaneously in Canada by
D. VAN NOSTRAND COMPANY (Canada), LTD.

No reproduction in any form of this book, in whole or in part (except for brief quotation in critical articles or reviews), may be made without written authorization from the publisher.

Library of Congress Catalog Card Number: 60-53061

PRINTED IN THE UNITED STATES OF AMERICA

90-2561166

CONTENTS

Foreword	xix
THEORY AND FACTS	xix
<i>The Present State of the Cancer Problem</i>	xxii
1. Basic Concepts of Organization	1
Homotropy and Heterotropy in Nature	2
The Atom	3
Homotropic and Heterotropic Forces in the Atom	4
Fulfillment of Quantum and Electrostatic Forces	5
Quantum and Electrostatic Forces in Molecules	6
Binding of Molecules	9
Polymolecular Formations	9
Micelles	10
Organization of Motion as Heterotropic Achievement	11
Levels, Entities and Constituent Parts	12
Principal and Secondary Parts	13
The Organized Boundary	16
2. Biological Entities	17
Biological Realm	20
Nucleolus	23
Protoplasmatic Formations	23
Boundary Formations	23
Hierarchic Interrelationship	24
Phylogenetic Development	24
Constants	28
Water Circulation	30
Animals and Plants	30
Multiplication	31
	v

Life and Death	32
Maintenance of Constants	33
Dualism	35
Normal and Abnormal	36
3. Cancer as an Organized Condition	38
Precancerous Phase	39
Noninvasive Phase	39
Invasive Phase	40
Painful Phase	40
Preterminal and Terminal Phases	40
4. Dualism	43
PAIN	43
<i>Dualism in Pain</i>	43
Physiological and Pathological Pain	43
<i>Dualism in Pathological Pain</i>	45
Pain and Acid-Base Balance Changes	46
Acidifying and Alkalizing Agents	52
Dualism in Local pH Measurements	55
Oxido-reduction Potential	59
Abnormal Substances	60
OTHER ACID AND ALKALINE SYMPTOMS	61
<i>Itching</i>	61
<i>Vertigo</i>	67
<i>Impaired Hearing</i>	73
<i>Manic-depressive Condition</i>	75
<i>Dyspnea</i>	77
<i>Dualistic Patterns at Other Levels</i>	82
Cellular Level	82
Tissular Level	83
Organic Level	83
Systemic Level	83
Temperature	83
Systemic Analyses	85
Blood	86
Urine	86
Urinary Patterns	90
Fundamental Offbalances	93
Place of Dualism in Cancer Physiopathology	99
5. The Constituents	104
The Elements	105
The Series	105
Periods	107

6. Lipids and Lipoids	113
DEFINITION OF LIPIDS	114
<i>Physical Lipoidic Properties</i>	119
Solubility	119
Molecular Layer Formation	123
<i>Chemical Properties</i>	124
<i>Biological Properties</i>	125
Lipidic System	125
FATTY ACIDS	128
Rancidity	128
Caloric Metabolism	129
Constitutional Role	130
Functional Role	130
Double Bonds	131
<i>Abnormal Fatty Acids</i>	132
Methods of Investigation Used	134
THE ANTI-FATTY ACIDS	135
Glycerol and Glycerophosphoric Acid	135
<i>Steroids</i>	137
<i>Sex Hormones</i>	139
<i>Sterols</i>	141
<i>Steroids with a Two-Carbon Chain</i>	143
The Luteoids	143
Corticoids	144
<i>Glucuronic and Sulfuric Anions</i>	147
FATTY ACIDS VS ANTI-FATTY ACIDS	148
Sex	149
Age	150
Other Physiological Factors	150
Effects of Antagonistic Lipids at Different Levels	154
Effects of Lipids on Viruses	154
Effects of Lipids on Microbes	157
Effects of Lipids on Protozoa	158
Effects of Lipids on Complex Organisms	159
On Pain	160
Wound Healing	161
Regeneration	161
Organic Level	162
Intestines	162
Kidney	162
Nervous System	163
Convulsions	163
Coma	163

On Cardiac Rhythm	164
On Oestral Cycles	164
Systemic Level	164
On Temperature	164
On Systemic Patterns	165
Mechanism of the Lipidic Biological Activity	165
OTHER CONSTITUENTS	168
Aminoacids	168
Carbohydrates	170
7. Defense	171
Diphasic Phenomenon	172
Prolonged Hemoshock	176
Anti-heterogenous Reaction	177
Coagulant Antibodies	179
Allergic Reaction	180
Lipido-Proteic Antibodies	181
Neutralizing Antibodies	182
Defense and Hierarchic Levels	183
Clinical Manifestations	184
Organization and Defense	186
Affinity of Antigens	189
Allergic Precipitates	193
Intermediary Lysates	194
INFECTIOUS DISEASES	195
<i>Toxic and Allergic Conditions</i>	195
Pneumococcic Pneumonia	198
Diphtheria	199
Typhoid	201
Tetanus	202
Rabies	202
Syphilis and Tuberculosis	203
Streptococcal Infections	204
IMMUNOLOGICAL DEFENSE AGAINST CELLS AND TISSUES	206
Heterogenization of the transplants	206
7th day Manifestations in Trauma	210
IMMUNOLOGICAL PROBLEMS IN CANCER	212
Grafts in Humans	214
Metastases	217
Immunological Therapeutic Approach	218

8. The Correlation Between the Basic Concepts	221
Hierarchic Organization	221
Constituents	222
Dualism	223
9. Shock	225
Types of Shock	225
Shock Mechanism	227
Pathological Changes	227
Fatty Acids and NaCl in Shock	229
Water Metabolism	232
Other Changes	233
Experimentally Induced Shock	233
10. Radiation	236
Irradiation of Lipids	236
Irradiation in Vitro	238
Irradiation in Vivo	242
Local Effects	249
Lipids and Radiation Burns	252
<i>Role of Anti-Fatty Acids</i>	256
Role of Adrenals	257
Direct Action of Radiation	258
Radiotherapy	261
Biologically Guided Radiotherapy	262
11. Problems in Cancer	264
Diagnostic Tests	265
Circulating Cancer Cells and Surgery	267
EXPERIMENTAL CARCINOGENESIS	268
Energetic Factors	270
Twin Formation	271
Nitrogen Mustard Derivatives	278
Epoxide Carcinogens	281
Synjugated Formations	283
VIRUSES AND CANCER	290
Two Types of Carcinogenic Effects	290
Plural Activity	293
Virus and the Host	295
Virus and Lipoids	296

GENETICS AND CARCINOGENESIS	302
Allotropic Resonance Forms	302
Lipids and Carcinogenesis	304
Carcinogenic Activity of Urethane	307
INTERVENTION OF PSYCHOLOGICAL FACTORS IN CANCER PATHO- GENESIS	308
12. Pharmacodynamic Activity	311
AGENTS WITH ACTIVE NEGATIVE POLAR GROUPS	312
<i>Fatty Acids</i>	312
Saturated Fatty Acids	312
Unsaturated Fatty Acids	313
Acid Lipidic Fractions	317
<i>Abnormal Fatty Acids</i>	319
Bixine	324
Fading Response	325
Alpha Hydroxy Fatty Acids	326
Other Fatty Acids	326
Peroxide Fatty Acids	327
Halogenic Compounds of Fatty Acids	328
LIPOIDS WITH OTHER NEGATIVE POLAR GROUPS	329
Lipoaldehydes	329
<i>Lipoids with Thiol Groups</i>	330
Mercaptans	330
Hydropersulfides	334
Other Compounds with a Thiol Group	335
Tetrahydronaphthalene Persulfides	336
Thiosulfates	336
Alpha-Thio-Fatty Acids	338
Thioglycolic Series	338
Relationship to Sulfur Metabolism	340
<i>Selenium Lipoids</i>	342
Hexyl- and Heptydiselenides	343
Tetrahydronaphthalene Perselenide	344
ALKYLATING AGENTS	345
Sulfur Mustard	346
Epichlorohydrin	348
THE ELEMENTS	349
Magnesium	354
Calcium	356
Copper	358
Manganese and Cobalt	360

Heavier Elements	361
Elements in the Pathogenesis of Cancer	361
13. Pharmacodynamic Activity (Part Two)	362
ANTI-FATTY ACID GROUP	362
Anti-Fatty Acids Constituents	362
Glycerol	363
Glucose	368
Glycerophosphoric Acid	368
Sterols	369
Insaponifiable Fractions	371
Corticoids	372
<i>Synthetic Anti-Fatty Acids</i>	375
Butanol	375
Higher Alcohols	380
Polyols	387
Diols	387
Lipoalcohols with Energetic Centers in the Nonpolar Group	388
Other Alcohols	389
<i>Lipamines</i>	390
Procaine	391
<i>The Elements</i>	394
Monovalent Cations	395
Sodium	395
Potassium	396
Iron	399
Zinc	401
Mercury	402
Bismuth	402
Arsenic	402
Aluminum	403
Chlorine	403
Fluorine and Bromine	404
Iodine	404
Oxygen	405
Peroxidases	409
Antioxidants	409
14. Therapeutic Approach	413
BIOLOGICAL GUIDED THERAPY	413
Criteria	415
The Agents	416
Method of Application	416
Evaluation	417

THERAPEUTIC APPLICATIONS IN CONDITIONS OTHER THAN CANCER	418
<i>Acid Base Manifestation</i>	420
<i>Pain</i>	421
<i>Trauma</i>	423
<i>Burns</i>	426
<i>Vertigo</i>	428
<i>Hearing Impairment</i>	430
<i>Itching</i>	435
<i>Gallbladder and Renal Colic</i>	435
<i>Arthritis</i>	435
Connective Tissue Condition	437
<i>Hemorrhage</i>	439
Hemorrhagiparous Agents	439
Antihemorrhagic Agents	441
Butanol	441
Fatty Acids	450
<i>Allergic Conditions</i>	451
<i>Arteriosclerosis</i>	452
Therapeutic Attempts	457
15. Therapeutic Approach to Cancer	461
Placenta Extracts	463
Cod Liver Oil Fatty Acids and Sterols	466
Acid Lipidic Fractions and Unsaponifiable	468
Group of Agents	473
Mercaptans	476
Sulfurized Oil	481
Thiosulfates	482
Hydronaphthalene Persulfides	491
Butanol, Glycerol	493
Conjugated Fatty Acids	501
Heterogeneous Agents	508
Selenium Preparations	512
Tetralin Perselenide	518
Radiation and Chemotherapy	524
16. Present Form of Treatment	531
Criteria Used	532
Conduct of Treatment	536
Results Obtained	537
BIBLIOGRAPHY	727
INDEX	747

NOTES

Chapter 1

NOTE

1. Subnuclear Organization 543

Chapter 2

NOTE

1. CNCN 545
2. Repartition of Potassium and Sodium 547
3. Social Hierarchic Organization 548

Chapter 3

NOTE

1. Precancerous Lesions 550
2. Noninvasive Cancer 550
3. Abnormal Amino Acids 551

Chapter 4

NOTE

1. Physiological and Pathological Pain 552
 2. Blood Titrimetric Alkalinity and Urinary pH 557
 3. Acid Pattern of Pain and Lactic Acid 561
 4. Itching 562
 5. Nasal pH 565
 6. Wheal Resorption 566
 7. Eosinophiles 567
 8. Total Blood Potassium 571
 9. Sulfhydryl Determination 573
 10. Calcium in Urine 575
 11. Urinary Surface Tension 575
- Technical Problems* 575
- Design and Calibration of the Urotensiometer* 578

NOTE

<i>The Measurement of Urinary Surface Tension with the Uro-</i> <i>tensiometer</i>	578
<i>The Nature of the Intervening Substances</i>	580
<i>Surface Tension and Normal and Abnormal Physiology</i>	581
<i>Time of the Day and Urinary Surface Tension</i>	581
<i>Surface Tension in Normal Humans and Animals</i>	584
<i>Colloids in Urine and Surface Tension</i>	590
12. Urinary Oxydoreduction Potential	590
13. Oxydoreduction Potential of the Urine	590
14. Peroxides in the Urine	592
15. Index of Excretion and Retention	594
16. Water and Nitrogen Metabolisms	595

Chapter 5

NOTE

1. Second Day Wound Crust pH	597
CHEMICAL FACTORS	599
<i>Cations and Anions</i>	599
<i>Acid Lipoids</i>	601
<i>Alcohols</i>	601
<i>Other Agents</i>	603
PHYSICAL AGENTS	607
BIOLOGICAL FACTORS	608
2. Potassium	610
<i>Potassium and Offbalances</i>	612
<i>Potassium and Lipids</i>	613
<i>Potassium and Therapy</i>	615

Chapter 6

NOTE

1. Definition of the Lipids	615
2. Definition of Lipoids	615
3. Separating Membrane Between Aqueous Media	616
4. Fatty Acids Break Down	616
5. Position of the Double Bond in Monoethenoids	618
6. Saturation—Desaturation Balance in the Liver	619
7. Essential Fatty Acids	621
8A. Solvent Fractionation of the Lipidic Constituents	622
8B. Spectral Analysis	626
8C. Vapor Fractionation of Fatty Acids	627
8D. Fixation of Halogens on Conjugated Double Bonds	622
9. Twin Formation	627
10. Arachidonic Acid—Sterol Relationship	631
11. Steroids Deriving from Arachidonic Acid	631
12. Steric Coupling	633
13. Luteoid Function	633

NOTE

14. Energetic Center in Steroids	635
15. Relationship Between Corticoids	637
16. The Template Hypothesis	636
17. Adrenal Defense Index	638
19. Bonds of Glucuronic Acid	641
20. Glucuronic Acid—Mechanism of Coupling	641
21. Paraplegia Induced by Cholesterol	644
22. Adipose Cells and Sulfur Mustard	645
23. Fatty Acids and Old Tetrahymena	646
24. Lipids and Old Age	646
25. Surface Tension of Urine in Old Age	646
26. Environmental Influences	649
27. Environmental Influences Upon Urinary Surface Tension	651
28. Barometric Influence	653
29. Lipoids and Tumor Transplants	653
30. Temperature, Lipids and Virus Infection	654
31. Youth and Viruses	654
32. Changes in the Viruses Induced by Lipids	655
33. Microbes, Phages and Lipids	656
34. Lipids and Survival Time of Tetrahymena	656
35. Lipids, Temperature and Tetrahymena	657
36. Pain Induced by Lipids	657
37. Lipids and Wound Healing	657
38. Liver Regeneration	658
39. Lipids and Convulsions	659
40. Lipoids and Coma	659
41. Cardiac Rhythm	660
42. Some General Considerations of the Role of Lipids in Blood	
Physiology	662
<i>Sedimentation Rate</i>	663
<i>Red Cell Volume</i>	664
<i>Red Cells, Plasma and Lipids</i>	664
<i>Lipids and Oxygen Transport</i>	667
<i>Lipids and Shock</i>	667
<i>Effects upon Leucocytes</i>	668
<i>Lipids and Blood Serum Cholesterol</i>	668

Chapter 7

NOTE

1. Analyses in Studying the Hemoshock	669
2. Morphine and Shock	670
3. Physical Exercise and Shock	671
4. Lymphocytes and Effects in Vitro	671
5. Lipids and Immunity	671
6. Microbes Treated with Lipids	671
7. Skin Allergy	673

Chapter 9

NOTE

- | | |
|---|-----|
| 1. Hemoglobinuria a Frigore | 673 |
| 2. Lipids and Rouleaux and Sludge Formation | 678 |
| 3. Dark Color of the Blood in Shock | 678 |
| 4. Induction of Acute Shock | 679 |
| 5. Induction of State of Shock | 679 |
| 6. Influence of Fatty Acids upon Traumatic Shock | 679 |
| 7. Influence of Unsaponifiable Fractions upon Traumatic Shock | 680 |

Chapter 10

NOTE

- | | |
|--|-----|
| 1. Oxalic Index | 680 |
| 2. Irradiation and Oxalic Index | 682 |
| 3. Oxalic Index in Sublethal Irradiation | 682 |
| 4. Radiation Induced Offbalances | 683 |

Chapter 11

NOTE

- | | |
|--------------------------------------|-----|
| 1. Carcinogenic Activity of Urethane | 689 |
| 2. Constitution of Viruses | 690 |

Chapter 12

NOTE

- | | |
|--|-----|
| 1. Lipids and Cytolytic Activity of Sera | 691 |
| 2. Fatty Acids Transportation in the Blood | 694 |
| 3. Conjugation Method | 695 |
| 4. Quenching Action and Anti-Carcinogenic Effect of Conjugated Fatty Acids | 695 |
| <i>Conjugated Fatty Acids and Quenching</i> | 699 |
| <i>Conjugated Fatty Acids and Induced Carcinogenesis</i> | 703 |
| 5. Lipids and Tumor Chlorides | 710 |
| 6. α -OH Fatty Acid and Experimental Tumors | 710 |
| 7. Hydropersulfides | 711 |
| 9. Magnesium and Adrenalectomy | 712 |

Chapter 13

NOTE

- | | |
|--|-----|
| 1. Glycerol and Chills | 713 |
| 2. Influence of Glycerol upon the Cardiac Rhythm | 714 |
| 3. Glycerol Induced Convulsions | 714 |
| 4. Suspensions of Lipoids | 715 |
| 5. Cholesterol Induced Convulsions | 715 |
| 6. Treatments in Successive Generations | 715 |
| 7. Conjugated Trienic Alcohols | 718 |

NOTE

8. Toxicity of Butanol in Humans	718
9. Butanol and Leucocytes	719
10. Butanol-sodium lactate in Burns	720
11. Effect of Heptanol	721

Chapter 14

NOTE

1. Observations of Dr. E. Stopen	721
2. Dr. Welt's Publication on Butanol	723
3. Dr. A. Ravich's Conclusions	723
4. Treatment of Post-Traumatic Conditions	723
5. Dr. B. Welt's Conclusions on Hearing	724
6. Butanol in Plastic Surgery	725

Chapter 15

NOTE

1. Radiation and Chemotherapy	726
-------------------------------	-----

To My Wife

FOREWORD

THEORY AND FACTS

FEW OTHER PATHOLOGICAL CONDITIONS have aroused, as cancer has, the interest of so many scientific disciplines. Problems related to cancer have become of continuously increasing concern in virtually every field of medicine. In some, such as pathology, they are a major preoccupation. But in sciences other than medicine, cancer also has been receiving increased attention. One of the most urgent activities of synthetic chemistry today is the search for new compounds which might possibly be effective in the control of cancer. Physical chemistry is trying to provide new explanations about the variety of processes present in cancer. Even mathematical studies which recently have offered an interesting application of quantum theory to carcinogenesis, have found new applications in cancer.

With the rapid development of physical sciences, the medical research worker has hoped that from them might come some contribution that could help him ultimately in his difficult task. He also appears to have been anxious to take quick advantage of the progress of other disciplines for another reason, hoping that, through employing their findings and methodology, medicine in general and cancer research in particular, could be promptly changed from the empirical discipline it has been until now into a positive science. He has brought as many applications of other disciplines as possible into his study and this has led to a whole series of new methods of investigation through which interesting new information has been obtained. Yet, most of these applications have been tried chiefly because they have been at the immediate disposal of the scientist rather than because they have represented a missing link in the development of his own ideas.

The outcome has not been rewarding. Medical knowledge appears not to be sufficiently advanced to successfully utilize the avalanche of new, highly specialized information offered by the investigative methods derived

from other disciplines. Basic theoretical knowledge in medicine in general, and about cancer in particular, has not yet reached the level necessary to relate and assimilate the new data. To a large extent, basic concepts about pathogenic problems are not even formulated as yet. When the medical scientist has tried to transform the new data into effective therapeutic procedures, he has failed. And the failure has made more evident how much we need basic physiopathological knowledge before we are able to take advantage of detailed data.

Meanwhile, normal development of cancer research has been hindered, side-tracked from its logical course. While thousands of scientists with almost unlimited funds at their disposal are presently using the most advanced methods for the acquisition of details, almost no attempts are being made to resolve basic problems, although the cancer investigator is continuously obliged to realize the dearth of fundamental knowledge.

If we attempt to analyze this abnormal situation further, we can find indications that it may have its origin also in a distortion of the proper relationship between the two factors that, together, make for progress in research—ideas and experiment.

The experimental approach provides precise information about particular phenomena under defined conditions. The analytical method tries to investigate reality by recognizing the proper place of the various constituents of a whole, the parts being identified as such by the experimental findings. On the other hand, the conceptual method not only provides an inkling of what the completed whole will eventually look like, but also attempts to predict the properties and the relationship of the component parts.

In dealing with a highly refined and complicated subject, the analytical method by itself appears inadequate. For example, in atomic physics, the results of experiments are expressed by numbers giving the values of certain physical quantities that have been measured. In order to complete the analysis, we must simultaneously determine the numerical values of certain quantities defining the material bodies, the objects of the experiments. This is prohibitive so far as canonical coordinates by Heisenberg's uncertainty principles are concerned. With experimental knowledge somewhat curtailed, theory at present must attempt explanation.

In other areas as well, experiments present only limited numerical values pertaining to some physical quantities. Were we able to measure all quantities, we could analytically reconstruct the entire theme of the physical reality. However, when some quantities cannot be simultaneously deter-

mined, this direct reconstruction is not possible and experiments merely give an indirect approach to what we regard as "reality."

If the inadequacy of the analytical approach by itself is evident in the highly positive disciplines, such as in the physical sciences, it is even more so in biology. As Bohr and others have intimated, the conditions of uncertainty seem to be much more pronounced in biology than in physical science. The fact that experiments in biology give only fragmentary and unrelated results is not surprising; the need for a synthetic theoretical method in this field is clear.

In medicine, which is applied biology, the need for the conceptual approach is especially profound. It is true that this approach, as the sole approach, has shown its inherent weakness in the past. There was a time in the development of medicine when available data were so scarce and unreliable, and the need for ideas to provide some sort of guidance was so great, that the worker resorted to broad imagination, using it to replace almost entirely any other form of investigation.

Largely as a reaction to the high proportion of "speculations" prevalent in the early years, the experimental approach in medicine came to be emphasized. Claude Bernard, who almost single-handedly was responsible for this, tried to give experimentation its rightful role. However, in ensuing decades, the relationship between theory and experimentation has been progressively distorted. An unrestrained exaggeration of the role of the experiment, the erroneous view that pure facts represent the aim of research, has led to an entirely unbalanced approach. Not only have almost any data obtained by research been considered intrinsically interesting, but obtaining them has become the sole purpose of much research. In scientific papers today, experimental data must be reported as such; any allusion to theoretical meaning is considered undesirable. Generations of scientists have been schooled to believe in the intrinsic value of the experiment. As they have applied this belief to research in biology, and as they have made unlimited use of new methods taken from other disciplines with no ideological requirement for their use, we have had more and more data and fewer ideas. Today, with great astonishment, some scientists are at last beginning to recognize not only that data alone do not generate ideas, but that science cannot progress without theory.

Ideas and experiments are integral parts of all scientific research. A balance between them is needed to assure progress. It must be understood that the function of experimentation is to guide our thinking, to help build up new concepts, and to prove their accuracy in accordance with reality. Certainly, fundamental concepts must not be mere "speculations." They

should be accepted only after confirmation through experimentation. Experimentation is the necessary link between mental concept and reality. To the attempts to consider any unresolved fundamental problems in biology, one has to try to bring a rightful balance between conceptual views and experimentation.

The exaggerated importance attributed to experimentation in biological science, its use even as a substitute for ideas, has led recently to a massive attempt to solve the therapeutic problem of cancer by indiscriminate screening of chemical agents. Here, empiricism has been brought to its culmination. After tests of tens of thousands of agents, many workers are now beginning to realize that the results are almost worthless for cancer therapy in humans, that seemingly promising agents have an effectiveness limited to the conditions present in the actual animal experiments. By its impressive magnitude, the failure of indiscriminate screening, of empiricism epitomized, has begun to impel many workers to change their idea as to what must be done if the cancer problem is to be solved. A first result of this change has been a new and, this time, unbiased evaluation of just where we stand in our assault on the cancer problem. Every day more scientists are making the evaluation in their reports to the medical profession and to the public with a candidness which, only a few years ago, very few would have employed.

The Present State of the Cancer Problem

Surgery in cancer can be considered to have arrived now at or near its maximum efficiency. Thanks to progress in operative techniques, and to advances in pre- and post-operative care, ultraradical surgery is available today. The propensity of cancer to spread far from its original site has made such surgery obligatory in many cases if there is to be an effort to eliminate all malignant cells. Yet ultraradical surgery has not sufficiently increased the cure rate to justify horrifying mutilations, especially when the face is involved. With few exceptions, surgical procedures do not prevent the patient from dying of cancer sooner or later. The so-called five-year-cure-rate represents, to say the least, an unrealistic appraisal. Many authors consider that even the rate of five-year survival is not improved by surgical procedures, and the ultimate fate of these five-year survivors, with few exceptions, is still disastrous. Most of the "cured" cases still die from cancer.

Other recently discovered facts have increased skepticism about the value of surgery in cancer. The polycentric origin of cancer, especially in

cases where the lesions are far apart—considered by some workers to be true even in malignant melanoma, for instance—would greatly limit the value of surgery as a means of eliminating all cancerous cells. It is recognized that to operate on a lymphoma is useless. Furthermore, it is known today that cancer cells are present in the circulating blood. Surgical manipulation has been found to induce a flow of these cells into the blood even from relatively small primary tumors.

In view of all this, cancer cannot be considered to be a condition for which surgery is a major hope. Surgery represents only an expedient—to be tried so long as nothing better can be offered. It is probable that in the future it will be reserved, in cancer treatment, for the correction of mechanical complications, such as intestinal or other duct occlusion.

Unfortunately, radiation has not been much more successful in its long range results. In order to control cancer, it is necessary that radiation destroy all the cancer cells present in the organism while producing minimal damage to normal tissue. It appears that such high selectivity of action cannot be obtained. The lack of it may be implicit in the nature of the effects achieved by radiation. A study of the biological effects of radiation, which is to be presented later in this monograph, has shown that an important part of the action of radiation is to induce changes in certain constituents of the body, principally fatty acids. These changes are largely responsible for the favorable effects of radiation but they also are largely responsible for the undesired effects. It is the nature of these changes which limits qualitatively the capacity of radiation to influence cancerous processes, and makes it dubious that progress in technique can ever greatly improve the qualitatively insufficient effectiveness of radiation. Clinical results to date provide confirmation of this pessimistic view. The recent use of extremely high voltage radiation, of radioactive cobalt, and of other radioactive particles has not greatly improved results over those obtained with older forms of radiation twenty years ago, except for reducing some harmful immediate skin and systemic effects. Now, as earlier, with few exceptions, the benefits of radiation are no more than temporary. Long lasting good effects still are limited to only a few radio-sensitive tumors.

The resort to isotopes, in which the scientific world has put so much hope and millions of dollars, also has proved greatly disappointing. Of the thousands of cases of various kinds of cancer in which isotope therapy has been tried, only a very limited number of cancers of the thyroid have responded. Not only because of its continuing failures, but because of its inherent qualitative inadequacy, radiation does not appear, any more than surgery, to represent the solution for the problem of cancer.

With surgery and radiation therapy incapable of resolving the problem, more and more research workers have turned their efforts in other directions. The existence of some cases of spontaneous remission has led many investigators to believe that immunological procedures related to cancer would be able to resolve these problems. Unfortunately the existing knowledge in this specific field is too meager to permit more than some tentative investigations, usually only repetitions of similar researches made many years ago with limited success. Fruitful development of this approach would have to follow the normal pathway, starting with more knowledge of the complex immunological processes intervening in cancer.

An enormous amount of cancer research in recent years has been directed toward chemotherapy. It is a fact that many agents and groups of agents have shown the capacity to influence tumor evolution. However, each has had limited usefulness. Results of treatment have been characterized by inconsistency. Even in seemingly susceptible types of cancers, results have been good in one case, poor in another and have varied even for the same patient at different times. The inability to explain and remedy these variations has discouraged many workers. Although it appears evident that the source of discrepancies resides in the patients themselves, the general tendency among researchers has been to try to resolve the problem by finding agents able to act independently of any differences which exist between subjects.

In despair at the lack of progress in this approach, many workers today are using the screening enterprise mentioned above as a kind of last resort. For this project, they have renounced the scientific concept that pharmacodynamic activity must serve as the basis on which an agent is to be tried in therapy. They have fastened into a purely empiric approach. Now, all available chemical substances—and many others which will be synthesized especially for the purpose—are to be screened indiscriminately, for their effects on animal tumors with no reason for this test other than that the agents are, or can be made, available. We will not dwell here on the assumption that routine technique is more likely than imaginative brain power to resolve the problem of cancer. The results of this screening to date have shown it to be an invalid procedure, as expected by most critical workers. With tens of thousands of substances already tested, the busy screeners are obliged to recognize that the approach itself is fundamentally erroneous. Experience has proved that an agent can be wonderfully effective against one tumor and still be entirely inactive in others. Of tens of thousands of agents tested, less than a hundred have shown effects on

tumors in animals. None appears to have significant value when applied in humans.

These results have emphasized again the importance of factors other than the agent itself. One factor lies in the differences which exist between various tumors. Some of the other factors include variations between species, between individuals of the same species, between origins of tumors, between spontaneous and transplanted tumors, and even variations in any one individual at different times.

Faced with this situation, some workers have concluded that not one treatment but at least hundreds of different treatments must be found in order to cope with the huge variety of conditions.

Taking cognizance of these considerations, it has seemed to us that a more realistic and logical approach is to try to understand the nature of the existing differences and to attempt to make the treatment adequate on the basis of that understanding. It has been this approach which has been followed in our research.

We have studied the problem of cancer for the last thirty years from an entirely different vantage point than that used by other workers. Attention has been focused on the physiopathological aspect of cancer, on the basic changes that occur in the different patients, with the ultimate aim of understanding the part played by these changes in the response of cancer to therapeutic attempts. This emphasis on the physiopathological aspect of cancer has been made possible by applying a more general overall idea of the nature of the disease.

This approach is based under various new concepts. They concern,

- 1) The role of the organization in the pathogenesis of the conditions.
- 2) A dualistic systematization of the manifestations related to normal and abnormal physiology.
- 3) The predominant intervention of certain constituents such as lipoids and chemical elements in the induction of the opposite manifestations.
- 4) The possibility to integrate the occurring processes into a system of *defense mechanism* against the noxious influence exerted by the environment.

Many general and special problems of physiopathology, some of them concerning cancer and other conditions, have been analyzed in this framework.

The application of this approach to therapy has resulted from a logical development of that approach. The recognition of the intervention of a variety of pathogenic factors, not only differing from one subject to the other, but even changing in the same subject during the evolution of the

condition has emphasized the need for individualized therapy. As opposed to the tendency to overcome the differences existing between individual subjects through a standard therapy, the "guided therapy" utilizes the knowledge of the occurring different pathogenic particularities in order to correct them. A high degree of flexibility in the treatment has appeared necessary.

As part of this approach to therapy, has appeared the need for more complete knowledge of the existing differences and their interpretation in terms of the pathogenesis of the condition. The search for adequate analytical tests has thus represented the first task. The development of day-by-day analysis of the condition has been possible by choosing relatively simple but reliable procedures. The information they offered was used to determine the nature of the agents able to correct with a certain specificity, the encountered pathological conditions. These two parts, the recognition of the existing condition and the adequate agents, have concretized this approach.

These considerations explain also why the new developed "guided therapy" cannot be understood and correctly applied without a sufficient knowledge of its physiopathological and pharmacological basis. These same considerations have led us to present the research concerning this approach as a block, instead of fragmented communications. The form of a monograph has appeared consequently the best suited. In a further effort to achieve a cohesive presentation, we have separated from the text most of the technical and experimental data, and presented them as notes at the end of the text.

ACKNOWLEDGEMENT

Progress in our research has been made possible only through the day by day cooperation of different groups of co-workers who have contributed years of assiduous work. Many of them are mentioned in the following pages where the research in which they took part is presented. I am deeply indebted to them.

I wish to thank all those friends whose personal efforts or, who through their organizations, have given their material and moral support to the continuation of our research. Special thanks go to Mrs. Sherman Pratt for her tireless efforts on our behalf.

My sincere appreciation to those who have helped me in the preparation of this book, Mr. L. Galton, Mrs. E. F. Taskier and Mrs. H. Kennedy for the editorial work; Mrs. E. F. Taskier for the figures; and Mrs. P. Berger, Mrs. B. Doctors and Mrs. M. Prikasky for the secretarial work.

I wish to gratefully acknowledge Miss Fanny Holtzmann's devoted friendship and help.

CHAPTER I

BASIC CONCEPTS OF ORGANIZATION

THE INTELLECTUAL MECHANISM used by man to acquire knowledge has led him to recognize the existence of relationships between the various manifestations encountered in nature. He has employed abstraction and integration to build up conceptual individualities which he identified as separate entities in nature. Structural characteristics and dynamic properties have appeared to be the most suitable criteria for defining these entities. However, curiosity has constantly impelled man to attempt to extend his knowledge by explaining and correlating these entities, and an important means has been analyses breaking them down into their component parts.

Out of these analyses has come recognition of the fundamental importance of *organization*. For, as entities have been analyzed one after the other, it has become clear that the seemingly infinite variety of them perceived by our senses is in reality the result of the arrangement of a relatively small number of basic units, the molecules. Moreover, analysis has shown that only a very small number of chemical elements make up even the most complex molecules; that combinations of less than one hundred elements, in different proportions and relationships, account for tens of thousands of compounds and many billions of entities. And further analysis has revealed that elements themselves represent different dynamic arrangements of only a few—according to some hypotheses, only two—fundamental corpuscles.

Upon close analysis, nature, which appears to be so greatly varied, turns out, in fact, to be based upon only a very few fundamental constituents and it is the manner in which these constituents are bound together, their organization into a multitude of combinations, which provides variety.

The study of organization obviously, then, could furnish the most valuable information about nature. And it would not appear to be too much to expect that, if nature's seemingly infinite variety stems from organization of only a few constituents, then organization itself might also be achieved through a few, relatively simple fundamental patterns. If so, seeking out such patterns—systematic analysis of organization comparable to the efforts to systematize constituents—could be of primary importance to better understanding of a host of problems.

Homotropy and Heterotropy in Nature

As man attempted to recognize order in the constant changes seen in nature, he noted certain patterns that appeared to indicate definite "laws of nature." Some of these laws have been observed to operate under such a wide variety of circumstances that they have come to be accepted as "fundamental laws."

In 1824, Sadi Carnot formulated one which is known as the Second Law of Thermodynamics. Carnot observed that, in a given system, work involving the transformation of thermal into mechanical energy is only accomplished as heat drops from high to low temperature. In more general terms, this means that work accomplished in an isolated system results in progressively eliminating differences in temperature. Clausius recognized this as a fundamental principle and postulated that the amount of energy available for work always tends toward a maximum. This condition, called "maximum entropy," corresponds to uniformization of temperature and also to homogeneous disorganization. At first, it appeared that the principle was in conflict with the First Law of Thermodynamics which expresses the rule of conservation of energy. However, Helmholtz soon was able to demonstrate its validity by showing that only the second law could reconcile the first with the impossibility of perpetual motion.

In a more philosophical vein, we considered, in our research, that this Second Law of Thermodynamics in its broadest sense could define a fundamental trend toward annihilation of any existing differences in nature, through the triumph of total uniformity. Since Clausius used the term "entropy" in applying Carnot's original observation to closed mechanical systems, it has seemed preferable to avoid confusion by utilizing another term for this general tendency toward uniformity in its broadest sense. Therefore, we have chosen the term "homotropy."

Despite the theoretically rapid trend in the direction of absolute uniformity, or homotropy, no such final state has yet been achieved. It must be concluded, therefore, that some other factor opposed to that trend exists.

We have chosen the term "heterotropy" for this other factor, which tends to maintain or produce inequality and thus to preserve the order that is evident in nature.

In order to understand the roles of these two opposing fundamental tendencies in the organization of nature in as logical a fashion and with as much ease as possible, it seemed advisable to try to study their operation first in one of the simplest and best known natural organizations, the atom, passing later on to higher and lower levels of organization.

The Atom

The role of the two opposing tendencies in atom organization becomes clear when we study the relationship between the forces that form this entity. Each atom consists of a positively charged nucleus surrounded by negatively charged electrons in adequate number to balance the nuclear charge.

The existence of the atom depends upon forces acting between nucleus and electrons. One group is of coulombian nature. These are the electrostatic forces that account for the attraction between oppositely charged electrons and nuclei, and for the repulsion between electrons bearing similar charges. If such forces did not exist, electrons would wander irregularly and would not be retained around the nucleus.

Yet, if electrostatic forces were unopposed, electrons would be drawn closer and closer to the nucleus and would finally fall into it, thereby bringing about complete annihilation of all charges. The fact that electrons are not absorbed by the nucleus indicates the existence of a second, opposing force.

This second force is defined by quantum mechanics and the quantum theory of fields. Quantum mechanics ascribes a series of discrete energy levels to electrons within atoms. Radiation is emitted or absorbed only when electrons pass from one stationary level to another. The energy levels are relatively stable, and a state of minimum energy exists when each of the electrons of the atom is as close as it can be to the nucleus on the ground level.

The energy levels correspond to the orbits described by Bohr's theory which, although not entirely accurate, affords a good basis for understanding atomic properties. Bohr envisaged the electrons revolving around the nucleus in definite orbits, each orbit moving continuously in these states, the atom not emitting radiation. This differs from the older theory according to which the electrons can revolve around the nucleus on any orbit. Such casual orbit motions would lead to loss of energy by radiation. The

electrons would come closer and closer to the nucleus and would, as already pointed out, finally be absorbed by it. The quantum theory of fields accounts for the absence of radiation and for electrons remaining in their particular orbits. However, the concept of stationary states fails to explain all the properties of the atom, particularly its chemical reactivity, by virtue of which different atoms combine to form molecules.

According to another tenet of the quantum theory, the Pauli Exclusion Principle, an orbit cannot be occupied by an indefinite number of electrons but, at most, by two electrons that spin in opposite directions. The orbits are arranged in shells, each shell having a definite level of energy. A shell is complete when it contains the maximum number of electrons compatible with the Pauli Principle. Complete shells consist of 2, 8, 18, etc., electrons. When an inner shell has its quota of electrons, additional electrons must occupy an outer shell. Consequently, instead of falling into the nucleus, the electrons in their lowest energy states will continue to revolve at a considerable distance from the nucleus.

As already indicated, if there were only electrostatic forces, the electrons would have long since fallen into their nuclei, neutralizing all electric charges. The universe would be in a state of maximum homotropy. No strong atomic forces would exist and no chemical reactions would take place. The intervention of quantum forces avoids this. It is apparent, then, that the organization of the atom results from the operation of two types of forces, electrostatic and quantum, the electrostatic serving to bring and keep nucleus and electrons together to constitute the atom, the quantum accounting for a motion of electrons which prevents their total annihilation and the neutralization of all electrical charges.

Homotropic and Heterotropic Forces in the Atom

We may now attempt to consider electrostatic and quantum forces in the atom in terms of homotropic and heterotropic trends. Let us hypothesize an atomic system in which only electrostatic forces are active and compare it with a real system which also has active quantum forces. Whereas the fictitious system will rapidly evolve towards a state of maximum homotropy, with annihilation of all charges, this will not occur in the real system. When the two systems have reached final states of equilibrium, the homotropy of the imaginary system will be greater than that of the real system. If the quantum forces that keep the electrons away from the nucleus in the real atom could be withdrawn, the electrostatic forces acting alone would bring about a state of complete annihilation, thus making available a certain amount of energy that had previously been preserved by the

quantum forces. In this sense, it is apparent that the electrostatic attraction between nuclei and electrons is of a homotropic character, while quantum forces are heterotropic.

*Fulfillment * of Quantum and Electrostatic Forces*

There are diverse consequences from the operation of quantum and electrostatic forces in the atom. The partial fulfillment of the electrostatic forces keeps the nucleus and electrons together in the atom, while quantum forces cease to exist with the establishment of complete electron shells, and have, therefore, been called "saturation forces."

In the atoms of the noble gases, quantum and electrostatic forces are simultaneously fulfilled. As a result, these atoms are inert. They have no physical or chemical activity and their entry into the formation of molecules is explained by the intervention of van der Waal's cohesion forces. In all other atoms, the electrostatic forces are fulfilled when the number of orbital electrons corresponds to the nuclear charge. However, when this occurs, the electron shells are incomplete and consequently unfulfilled quantum forces are present. When the quantum forces are fulfilled, other electrostatic forces appear.

Under these circumstances, in order to complete its outer electron shell, *i.e.*, to fulfill the quantum forces, an atom may borrow or lose one or more electrons. This is achieved with a second atom which, by the exchange, reduces or increases its orbital electrons to fulfill its quantum forces and is left with a number of electrons consistent with a complete outer shell. The fulfillment of quantum forces requires changes that involve a displacement of electrons outside the atom itself. This exchange of electrons, properly called "electron transfer," fulfills, to be sure, the quantum forces of the atom. However, as a result of the transfer, the relationship between each nucleus and its orbital electrons is changed, resulting in covalent ions. Those atoms that have gained by the transfer and have an excess of electrons now have a negative charge while those that have lost electrons have a positive charge. As a result, new electrostatic forces appear which, although confined to the atoms themselves, influence their external behavior, as evidenced by the interaction between atoms.

An antagonistic relationship can be conceived between electrostatic and quantum forces in the sense that the fulfillment of one usually leads to appearance of the other.

Electron transfer represents only one mechanism for fulfilling the quan-

* We have unwillingly resorted to this too anthropomorphic term, the use of which has to be excused as didactic license.

tum forces of the atom. Two atoms which do not have sufficient electrons in their external shells to complete the external shells of both can fulfill their quantum forces by sharing some of their electrons. By achieving a complete external shell for each atom, the sharing process satisfies the quantum forces of both atoms. This method of quantum fulfillment through the sharing of electrons also can lead to the appearance of electrostatic forces. If the two atoms are identical, the shared electrons have an intermediate position and, therefore, do not influence them. As a result, the atoms have their quantum forces fulfilled without inducing new electrostatic forces. This is the so-called "homopolar bond." If, however, two atoms are dissimilar energetically, their shared electrons will be located closer to one atom than to the other, the distance being determined by the competitive influence exerted by the atoms upon the shared electrons. At the same time, other electrons will be influenced by the bond, and, as a result, their orbits will be altered to some extent. Weaker electrostatic forces will result and the bond will be intermediary between the ionic and the homopolar. Both kinds of fulfillment of quantum forces—one achieved by transfer, the other by sharing—thus lead to the appearance of new electrostatic forces in the ions or ionoids.

We must repeat here for emphasis that the fulfillment of quantum forces can take place through various avenues, either by loss or gain of electrons, or by sharing which can range from ionic to homopolar. The plurality of possibilities for fulfillment of quantum forces is very important, making it necessary to consider the results of such fulfillment on a statistical basis.

The electrostatic forces act between charged ions of opposite signs, or between atoms bound by shared electrons. Through the balance of these electrostatic forces, bound atoms appear and correspond to neutral formations, having their electrostatic forces fulfilled. However, it is only with the intervention of suitable quantum forces that the bound atoms can form a new entity, the molecule.

Quantum and Electrostatic Forces in Molecules

Alternate operation of electrostatic and quantum forces leads to the organization of atoms into molecules. The quantum forces in the molecules intervene to permit organization of these entities so that the constituents are maintained at proper distances and positions. The result is electrostatic neutrality. The appearance of new quantum forces that maintain the constituents, through their organized movement, at certain distances and in certain positions, insures not only the establishment but also the stability of the new formations. Besides vibrational movements, other more definite

movements can be recognized in the new molecule. When two or more atoms become associated by shared electron bonds, the shared electrons no longer are confined to one atom but are displaced from their own orbits. Under certain conditions, electrons can travel between two or more atoms, or even surround the molecule as a whole. These movements which correspond to the intervention of quantum forces give stability to the molecule.

The fulfillment of intramolecular quantum forces will affect molecules in a similar way as fulfillment of atomic quantum forces affects atoms. By a process similar to that governing motion of electrons in atoms, motion of entities that enter into the structure of molecules is also controlled. The fulfillment of quantum forces is achieved in various ways. For example, there may be localization of the movement of electrons in the molecule. As the result of relative immobilization of these electrons, electrostatic forces appear in the molecule as a whole.

The relatively immobilized electrons can be considered as being related to the molecule as an entity, since they cannot definitely be attributed to any of the constituent atoms. As a result, the molecule becomes electrostatically active.

The positions of electrons and even of atoms in molecules can be understood easily by considering events at the molecular level in the same way we considered those at the atom level. The molecule whose electrostatic forces are balanced is neutral. However, it has active quantum forces which govern the position and mobility of the constituents and the relative positions of bound atoms or of certain electrons in the entity. Fulfillment of molecular quantum forces is realized through changes in movement of electrons which lead to loss or gain of one or more electrons, protons, ions or even groups of atoms. This leads to appearance of electrostatic forces and the molecule becomes an active entity. In the molecule, as in the atom, quantum forces can be fulfilled in more ways than one—although one may represent a preferred situation. For this reason, activation of molecules, through changes in mobility of molecular electrons, has to be considered on a statistical basis.

The electrostatic coulombian character of an activated molecule is the result of the changes in mobility of the electrons. Positive or negative areas in the molecule develop according to the abundance or dearth of electrons, at these positions. The new electronic arrangements in a molecule can be seen as representing a preparatory step for the molecule to become an active entity in the same way that atoms are activated and become ions. The molecule loses or gains one or more electrons, (or protons, ions or groups of atoms) and becomes electrostatically active, with positive or nega-

tive charge, depending upon the nature of the lost or gained entity, and this is the outcome of the fulfillment of the molecular quantum forces. This is illustrated by the following examples concerning the benzene molecule, and the carboxyl and hydroxonium radicals, in which we shall limit ourselves to changes produced by quantum and electrostatic forces.

In the benzene molecule, which is electrostatically neutral, the electrostatic positive and negative forces of the constituent atoms are balanced. However, all the electrons are not in fixed positions. The π electrons of the double bonds move around in the molecule. Because the molecule is closed, this movement is circular, thus accounting for the stability of the molecule, recognized in part by the equal reactivity of all its carbon atoms which is encountered under certain conditions and results in the Kekulian forms.

The fulfillment of the quantum forces accounts for a kind of relative fixation of these wandering π electrons which is responsible for the other structures of the benzene molecule different from the Kekulian ones. It is this localization of electrons with the capacity to enter into further reactions which results in the activation of the molecule as seen in the resulting Dewar structures which in turn accounts for active centers such as ortho, meta, and para positions. These excited molecules, electrostatically active, can readily take part in chemical reactions. Study of the mobile π electrons in many other molecules allows us to understand their role in providing molecular stability, while their relative localization favors the appearance of electrostatically active centers in the molecule and resulting reactivity. Here again, localization of electrons opens up many possible avenues to activation.

The carboxyl and hydroxonium ions represent typical examples of another kind of activation. Inactive carboxyl occurs when the quantum forces cause the electrons to wander continuously between the two oxygens of carboxyl. Because of this electronic condition, the H atom seems no longer to be bound to either of the O atoms, but is situated between both; this form corresponds to the electrostatically fulfilled condition. With fulfillment of quantum forces, the wandering electron takes a more fixed position at one or the other oxygen. When this occurs, the H^+ ion leaves the carboxyl group, and the carboxyl acquires a negative electrostatic equilibrium, leading to further combining activity. This fulfillment of the quantum forces is responsible not only for the appearance of an activated group of electrostatic character, but also for the existence of two structures, each one with another active oxygen.

A similar activation takes place when a molecule acquires an ion, as seen for the hydroxonium ion. Water can, under certain circumstances,

bind a proton resulting from a hydrogen atom which has lost its electron. This bond is achieved through a valency bridge, and can be regarded as the fulfillment of molecular quantum forces. Different structures can be considered as resulting from the fixation of the hydrogen bridge in different positions in relation to the tetrahedral constitution of the oxygen atom. They help to give this bridge bond its high resistance.

Bonding of Molecules

Electrostatic forces in radicals or activated molecules may be further balanced when new bonds are realized between entities with opposite electrostatic forces. Bonding of molecules having electrostatically excited centers may or may not be of chemical nature which is considered to correspond to changes in the structure of the molecules. More often, only a physical bond between molecules takes place, in which case there are no changes in molecular structure. Both types of bonding result in fulfillment of the electrostatic forces through a balanced neutralization, but bonding alone is not sufficient to establish a new entity. A new entity, with structural and functional individuality, apparently is realized only when quantum forces appear and establish definite relationships between the bonded constituents' molecules, placing them in certain positions and organizing their movements. The holistic concept emphasizes the difference between molecules or radicals bound only by the fulfillment of their electrostatic forces of general coulombian character, and the new entities resulting from the appearance of specific quantum forces proper to them. Here again, then, at the molecular as at the atomic level, progress in organization is achieved by alternate operation of electrostatic and quantum forces.

*Polymolecular Formations **

When an electrostatically active molecule or radical binds an electron, ion or even a small radical, the resulting entity is still considered a simple molecule. The group resulting from the bonding of several polyatomic radicals is a complex molecule. Like simple molecules, complex molecules also can group together and the bonding of several leads to still more complex formations, the macromolecules. In turn, macromolecules also can be grouped and the bonding of two or more produces polymolecular formation. Thus, organization progresses from simple molecules to polymolecular formations, first through the grouping together of similar entities. A

* All three terms—macromolecules, polymolecules and complex molecules—are chosen only for didactic convenience.

new entity appears when one of these groups binds a respective secondary part.

Micelles

A distinctive type of new entity results from the bonding of molecular formations with simpler constituents, such as ions or ionized molecules. To this type of entity we have applied the name of "micelle." * Polymolecules, macromolecules, complex molecules or even simple molecules can form the principal part of these micellar entities.

According to the above definition, micelles are entities formed by the binding of molecules, as principal units, to ionized molecules or ions, as secondary units. The latter originally were considered to be "impurities" until Duclay showed their important role in establishing specific entities. According to our concept, micelles are produced when grouped molecules and active impurities become bonded as the result of reciprocal balance of electrostatic forces and the alternate operation of electrostatic and quantum forces, seen for atoms and molecules, applies again. Fulfillment of electrostatic forces leads to appearance of quantum forces, this time proper to the micelles. The quantum forces maintain the micelle constituents in proper positions and govern their movements, described as vibratory for these entities. The operation of the quantum forces, together with fulfillment of the electrostatic forces, accounts for the stability of micelles.

The micellar quantum forces also can be fulfilled, leading to the appearance of unequal distributions of micelle constituents. The micelle then passes from relatively neutral to an electrostatically active form which can enter into further bonds, and it is primarily in further bondage that micelles appear in a reticular aspect.

In an overall view of the development of organization, from atoms to micelles, the relatively simple pattern of alternating operation of electrostatic and quantum forces can be recognized. The regularity of the pattern allows us to consider it as fundamental to the progress of organization. We have tried to go further and to recognize the existence of this same simple organizational system for formations below the atom and above the micelles. We tentatively conceived of subatomic formations being organized in the same manner, *i.e.*, by alternate operation of electrostatic and quantum forces. We will not go into this study here as it would lead us too far from

* It is to this type of structure that we apply the term micelle, as distinguished from various other meanings found in the literature.

the subject of this presentation. An outline of this subject is presented in Note 1.

Organization of Motion as Heterotropic Achievement

An interesting aspect of the concept presented above is the influence of homotropic and heterotropic forces upon the motion of particles within the organizational framework. At-random mobility must be considered to be an attribute of entities free of any constraint, and thus corresponding to a homotropic state. Any change toward constraint, leading to a degree of immobilization, must be considered a heterotropic effect. The systematized mobility produced by quantum forces, which appears to prevent annihilation of opposing charges, accounts for the relative immobilization. While mobility itself is an homotropic attribute, its systematization is heterotropic.

The correlation of mobility with homotropy, and of fixation with heterotropy, appears basic. The process of uniformization which corresponds to homotropy appears to be possible only in the presence of a maximum of free mobility. The heterotropic systematization of movement can be seen at various levels of organization. Electrons in movement in the atom differ from electrons in movement in the environment through a systematization of their mobility, as they are constrained to follow definite patterns. The relative fixation of certain electrons—for instance, shared electrons—following the fulfillment of quantum forces also marks a further heterotropic influence. This also applies to radicals such as the carboxyl.

In the formation of $-\text{C} \begin{matrix} = \text{O} \\ = \text{O} \end{matrix}$ the movement of electrons, in itself, is

homotropic, while the limitation of movement between the two oxygens is an heterotropic effect. With the electron fixed in one position, bound to only one oxygen, a further step in immobilization is achieved and represents a heterotropic factor. In more complex molecules, such as unsaturated fatty acids, for example, the tendency of the electrons to wander is related to homotropy, while their restriction to the molecule or even to certain areas of the molecule represents an heterotropic effect. This also applies to micelles, where the water molecules and impurities have a certain degree of mobility. This mobility must be considered to be a vestige of the movement of free water molecules, with a high mobility considered as a homopolar effect at this level. The retention of water or other molecules in the micelle may be considered as a heterotropic effect. And their further fixation, as in the activated micelle, is a further heterotropic effect.

Organization, which results from the alternate operation of electrostatic

coulombian homotropic and organizational heterotropic tendencies, leads to the realization not merely of stable configurations but, more significantly, to entities capable of reactivity, and consequently able to respond actively to the various changes of the environment. The fact that fulfillment of quantum forces causes appearance of new electrostatic forces, which will be further neutralized, leads to the progress of organization to ever-higher levels.

At each step of organization, however, another characteristic can be recognized. It results, in part, from the fact that progress toward higher entities is accomplished by an increase in complexity rather than only in size. The increase in the positive charge of nuclei in atoms, for instance, brings about a parallel increase in the number of surrounding electrons, but this goes on only up to a certain point. Actually, the size of the atoms is limited by the size of the nucleus which, in turn, is limited by the quantum forces able to insure stability for the nucleus. Nuclei become unstable when they contain too many protons.

Levels, Entities and Constituent Parts

As already noted, we defined an entity through its structural and functional individuality. We used the term "level" to indicate a conceptual grouping of entities having the same basic constitution, such as, respectively, nuclei, atoms, molecules, micelles, etc.

We have used the term "part" to define an entity when it contributes to the formation of another entity. Nuclei and electrons are parts that form an atom. Molecules are parts when they are bound through electrostatic and quantum forces to form micellar entities. In progressive organization, each new entity thus is composed of parts which are entities from the level immediately below, and the new entity itself serves as a part for the immediately superior entity. We call this relationship "hierarchic," one entity being inferior to that which it forms and superior to those which have formed it. So conceived, each new organizational entity can be identified not only through the nature of the parts forming it and the manner in which they are bound, but also through its level in the hierarchic succession.

We have seen that most of the entities are made up of dissimilar parts. Analysis of what happens when an entity is formed has shown that the process is complex. In order for an entity to act as a part in a higher level, it must first pass through an activated stage. Activation opens up many opportunities, a plurality of possible formations. So does another process, an immediate consequence of activation. Almost continuously, several similar entities are seen to join together in a kind of "common grouping,"

adding further to the multiple possibilities of new entities. The multiplicity of possibilities at each step in organization explains the exponential increase in the number and complexity of the entities, resulting from the hierarchic pattern of their formation.

According to the holistic approach, an entity exists only through its own qualities. It must have characteristics other than those of its constituents. It is the relationship between the constituents, in the new entity, largely resulting from the operation of quantum forces, that characterize the entity.

Principal and Secondary Parts

As noted, entities at progressive levels of organization are formed of dissimilar parts. These parts do not have equally important roles. There is a "principal" part which is characteristic for a given level. There are "secondary" parts that are nonspecific for the level, the same ones can serve at different levels. The secondary part for a hierarchic entity often is an entity of a far lower level. (Fig. 1)

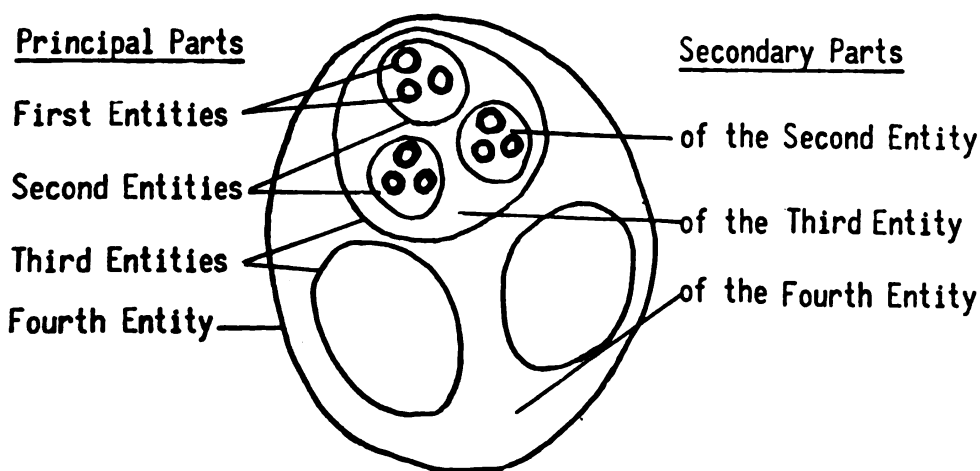


FIG. 1. *The hierarchic organization.* In the organization in general, the different entities appear interrelated according to a characteristic hierarchic pattern. Each entity is formed by a principal and a secondary part. An entity is hierarchically "superior" to the entities which form its principal part and "inferior" to those in the formation of which principal part it enters.

Secondary parts have important characteristics in common. These become especially evident when lower level entities are examined. At levels below the atom, secondary parts for all entities are electrons. It is of interest to observe that in higher entities as well, such as molecules or micelles, all secondary parts have a negative electrical charge.

Also characteristic of secondary parts is their derivation directly from the environment in which the entities of which they are components, appear. This is clear for many crystals, where water molecules represent the added secondary part. This water of crystallization is not free between the ions but bound to them. Water appears indispensable to crystal formation, since its loss results in disintegration. Water can be considered to play a secondary part. Similarly, in some crystals such as gold, some electrons wander between the atoms while others are concentrated in certain regions. (Brillouin) These electrons represent a secondary part in these crystals as do water molecules in others. Water and electrons can be related to the environment from which they derive.

Derivation of the secondary part from the environment appears to be even clearer at the micellar level. In the case of the gelatinous precipitate obtained by coagulating a colloidal solution, a part of the environment in which the gel is precipitated enters into the formation of the new micelle. For example, the micelle of colloidal copper ferrocyanate contains potassium ferrocyanate as a secondary part for each principal part of copper ferrocyanate. Micelles of ferric hydrate, obtained by the hydrolysis of a boiling iron perchloride solution, provide another example. Besides the Fe_2O_3 , molecules from the Fe_6Cl_6 solution used in the preparation enter into the formation of this hydrosol. The role of the negatively charged constituents becomes apparent when a part of the cation of this secondary part is removed from the intermicellar fluid and the hydrosol still persists. It is only when the chloride content becomes too low that coagulation results. The molecules of potassium ferrocyanate or iron perchloride, once considered to be impurities, must be looked upon as secondary parts of these micelle entities. Derived from the environment, they enter into the formation of the micelles, especially through their negative electrostatic character.

This concept becomes of even greater importance when entities are considered in relation to the constantly changing environment. The electrostatic balance between entity and environment realized at any given time cannot be considered to be permanent because of the changes which occur in the environment as it travels toward ultimate total homotropy. As a working hypothesis, it can be assumed that the relationship between entity and environment would change as the latter moves toward total homotropy. It can be assumed, too, that as hierarchic organization develops in time, secondary parts from the environment would differ for different entities. Changes in environment would provide evidence that these secondary parts are related more closely to the environment as it existed in the past when

these entities are assumed to have appeared. We will see below how important this is for the more complex entities of higher levels.

In the role played by secondary parts in progressive organization, the changes in their mobility are of special significance. We have already seen that in hierarchic entities the secondary parts are simpler units than the principal parts, a factor which facilitates their mobility. The mobility can be related to the fact that these secondary parts are derived from the environment where they are mobile, with their motion not systematized. The intervention of quantum and quantum-like forces, which help to create new entities, can be seen as a kind of organization of the relative mobility of the secondary parts. It is the systematization of their movement which prevents complete annihilation of electrostatic forces present. The relationship between secondary parts and environment thus explains the character of the mobility encountered throughout hierarchic organization.

It must be emphasized here that, because of the electrostatic nature of the bond between principal part and secondary parts, a principal part is capable of entering into the formation of more than one specific type of entity. Similarly, fulfillment of quantum forces can lead to more than one type of structure. However, of the many possible new entities, or structures, only a few will fulfill the requirements for developing a still higher organization, *i.e.* will be capable of acting as principal part in a new entity. Some remain at their original level without progressing, even after being bound to other entities. Even many of those which have some capability for higher organization can go only one or two steps. Only a very few will continue all the way up. In other terms, only a few will be able to utilize new quantum forces in order to realize new entities. While various bonds and structures offer a large variety of possible new entities, it is the entity with a capacity to adequately resist the effects of the changing environment which will take part in progressive organization.

In considering the forces which intervene in progressive hierarchic organization, one has to consider the free energy available in the environment. The immense amount of energy received from the sun represents a type of heterotropic energy which can intervene in organization. We will see that this is easily recognized for higher entities. The ability of certain entities to develop may be related to their peculiar ability to utilize heterotropic forces, most of them of solar origin. The less successful disappear or remain at lower levels.

The Organized Boundary

We have seen that an entity achieved through systematization of the movements of its components acquires a boundary between itself and the environment as a result of this restricted movement. The boundary does much more than delimit the entity and constitute a barrier between it and the environment. The electrons of the outermost shell form the boundary of the atom, for example. It is through them that the atom realizes its relationship with the environment. Chemical reaction is largely limited to this boundary. In the atom, where the nucleus is the principal part, and the electrons are the secondary part, it is evident that it is the organized movement of the electrons that provides the boundary. The form and organization of electronic shells, and specifically of the boundary shell of an atom, are results of quantum forces. The environmental nature of the secondary parts and their buffering role make them of great importance in complex boundary formation. Theoretically, hierarchic progress may be considered to depend upon the development of secondary parts which allow increasingly complex boundary formations. This explains the importance we attach to the study of boundary formation in higher entities.

To summarize the above concept of organization, the different entities can be integrated into a hierarchic organizational pattern which depends upon alternate operation of the two fundamental forces, electrostatic of coulombian nature, and quantum of organizational nature. Entities can be identified by the nature of the inferior entities that act as constituent parts and the relationship between constituents as principal and secondary parts. While the principal part is formed by an hierarchically developed entity, the secondary part is a second entity from the environment. The incorporation of a part of the environment into a new entity corresponds to a systematization of its motion. And it is through the organized motion that appears a boundary formation which marks the realization of a new hierarchic entity.

This concept of organization has made it possible to understand the relationship of the series of entities that compose the biological realm.

CHAPTER 2

BIOLOGICAL ENTITIES

WITH THE CONCEPT of hierarchic organization, it becomes possible to gain a new insight into, and understanding of, the biological realm.

In the classical view, just as simple substances in nature are conceived of as being formed by molecules and atoms, biologically complex organisms are considered to be composed of cells as fundamental entities. In arriving at complex organisms, however, it is granted that organization has followed a definite pattern. At first glance, it is apparent that cells are grouped in morphologically regular ways to form tissues. Similarly, tissues are grouped to form organs and these in turn compose the organism. In this classical systematization, a complex individual would appear to be the result of a grouping of cells, tissues and organs, bound together in what has been described as an harmonious morphological relationship.

In our study of organization of the biological realm, we have emphasized the individualization of both conceptual and material entities. In some cases, entities have been simple to identify because they are easily separable morphologically. Where morphological separation has not been immediately evident, other criteria—such as structural and functional properties—have been used for identification. Besides playing its part in organization, each entity has its own individuality, and consequently can be recognized holistically as a well-defined unity. Starting with chromomeres, the entity status is easily accepted because, in addition to clear morphological and functional properties, there is a degree of independent individuality. Following up, chromonemata, chromosomes, nuclei are other entities.

The study of the organization of biological entities has shown, however, that in all cases there is a specific pattern of interrelationship which is more complex than the classically accepted pattern. In the simplest micro-

scopically identified entities, it could be seen that a series of chromomeres are bound together through a special fibrillar formation, which stains differently from the chromomeres, to produce the chromonemata (1, 2), which can be considered holistically as a new entity. Two or four chromonematas (3), together with the chromosomal sap, form the chromosome as a new entity. Similarly, several chromosomes together with another part—this time represented by the nuclear sap and the proper nuclear membrane—form a nucleus. In turn, the nucleus, plus protoplasmic formations, cytoplasm and the cellular membrane, form the cell. Even superficial analysis indicates a common fundamental pattern in the organizational changes taking place for entities ranging from chromomeres to cells. Because of this pattern, these entities can be considered to be “hierarchically” interrelated. One entity is hierarchically “superior” to the entities which form it and “inferior” to those it will itself help form. Two immediately interrelated entities thus are hierarchically superior and inferior, respectively, just as in organization in other realms. (*Fig. 1*)

Analysis of the progression of organization from simple to more complex entities permits us to recognize other characteristics of the fundamental pattern. In order to form a hierarchically superior entity, several similar entities first join to form a group. It is the group which then will bind other constituents to bring into existence a new, hierarchically superior, biological entity. Thus, the chromomeres as a group join with a fibrillar formation to produce chromonemata; chromonemata join with chromosomal sap to form chromosomes. Groups of chromosomes plus nuclear sap form the nuclei. It has appeared evident that the parts which are bound to form each hierarchic entity do not play equal roles. In each case, the principal part is the one which is composed of similar entities acting as a group; the other part is the secondary. Figure 2 offers a graphic representation of hierarchic organization from chromomeres to cells.

In all entities, mentioned above, there is the same relationship between principal and secondary parts. The secondary surrounds the principal part. The morphological relationship has helped us to apply to those entities the hypothesis discussed previously concerning the mechanism through which hierarchic progression has taken place in nature. According to the hypothesis, several similar entities would first associate and form a group. In a second step, the group would tend to maintain around it a small portion of its immediate environment. From this portion of the environment would come the secondary part for the next superior hierarchic entity. With a boundary formation, separating this minute part from the rest of the environment, the new entity would be established. Such a process could oc-

cur, although rarely, with a single biological entity serving as principal part. Usually, several entities grouped together would be needed. This pattern explains why the secondary part can be conceived of as a part of the environment retained around the principal part, and why the establishment of a new and higher entity can be considered to occur only when this secondary part is detached from the rest of the environment and separated from it through the intervention of a boundary formation.

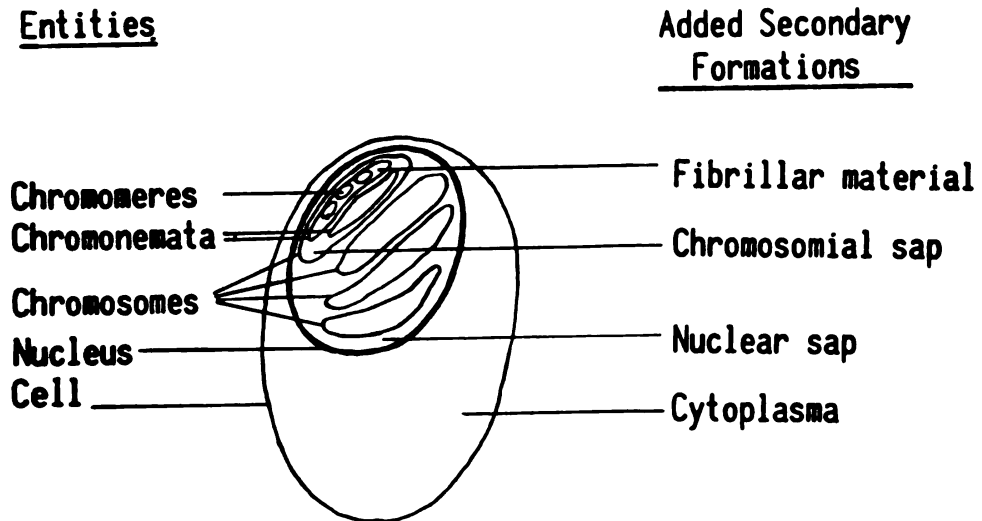


FIG. 2. *The hierarchic relationship in the organization of morphological entities below cells. For each entity its principal part is recognized as being made by a grouping of entities hierarchically inferior to it. The secondary part which corresponds to a kind of environment for the principal part usually surrounds the principal part.*

Having recognized this pattern of organization for lower entities, we went on to determine whether it remains the same for higher entities. It could be seen that groups of cells, along with interstitial formations and fluids around them serving as secondary part, create the tissue as a new hierarchically superior entity. Indeed, a proper boundary formation morphologically limits and conceptually defines the new entity. The interstitial fluids are separated by a continuous endothelium limiting the lymphatic spaces as a system closed toward the intercellular spaces. Under these circumstances, the lymphatic endothelium serves as the corresponding boundary formation that limits the tissue entity. Several tissues grouped together, playing the role of the principal part, bind the lymph, as secondary part, to form the organ, as a new hierarchic entity. Lymphatic vessels and connective tissues represent the organ's boundary formations. Further-

more, organs grouped together, with blood as secondary part, form the entity called the organism. (Fig. 3)

Does the same pattern apply for entities hierarchically inferior to chromomeres? For these lower entities, morphological information to define the relationship between principal and secondary parts is unavailable for

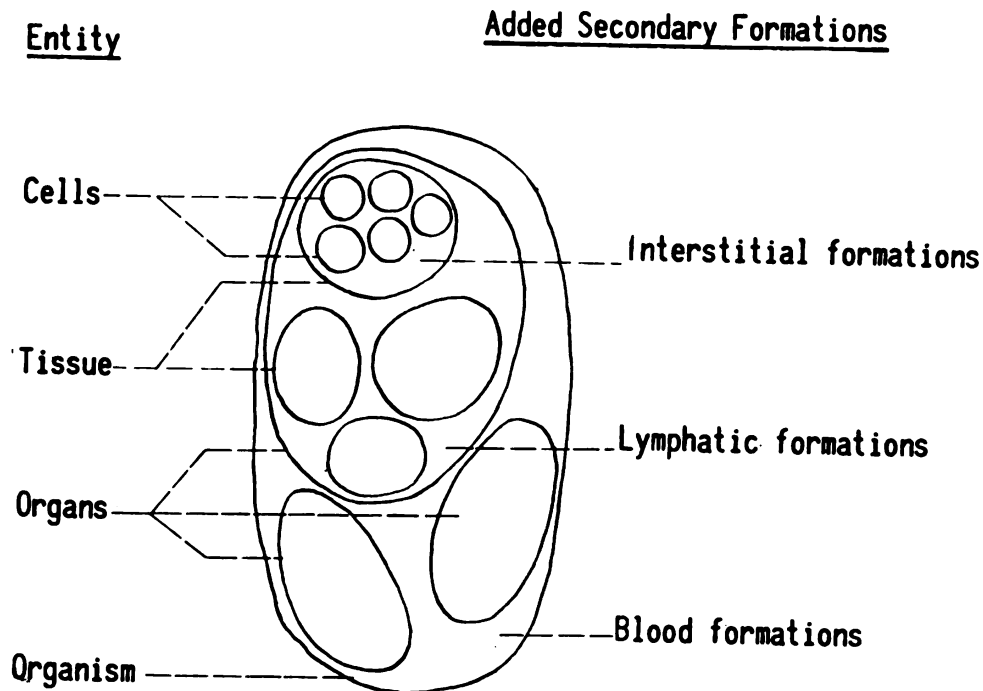


FIG. 3. *The organization above the cells.* The hierarchic pattern of the organization in general is recognized also in the organization above the cells. Tissues, organs, organism are seen to represent hierarchic entities, each one being made by a principal part formed by the grouping of entities hierarchically immediately inferior to it. The principal part is bound to a secondary part characteristic for each entity. This secondary part would correspond to the proper environment in which the entities forming the principal part, have evolved.

the moment. Until electron microscopy and other means provide such data, we are obliged to find other criteria to indicate which, in these hierarchic entities, is principal and which secondary part. We have considered electrical characteristics of the constituents as criteria for identifying their role in the hierarchic organization of biological entities below chromomeres.

Biological Realm

Before going further in trying to analyze submorphologic hierarchic entities, one problem was to establish the limits of the biological realm

itself. The question was, how far below the morphological formations could we go and still have entities which can be regarded as biological. With the progress of science, criteria previously used to define life have become out-moded. A separation line between the animate and inanimate no longer can be drawn. With the study of the properties of viruses, it appeared impossible to maintain the last vestige of the old vitalistic concept. According to most of the classical criteria, viruses would represent animate entities since they are able to multiply and conserve a strict identity. However, they also form salts, are crystallized, broken down, and then reconstructed in the same or another order. If the viruses are accepted as "borderline" entities, as proposed, then the concept of animate and inanimate can no longer be sustained.

Although the animate and inanimate cannot be distinguished in terms of a specific property, we cannot totally overlook the fact that an important group of entities appear quite different from others in nature. As animals and plants are different from stones, even without any vitalistic concept, we are obliged not only to recognize the difference, but also to try to establish where the difference lies. To conform to reality, we have applied the term "biological" to a group of entities, but we have given the term a new meaning.

Just as organic chemistry is considered—whether correctly or not—to comprise certain combinations of carbon, we consider the biological realm to comprise entities hierarchically developed from a specific chemical radical. This basic radical includes nitrogen and carbon atoms bound together to form the N-C-N-C group. According to this concept, starting from the basic nitrogen-carbon formation, an entire series of entities has been developed through hierarchic organization. Together they form the realm to which the term "biological" can be applied.

The N-C-N-C group, through combination with hydrogen, would result in radicals with a strong alkaline property; that is, with strong positive electrical character. Some of these N-C-N-C groups take part in the formation of nitrogenous bases, pyrimidines and purines, while some, by acting as principal part and binding various amino acid radicals would, with the necessary electrons, build up a new group of entities, arginine and histidine as alkaline amino acids. These can be considered, hierarchically, to be the immediate superiors of the N-C-N-C group and thus to represent the first biological molecules. The alkaline positive character of these molecules is noteworthy. Following the hierarchic pattern described above, several such alkaline amino acids linked together to a series of entities of the same level (simple amino acids) will form new groups that are still electrically positive:

the alkaline histones. In a new step, these histones will act as principal part to produce nuclear entities. (Fig. 4)

Principal parts, by binding different secondary parts, can form not one but many new and different entities. More than one hierarchic line can be identified. An especially important line results when histones bind one or more entities of the nucleic acid group, to form nucleo-proteins. Other histones can bind various other secondary parts such as carbohydrates or lipids and, in so doing, form different biological entities. Some of these

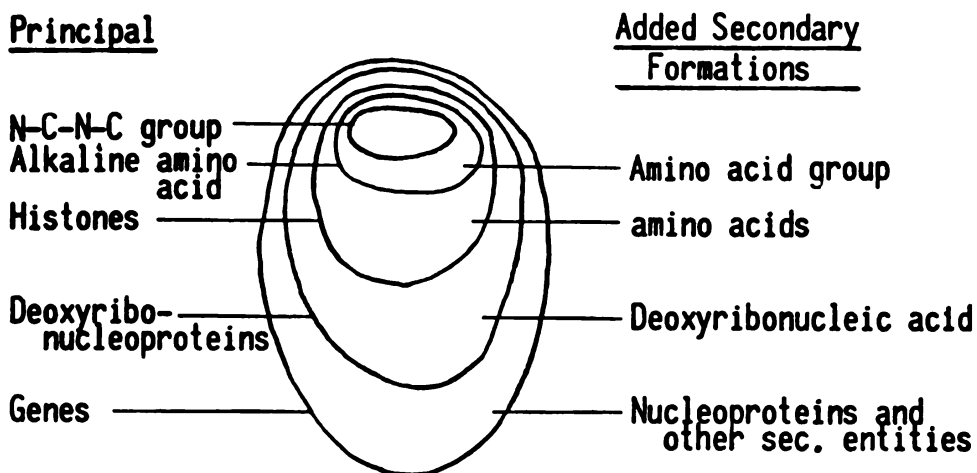


FIG. 4. *The organization of the submorphological entities of the biological realm. The same hierarchic general pattern, with principal and secondary parts is recognized. Starting with the positive CNCN group, each entity has its principal part made by the grouping of immediately inferior entities bound to secondary parts, generally more electronegative.*

entities can continue their hierarchic development. Nucleo-proteins can have ribose or deoxyribose and consequently form more complex nucleoproteins. Through all hierarchic achievement, it can be seen that new lines are formed when groups of hierarchically lower entities, acting as principal organized part, bind different secondary parts, all more negative than the principal part. Theoretically, this would result in a series of entities all at the same level, *i.e.* entities with similar principal parts but having different secondary parts. Some would go on to develop superior hierarchic entities, others would evolve no further.

Different entities of the the same level can be grouped together in various ways to form a variety of principal parts. Always the group must be made up of entities of the same level. This requirement has been seen to be general at all hierarchic levels. Since differences can exist between the

constituents forming the principal part for a new entity, the predominance of one or another constituent will make entities at the same level differ. This mechanism of differentiation through the constitution of the principal part has been extremely important throughout the biological realm.

Nucleolus

The concept that plural groupings can enter into the principal part of the nucleus puts the role of the nucleolus in a new light. It was accepted for a long time that the nucleolus represents only the reserve material necessary for metabolism of the nucleus. The strong positive electrical character of the nucleus, as recognized through its rather alkaline reaction, would give it roles more important than that of the other constituents. According to a work hypothesis which we advance, successive nucleolar formations would represent the principal parts of hierarchic organization below the nucleus level. In chromonemata, chromosome and nucleus, the parts corresponding to the nucleolus can be recognized. These formations are grouped together with genes to form the principal part of the chromonemata. Similarly, chromatine formations representing entities of the same level as the respective nucleolar formations, will form together the groups characterizing the principal part of chromosomes. In the nucleus, the nucleolus is joining the other formations to form its principal part.

Protoplasmatic Formations

In the cell, a hierarchically superior entity, a similar condition also appears to persist. The protoplasmatic formations with ribo-nucleic acid can be conceived as representing entities of a nuclear level, that is, a level similar to that of the nucleus. Together with the nucleus they would form the group corresponding to the cell. This kind of evolution of entities in relatively separate parallel lines, with their further grouping together to form principal parts for new entities, is part of the typical pattern of organization especially evident in the biological realm.

Boundary Formations

We have mentioned that groupings of several entities would not be sufficient to form a new entity so long as the secondary environmental part is not isolated from the medium from which it originates. Consequently, the new entity appears only when a distinct boundary formation is formed. Progressive hierarchic development is dependent upon the appearance of such boundary formations. For the first biological entities, the radicals, the boundary seems to be more an energetic property than a morphologically

organized formation. For the molecules, it can be considered to consist of molecular surface forces, recognized as the van der Waals cohesion forces. A similar but more apparent boundary formation can be found in higher molecular complexes, especially the micelles. The molecular arrangement at the surface of micelles separates them from their environment and consequently insures their identity. In the case of morphologically identifiable entities, of course, boundary formations can be easily recognized. Chromomeres are well-defined and separated from the chromosomal sap. The chromosomes, in turn, show a real membrane just as the nucleus and the cell do. The next higher entity, the tissue, is bounded by the endothelial cellular layer, separating the interstitial formations from the lymphatic spaces. Usually the boundary of organs which have tissues as principal and lymph as secondary parts is represented by organized blood vessels. As far as the organism is concerned, the mucous membranes and skin are boundary formations. (*Fig. 5*)

Hierarchic Interrelationship

Viewed as a heterotropic effect, hierarchic organization can be considered to be a method of conserving existing entities as such, in spite of changes occurring in the environment. Teleologically speaking, by entering into the formation of a new and superior entity through the system of hierarchic organization, each entity, in fact, protects its own individuality. The hierarchic organization makes it possible for each entity to continue to live in a medium which corresponds to its own environment. The constituents of the secondary part in the new entity are chosen to correspond to the environment in which the principal part of the entity has existed. The successive secondary parts, added during the hierarchic development, act as multiple protective buffers for the first entities, thus insuring their unaltered conservation in spite of continuous changes in the environment brought about by increasing homotropy.

Phylogenetic Development

Hierarchic organization, when related to time, would appear to correspond to evolution. The concept of ontogenesis reproducing phylogenesis, appears in a new light when analyzed in accordance with hierarchic organization. The parallelism between actual hierarchic organization and hierarchic phylogenetic and ontogenetic development greatly helps to increase understanding of many principal problems of biology.

In accordance with the concept of hierarchic organization, when a new level is realized through the binding of entities from a lower level, as prin-

cipal part, to different secondary parts, several outcomes are possible. Some of the new entities are unable to continue to exist and disappear. Of the others, some are relatively well balanced entities and consequently can

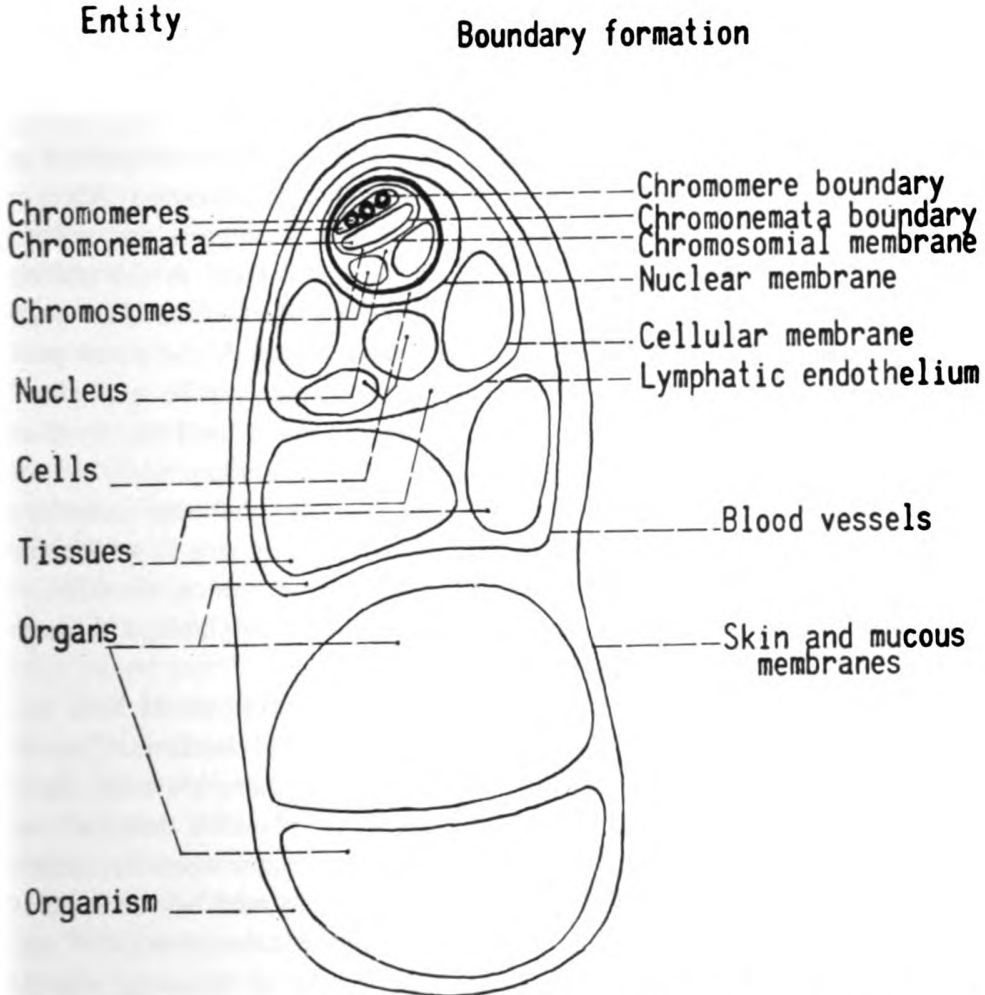


FIG. 5. The boundary formation in the hierarchic organization of the biological realm. A proper boundary formation delimits each entity, insuring thus its individuality. It is by separating each time the secondary part from the rest of the environment that the boundary formations have permitted the progressive development of the hierarchic organization. The boundary formation governs the relationship between the entity and its environment.

persist. But with further changes in the environment, some of these entities disappear. Even among those that remain, some do not represent fully satisfactory solutions and further hierarchic development is necessary to insure their persistence. They must evolve further to correspond to the

new unfavorable external conditions. This has led to the development of the complex entities present today in nature.

The multiple entity possibilities at each level have resulted in a wide variety not only of entities which, with further evolution, could produce higher complexes, but also of others which have ended their evolution at lower levels. So the existence of many varied entities appears to be the result of the existence of multiple solutions for the same problems which have been part of the mechanism of hierarchic evolution.

From this viewpoint, existing independent entities can be recognized as corresponding to the different levels of hierarchic organization. Viruses can be considered to be at the same level as genes or even the entities immediately below genes; the microbes at the same level as the nuclei; monocellular organisms at the level of cells, etc. Furthermore, in each independent organism, from simple to most complicated, the same progression in organization of successive hierarchic entities can be seen, starting with the simplest biological entities and continuing until the level at which the entity has actually stopped its hierarchic evolution.

In a further step, having arrived at the concept that the secondary part of each entity corresponds to the kind of environment in which the entity found itself at the time of its phylogenetic appearance, we tried to see what information about these environments could be obtained through study of the secondary parts.

The first biological entities, the alkaline amino acids, could have appeared in an atmosphere rich in ammonia, water and methane. Experimentally, electrical discharges through mixtures of these materials have induced the appearance of amino acids. It appears plausible that such an environment could have existed around volcanoes in times when the earth's atmosphere was formed by ammonia. With steam formed by the heat of the volcano, with methane resulting from the interactions of erupted metallic hydrocarbons with water, and with lightning so frequent around volcanoes in eruption, the necessary conditions for synthesis of amino acids may have been present. The simple amino acid molecules which would have resulted could have constituted a group needed for hierarchic development. Out of a series of such amino acids, some could have bound the group N-C-N-C which also could have been synthesized under the influence exerted by radioactive elements or radiation. (*Note 1*)

Additional information concerning the constituents of secondary parts which enter into the development of all the subnuclear entities is meager. Simple amino acids or urea are present in the chromosomal and nuclear sap which are practically free from K and Na. We could thus consider

ammonium as the predominant cation for all hierarchic entities up to the nucleus. This would accord with geological data concerning a primitive atmosphere in which ammonia was predominant at the time when the first biological entities would have appeared. We can then, tentatively, in view of this cation common to all, classify the hierarchic entities below the nucleus in what we will call "the nuclear compartment."

In the same way, we analyzed the composition of cytoplasm, with the thought that it could provide information about the constitution of a second environment in the evolution of biological entities. The principal cation of cytoplasm is potassium which also represents the principal cation of the earth's crust. Curiously enough, potassium and the other constituents could be found in the same relative proportions in the earth's crust as in cytoplasm, (*Note 2*) a fact which seems to confirm the hypothesis that mud, humid earth crust, represented the environment in which entities at nuclear levels lived. The cytoplasm conserved this constitution, with potassium as principal cation, when it was separated from the environment to become the secondary part which, with the nucleus, formed the cell as the next superior hierarchic entity. The cell by itself, represents a new compartment with potassium as principal cation.

It is only for the animal cell that the environment seems to have changed again. This time the new environment was the sea. When several cells joined together to organize tissue as a new entity, they had to maintain their environment, now represented by the sea. The hierarchic entities above the animal cell show sodium as principal cation in their secondary parts, thus indicating that when they were organized the sea was their environment. This characteristic allows us to group together animal hierarchic entities above cells to form a new compartment, the metazoic, with sodium as the principal cation.

With passage from marine to terrestrial life, air is found as the new environment. Not integrated as a new secondary part, without a separating boundary formation, the part of the environment kept in the respiratory apparatus does not enter however, into the formation of a new entity. Only the presence of air in the bones of birds can be seen as such integration.

A certain fundamental further development, in the same direction can be seen in animals as well as in humans, in the area of social life. (*Note 3*)

Division of complex hierarchic organization into compartments appears to be relatively simple. There are changes in the principal cation from compartment to compartment which correspond to similar fundamental changes in the environment through which the organism passed during its phylogenetic evolution—from volcano to mud, to sea, to the surface of

the earth. We tried similarly, to correlate other elements in the periodic chart with hierarchic compartments. The results will be presented in detail later. For the moment, it can be stated that elements correlated to different environments are also found in the different compartments corresponding to these environments. For example, Mg like Na represent an element of the metazoic compartment and of the sea where this compartment was phylogenetically organized. Fe, Cr, Ni, Zn, Ca, Mn, Co, As, and Se which fall into the cellular compartment, represent characteristic constituents of the earth's crust.

Constants

The concept that matter in general is the expression of the heterotropic trend permits us to explain further some of its characteristics which have been of great importance in biological development. Heterotropy can be seen working to maintain existing entities as long as possible, to conserve their characteristic properties in spite of changes in the environment. Heterotropy could result in unchanged values which would appear as constants of an entity and would indeed identify the entity. It is hierarchic organization which would tend to permit conservation of constants.

Each biological entity—just as any entity in nature—can ultimately be defined by the series of characteristic properties which it is able to conserve. Constancy is the criterion which permits us to judge the importance of a property to an entity. The longer a property is kept constant despite environmental changes, the greater its fundamental importance to the entity. The progressive addition of secondary parts through hierarchic organization represents an effective means of preserving constants of the lower entities. New properties, added with the formation of each new hierarchic entity, represented new constants. This explains why considering the constants, it can be seen that those incorporated in the lower entities are the best conserved. The higher a constant in the organizational hierarchy, the less well-preserved it will be.

The idea that constants correspond to the character of the environments through which the individual has phylogenetically passed, and that they are conserved through hierarchic organization, permits us to try to extend our understanding of conditions present in past environments. Cations and even anions would represent only one type (apparently the most important) of the constants maintained through hierarchical organization. Other constants, correctly interpreted, would indicate in what direction we must search for conditions which prevailed in the environ-

ment when the respective hierarchic entities that make up a given organism were established during phylogenetic development.

As examples, let us consider the conservation of salinity and temperature as constants. Values for salinity of the metazoic compartment and of the blood and values for temperature have been seen to be constants characterizing species. Differences between these constants in different species show a succession conforming with paleontological data. In the interpretation given by Rene Quinton, constants would indicate the times when various species originally appeared in nature.

According to our concept of hierarchic organization, these constants may be interpreted otherwise. They would not indicate the moment when the lowest entities of the respective species were formed, but rather the time in the development of these species when the hierarchic entities capable of conserving the respective constants appeared. In other words, they would not indicate the earliest moments of appearance of the first entities which later developed to form the respective species, but would indicate a relatively late moment in the creation of the metazoic entity which has appeared able to conserve, as its own constant, this specific attribute of the environment. In the case of salinity, this would correspond to the constitution of the metazoic entity itself which has retained the composition of the early sea in its intercellular fluids. As far as temperature is concerned, the entity which would appear able to conserve it has to be regarded as much more complex and even to be related to the appearance of systems of organs which are sufficiently sensitive to changes in temperature and which also possess the means of insuring constancy for temperature.

The conservation of different elements in different compartments appears to be characteristic. In order to maintain its constants for elements the entity has to oppose their uncontrolled circulation. The role of hierarchic entities in conserving ancestral conditions would explain why an entity would have to oppose particularly the penetration of the constituents which characterize the succeeding environments. This has appeared evident for the cations. The boundary formations which have to play the principal role in the creation of each entity must also insure its identity by barring uncontrolled penetration of elements characterizing the new environments. Invasion by such elements would correspond to an abnormal event which must be corrected. If the invasion progressed beyond a certain limit, it would create a condition incompatible with further existence of the entity.

Water Circulation

The passage of complex organized animals into the new environment of terrestrial life brings to the fore the problem of the place of water in hierarchic systematization. It appears to us an acceptable concept that water does not circulate freely in the organism. Its appearance in hierarchic entities can be understood if, as we did for the other constituents, we relate water to its place in the environment in which phylogenetic development has taken place. In the first near-volcano environments, which applied to the subnuclear entities, water was relatively scarce, which explains the high concentration of the constituents in the nucleus. The mud of the earth's crust is richer in water, which explains the difference between the nucleus and the cytoplasm, with the latter richer in water. The sea was the environment for the metazoic compartment, which explains the richness of water in this compartment. The so-called "internal sea" consequently can be seen only in the metazoic compartment. With the passage into the terrestrial environment with its air medium, the water again becomes scarce and has to be conserved. The circulation of water between compartments is governed by osmotic forces which are determined by the original richness in water of the respective environments. The importance of water circulation appears evident when an abnormality in its distribution occurs. Water arriving in a compartment—alone or with a cation—in an amount above that corresponding to the constant for that compartment, is separated from the constituents of the entity in order to reestablish the characteristic constant value. Such separation of abnormal amounts is accomplished according to the compartment, through the appearance of vacuoles, edema, exudates or diuresis.

Animals and Plants

The concept of hierarchic organization in which each entity can conserve its own environment allows us to consider in a new light various other problems of living organisms. One concerns the fundamental differences between animals and plants. Analysis of the constituents of the metazoic secondary part provides a new criterion for distinguishing between animals and plants and gives logical meaning to its distinction. Animals can be characterized as having sodium as the cation of their metazoic compartment; from the cell level on, they have had the sea as their temporary or even permanent environment. Plants, on the other hand, have potassium as the principal cation for their metazoic compartment, indicating that, from the cell level on, they have had the earth's crust as their environment,

passing thus directly from mud to air. By their actual attachment to the soil, plants continue this relationship to the mud. Their relative immobility is in accord with continuation of the terrestrial-air environment in their development. The mobility of animals, on the contrary, can be seen to have its origin in the fact that they have had the sea as their environment at least for a period of time, *i.e.*, from the cell period until the appearance of those animals which left the sea. We can interpret the appearance of cellulose and lignin as part of the plant-sustaining means which would bring to plants indispensable external protection against the hardness of the soil environment. Cellulose and lignin are not necessary for animals which experienced much of their evolution in the sea.

Multiplication

The hierarchic organization of organisms, with the conservation of successive entities, puts the problem of entity multiplication in a new light. According to the hierarchic organization concept, the multiplication of a complex entity means the reproduction of the entire series of hierarchic entities forming it. In this process, the intervention of each hierarchic entity appears highly individualized. And this applies not only for the morphologically identifiable entities, but even for the most primitive entities. The difference between the role played by the principal and secondary parts becomes capital for these processes. While for each entity the principal part has to be built as such, the parts corresponding to the secondary parts are taken from the immediate environment. The quantitative disproportion between some principal and secondary parts makes the role of the first difficult to be recognized. The complex entity, through changes that are the reverse of those of ontogenetic and phylogenetic hierarchic development, separates the successive principal parts which characterize it. With the replication which takes place the division occurs successively for these hierarchic entities. In scissiparity the division morphologically occurs at the cell level; in karyokinesis, it can be identified at the chromomere level and certainly takes place much lower in the hierarchic entities. In replication in general, different constituents available are adequately changed by the respective principal part to form the necessary secondary parts. Through these changes the same processes are reproduced which originally occurred when the entity had been phylogenetically organized.

With the individualization of the low hierarchic entities the problem of replication is simplified. Once replication occurs, the same process takes place successively for the progressively higher levels. Above chromomeres this appears very clear in karyokinesis.

After the chromomeres divide, two or four chromonemata appear. The process goes on within the chromosome, nucleus and cell. In order to protect its individuality each hierarchic entity is protected during its division. The chromosomal membrane, the cellular cytoplasm and the cellular membrane continue to protect the respective entities as they divide. The cell itself divides only when the two nuclei have had their protecting membranes rebuilt.

In the division and multiplication of a complex entity, the return to entities as low as subnucleic parts indicates the relative importance for the characterization of the complex entity and for the conservation of its particular properties of the parts added during the hierarchic development. The entity must, in fact, rid itself of these added parts which, although they have other importance, have a secondary role even in the processes of multiplication.

It is interesting to note that a similar return to more primitive component entities also occurs, although it is less pronounced, when an entity, tissue, organ or organism has to fight a noxious intervention. The defense is passed progressively from the organ to the tissues and from these to the cells. In effect, there is a renunciation of added parts during these moments of crisis. Even at the cell level, a similar process is seen. The added parts, represented by the protoplasmatic formations, disappear. The almost non-differentiated cell fights the noxious factor at the lowest levels of its organization.

Life and Death

We have seen that the term "biological realm" can be applied to hierarchic development starting from the N-C-N-C radicals. We have employed this term for didactic convenience although it is unrelated to the commonly accepted concept of life. The study of hierarchic organization also led us to consider a concept of life and death which, while retaining some of the common meaning, also accords with the phenomena of hierarchic organization.

In the complex entity, each lower level entity lives and dies with relative independence. An organ can be dead and yet have living cells in it for a time. There are always dead cells to be found in living tissues and organs. It is the relative independence of the different hierarchic entities making up a complex entity that explains these seeming peculiarities.

Our concept of life and death stems from consideration of the nature of hierarchic entities. We have seen that all matter in nature, from the simplest to the most complex entity, is a result of heterotropy. The per-

sistence of constants proper to each entity is distinctly opposed to homotropy. Life in its broadest sense, corresponds to the capacity of an entity to maintain heterotropy by conserving its characteristic constants. The life of any entity appears to be synonymous with conservation of its constants. An entity dies when it has permanently—that is, irremediably—lost its capacity to conserve the constants which characterize it. Death then represents exhaustion of heterotropy for the specific entity.

The fact that, in essence, life appears to be synonymous with the conservation of constants and is heterotropic, relates it, and especially its origin, to one of the important sources of heterotropic force, solar energy. A distinction has to be made between heterotropy as one of the fundamental laws of nature and the means by which it is exerted. Solar energy, with all of its quantas, would greatly increase the effects of heterotropic forces in nature. It would not create such forces but would simplify them and extend their applications. The origin of matter and, as we have seen above, of entities, biological or nonbiological, is in the final analysis the result of heterotropic forces. External conditions qualitatively and quantitatively influence operation of heterotropic forces.

The sun's heterotropic contributions have to be considered under this aspect. Through the quantas it disposes of, solar energy has not created life, as conceived above, but by permitting more and more entities to appear, has greatly facilitated their extension. Its effect, although certainly not limited to any group of entities, seems to be especially important to those forming the biological realm. Similarly, the effect, of a special type of energy, radiation, also must be considered. Radiation appears to be related to the elements, and will be discussed in a later chapter devoted to the elements.

Since life itself is related to changes directly aimed at conserving constants, in this broadest sense it is no longer limited to the specific group of entities found in the "biological" realm. Life has the same meaning for an atom, crystal or micelle, as for a cell, organ or organism. It is for this reason that knowledge of the mechanism through which constancy is achieved becomes of great importance in the study of all matter and especially of the biological realm.

Maintenance of Constants

To study the mechanism used to maintain constants, we must define exactly what constancy means. According to Cannon's principle of homeostasis, constants have been considered to correspond to a dynamic balance that results from the continuous operation of two opposing factors. And

it was conceived that by acting concomitantly as coupled antagonists, these factors or groups of factors insure constants. The intervention of these two opposite factors becomes apparent only if an exterior cause upsets their balance.

However, our study of the processes through which dynamic balance is maintained has permitted us to recognize a different mechanism than the one which is commonly accepted.

A value considered to be a constant for an entity is not fixed or static. It represents, rather, a statistical value, the result of a series of dynamic changes which must also be considered in terms of time. Consequently, a constant has to be seen not only as the average value of a series of organized changes, but also must be identified by the characteristics of the variations. An average value around which variations occur thus represents the first attribute of a constant. The second attribute is the existence of a rhythm in the variations, the third involves intensity of variations. For instance, when we say that human body temperature is constant, we mean that 37°C is average value for oral temperature, and also that body temperature presents characteristic variations having a 24-hour rhythm and also that the occurring changes consist of variations of a few tenths of a degree above and below the average value.

The two antagonistic intervening factors do not operate concomitantly to maintain a constant value, but rather act alternately, each being predominant for a period of time. The result is not a continuously steady value for the constant, but an oscillatory movement with successive passages from one side to the other of the average value. This oscillatory movement appears to be the general rule throughout nature, prevailing in everything from the waves in the smallest subatomic particles to the pulsation of the universe. The rhythm periods appear to correspond to environmental rhythms. A rhythm related to the day, for instance, is seen for temperature. In other constants we recognize a 12-hour rhythm which could correspond to that of the ocean tides. Other rhythms, with periods ranging from two hours to a few minutes are seen for several changes occurring in blood. There are also some in which the influence of the moon is evident; for example, the hypophysis-ovarian cycles; and for others, the influence of the seasons is apparent.

Teleologically speaking, balance represents a very effective method for maintaining constants. Any deviation in any direction as a result of an external intervention will be counteracted by the opposing phase of the oscillatory balance. This occurs because of the existence of two phases of the

oscillatory movement itself. Such would not be the case if there were fixed values for constants.

Related to the pattern of the organization of matter in general, this oscillatory movement can be considered to be another instance in which the two opposite fundamental forces of heterotropy and homotropy, which are basic to progressive hierarchic development itself, also operate. This oscillatory balance can be related ultimately to the alternate successive intervention of the heterotropic and homotropic trends in the organization and the manifestations of entities existing in nature.

Dualism

The concept of dynamic oscillatory balance is of great importance in the study of biological phenomena. Coupled factors with opposite properties characterize all constants and are involved both in the processes through which constants are maintained and in their manifestations as well. Recognition of this dualism in all biological phenomena has been of great value in the investigation of normal and abnormal physiology.

According to our concept, dualism results from the alternate, not concomitant, operation of two opposing factors. And, as we have seen, these factors ultimately can be related to the two fundamental forces in nature, homotropic and heterotropic. Thus, in a unified concept, in every phenomenon in which dualism appears, one force will be homotropic the other will be heterotropic. Homotropy is related to fulfillment of electrostatic forces, and has general coulombian electric character. Heterotropy is quantum-like and organizational. Homotropy would keep entities simple. Heterotropy would lead to more organized bonds and to more complex synthesis. In every phenomenon studied, these characteristics of the two fundamental forces have permitted dualism to be recognized and interpreted. The dualistic view has become our basic approach for all of the problems related to matter and, more specifically, to biological entities.

The dualistic concept of intervening forces brings an entirely new light in any analysis in which a graphical representation is different from a straight line. From the curves of spectral analysis of constituents to those of complex phenomena, the existence of oscillations reveals the intervention of opposed forces and offers a valuable mean to study them. This broad approach has a special field of application in biology.

Dualism can be further recognized easily in the manifestations of the biological entities, in their function and in the substances composing them. In the case of the elements, such a dualism can be related to atomic structure and the properties of the electronic shells, as will be seen below. In

complex molecules, a simple form of dualism can be seen in acidity and alkalinity, electrophily and nucleophily or, furthermore, in positive and negative electrical characteristics. We will see later, how important dualism is for the different groups of constituents and how, without this dualistic concept, it would be difficult to understand the roles of most of these constituents in biology.

In part, as a consequence of the separation of the constituents into two groups, dualism can be observed easily in the hierarchic organization of higher entities. Dualism appears in the relationship between primary and secondary parts, the first having a more positive character than the second. The study of cancer manifestations under this dualistic aspect has been highly rewarding and is the subject of the following chapters.

In a more concrete step, the dualistic concept has provided new understanding of abnormality.

Normal and Abnormal

A normal entity can be conceived of as one which is able to maintain its constants with their characteristic values, rhythms and intensities by means of the alternate operation of homotropic and heterotropic forces. A normal entity, thus, can be defined as one having constants within the limits that statistically characterize this particular kind of entity. We can define the abnormal entity as one in which a constant's characteristics—average value, rhythm, intensity—are altered. It is alteration, without complete loss of the characteristics of constants, that differentiates abnormality from death. In death the constants themselves are irremediably lost. This definition also distinguishes abnormal from physiological manifestations. In the physiological manifestation, oscillatory movement persists and only its intensity is influenced, usually becoming exaggerated.

As expected from the dualistic concept, abnormal changes can take place in either of two opposite directions and this is a significant fact of abnormality. The two possibilities are inherent in the oscillatory balance characterizing the constant itself. It is the offbalance, resulting from the exaggerated predominance of one of the coupled factors over its antagonist, which leads to the abnormal. Persistent predominance of one factor abnormally affects, and even suppresses, normal oscillatory rhythm.

For each normal condition, then, two opposite abnormalities are possible. By relating the abnormal condition to one or more altered concepts, and the alteration in each constant to one of the dual changes possible, a new systematized analysis of the abnormal becomes feasible. The large number of constants which compose each entity and which can become

abnormal help not only to explain the great variety of abnormalities but also offer a means of obtaining analytical pictures of disease.

It is with this approach that we have tried to study pathological conditions, with special emphasis on cancer. This study is presented in the following pages.

CHAPTER 3

CANCER AS AN ORGANIZED CONDITION

IN THE CONCEPT now most widely accepted, cancer is considered to be the result of abnormal changes within cells. Although it is admitted that the disease may have different etiologies, it is the cell which is regarded as the pathogenic entity. A group of specific changes in the cells is believed to represent the fundamental abnormality.

In today's prevailing outlook, differences between tumors are attributed to the multiple secondary characteristics present in the diseased cells along with a primary specific anomaly. The complex clinical manifestations of cancer are further explained in terms of the relationship between cancerous cells, as pathogenic entities, and the whole organism. Clinical evolution, from local innocuous process to lethal disease is related to anatomical spread of cancerous cells from their original site. Abnormal metabolic changes seen in the organism are believed to result from the influence exerted by functional abnormalities of the cancerous cells. In a still narrower view, cancer is considered to be the result of abnormality of a single specific function of the cell—its growth. Qualitatively and quantitatively, abnormal growth has been considered to be the capital factor in the pathogenesis of the disease. (292)

In contrast to this classical view, our studies have led us to regard cancer as something other than an abnormality limited to the cell alone.

As we have seen, the organism is a complex hierarchic organization of different biological entities. We sought to determine where cancer fits in this complex organization. Can cancer with its manifestations and its evolution be better understood if systematized in accordance with the hierarchical organization of the organism? Can both manifestations and evolution be related not alone to a cellular abnormality but rather to a progressive par-

participation in the disease of the different hierarchic levels of the organism?

We have found that such participation cannot be analyzed readily in the advanced cancerous subject with so many and such varied manifestations of the disease already present. Similarly, incipient cases with a paucity of clinical manifestations are not ideal for the purpose. It was only by following the successive appearance of manifestations during the evolution of cancer that their relationship to the level of hierarchic organization involved could be clearly seen.

Identification of the level involved at each point in the development of cancer was greatly facilitated by conceptually separating the clinical evolution of the disease into a series of successive phases and identifying the changes which characterize the passage from one phase to the next.

We have chosen to call these phases precancerous, noninvasive, invasive, painful, preterminal and terminal. We will briefly identify them and their salient features here.

Precancerous Phase

In the precancerous phase, the disease is not clinically apparent. Yet this phase has been recognized as pathogenic in experimental carcinogenesis and its characteristic changes also have been identified in human subjects. Morphological changes—abnormalities in size and form—can be observed in the chromosomes. These changes are not identified as related to cancer in human subjects except where multiple centers of cancerization are found (as in the stomach, for instance). (*Note 1*) These chromosomal abnormalities can be considered to be precancerous lesions, since experimental carcinogenesis has indicated that these changes precede the appearance of cancerous cells. In terms of hierarchic organization, then, the precancerous phase can be considered to be limited to the subnuclear levels.

Noninvasive Phase

In the noninvasive phase, also known as “cancer-in-situ,” abnormal intra-epithelial cells are present. The abnormality involves two changes. One, morphological, affects the nucleus; the other affects arrangement of the cells in the epithelium. The abnormal changes in the nucleus in this phase have been widely studied in exfoliative cytology. (*Note 2*)

Abnormality in this phase appears to be limited entirely to the nucleus. The cells continue to have an almost normally differentiated cytoplasm, a fact which originally led to the description of this phase as “cancer of differentiated cells.” Besides the nuclear changes, cells in this phase show, histologically, an anarchic arrangement different from the regular disposi-

tion which is one of the basic characteristic of the epithelium. Since the regular relationship between the cells forming epithelium can be attributed to dipolarity, the anarchic disposition seen in this phase of cancer can be ascribed to loss of cellular dipolarity.

Cancer-in-situ, in terms of hierarchic organization, would appear to involve the level of the nuclei, and the noninvasiveness, characteristic of this phase, persists as long as the "cancerous" abnormality remains limited to this level, that is, as long as the cytoplasm of cells remains apparently unaffected.

Invasive Phase

This phase is characterized by irregular proliferation of cells and penetration into neighboring tissues. To the anarchic arrangements noted in the noninvasive phase, now has been added exaggerated growth. And the change of a noninvasive cancer into an invasive one can be considered to result solely from the addition of the new factor of abnormal growth. The invading cells will persist only if, concurrently, there is a loss of the defense mechanism of the invaded tissues, as will be seen later.

Studies of invading cells have revealed, in this phase, an anomaly no longer limited to the nucleus but now encompassing the cytoplasm as well. Exfoliative cytology has shown an abnormal and rapidly disintegrating cytoplasm and this has served as an important diagnostic criterion. From the point of view of organization, it can be said that, with the participation of the cytoplasm, the disease has progressed from the nuclear to the cellular level.

Painful Phase

Pain is the principal clinical manifestation characterizing the next phase of the disease. As we shall explain in greater detail later, pain arises from changes in the pH of the intercellular fluid that bathes sensorial nerve endings. For the moment, we can remark that biochemical changes now occur outside the cells, and, with the participation of interstitial formations, the disease has progressed to the tissular level.

Preterminal and Terminal Phases

In the next stage, the preterminal, biochemical changes affect the function of various organs which may or may not in themselves contain cancerous cells. While some changes in function may be seen even before this preterminal phase, now, there is manifest impairment. And, while the invasion of an organ by cancerous masses is a factor precipitating the func-

tional changes, invasion is not indispensable. Abnormal biochemical changes leading to serious functional impairments are seen in organs entirely exempt from tumor masses.

With further progress of cancer, metabolic functions that are systemically important become abnormal. Later, we will analyze in detail these changes which affect the whole organism profoundly. For the moment we want only to note that, with these changes cancer passes from the clinically preterminal to the *terminal phase*.

In the light of this systematization, cancer then appears to progress clinically in organized fashion as it passes from the relatively innocuous nuclear noninvasive cancer-in-situ to a lethal systemic disease, the progress being marked by the successive participation of different hierarchic levels of the organization. Table I sums this up.

TABLE I

<i>Organizational Level</i>	<i>Physiopathological Changes</i>	<i>Clinical Phase</i>
Subnuclear	Gene and chromosome anomalies	Precancerous
Nuclear	Nuclear anomalies and atypical cellular arrangements	Noninvasive cancer
Cellular	Atypical growth	Invasive cancer
Tissular	Local pH changes	Painful cancer
Organic	Organic metabolic changes	Preterminal cancer
Systemic	Systemic metabolic changes	Terminal cancer

By extrapolation, a similar progressive participation of hierarchic entities can be conceived of below morphologically recognizable levels. This would permit us, as a working hypothesis, to attribute the pathogenesis of cancer to abnormalities in nucleo-proteins or, even lower in the scale, to abnormalities in histones or alkaline amino acids. (*Note 3*)

This concept—of progressive participation of successive hierarchic levels in cancer—contrasts sharply with the view generally held today which places the entire burden of anomaly on the cancerous cell itself. The classical concept has led to the currently prevailing all-or-nothing approach in which therapeutic attempts are directed to the cancerous cells as the only avenue for controlling the disease at any moment of its evolution. Under our hierarchic concept, therapeutic possibilities can be extended beyond the cancerous cell.

These considerations raise the question of the relative importance of the multiple changes which occur in cancer. Subnuclear and nuclear changes are of relatively little importance as long as there is no progress of disease beyond these levels. Corroboration for this can be found in the great num-

ber of cases in which cancer-in-situ cells are noted in an organ, yet clinical cancer does not follow. In our concept, the changes which occur at levels above the nuclear are critical in the evolution of the disease and, as such, are the important pathogenic factors. On the other hand, as we shall see later, changes at higher levels similar to those encountered in cancer may occur independently of cancer, and without a sequence of changes at lower levels. It is only when changes at higher levels appear in proper sequence, affecting already abnormal entities of the lower levels, that clinical cancer results and the malignancy moves relentlessly from the noninvasive cancer-in-situ to the terminal phase.

This concept, then, focuses attention on all changes occurring at different hierarchic levels of the organization rather than on those in the cell alone. It emphasizes the importance of the relative independence which exists between the different hierarchic levels, an independence which governs their participation in the complex condition which is cancer.

From the therapeutic standpoint, then, it seems logical to suppose that, if the progressive participation of successive levels can be interrupted, many if not all of the noxious manifestations and the course of cancer can be favorably influenced. In view of this, it has been essential, first, to obtain more information about the cancer manifestations which are added as the disease takes its hierarchically progressive course and about the mechanisms that account for these manifestations.

CHAPTER 4

DUALISM

AS WE HAVE OBSERVED ABOVE, dualism prevails in nature. The concept of an oscillatory dynamic balance—the result of alternate operation of opposed forces—has been of special value in the study of most of the physiological phenomena. Over the years we have also constantly observed that in most physiopathological manifestations, dualistic patterns can be recognized. This dualistic pathogenic concept has helped to guide our study of disease. In cancer, it has permitted better understanding of many processes and manifestations. It has also served as a basis for our attempts to influence cancer and other conditions therapeutically. It was in the study of pain that, initially, we found clear evidence of pathogenic dualism.

PAIN

Many years ago, during experiments with an alcoholic extract of human placenta as a therapeutic agent in terminal cancer cases, a curious effect was observed. In some patients with painful lesions, administration of the preparation resulted in a decrease in the intensity of pain and even in its disappearance within a few minutes, with relief usually lasting for hours. In other cases, however, there was an opposite effect; pain increased in intensity within a few minutes after an injection. In some subjects, the exacerbation was so great and pain became so unbearable that the experimental treatment had to be discontinued quickly. In several cases in which the preparation was used in progressively larger doses, another noteworthy effect was observed: after the first injections, pain decreased and even disappeared for several days, only to have a new pain arise as treatment continued. This new pain became more intense after each injection so that the therapy had to be discontinued. Patients clearly recognized the difference between pains. The new one frequently had a burning character.

Thus, it became apparent that one substance could increase pain in some subjects and alleviate it in others, and could even alter the nature of the pain in the same subject. Pain, as demonstrated by antagonistic responses to a single agent, thus appeared to have a dual nature. Our immediate problem was to investigate this and its significance.

Physiological and Pathological Pain

In discussing the sensation of pain, most authors have found it necessary to distinguish between different types of pain. Some have classified pain as: 1) spontaneous, or 2) provoked, according to its mode of induction. Others have defined pain according to its site of origin and quality as: 1) superficial or cutaneous, and 2) deep visceral or somatic. Superficial pain from skin and mucous membranes near body orifices has been described as bright or burning in quality, while deep visceral or somatic pain arising from mesenchymal structures, certain mucous membranes and viscera has been described as diffuse and aching in quality. In many respects, attempts to define and classify pain in these terms have served to confuse rather than to clarify the problem.

That different types of pains do exist is an observation based upon common experience. For example, when a stimulus of sufficient intensity is applied to the skin for an adequate period of time, a sensation of pain is induced. This pain disappears rapidly when the stimulus is removed. But if the stimulus has been of such intensity and duration as to produce tissue damage, an after-pain may recur spontaneously some time after the stimulus has ceased. The original pain serves as a warning that the tissues are endangered. The after-pain, however, cannot be considered as a direct effect of the application of an external stimulus, but is rather a manifestation of true tissue damage.

As a first step, two categories of pain—one induced in normal tissue by external intervention, the other appearing as a pathological manifestation of an existing lesion—were established. We called the first, which is a normal sensorial sensation, “physiological” or “sensorial” pain. The second, a symptom of an abnormal local condition, was called “pathological” or “symptomatic” pain. This separation helped to eliminate discrepancies otherwise encountered in the study of pain, discrepancies which result when two entirely different manifestations, one sensorial and the other symptomatic, are studied under the same heading and investigated by the same methods.

Pain may be induced in damaged tissues by various stimuli not of sufficient intensity to arouse pain sensations in normal tissues. This sensi-

tivity constitutes an abnormal response of tissues that have undergone pathological changes. Inflammatory, traumatic, circulatory, neoplastic or other pathological changes similarly may bring about either spontaneous pain or an abnormal degree of sensitivity of the involved tissues to external stimuli.

There are, therefore, two general types of pain which are biologically different. The first is a direct response of normal tissues to external stimuli which serves as a warning of danger. The organism reacts to this type of pain by seeking to run or to fight. The second type of pain arises as a consequence of tissue damage or disease to which the body responds by attempting to put the injured area at rest. This second type of pain, whether spontaneous or provoked, superficial or deep, is biologically different from the first pain experienced following the application of sufficiently intense external stimuli to normal tissues.

For purposes of further study, it would appear to be advantageous to distinguish between physiological or sensorial pain which is the response of normal tissues to noxious external stimuli, and pathological or symptomatic pain which is a manifestation of abnormal tissues. In the study of pain in all its aspects, it is necessary to keep this distinction in mind. While various investigative methods have furnished data concerning physiological pain, the information thus obtained is of very limited value when applied to the problem of pathological pain. However, it is pathological pain which constitutes the vital clinical problem, physiological pain being of concern in medicine primarily in the field of anaesthesia. (*Note 1*)

Dualism in Pathological Pain

It was only in pathological pain that a dual character was encountered. For one thing, it was noted that in some patients with chronic pain—associated with tumors, arthritis or other conditions—the pain intensity was not constant. In many of these patients, variations in pain intensity could be seen to follow a pattern. Although the variations usually are referred to as “spontaneous,” we could show that they were related to the time of day. Furthermore, the variations were not the same for all patients. In one group, pain was severe in the morning and diminished toward evening, while in another group, little or no pain was felt in the morning and exacerbations occurred in the evening.

The intake of food also had a dual influence. In some patients with tumors far removed from the gastro-intestinal tract, pain was increased by eating while in others pain decreased. Patients themselves often recognized this relationship and many whose pain was increased with the intake of

food refused to eat for fear of aggravating their suffering, while those of the other group wanted to eat whenever pain was severe in order to reduce its intensity.

These observations on the influence of time of day and intake of food on pain led to the study of the acid-base balance of the body since this balance is known to be influenced by the same two factors—time of day and food intake.

In a preliminary study we considered a special aspect of the acid-base balance of the body, that is, the several mechanisms involved and their possible intervention in the change of pain intensity. A study was made of blood pH, titrimetric alkalinity, CO₂ combining power, relative chloride distribution between erythrocytes and plasma, as well as urinary pH for the indications they furnish concerning the acid-base balance. The blood is highly buffered in order to avoid damage, through abnormal pH values, to cells in general and especially to those of the nervous system. Consequently, the variations in the blood pH are as limited as possible. Alkaline reserve and the chlorides repartition represent only part systems in the general acid-base balance. Titrimetric alkalinity, corresponding to the sum of ionized and nonionized constituents, furnish information of the broadest scale of the acid-base balance. Consequently it appears to be a highly significant measurement. Through the non-ionized constituents, it can vary greatly without influencing blood pH. It reflects thus otherwise hidden changes in the acid-base balance. We could show that alone, among all the variable factors of the blood acid-base balance, total titrimetric alkalinity of blood varies in parallel with the urinary pH. (*Note 2*)

As an immediate result of this research, it was possible to utilize the changes in the urinary pH as an indication of the most important variations occurring in the systemic acid-base balance. This makes it possible to use changes in the urinary pH as an indicator of the relationship between acid-base balance and variations in pain intensity.

Pain and Acid-Base Balance Changes

When changes in pathological pain intensity were studied in relation to changes of the urinary pH, a correlation could be established in the majority of cases. Two opposite kinds of relationship were observed when curves of the variations in pain intensity were compared with those of the urinary pH.

Patients who had experienced pain associated with chronic pathological lesions over prolonged periods of time were instructed to record carefully the relative intensity of their pain at regular intervals, such as every hour.

No analgesics were administered for at least six hours before or during the test period which was continued as long as possible, even for twenty-four hours. Patients were instructed to concentrate on a single painful area and to estimate the degree of pain intensity. They were told to consider an average degree of pain during each hour rather than momentary peaks during the observation period or the pain at the moment of recording. The

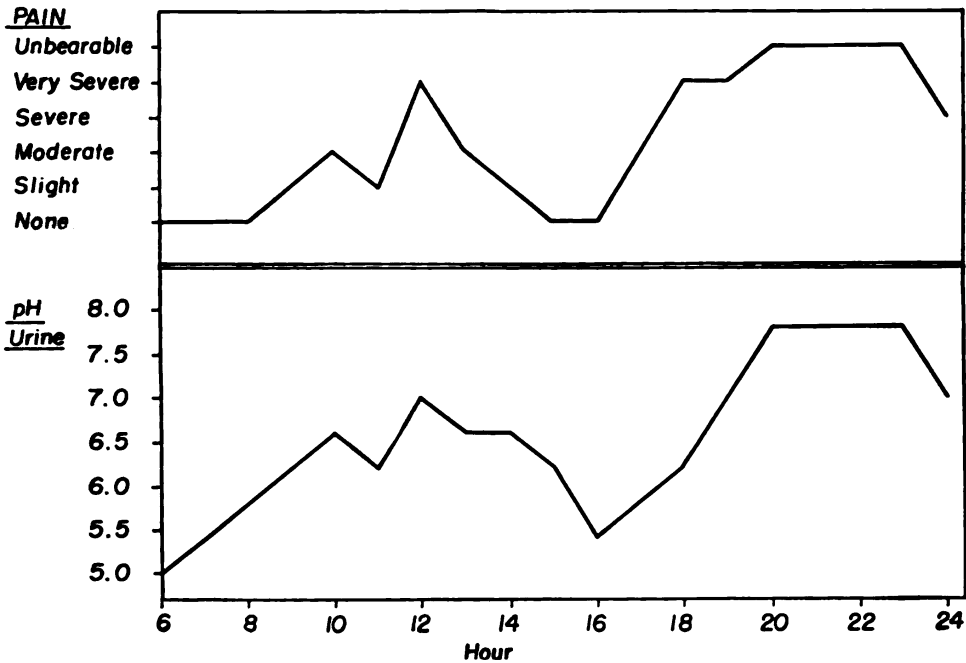


FIG. 6. A pain pattern is recognized by comparing the concomitant changes present in the curves of pain intensity with those of the urinary pH. The parallel variations of the two curves indicate an alkaline pattern with the pain more intensive when the urine is more alkaline, as seen in a case of carcinoma of the colon with painful abdominal mass.

degree was recorded in relative terms of no pain, slight, moderate, severe, very severe and unbearable, or as figures from 0 to 10.

Urine specimens were obtained each hour immediately after the pain intensity observations were recorded and the pH was determined electrometrically. Two curves—for the hourly variations in pain intensity and for urine pH—were then plotted.

Two distinct types of correlations were found. In the first, the two curves paralleled each other, the pain being more intense when the urine pH was higher, and less severe when the pH was lower. (Figs. 6 and 7) Because the maximal pain of this type of correlation is associated with a change toward alkalinity, this was called an alkaline pattern of pain.

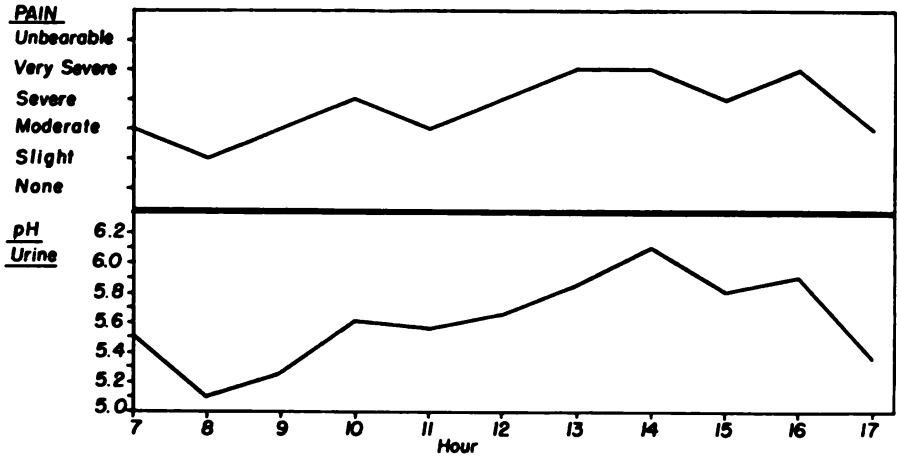


FIG. 7. The alkaline pattern of pain in which the concomitant variations in the curves of pain intensity and urinary pH are parallel, seen in a case of arthritis.

In the second type of correlation, the two curves varied inversely, pain being most marked when the urine was most acid, and least so when the urine was most alkaline. (Figs. 8 and 9) This second type was called acid pattern of pain because of its association with a change toward acidity. Considering the highly subjective nature of pain, the inconsistencies which occur are minor. Fig. 10 shows these curves followed during days.

The correlation between the pain intensity and urine pH curves are relative rather than absolute. The general level of urine pH apparently

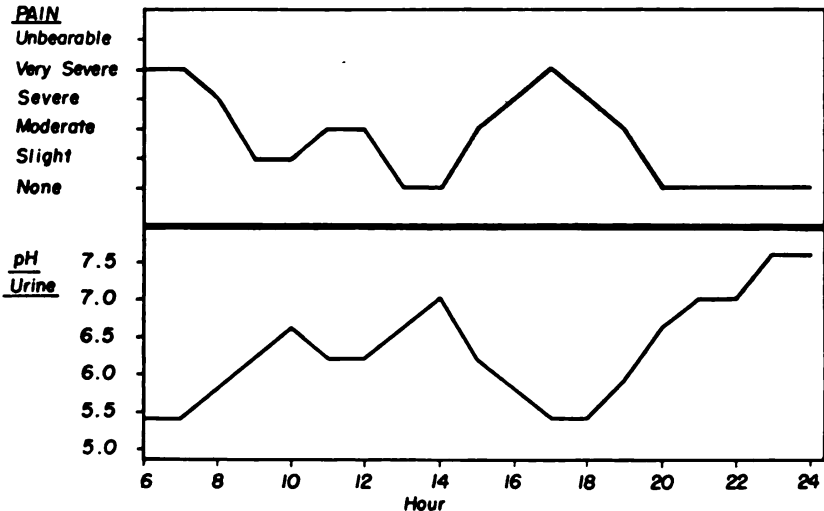


FIG. 8. An acid pain pattern is seen in a case of carcinoma of the prostate with metastatic bone lesions, in which the concomitant variations of the curves of pain intensity and urinary pH are divergent.

depends upon other factors. Consequently, only the fluctuations of the hydrogen ion concentration, rather than the absolute levels, are considered in this relationship to pain.

Changes in pain intensity were found to have a similar dualistic correlation with other factors as well as the acid-base balance—with potassium content of blood serum, for example. Studies were made to compare the concomitant changes in pain intensity and in potassium content of blood serum. In several cases the acid and alkaline patterns of these pains were determined through the relationship to urinary pH variations. At different

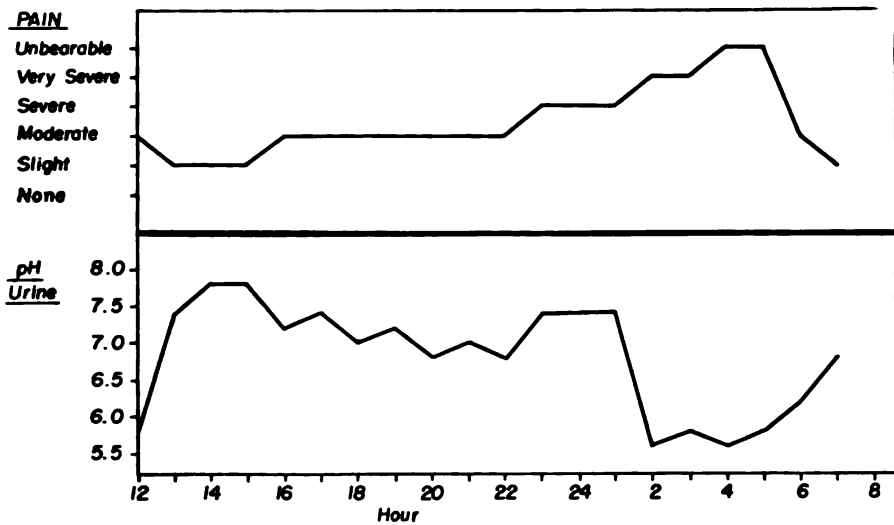
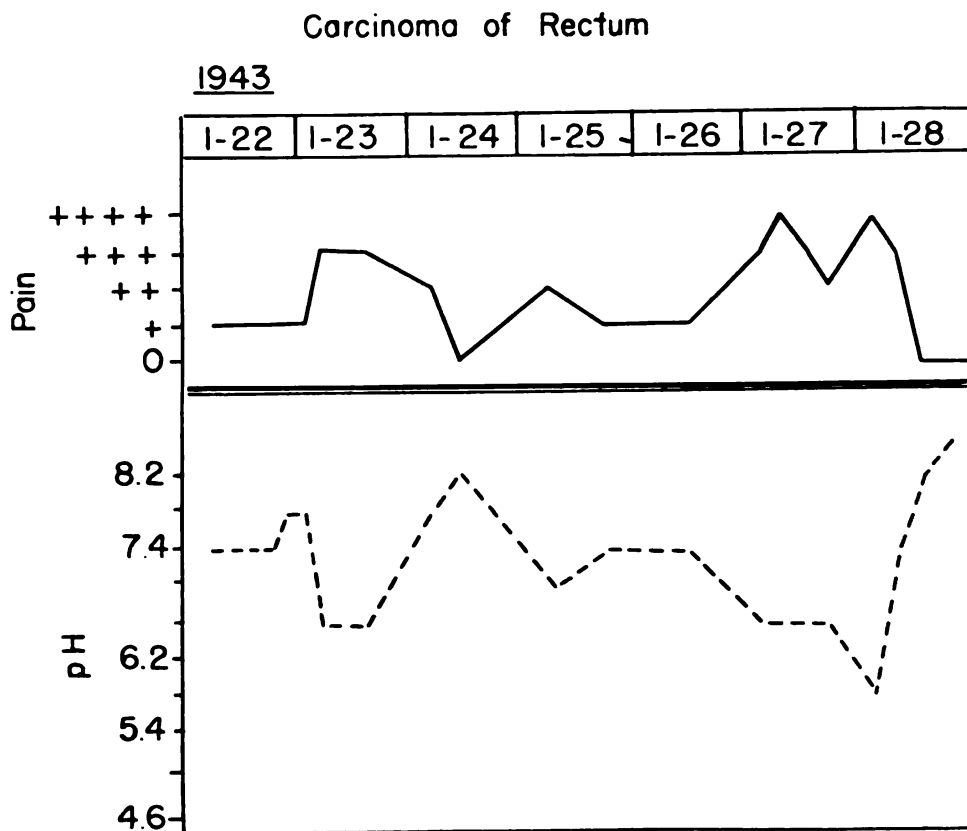


FIG. 9. An acid pattern of pain recognized by the divergent variations of the curves of pain intensity and urinary pH is seen in a case of phantom limb.

moments, especially when the pain was markedly different in intensity, blood was obtained by finger puncture, and collected in glass capillaries. After clotting, the serum was immediately separated and the potassium content measured using a flame photometer. Curves of the values of pain intensity at these moments, established by the method previously mentioned, and of the concomitant K^+ content were compared. Figs. 11 and 12 show the two curves in two cases in which, the two pain patterns—acid and alkaline, were primarily recognized. The cases with high serum potassium values and with parallel changes between the two curves—pain intensity and K^+ content—were seen to correspond to alkaline pain pattern; the other cases with less serum potassium and opposite variations of the two curves were seen to correspond to the acid pain pattern.

We extended the study of the pain pattern, as revealed by concomitant

variations of pain intensity and body acid-base balance, from cancer cases, in which a frank dualism had been seen, to other painful conditions. It was interesting to note that, in many conditions, pain can have one or the other pattern but there are some conditions in which only one pattern is consistently found. Pain following trauma of any kind—the pain of post-



Courtesy of Dr. Mario Rognoni

FIG. 10. The *pain pattern* can be recognized also through the characteristic opposite variations of the curves of pain intensity and urinary pH, followed during successive days—instead of hours—as seen in the above curves of a case of cancer of the rectum. (Courtesy of Dr. Rognoni)

operative and accidental wounds, burns and fractures, for example—always has an alkaline pattern. This is also true for the pain of gallbladder colic. In other conditions, either pattern may be present and must be determined by analysis. For instance, the pain of neuritis and simple headache has an acid pattern in some cases, alkaline in others.

In rheumatoid arthritis, an alkaline pain is almost constantly found. In osteoarthritis, the pain is of an acid type. In arthritic patients in whom

this relationship did not seem to hold, it was possible to recognize not only the existence of both rheumatoid and osteoarthritis but also to note that the pain pattern, as shown by test, was related to the more painful condition. We utilized the diagnosis of the type of pain present as an indication of the nature of painful processes. We will see later how this correlation has been confirmed by therapeutic trials.

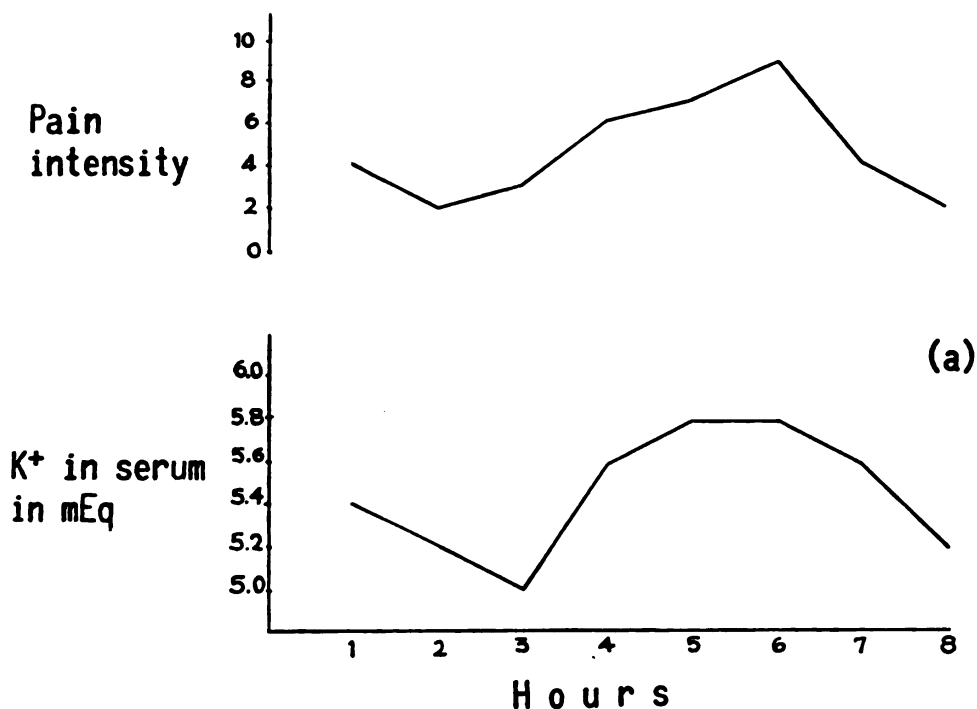


FIG. 11. *Pain pattern and potassium in blood serum.* The comparison of the concomitant changes in the curves of pain intensity and those of the amount of potassium in blood serum shows parallel variations in a case with an alkaline pattern.

Two types of pain associated with two different conditions present in the same individual have been found to occur more frequently than expected, although usually not simultaneously active.

In most patients with two or more anatomically separated painful foci, parallel variations occurred between the curves of the different pains. Only in occasional cases were the two pains found to vary simultaneously but in opposite fashion. Their opposite patterns were well described by patients who observed "the two pains act as if they were part of a balance; when one goes up, the other goes down, and the opposite." In Figure 13, the pain curve of lesion A is seen to vary inversely with the curve of urinary pH, while the pain curve of lesion B is parallel with the urinary pH curve. Thus,

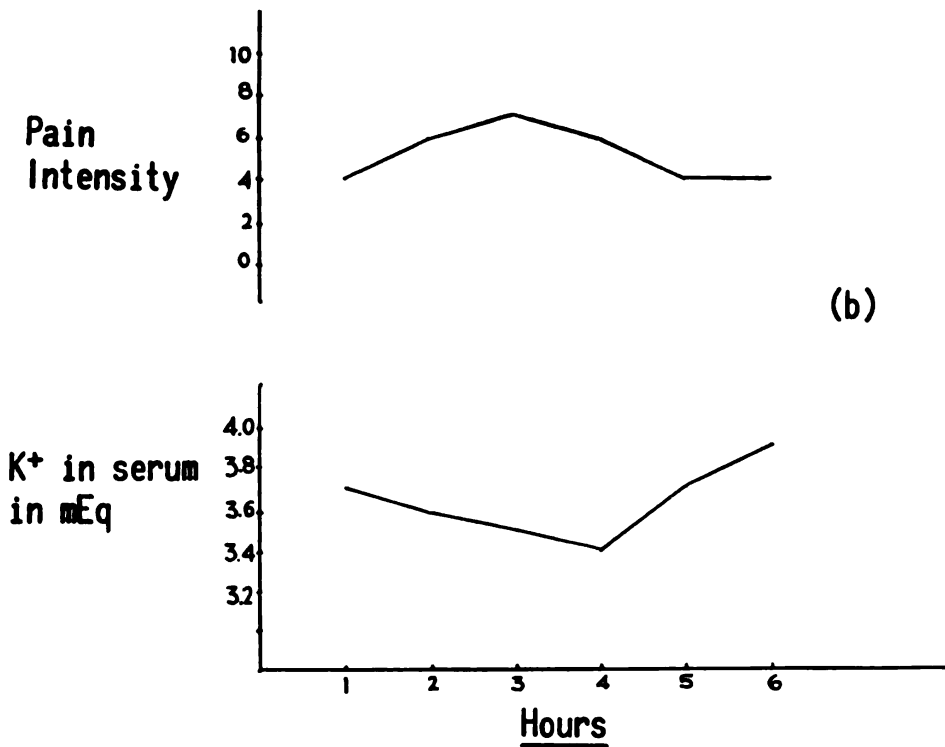


FIG. 12. Divergent variations between pain intensity changes and those of the blood serum potassium in a case of acid pain pattern.

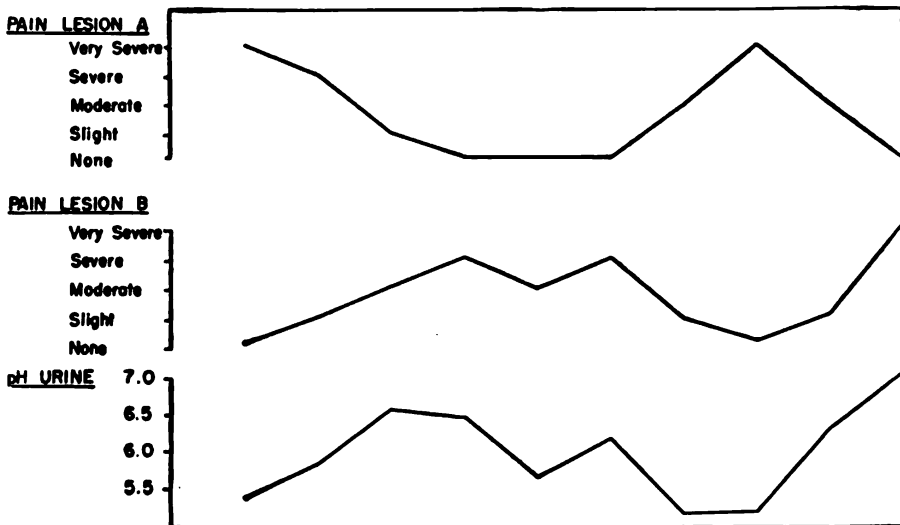


FIG. 13. Pains. Acid and alkaline pains can co-exist on different lesions, as seen in a patient with multiple osseous metastases from breast carcinoma. Lesion A, which corresponds to an acid pattern, shows divergent variations between the curve of urinary pH and that of its pain intensity, while for lesion B, with an alkaline pattern, the variations of the curves of pain intensity and of urinary pH are parallel.

the pain of lesion A is of an acid pattern while that of lesion B is of alkaline pattern.

Also interesting to note is the persistence of the same pattern for pains associated with chronic conditions. We have headache patients, for example, in whom, during the 20 years since we first determined the pattern of pain, there has been no changes of pattern. In others, on the contrary,

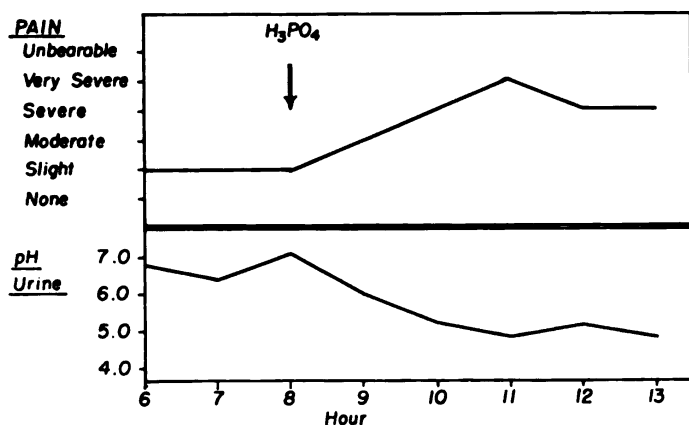


FIG. 14. The changes induced in the pain intensity by the administration of an acidifying agent indicate the pattern present. Pain with an *acid pattern* is intensified following oral administration of 1.5 cc. of a 50% sol. of phosphoric acid. Urinary pH changes reflect the induced systemic acidification.

changes occur rapidly. In a case of sciatica, we have seen rapid and frequent changes in pattern, especially in response to therapeutic measures.

Worthy of being noted is the correlation found between variations in pain intensity and changes in the acid-base balance of the body even in cases in which nerves are directly involved in lesions and in which a mechanical pathogenesis usually has been accepted. This would indicate that the chemical factor mentioned above has a role in the pathogenesis of pain even in these cases.

Acidifying and Alkalinizing Agents

We next demonstrated the cause-effect correlation between acid-base changes and variations in the intensity of pain. Administration of acidifying or alkalinizing substances could induce the same changes in pain intensity as those caused by spontaneous variations in the acid-base balance of the body.

The relationship between acid-base balance changes and pain intensity was thus investigated by administering strong acidifying and alkalinizing

agents to patients after the type of pain-urinary pH correlation had been determined. Administered orally, strong acidifying substances, such as phosphoric acid, ammonium chloride or mono ammonium phosphate, increased the severity of pain with an acid pattern, (Fig. 14) and reduced the severity of one with an alkaline pattern. (Fig. 15) At the same time, it caused a lowering of the urine pH.

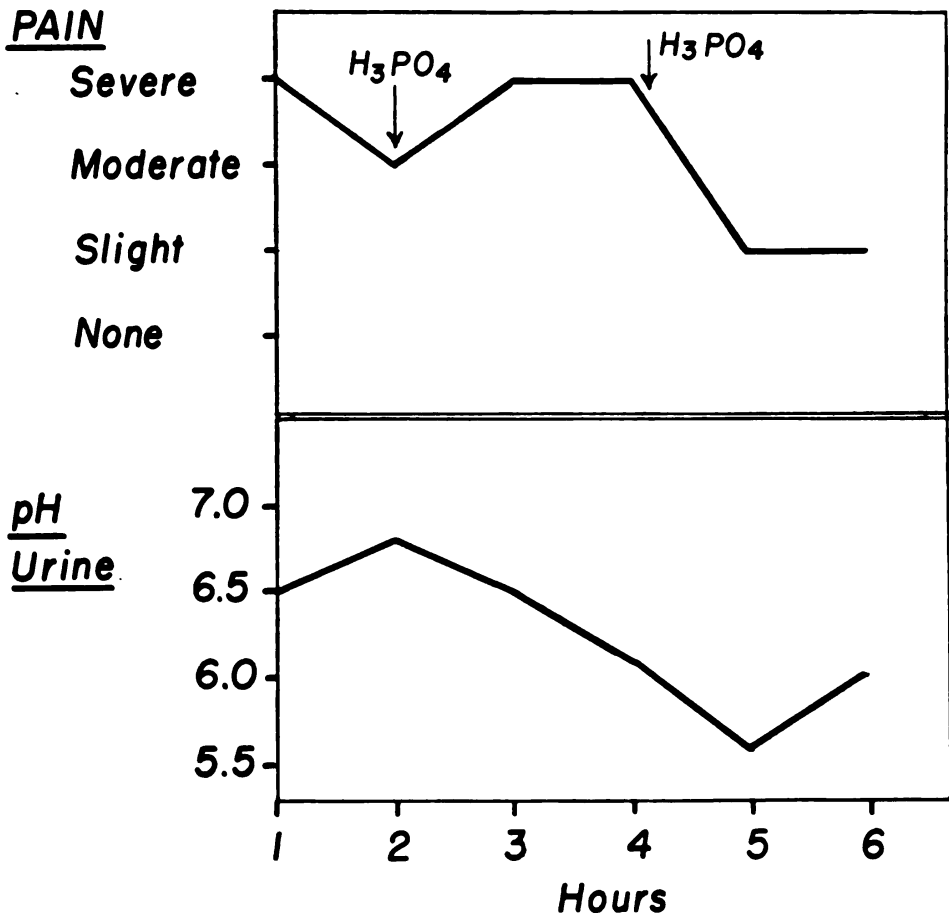


FIG. 15. Pain with an *alkaline pattern* is relieved by oral administration of two doses of 1.5 cc phosphoric acid (50% sol.). Urinary pH changes reflect the systemic acidification.

Sodium bicarbonate or ammonium acetate in quantities that alkalinized the urine increased intensity of pain with an alkaline (Fig. 16) and diminished intensity of pain with an acid pattern. (Fig. 17)

These changes of the systemic acid-base balance induced by administration of strong acidifying or alkalizing agents explains how similar changes, when they occur spontaneously, affect pain intensity. The effect

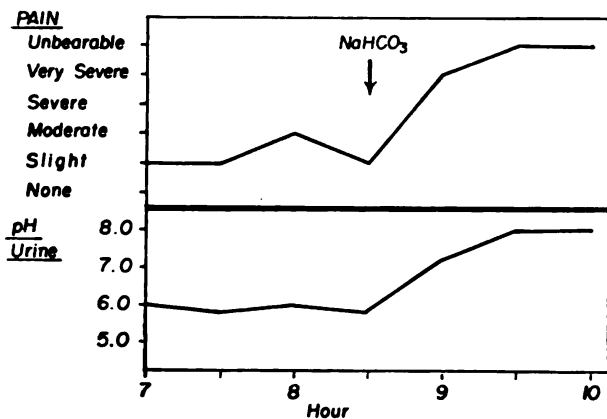


FIG. 16. Pain with an *alkaline pattern* is intensified by oral administration of 5 grams of sodium bicarbonate. Urinary pH changes reflect the systemic alkalization.

may be to increase or decrease the intensity, depending upon the pattern of the existing pain. It is interesting to mention that similar changes of the systemic acid-base balance, spontaneous or induced by the administration of acidifying or alkalizing agents, do not influence either the threshold or intensity of physiological pain. We have often utilized this response to alkalizing or acidifying substances as a method of recognizing the acid or alkaline pattern of pain. (Fig. 18 bis)

Dualism in Local pH Measurements

Since it had been observed that a definite correlation exists between the variations in pain intensity of abnormal foci and changes in the gen-

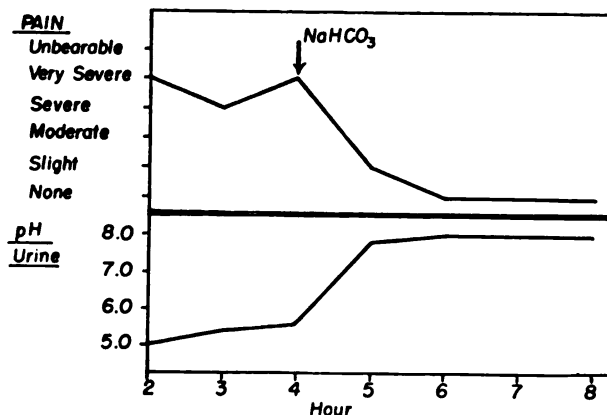


FIG. 17. Pain with an *acid pattern* is relieved by oral administration of 5 grams of sodium bicarbonate. Urinary pH changes reflect the systemic alkalization.

eral reaction of the body, it was desirable to ascertain what changes were taking place within the abnormal foci themselves at the same time.

Patients with easily accessible superficial lesions, especially tumors, in which painful areas could be well localized, were employed in these experiments. The pattern of pain, acid or alkaline, was first determined in the manner previously described. Local pH determinations were then per-

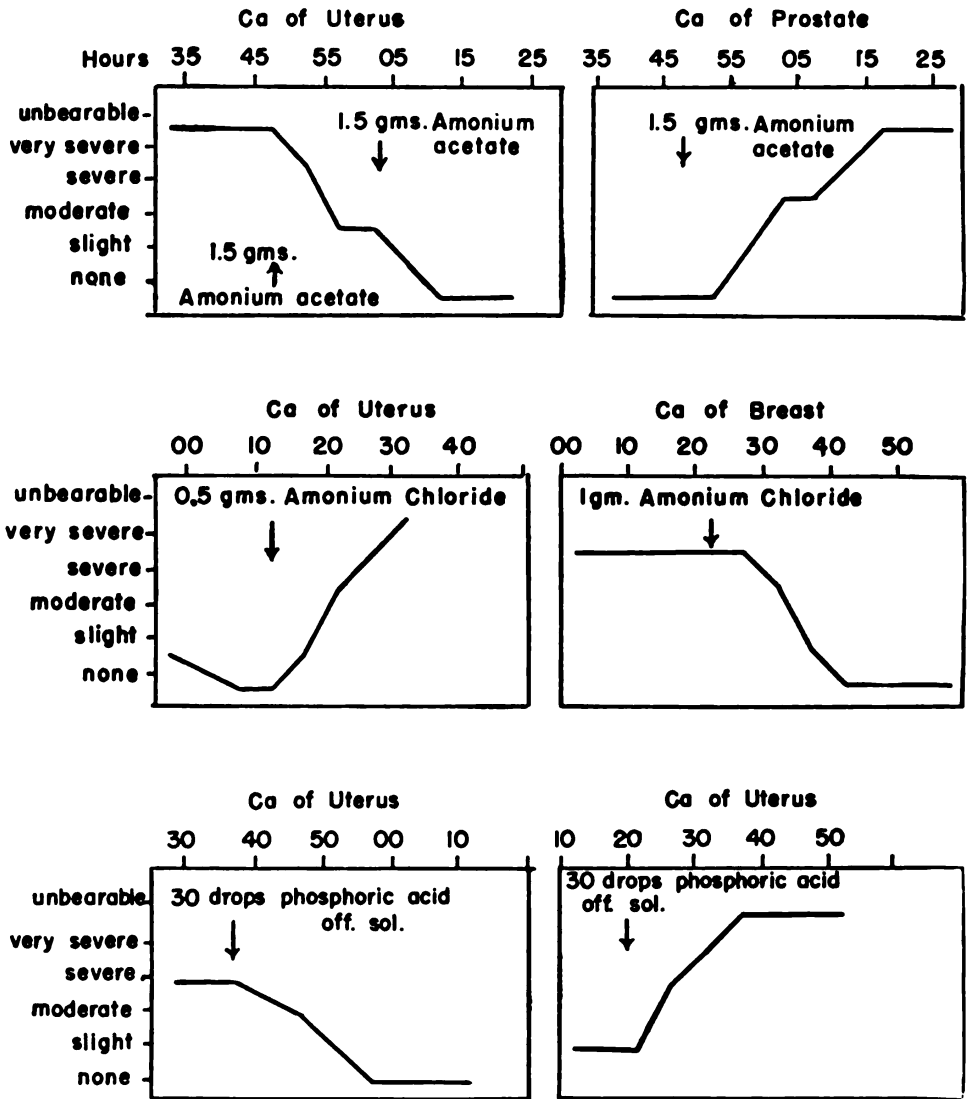


FIG. 18bis. The response of the pain of a lesion to an agent permits to identify the acid or alkaline pattern present. The effect of an acidifying and alkalizing agent corresponds to an increase or a decrease in pain intensity, according to the pain pattern present. First row, left side—acid pattern, right side—alkaline; second row, left side—acid, right side—alkaline; third row, right side—alkaline, left side—acid pattern.

formed. Special glass electrodes* were used for this purpose and determinations were carried out employing a sensitive pH meter. The tip of the electrode was placed on the surface of the area to be tested if ulcerated, or was introduced into the tissue to be tested through a small incision. In reality this gives a measurement of the pH of the local interstitial fluid.

Urine pH and local pH determinations were then performed at different times corresponding with spontaneous variations in the pain intensity experienced by the patient. Simultaneously, the pH values of normal tissue areas and, when possible, of nonpainful tumor areas were determined. Similar studies were carried out after administration of strong acidifying and alkalizing agents.

Many difficulties were encountered both in the choice of suitable clinical subjects and in techniques. Neoplasms proved to be the simplest type of painful abnormal process to employ. The neoplasm had to be located in a readily accessible region so that the electrodes could be introduced into an ulcerated area or through small incisions. The patient had to be able to very accurately localize the area of pain since considerable differences in pH values were found to exist in different parts of the same lesion. The pain had to be superficially localized because accurate determinations in the depths were not possible. Finally, the complete cooperation of the patient was essential.

The data obtained for a patient with an ulcerated, profusely draining carcinoma of the breast is recorded in TABLE II. Pain was most intense

TABLE II
OBSERVATIONS IN A CASE WITH ALKALINE PAIN PATTERN

Treatment (oral)	Pain Intensity	pH Urine	pH Normal Tissues	pH Tumor
Phosphoric acid 50%, 2 cc. Sodium bicarbonate 5 grams	None	5.4	7.3	7.6
	Moderate	6.2	7.4	8.1
	Very severe	7.1	7.3	8.5
	Slight	5.5	7.4	7.9
	Unbearable	7.8	7.4	8.8

when the acid-base balance of the blood, as reflected in the urine pH changes, was relatively most alkaline, and was less intense when the balance was more acid. The pH values of the painful areas of the tumor in

* Supplied by Hartman and Braun, Paris.

this case showed considerable lability under the influence of spontaneous changes in the general acid-base balance of the body, reaching a high of 8.5. At this time, the pain was very severe. The pain became unbearable following oral administration of 5 grams of sodium bicarbonate, and the pH within the same tumor area reached 8.8. The pH of the normal tissues in this case, even after the administration of strong alkalizing agents, never exceeded 7.4, while the tumor pH was never below 7.6.

The findings in a case with acid pain are recorded in TABLE III. This

TABLE III
OBSERVATIONS IN A CASE WITH ACID PAIN PATTERN

Treatment (oral)	Pain Intensity	pH Urine	pH Normal Tissues	pH TUMOR	
				Painful area	Nonpainful area
Phosphoric acid 50%, 1.5 cc. Sodium bicarbonate 5 grams	None	7.0	7.4	6.8	7.2
	Moderate	5.8		6.3	7.1
	Severe	5.3	7.3	5.8	6.9
	Unbearable	5.0	7.3	5.5	6.8
	None	7.4		6.6	7.2

patient had an extensive sarcoma of the face which was not ulcerated but involved the skin. Pain was most intense when the blood titrimetric alkalinity was relatively low and less severe when the alkalinity was higher. The pH values in the tissues of a painful area of the tumor were always more acid than the values found in another nonpainful area. The pH of the nonpainful area was slightly below that within normal tissues. Spontaneous changes in the acid-base balance of the body brought about a reduction of the pH of the painful tumor area to 5.8, at which time the patient reported severe pain. The nonpainful tumor area had a pH of 6.9 at the same time. Following administration of 1.5 cc. of 50% phosphoric acid, pain became unbearable and the pH within the tumor tissues of the painful area fell at once to 5.5. At the same time, the nonpainful tumor area pH was 6.8 and the normal tissue pH was 7.3.

Similar results were obtained in other cases and led to the following conclusions: The pH values of the interstitial fluid of painful lesions studied in vivo differ from those of normal tissues, the hydrogen ion concentration being either higher or lower than that of normal tissues of the same individual. The pH of painful abnormal tissues is much more labile and

extremely sensitive to general body pH changes. Spontaneous or induced variations in the acid-base balance of the body produce slight changes or none at all in the pH of the interstitial fluid in normal tissues, but give rise to more pronounced changes of the pH within painful pathological tissues.

Through this research, we have thus been able to connect pathological pain to the pH of interstitial fluid of painful lesions. A further connection could be made with the richness of the interstitial fluids in potassium. In the alkaline pattern of pain, more potassium was found in the interstitial fluids. The presence in these fluids of potassium—the cation of the cytoplasm—in higher amounts than in normal conditions was seen to induce pain. The subcutaneous administration of potassium compounds was seen to be painful, while similar salts of sodium were well tolerated. As a local acidosis was found in lesions having an acid pain pattern, a local alkalosis and an increase in potassium content appeared in those with an alkaline pain pattern. The intensity of pain in this case was found to be proportionate to the degree of abnormal deviation of the local pH and to the abnormal amounts of potassium in the interstitial fluids. In addition to variations in the acid-base balance of the body, variations in the amount of serum potassium appear able to alter pain intensity in cases with an alkaline pattern. This correlation is further explained below by the place of potassium in the organization.

Oxido-reduction Potential

Differences indicating the same dualism were also found in other manifestations in painful lesions. The oxido-reduction potential was measured in tumors with pain. Patients chosen were those with easily accessible superficial tumors in which painful areas could be localized. Platinum needle electrodes were introduced in the painful areas through small incisions or, if the lesions were ulcerated in the lesions themselves. The measurements of the potential present were made using a Beckman pH meter. As had been the case for the pH, it appeared important that the patient be able to indicate clearly the painful areas. Because exact location of these areas in the depths was almost impossible, superficial lesions usually were chosen for these determinations. In general, in lesions with an alkaline pattern, the measurements showed high values (such as from +100 to +350 millivolts) while in lesions with pain of the acid pattern, the values were low (such as -2 to -15 millivolts).

Abnormal Substances

Changes in the local pH, like changes in acid and alkaline patterns, could be related to the appearance and subsequent accumulation of different substances in the lesion. Increased concentration of lactic acid was found in the interstitial fluids of acid pattern lesions, while increased concentrations of sodium and especially potassium ions were found in the interstitial fluid of lesions with an alkaline pattern.

Processes leading to a local acidosis are known and ascribed to the well-known anoxybiotic metabolism of carbohydrates. They result from lack of the "respiratory" oxybiotic phase of carbohydrate metabolism, with the consequent conversion of pyruvic acid into lactic acid. Only part of the lactic acid is changed into glycogen through the Pasteur-Myerhoff reaction, and an accumulation of lactic acid results. While the presence of lactic acid is well known, its presence has not previously been related to pain or other manifestations. We could show this correlation in some cases. (*Note 3*)

The scientific literature offered no information concerning the appearance of alkaline compounds. We were able to establish that the presence of sodium ions coincides with another anomaly found in these lesions—a high fixation of chlorides in the lesions themselves. Values of 1600 mgr. of Cl., or even higher, per 100 gms. of wet tissue were found in these lesions instead of about 400 mgr./100 gms. measured in normal tissues. The local alkalosis and the resulting alkaline pain pattern could thus be correlated with an abnormal sodium chloride metabolism at the tissular level in which with chloride ions fixed by the cells, sodium ions remain free to combine with carbonate anions and form alkaline compounds. If the abnormal NaCl metabolism occurs in the interstitial fluid, the subsequent alkalosis induces pain. We will see later how abnormal NaCl metabolism also takes place at other levels of the organization. In these cases of alkaline pattern of pain, the fact that abnormal amounts of sodium ions still enter the cells will result in a loss by these cells of potassium which will accumulate in the pericellular fluids, and form alkaline compounds.

An immediate conclusion that could be drawn from these studies was that there is a definite dualism in pathogenesis of pain originating in abnormal tissues and that the two pain patterns evidenced in lesions with acidosis or alkalosis of the interstitial fluids indicate that processes of two opposite natures go on at the tissular level.

OTHER ACID AND ALKALINE SYMPTOMS

Using the same method of investigation as in the study of pain, a relationship between variations in intensity of certain other symptoms and variations in urinary pH could be found. Acid and alkaline patterns of itching could be recognized. The same patterns could be found for vertigo and impaired hearing. Among psychiatric manifestations, manic-depressive states showed changes that could be related to acid-base variations.

The correlation between dyspnea and acid-base variations was contrary to what we expected. Classically, dyspnea is believed to be associated only with an increase of acidity of blood. However, both acid and alkaline patterns of dyspnea were observed, and could be related more directly to changes at the tissue level. We will review here the pathogenesis of itching, vertigo, dyspnea, and other conditions, under this dualistic aspect.

Itching

The problem of itching is interesting from other than the therapeutic point of view, since little is known regarding the nature and cause of this condition. Various hypotheses have been offered but have failed to explain its pathogenesis. Our interest in itching originated during the study of pain and led to an hypothesis which allows us to approach the problem from a new angle. By analogy with pain, we separated itching into two types: physiological, as the response of normal tissues to external stimuli; and pathological, as a sensation arising within diseased or damaged tissues. Tickling the normal skin or even stimulating it through heat, cold, etc., may cause a sensation of itching and lead to scratching. Certain mucous membranes, such as those of the nose, and the skin around natural orifices, are especially sensitive to such stimulation. This type of itching, as a response of normal tissues is *physiological or sensorial*.

Under pathological conditions however, the skin, mucous membranes and other formations may itch without external stimulation or in response to stimuli which ordinarily do not produce this sensation. The itching then can be considered as a manifestation of diseased or damaged tissues and, as such can be described as *pathological*. Just as does pathological pain, pathological itching represents a symptom related to abnormal changes already present. (*Note 4*)

In spite of their relative independence, the fact that similar fundamental mechanisms are involved in the production of itching and pain explains certain characteristics they have in common. Like pathological

pain, pathological itching varies in intensity with the time of day. Patients with chronic pruritus are aware of this. Some have more itching in the morning, others experience exacerbations at night. The same dualism is seen with intake of food. For these reasons, the relationship between changes in acid-base balance of the body, as reflected in the urinary pH, and variations in intensity of itching was investigated.

Patients with long standing pruritus associated with a variety of chronic skin conditions were studied. They were asked to note over periods of six to twelve hours the changes in itching intensity. Evaluation of the changes was made by the patients themselves, using a series of qualifications such as none, slight, moderate, severe, very severe and unbearable, or a scale ranging from 0 to 10. They were instructed to consider the average inten-

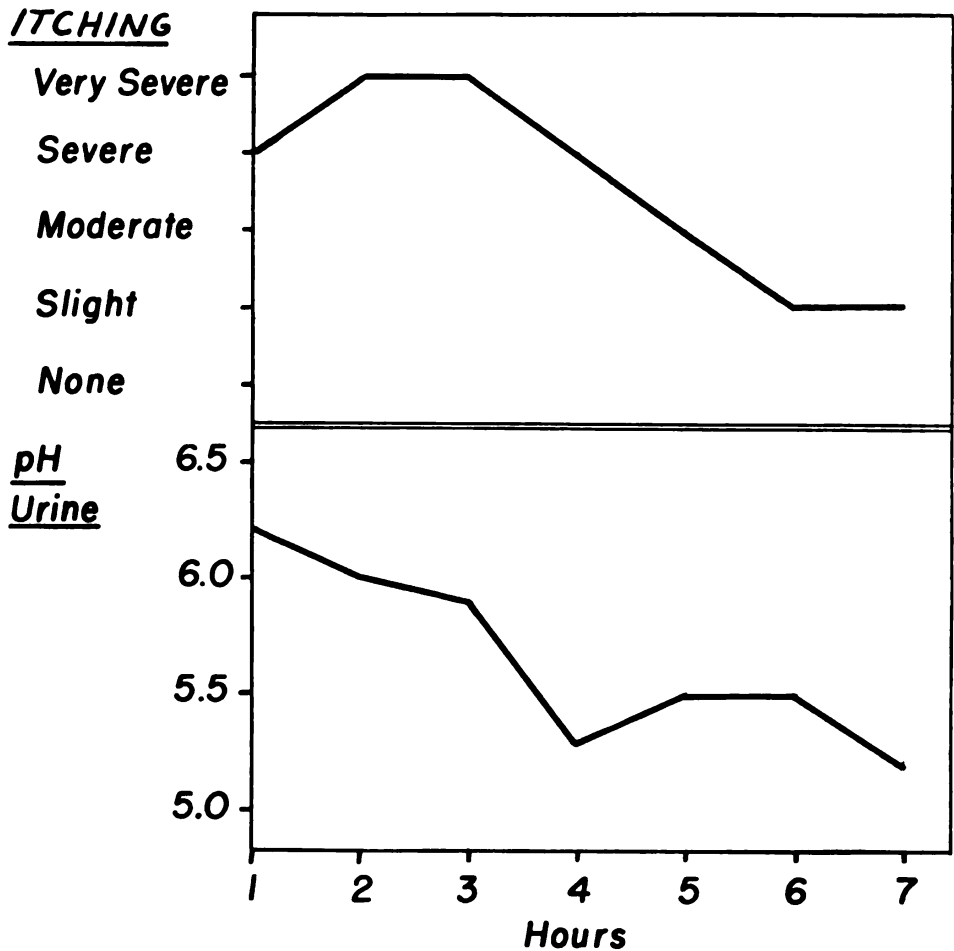


FIG. 20. The alkaline pattern of itching is recognized in a case of senile vulvar pruritus, through parallel variations of the curves of the intensity of the *itching* and of the urinary pH.

sity of their itching for each hour, rather than to indicate the maximum intensity at the exact time of recording. Voided urine specimens were obtained at the end of each hour. The pH of the urine specimens was determined electrometrically. A graph was plotted to compare the variations in the subjective data furnished by the patient with the concomitant hourly changes in the pH of the urine. It was usually necessary to repeat the test several times before the patient appeared able to satisfactorily evaluate the changes in the intensity of the symptom for hour-long periods rather than

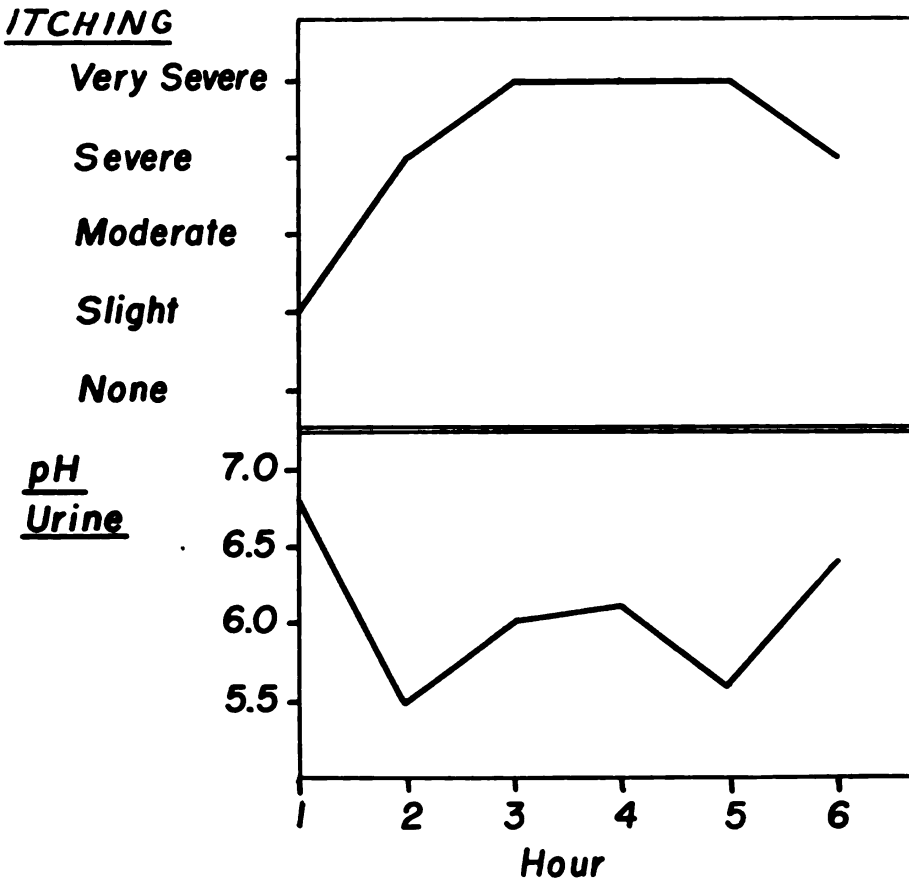


FIG. 21. An acid pattern of itching is recognized in a case of pruritus ani through the divergence in the concomitant variations of the curves of itching intensity and urinary pH.

for just the moment of recording. (We also tried to judge the intensity of itching through the frequency, intensity and duration of scratching, as noted by an observer, but without success.) Fifteen patients were studied and, because of the limited number, the results are presented as merely preliminary.

In four cases, the curves of itching and urinary pH did not show any definite correlation even after repeated tests. Of the remaining 11 cases, 7 showed a distinct parallelism of the two curves, and in the other 4, an inverse relationship between curves was apparent. The graphs obtained in two characteristic cases are presented here. (*Figs. 20 and 21*)

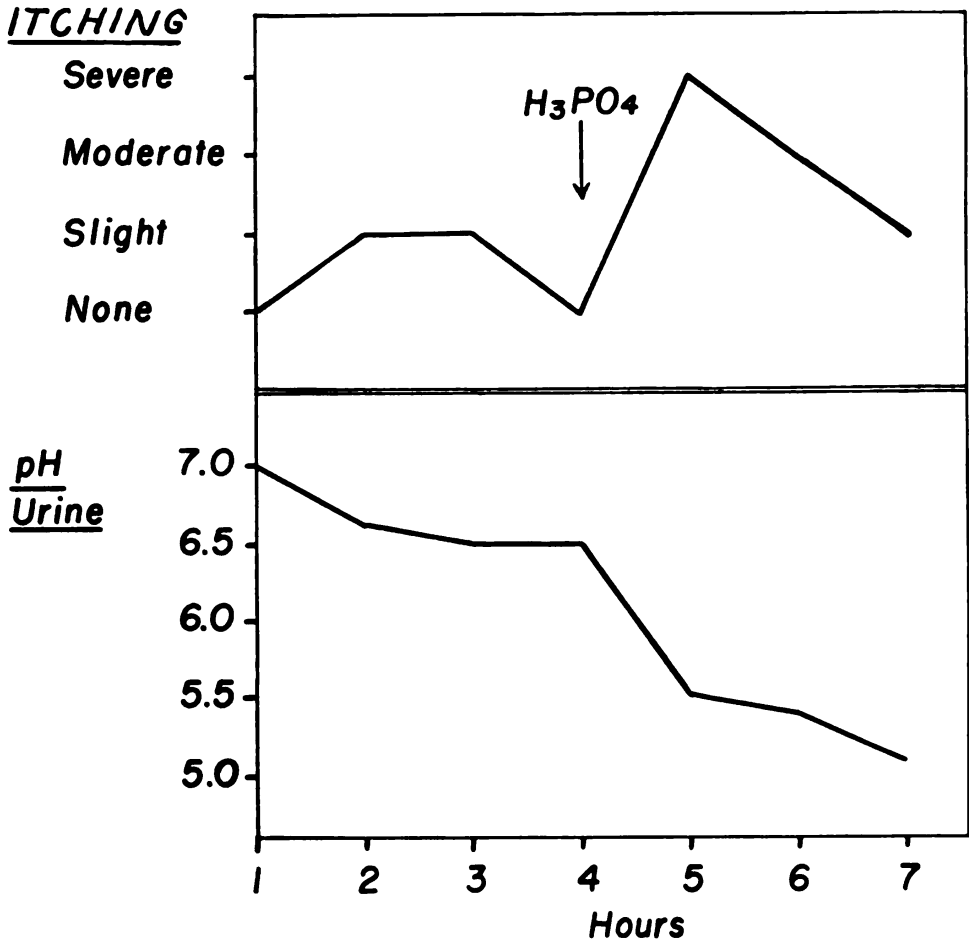


FIG. 22. Administration of phosphoric acid—1.5 cc phosphoric acid, sol. 50%—induces together with an acidification of the urine, an increase in the intensity of the itching with an acid pattern.

There is a distinct parallelism between the two curves in Figure 20, indicating that itching was more intense when the urine was relatively more alkaline, and slight or absent when the urine was more acid. We have considered this as an "alkaline pattern" of itching in accordance with the designation for pain. An inverse relationship between the two curves is seen in Figure 21. In this case, itching was more intense when the urine

was more acid, and less severe when the urine was more alkaline. This represents an acid pattern.

The effect of a strong acidifying agent, phosphoric acid, in cases with acid and alkaline itching, is illustrated in Figures 22 and 23. The intensity of the alkaline itching in the first case was reduced by the acidifying action of phosphoric acid, while the acid itching of the second case was intensified. In Figure 24, the response of a patient with alkaline itching to the administration of sodium bicarbonate is shown. The intensity of itching was greatly increased after the alkalizing agent was given.

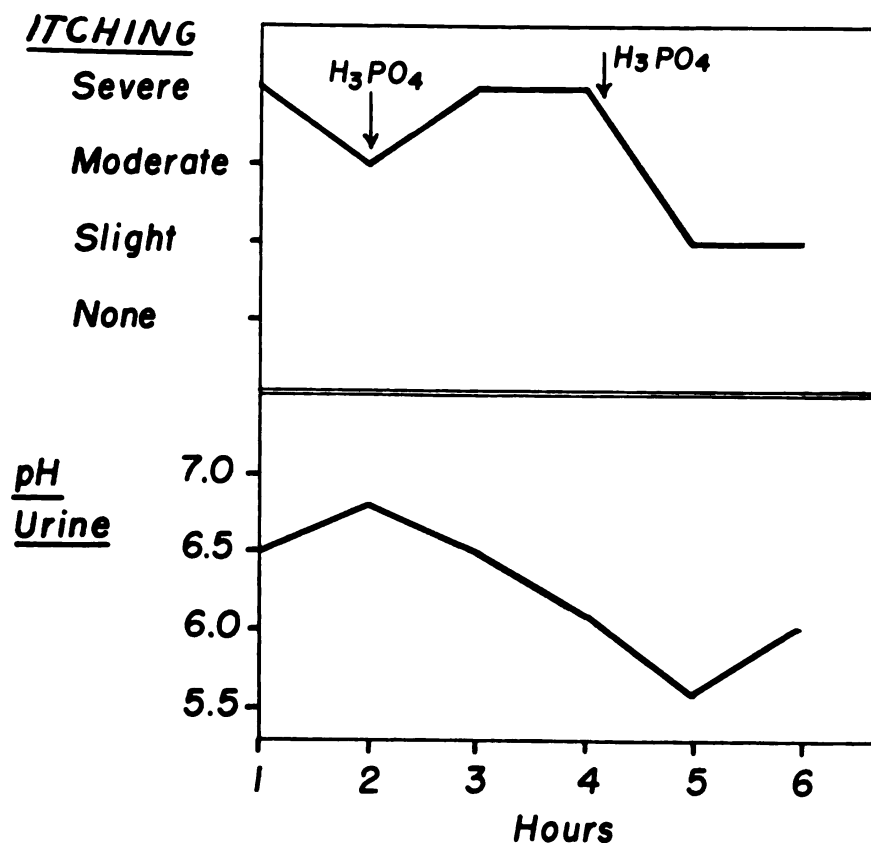


FIG. 23. Itching with an alkaline pattern is reduced in intensity by the administration of an acidifying agent. In the above example, two doses, each of 1.5 cc phosphoric acid (50%), were necessary in order to obtain this effect.

The fact that both pathological pain and pathological itching undergo the same changes in intensity related to the general acid-base balance would indicate that a similar mechanism may be involved in the pathogenesis of both symptoms. It can be conceived that a slight local pH change confined to the skin or mucous membrane could act on the itching end organs and

evoke the sensation of itching. More intense pH would result in pain. The fact that itching, one of the principal symptoms of dermatological conditions, can be related to local acid and alkaline changes within the skin would permit the integration of skin pathology in a more general physiopathological mechanism. The concept of the intervention of two different

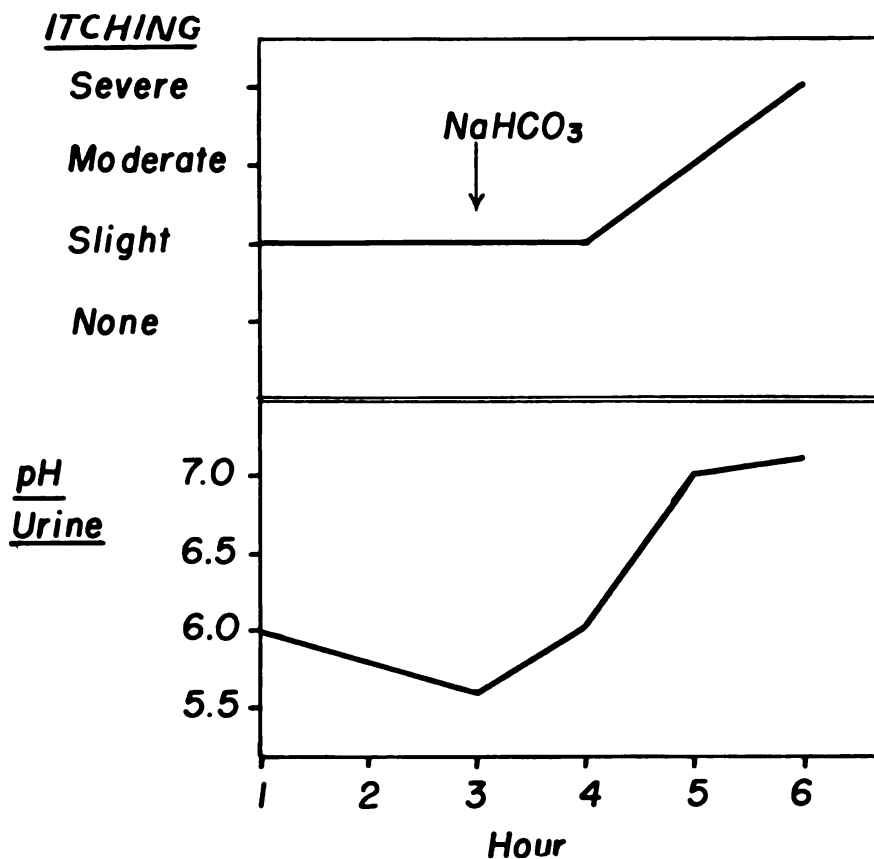


FIG. 24. The administration of 4 grams of sodium bicarbonate to a subject with an *alkaline pattern* of itching induces together with the alkalization of the urine, exacerbation of the symptom.

abnormal processes, one resulting in acid substances and the other in alkaline compounds, represents a new approach to the study of many skin conditions. The therapeutic application of this concept has produced interesting results. (See Chapter XIV)

Vertigo

Vertigo has been of special interest in our research. While it can be induced by various etiological factors, a basic dualism in its pathogenesis is evident.

Many patients with vertigo have been found to experience wide variations in the intensity of the symptom. Some have exacerbations in the morning, others in the evening. This observation suggested a possible dual pattern and we investigated vertigo by the same method used for the study of pathological pain.

In patients with vertigo, the intensity was determined at hourly intervals by using either a scale ranging from 0 to 10, or a series of qualifica-

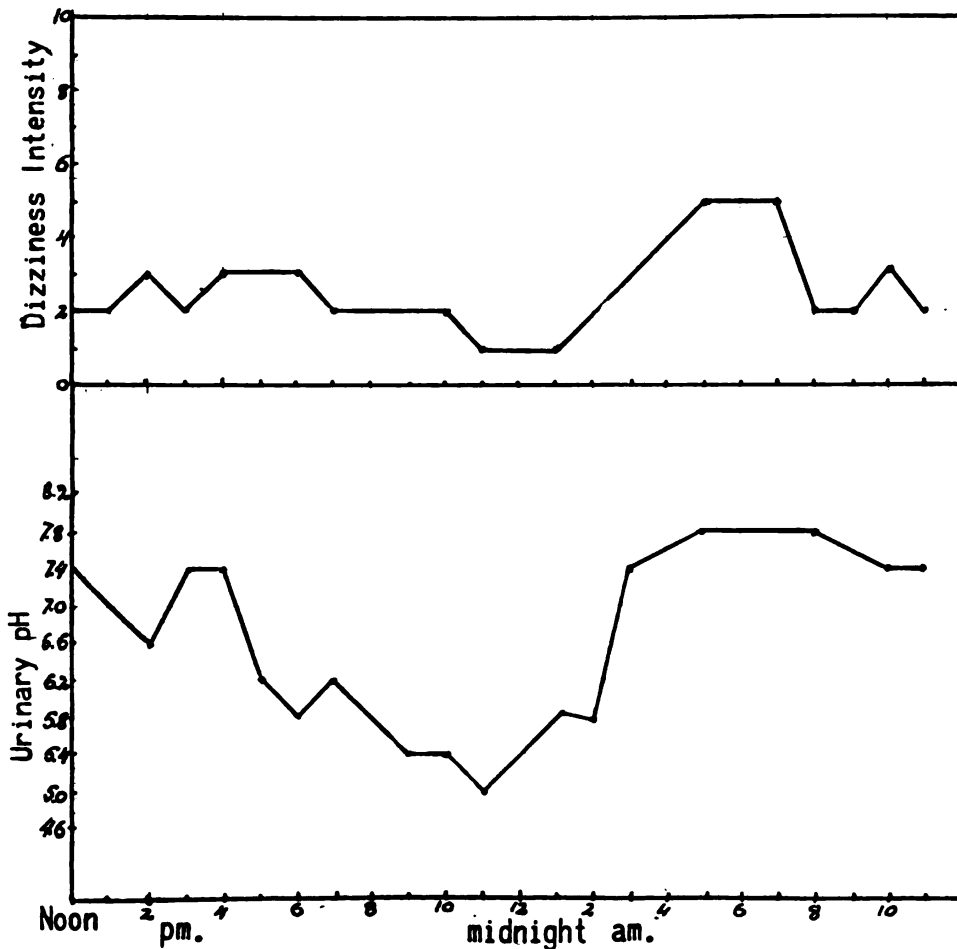


FIG. 25. Shows the curves of the intensity of *vertigo* and of the urinary pH in a case with an *alkaline pattern*, the variations of the two curves being parallel. (B. Welt, *AMA Archives of Otolaryngology*, 58:273-300, 1953.)

tions, such as none, slight, moderate, severe, very severe and unbearable. At the same intervals, urine samples were collected and their pH values measured. Data were plotted in curves having time as common abscissa. Here again, as for pain, two different correlations could be observed. In some cases, the two curves—one for intensity of vertigo, and the other for urinary pH level—showed parallel variations. (Fig. 25) The vertigo became more intense when the pH was high, and this was considered to be vertigo

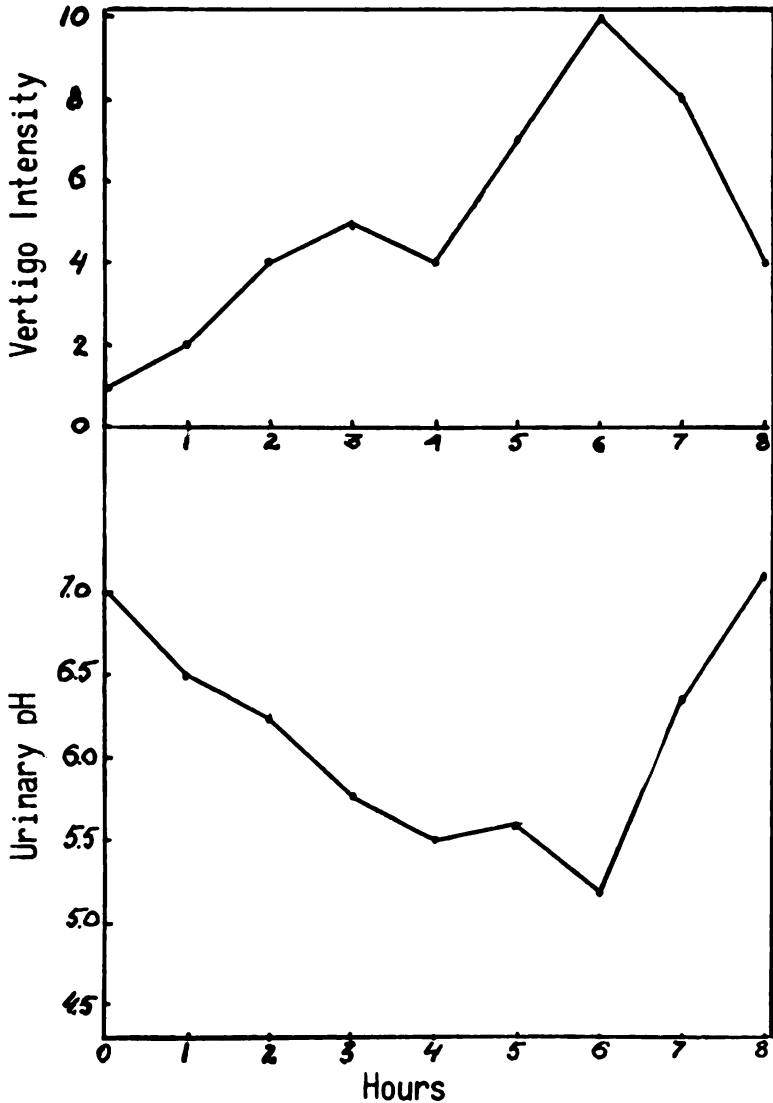


FIG. 26. *Vertigo with an acid pattern.* The symptom is more intensive when the urinary pH values are lower. (B. Welt *AMA Archives of Otolaryngology*, 58:273-300, 1953.)

of an alkaline pattern. In other cases—of an acid pattern—vertigo was more intense with lower values of urinary pH. (Fig. 26)

The acid-base pathogenesis of vertigo was further confirmed by the response to acidifying and alkalinizing agents. B. Welt has widely investigated vertigo by this method. He also has used the response to therapeutic agents as a criterion for the pattern present. The administration of butanol, heptanol or unsaturated fatty alcohols was seen to induce an increase in the intensity of vertigo of acid pattern and a decrease in the

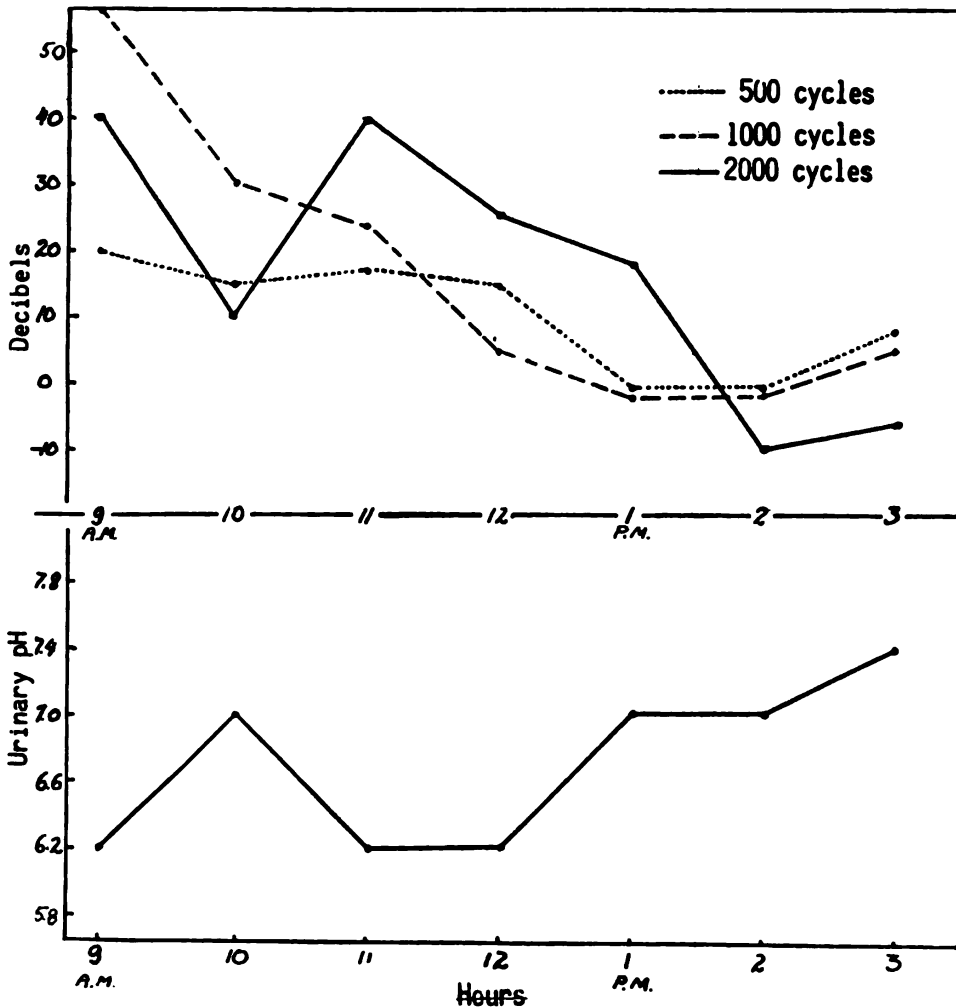


FIG. 27. The analysis of the concomitant changes in the curve of the intensity of the *auditive acuity* and of the urinary pH shows opposite variations in a subject with impaired hearing. The opposite variations are especially manifest for some values—2000 cycles in this case. This relationship corresponds to an *acid pattern*. (Courtesy of Dr. B. Welt.)

alkaline type. Agents such as sodium thiosulfate have an opposite effect.

The great similarity in the response of pain and vertigo to the same agents has established the role of acid-base changes in the pathogenesis of vertigo as well as the possibility of influencing these changes in order to relieve the symptom. These studies have shown that, in spite of the variety of etiological factors which can induce vertigo, the condition can be considered, from the point of view of therapy, in terms of its dualistic pathogenesis. This has simplified the therapeutic approach, limiting it to a choice between only two groups of agents. We will see later how successful this approach has been in Welt's hands.

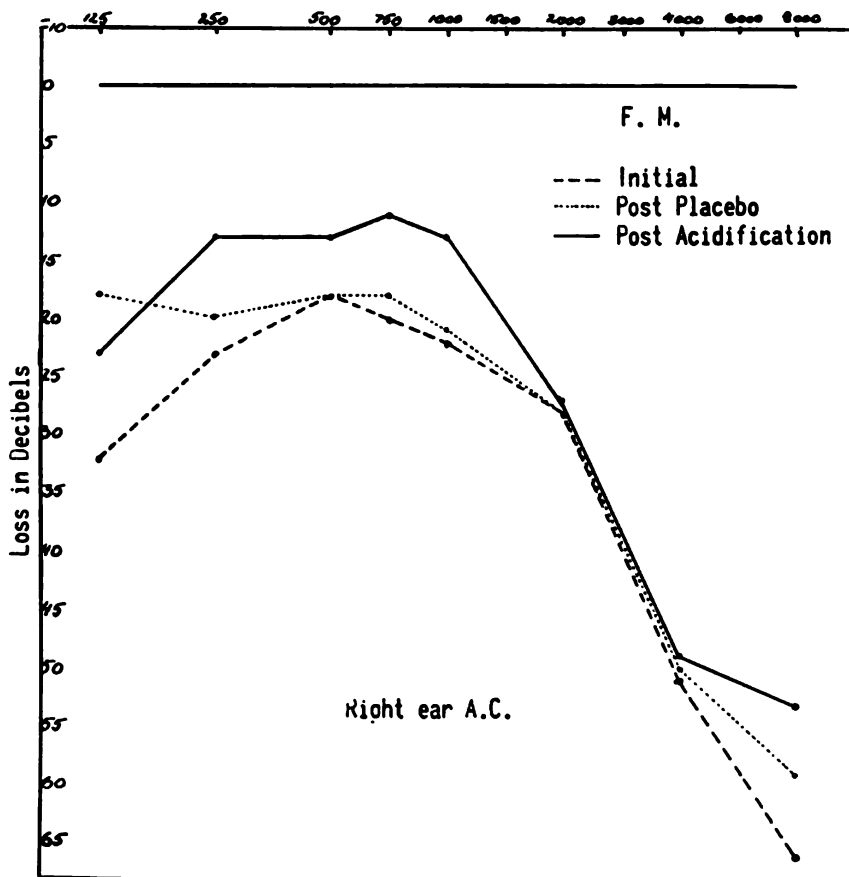


FIG. 28. The administration of an acidifying agent—2 grams of monoammonium phosphate—induces a marked increase of the *hearing acuity* if the abnormality present corresponds to an alkaline pattern. Only minimal or no changes are seen to occur if a few drops of acetic acid are used as placebo. (Courtesy of Dr. B. Welt.)

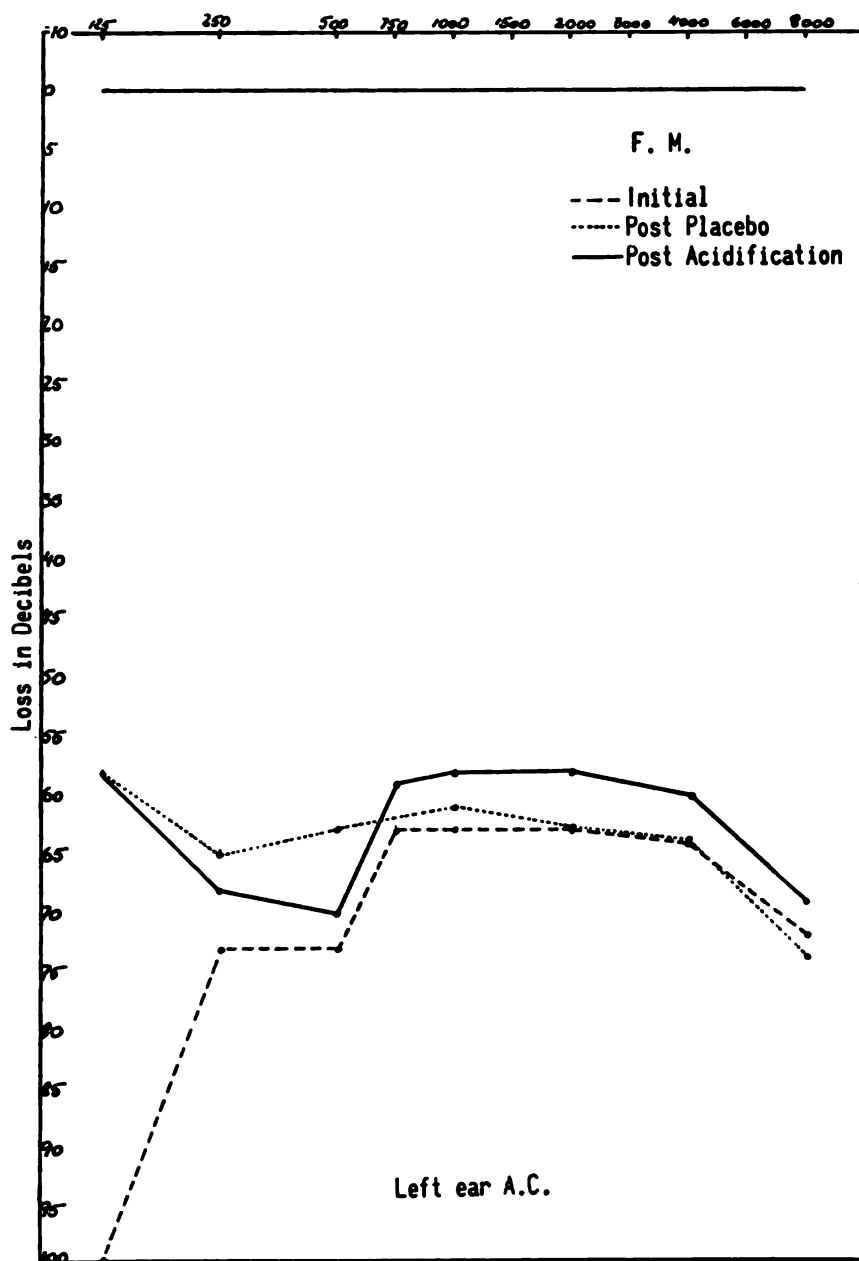


FIG. 29. Alkaline pattern of hearing impairment corresponds to an increased hearing acuity following the administration of 2 grams of ammonium phosphate.

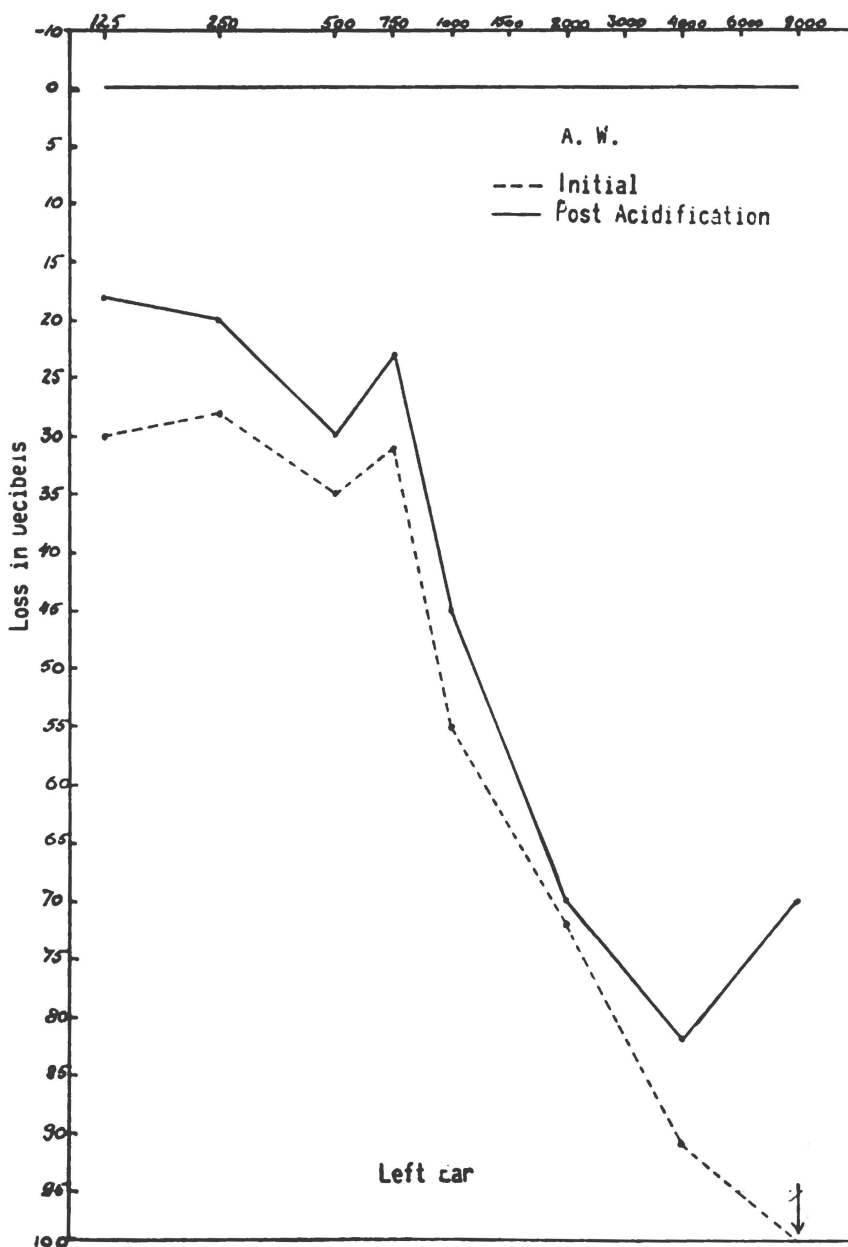


FIG. 30. Alkaline pattern of hearing impairment.

Impaired Hearing

In studying the various otological problems, B. Welt and I noted that many patients with impaired hearing experienced variations in auditory acuity at different times of the day, or even in conjunction with food intake. This led us to investigate impaired hearing by the same method used for pain. (Fig. 27) We studied the influence of acidifying and alkalizing agents upon auditory acuity in cases of impaired hearing.

Complete audiograms were obtained, employing differences of only two decibels between measurements and using all of the accepted frequencies for air and bone conduction. Audiograms were obtained in subjects before and after administration of acidifying agents, such as ammonium

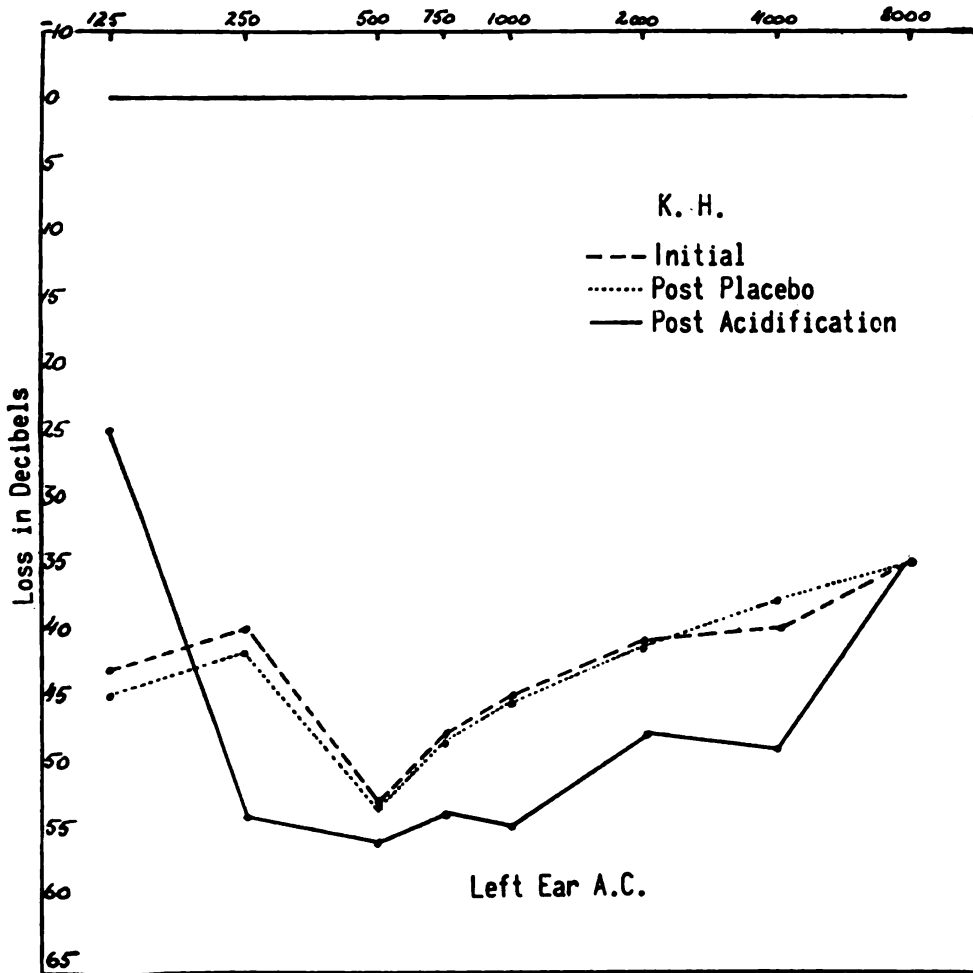


FIG. 31. The administration of 2 grams of monoammonium phosphate induces a decrease in hearing acuity if the abnormal pattern is acid.

chloride and ammonium monophosphate, and alkalinizing agents such as sodium bicarbonate. In normal subjects, the audiograms showed little or no change. In subjects with impaired hearing, three types of responses were noted for any one agent. The audiogram was either not changed at all or an increase or decrease in acuity was seen. If a manifest increase in acuity

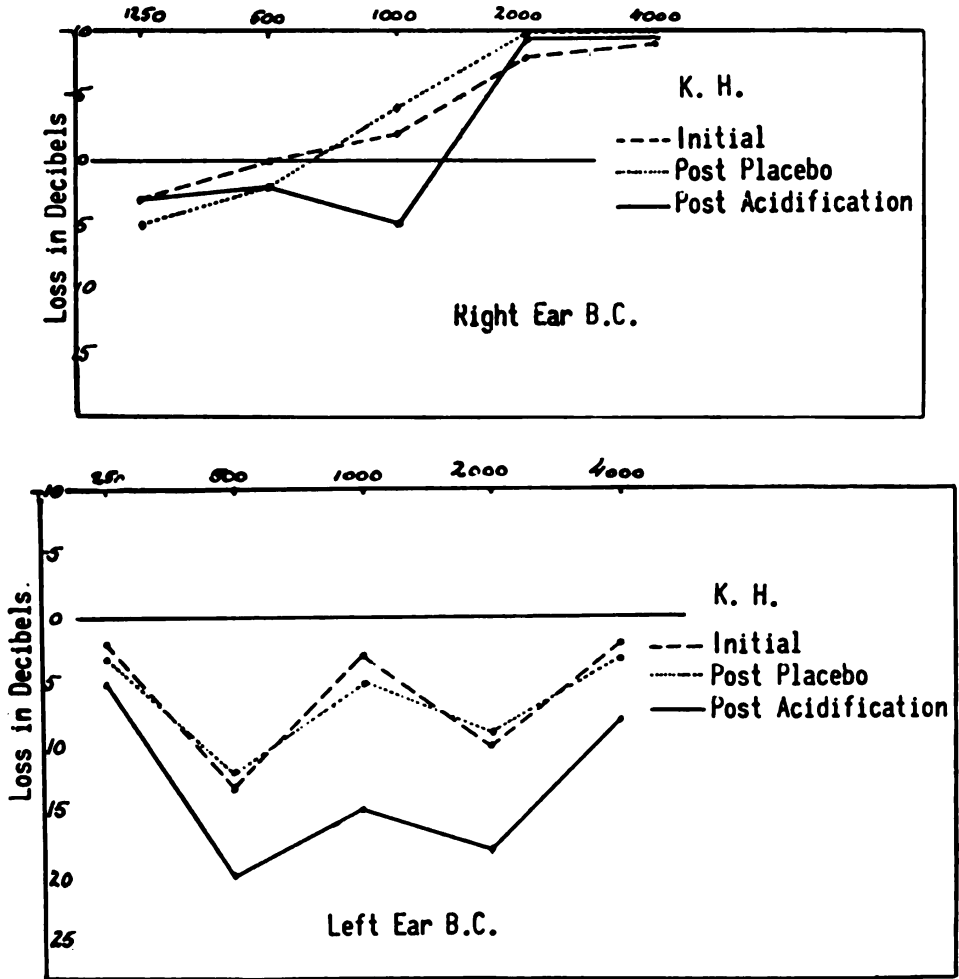


FIG. 32. Acid pattern of hearing impairment.

was obtained with one group of agents, an opposite effect was obtained when an agent of the opposite group was administered.

Changes of at least 6 decibels were required before they were considered to be induced by an agent. When changes of such intensity were obtained with an agent, it was invariably true that opposite changes would be obtained with an opposite agent. It was also true that the same responses

could be obtained in the same patient in repeated tests. This appears to be highly significant, indicating that the response was, in fact, correlated with changes induced by the administered agent, changes similar to those seen in the case of acid-base symptoms. It was thus possible to integrate hearing impairment in the group of acid-base symptoms and to recognize two well-defined types, one corresponding to an acid pattern, the other to an alkaline. Figures 28 through 32 illustrate several cases taken from Welt's observation. It must be noted that changes under the influence of the agents are seen at almost all frequencies in some cases but at only certain frequencies in others.

It must be noted also that not all cases of impaired hearing could be placed in one or the other category. While this could be done almost without exception for young subjects or for those with still evolving conditions, it could not be done for subjects with old, fully evolved impairment. It appears that once the pathological processes have arrived at a terminal point—and an inactive sclerotic scar is present—a response to acidifying or alkalizing agents is no longer to be expected.

Manic-depressive Condition

We have studied the relationship between intensity of manifestations and systemic acid-base balance of the body in another group of subjects with various mental disorders. Of all the cases studied, the only condition in which a clear relationship could be shown was in manic-depressive subjects. From patients presenting changes during the day, passing from periods of high excitation to calm, from deep depression to calm, we obtained hourly urine specimens. At the same time, observations of their mental state were made. The evaluations of mental condition were made by trained observers or members of the family using a conventional scale which permitted translation into graph. The pH of the urine samples was measured electrometrically. Curves of the pH and of the mental conditions were plotted having the common time as abscissa. A striking correlation between the two curves was found in the first investigations in manic patients. With the pH of the urine at higher values, the patient was calm, while the more acid urine corresponded to periods of intensive agitation. Figure 33 shows an example.

This correlation also could be demonstrated by administering acidifying and alkalizing substances to manic patients. Acidification through the administration of phosphoric acid was followed by a manifest increase in agitation while administration of an alkalizing agent—sodium bicarbonate

—was followed by a period of calm. An opposite but less evident correlation was seen for several depressed patients. We must mention that the usual difficulty of judging accurately the degree of depression from one hour to another can explain this lesser correlation. Manic manifestations were much more readily evaluated.

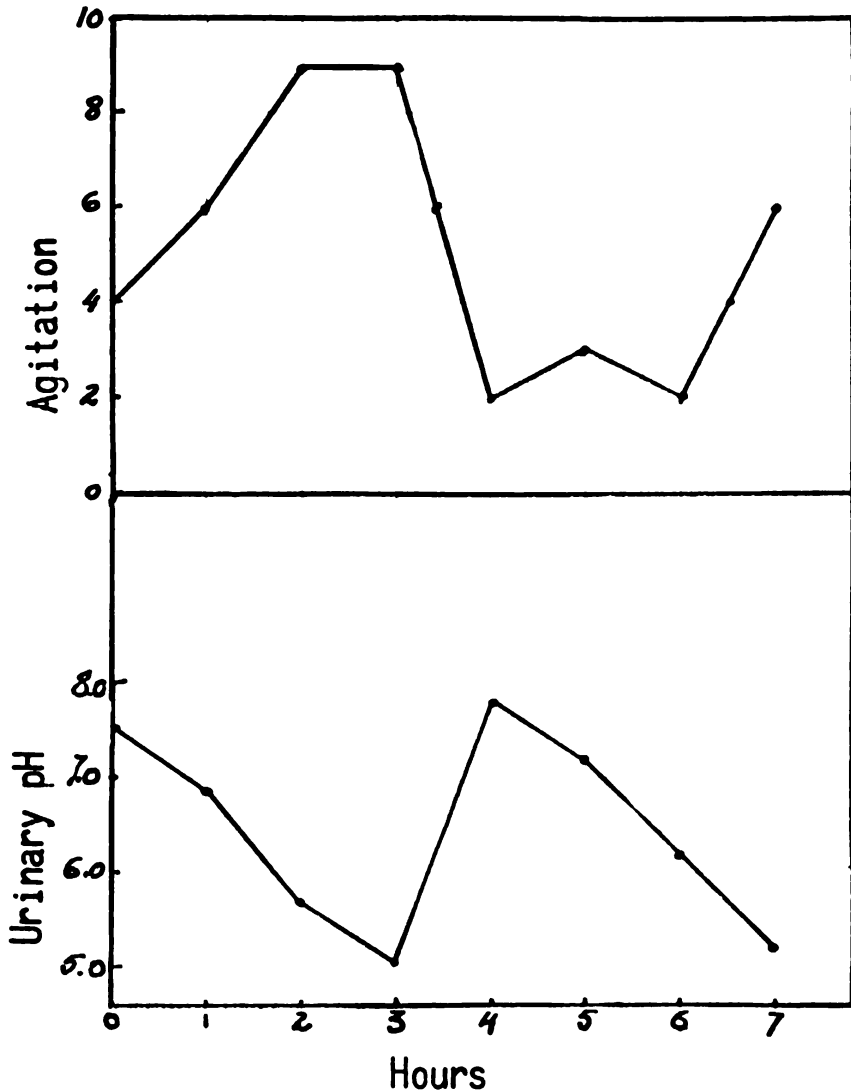


FIG. 33. The variations of the curve of the *agitation* of a 10-year-old boy are opposite to that of the urinary pH, indicating an *acid pattern*.

Dyspnea

Certain characteristics of dyspnea suggested that this symptom might be explored by the same means employed in studying pain associated with pathological tissue changes. A regular pattern is observed in certain types of dyspnea related to the time of day. Cardiac asthma or paroxysmal cardiac dyspnea occur mainly at night after patients have gone to sleep. However, this is not due to the recumbent position since patients may assume this position during the day without any ill effect. Harrison's "evening dyspnea" (20) is characteristically absent in the morning, but develops slowly during the course of the day, reaching a maximum in the evening.

Just as for pain, the degree of intensity of dyspnea was studied in relation to hourly acid-base balance changes as indicated by changes in the pH of the urine. Patients having dyspnea of prolonged duration as a result of various pathological conditions, with no treatment of any kind for at least six hours before or during the period of observation, were the subjects of this investigation. The degree of intensity of the dyspnea was estimated by trained observers who were in constant attendance. Dyspnea was recorded by the observers as absent, slight, moderate, severe, or very severe, estimations being based upon rate depth and evident difficulty in respiration.

At the time of these observations, hourly urine specimens were obtained from patients with as little disturbance as possible. No patient showed evidence of renal disease. The pH of the urine specimen was determined potentiometrically. The curves showing hourly fluctuations in the intensity of the dyspnea and the changes in the pH of the hourly urine specimens were then plotted and compared. Acidifying and alkalizing substances were administered to patients during the course of some tests in order to observe the influence of induced changes in the acid-base balance upon the degree of dyspnea. Phosphoric acid and sodium bicarbonate were used for this purpose.

Fourteen patients with different pathological conditions were studied. In ten cases, a distinct correlation between the intensity of the symptom and acid-base variations was found.

Four patients had pulmonary edema associated with the symptom of dyspnea. One patient had edema due to congestive heart failure; another had pulmonary edema and lung metastases from a carcinoma of the pancreas. Two other patients with cancer of the breast metastatic to the bone and skin also had pulmonary edema. In one of these, the pulmonary edema appeared to be a result of the accidental introduction of a fatty acid in oil preparation into the blood stream following an intramuscular injection. In

all four of the cases with pulmonary edema, the intensity of dyspnea was found to be increased when the urinary pH showed changes toward more alkaline values and was diminished when the pH changes were opposite. In these cases, the intensity of the dyspnea was relieved following admin-

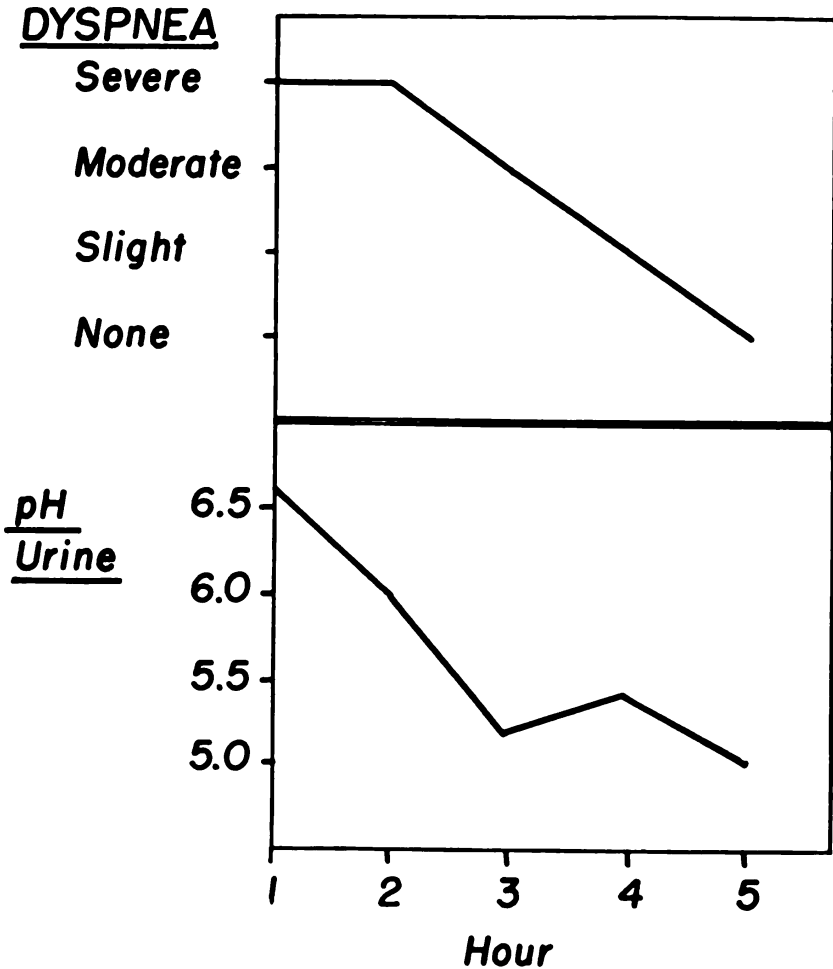


FIG. 34. The parallel variations between the curves of the intensity of *dyspnea* and of the value of the urinary pH in a case of pulmonary congestion following an accidental intravenous injection of a fatty acid preparation, indicates an *alkaline pattern*.

istration of phosphoric acid, while sodium bicarbonate increased the dyspnea. By analogy with pain, we called this correlation an alkaline pattern. (Fig. 34)

Six cases showed an opposite type of correlation between the intensity of dyspnea and the acid-base changes in the pH of the urine. All of these

cases had mediastinal or pulmonary masses and failed to show signs of pulmonary edema. In these cases, the maximum degree of dyspnea was associated with a relatively more acid urine, and the dyspnea was less intense when the urine was more alkaline. In these cases, phosphoric acid increased the degree of dyspnea, while conversely sodium bicarbonate decreased it. This would correspond to an acid pattern of dyspnea. (Figs. 35, 36)

These findings, although obtained in only a limited number of patients, strongly suggest a similarity between the fundamental origin of both pain and dyspnea. As in pain, the two patterns of dyspnea were associated with a relative alkalosis and a relative acidosis.

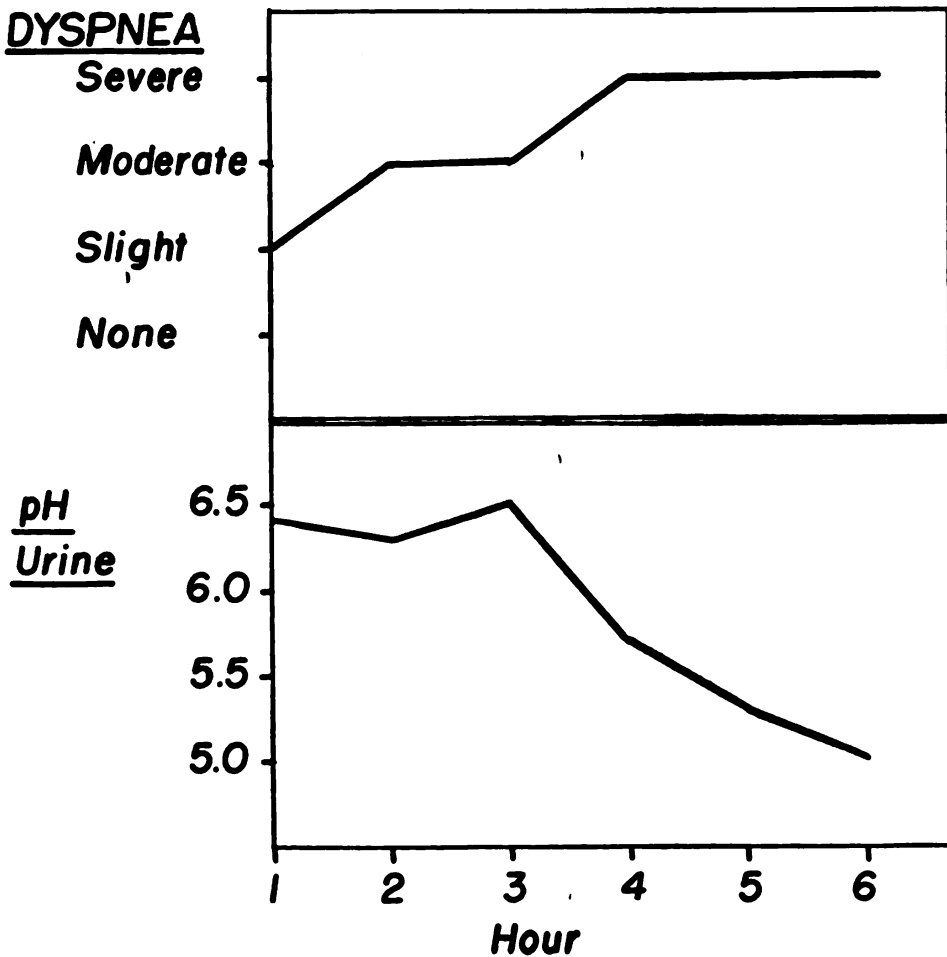


FIG. 35. The opposite concomitant variations between the intensity of *dyspnea* and urinary pH in a case of mediastinal metastases of a hypernephroma indicate an *acid pattern*.

Certain differences exist between the investigations of pain and dyspnea. In studying pain, it was necessary to depend entirely upon the observations of the patient as to the relative intensity of the pain experienced from hour to hour. In dyspnea, the patient's own observations were found

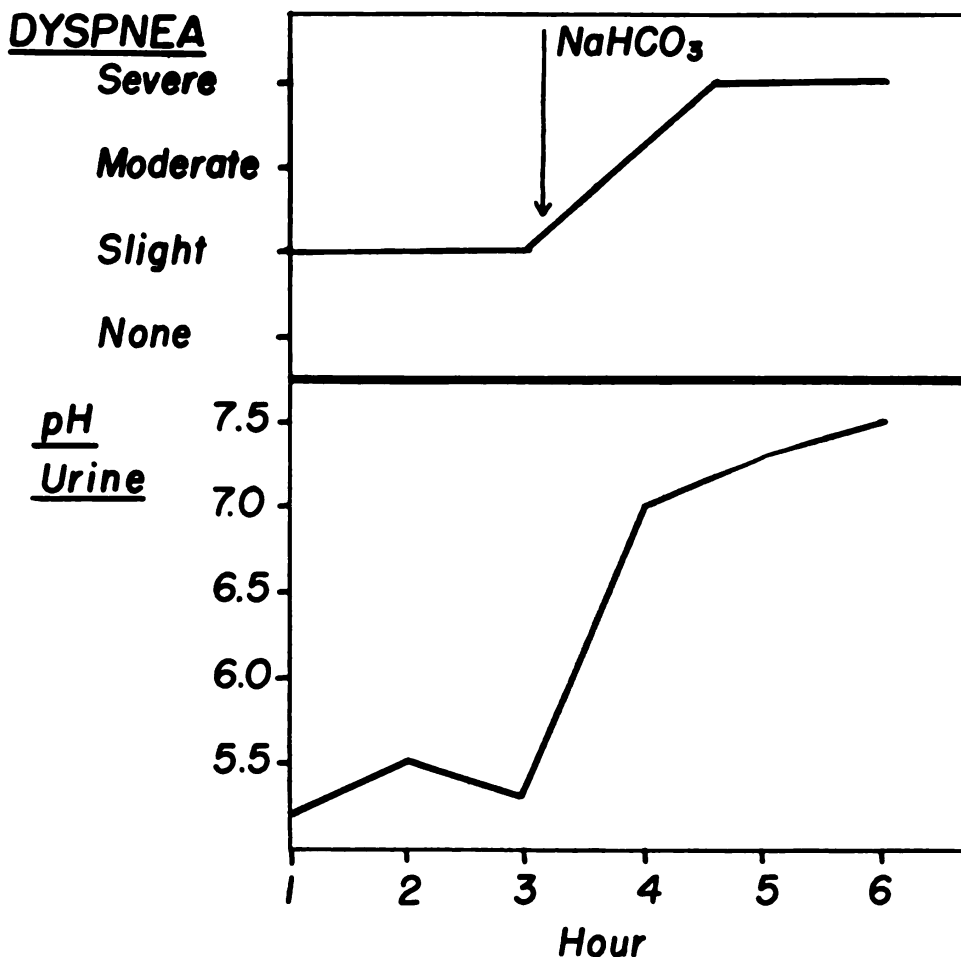


FIG. 36. The administration of sodium bicarbonate increases the intensity of the *dyspnea* in a case of pulmonary metastases of cancer of the gall-bladder, indicating an alkaline pattern.

to be less reliable due to the emotional factors associated with dyspnea. It was, however, possible to depend upon trained observers who could estimate accurately enough the degree of dyspnea on the basis of rate, depth and apparent difficulty of respiration. It was found that the greater the experience of the observer, the closer was the correlation between the curves of intensity of dyspnea and the changes of the urinary pH values.

Since it appeared evident that acid-base changes play a significant role in influencing the degree of dyspnea experienced by the patient in two opposite directions, it was important to consider this influence in relation to the physiology of respiration which is known not only to be affected by, but even dependent on acid-base changes.

Concerning the respiratory center, two different mechanisms of direct chemical stimulation have been suggested as being responsible for dyspnea. One is lack of oxygen, but considerable evidence exists to indicate that simple anoxemia is not a true cause of dyspnea. (21, 22) On the other hand, an acidosis of the respiratory center is known to cause dyspnea, but it has been established that only a very profound general acidosis, such as that connected with diabetes, acid poisoning or emphysema can create a change in blood pH sufficient to affect the respiratory center. This is also true for the chemoreceptor centers located in the carotid sinus, which are still less sensitive to the general lack of oxygen or acidosis than the respiratory center. While general acid-base changes seem to play an important role in dyspnea, these chemical changes would not appear to act directly upon the respiratory center since the actual blood pH is not sufficiently changed.

Other factors—involving direct local, rather than systemic influences—may be considered. One such direct action would be related to reflex stimulation which is generally accepted as having an important role in the control of respiration and even dyspnea. This reflex control of respiration is connected with nerve endings within the lung parenchyma which are stimulated when the walls of the alveoli are stretched in the respiratory phase. The stretch reflex induces impulses, carried by way of the vagus, which acting upon the respiratory center, stop the inspiratory phase and bring about expiration. It may be assumed that the nerve endings within the parenchyma can be stimulated not only by mechanical changes within the parenchyma but also by local chemical changes too. Under abnormal conditions such as pulmonary congestion, there may be a change in the tissue reaction, as has been recognized by a higher pH of the edema fluid itself. Through this reflex mechanism, these pulmonary tissue reaction changes may produce dyspnea. The general acid-base fluctuations influencing the local alkalosis would, as seen in pain, indirectly influence the degree of dyspnea. Such a mechanism may account for dyspnea with an alkaline pattern found in pulmonary congestion.

A similar local factor also could be seen for the acid pattern. It was observed that all patients with an acid pattern of dyspnea had tumors located within the mediastinum or in the lung parenchyma itself. From

the study of pain, we know that abnormal degrees of acidosis can occur in tumors. pH changes toward acidosis within a tumor tissue in the vicinity of chemoreceptors may produce impulse discharges in these centers especially sensitive to changes toward acidosis. They may alter the character of respiration and result in dyspnea. As in other conditions, these local changes occur even with reduced changes in the systemic acid-base balance. Through this mechanism, variations in the intensity of dyspnea can occur without the intensive change in the general acid-base balance which is considered necessary to affect directly the respiratory center itself.

The fact that relatively small acid-base balance changes affect the intensity of dyspnea in two opposite directions can thus be explained by this indirect influence exerted upon a local process, leading to alkalosis in abnormal conditions affecting the pulmonary parenchyma and to acidosis in lesions present in the neighborhood of the chemoreceptive centers. These two mechanisms proposed as part of this working hypothesis, appear able to explain the paradoxical experimental findings in clinical studies of this symptom, where opposite responses upon dyspnea are seen for the same acidifying and alkalizing agents.

A more complete study of dyspnea under this aspect will be published separately.

Dualistic Patterns at Other Levels

Cellular Level

Cytological studies have revealed that some characteristics of the cell, other than those typifying the cancerous anomaly itself, exhibit dual patterns. For the cellular level, they could ultimately be related to changes in the aging processes. In tumoral foci having an acid pain pattern, cytological characteristics indicate a prolonged cellular youth. A round aspect of the nucleus, with a fine texture of chromatin and well-separated nucleolus, and a basophil cytoplasm represent major characteristics of cellular youth. In lesions with an alkaline pain pattern, the cells show rapid early aging. The tendency to lobulation of the nucleus, to separation of chromatin and formation of clumps, to cytoplasmic oxyphily and the appearance of azurophyl granulae characterize such aging. Rapid aging was seen to lead to premature cellular death through piknosis and karyorrhexis. Opposite cellular aging processes could be further related to differences seen in evolution of tumors. Rapid aging of cells, associated with alkaline pain patterns, results in necrotic tumors and ulceration of superficial lesions. Frequently, it could be noted that a change from acid pattern to alkaline

occurs and is accompanied by a melting away of massive tumors and their replacement usually by ulceration.

Tissular Level

As seen above, pain, dyspnea, vertigo and itching can be considered tissue level manifestations which show dualism. Additionally, the nasal pH (*Note 5*) deviates either toward acid or alkaline values and these deviations can be correlated with similar acid-base changes at the tissular level. These measurements are useful as a diagnostic criterion for tissue level changes.

Organic Level

The same dualism observed at the cellular and tissue levels also was found in signs and symptoms involving the organ level. Dual patterns were found for dysfunctions of various organs. Insomnia and somnolence, diarrhea and constipation, oliguria and polyuria, tachycardia and bradycardia, all represent examples of dualism at the organic level.

The dualism evident for the length of persistence of a wheal (*Note 6*) induced by intracutaneous injection of a saline solution was also related to the organ level with the skin considered to be an organ. In normal subjects, the resorption of the wheal is completed in about 15-20 minutes. In one group the resorption time is short, even reduced to a few minutes. In other groups, on the contrary, the resorption time is greatly prolonged, the wheal sometimes being present even after more than 90 minutes.

Systemic Level

Studies of dualism at this level covered temperature variations and changes in various blood and urine values.

Temperature

Two patterns of temperature changes were found in cancer patients. For oral temperature, 37°C (98.6°F) was considered as the reference value. Temperatures measured several times during the day showed that, for many patients, the values were fixed either above or below this reference line. Normal individuals exhibit daily variations of temperature; the curve not only crosses the reference line but also shows broad changes. In contrast, variations usually are smaller in abnormal cases, and the curve remains on one or the other side of the reference line. Figures 37, 38 and 39 show examples of such curves. The two patterns have been found to be

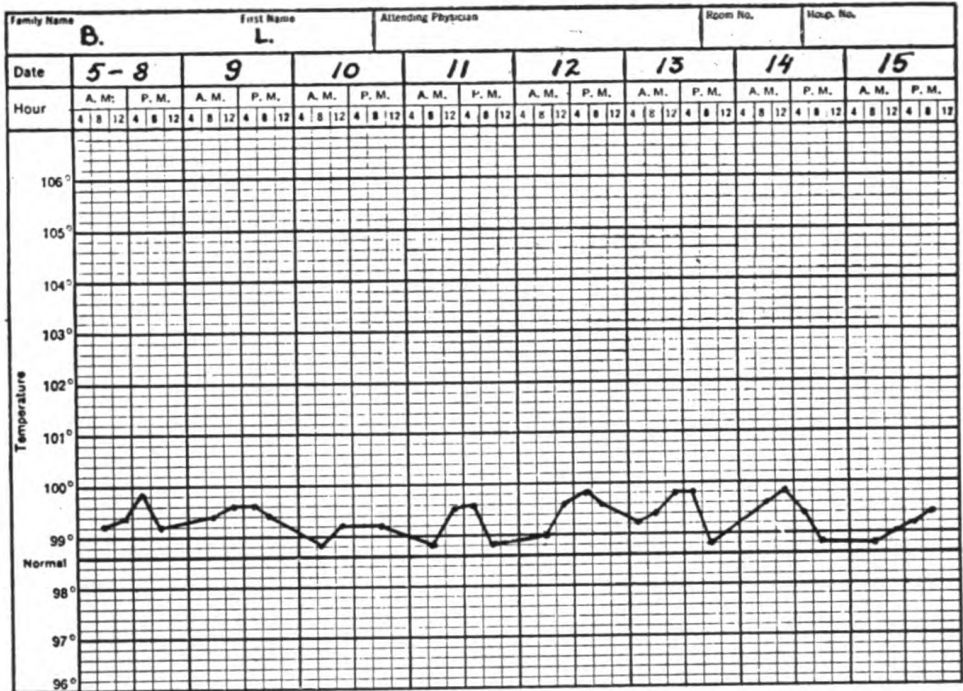


FIG. 37. The curve of oral temperature of a case with generalized metastatic melanoma is persistently above the 98.6°F (37°C) line, which corresponds to the average value of normal individuals.

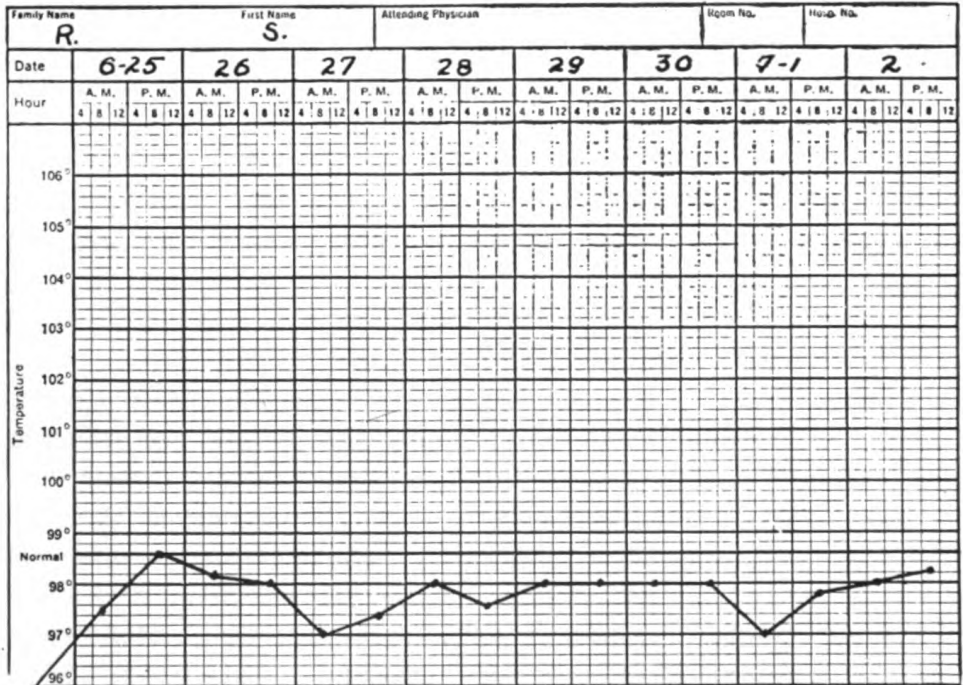


FIG. 38. The curve of the oral temperature of a patient with generalized metastases of adenocarcinoma of the breast shows values constantly below the 98.6°F average line.

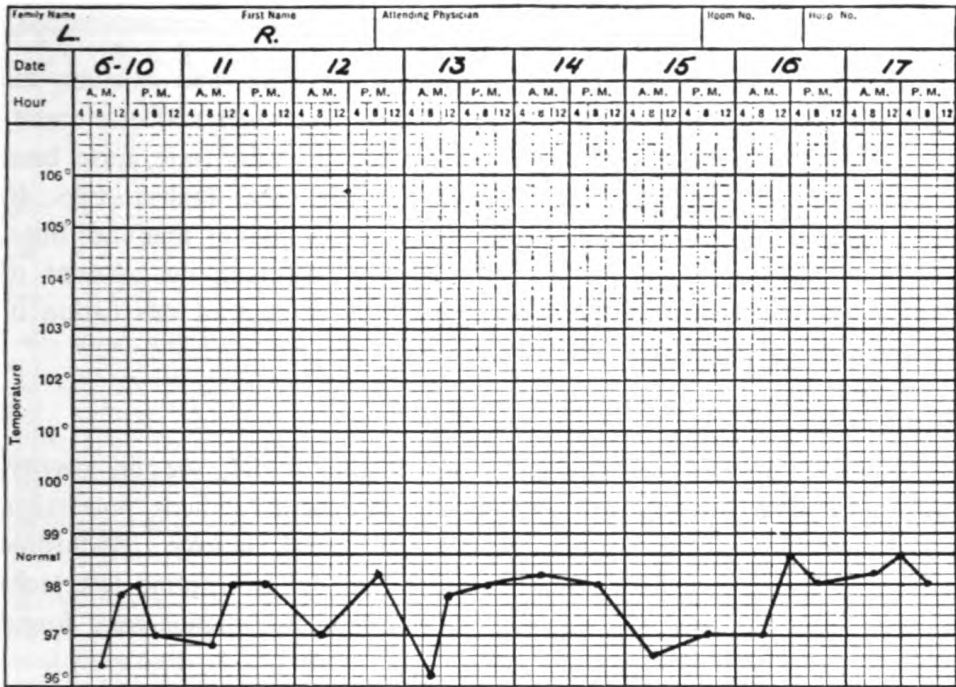


FIG. 39. Curve of the oral temperature of a patient with bronchogenic cancer with abdominal metastases shows values constantly below 98.6°F (37°C) average line.

independent of type or site of origin of tumors. We will discuss the significance of temperature patterns later.

Systemic Analyses:

Changes in urine or blood values were followed in hundreds of subjects for long periods, even years. It appeared essential to plot the data graphically. An average value, obtained from a significant number of normal subjects, was represented in graphs as a reference line. In normal subjects, as a general rule, relatively wide oscillations occur around the average value line. By contrast, in disease states, there is a fixation of the curve on one or the other side of the average value, the curves exhibiting only slight, or even no, variations. Two opposing patterns are thus evident in disease states for each type of analysis of blood and urine. The dualism indicates once again the existence in systemic metabolism of two kinds of abnormal changes with antagonistic characteristics. It is important to note that the advanced cancerous condition is characterized by a marked dualistic pattern at the systemic level.

Blood

In blood analyses, the concentrations of potassium and calcium, the presence of C reactive proteins, the number of leucocytes and of circulating eosinophiles, (*Note 7*) and the red cell sedimentation rate, have been studied, using classical methods. They all show the same dualism. Figs. 40 to 43 show some of these curves with the average values as reference lines. With the intention of obtaining information concerning the amount of potassium present in cells, we investigated the content of this cation of the red cells. (*Note 8*)

Urine

In urine studies, measurements were made for pH, specific gravity, surface tension, oxido-reduction potential, excretion of sodium, potassium, calcium, chlorides, phosphates, sulfates, sulfhydryl, indoxyl, glucuronic acid, peroxides, etc. Most studies were carried out by routine test techniques. For some analyses, however, conventional techniques were found to be inadequate and new tests devised.

For the urinary excretion of sulfhydryl, a new technique was devised by M. Bier and P. Teitelbaum in our laboratories. Using the Warburg micromanometer, the nitrogen liberated from sodium azide in a buffered solution in the presence of free iodine was found to be directly related to the amount of sulfhydryl present. The amount of nitrogen freed at a determined moment—13 minutes—was most indicative. (*Note 9*)

For the information which we needed concerning the amount of calcium in urine a very simple method was devised. (*Note 10*)

For measurement of urinary surface tension, we devised a new technique. We used a capillary so calibrated as to give the surface tension in dyne/cm for a fluid with a specific gravity of 1.015. In this method, several arrests or slowdowns of the descending column are noted and make it possible to obtain information about an extremely important factor which is usually not considered in the measurement of surface tension with other methods. It is known that urine is formed of different constituents, some of them with the tendency to move toward the surface while others tend to move toward the bulk of the fluid. Changes in the distribution of these constituents take place. They induce changes in the value of the surface tension of the urine which occur even during the time measurements are taken. The descending column in a capillary will indicate these changes which are important for precise measurement of surface tension of urine. (*Note 11*)

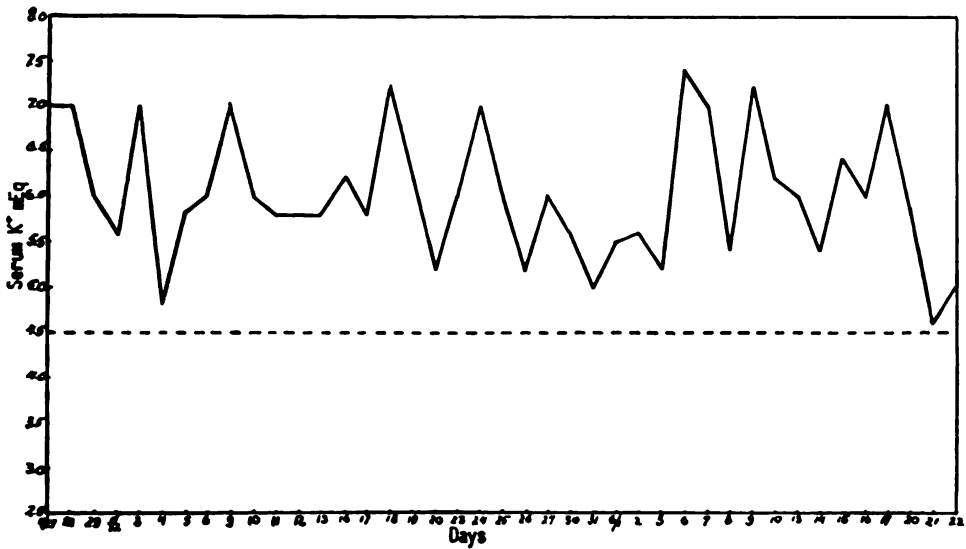


FIG. 40. Curve of the value of the K⁺ in blood serum in a case with periarteritis nodosa. The values remain above 4.5 mEq, which represent the average value obtained from series of normals.

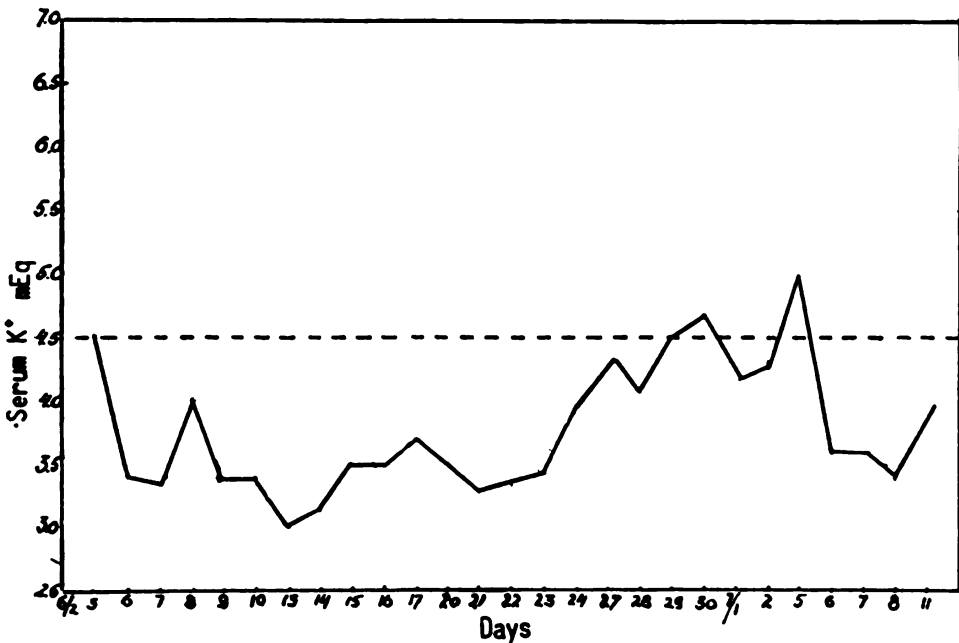


FIG. 41. Curve of the values of K⁺ in the blood serum of a subject with carcinoma of the breast, liver metastases and jaundice. The values remain almost constantly below the 4.5 mEq line.

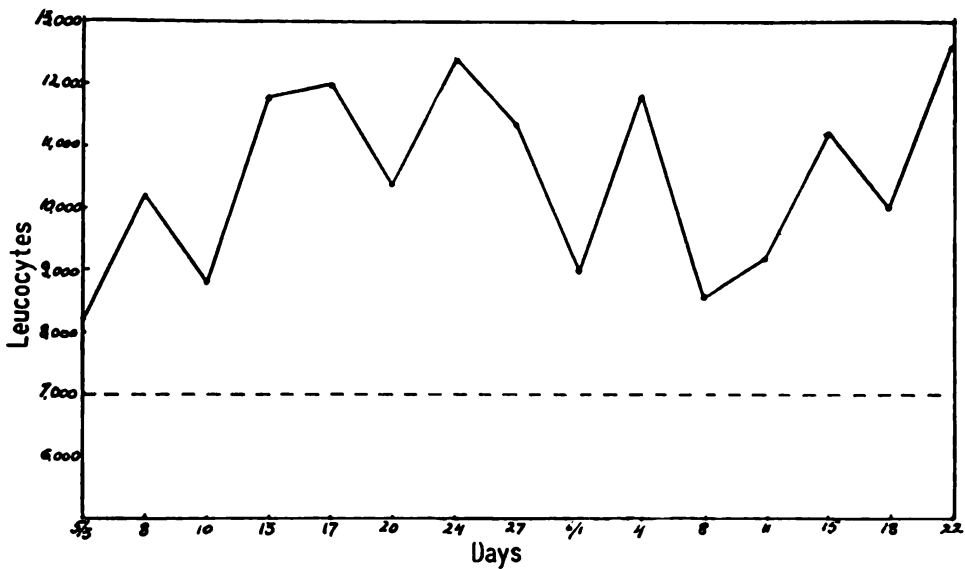


FIG. 42. The curve of the number of blood leucocytes of a case of breast adenocarcinoma shows constantly values above 7,000, considered as the average value for normals.

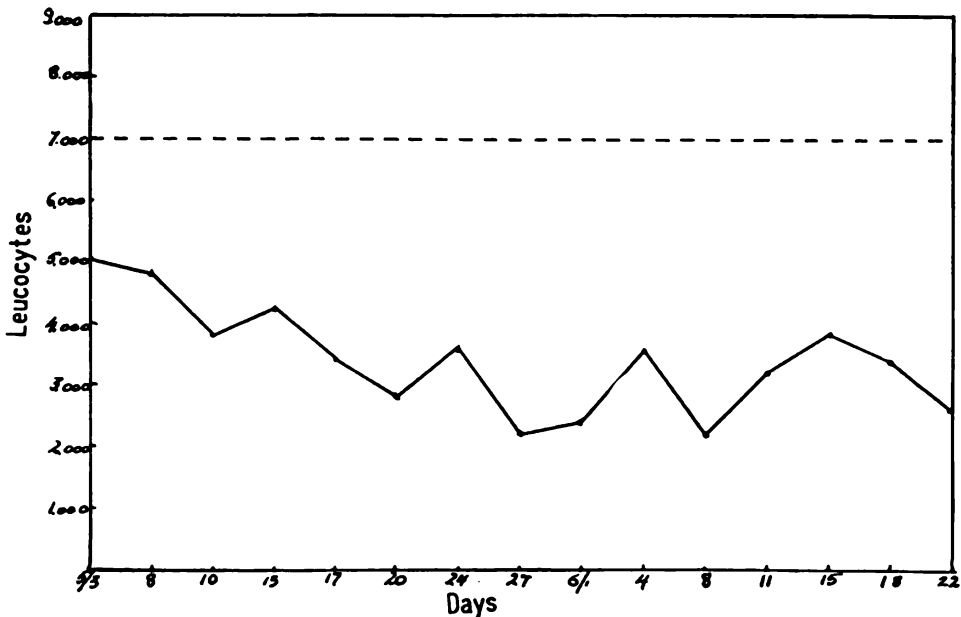


FIG. 43. The curve of the number of blood leucocytes of a case of breast carcinoma shows persistently values below the average line of 7,000.

Two methods were employed to measure the oxido-reduction potential of urine. In one, the measurement was made with a potentiometer using a platinum electrode, first at the pH of the urine and once again after bringing the pH to 7 by adding the necessary amount of NaOH or HCl. (*Note 12*) In the second technique, differences in potential were measured through the time necessary to discolor a solution of toluidine blue in an acid medium at 100°C. The value was determined in seconds, the concentration of the dye having been chosen so that discoloration in 100 seconds represented an average value for normal subjects. More rapid discoloration indicated higher potential, while a low potential corresponded to slow or even no discoloration. (*Note 13*)

The presence and relative amounts of oxydizing substances in the urine were also investigated by means of two reactions: in one, through the passage of indoxyl into indigotine and indigorubine under the influence of sulfuric acid (*Note 14*); in the other, through liberation of iodine from iodides in the acid medium.

It is interesting to mention at this moment, the variations encountered in the metabolism of nitrogen and the form under which it is excreted through the kidney under normal and pathological conditions. We could show that in general the form of excretion is determined by the amount of water also excreted by the organism. High amounts of water will thus induce the excretion of nitrogen principally as ammonia, low amounts as uric acid. This relationship was explained by data found in comparative physiology. The availability of water in the environment of various animals was seen to determine the form under which these animals excrete nitrogen. The occurrence of similar conditions concerning the excretion of water in pathological states, furnishes an interesting explanation for the form under which it is excreted in these pathological conditions. In *Note 15* this problem is discussed in more details.

In all tests requiring quantitative measurements, an important problem arose. It appeared practically impossible to obtain 24 hour urines routinely for periods of months in large groups of individuals in order to note the continuous changes in excretion of the different substances studied. Measurements of various substances eliminated in urine could be made under these circumstances only by using isolated samples. The values so obtained express the concentrations of the substances in the sample and consequently were directly related not only to the amount eliminated by the kidney but also to the amount of water excreted at the same time. The values varied greatly from one specimen to the next, according to the amount of water excreted. Therefore these data could only be of relative usefulness. Since

specific gravity is also a direct function of the amount of water excreted in a urine sample, we related the concentration of a substance to the specific gravity of the same sample. This ratio provided a new value which is independent of the amount of water in the sample and is more closely related to the amount of the other substances which vary much less in amount than water. From the physiopathological point of view, the data obtained were seen to correspond to the degree of active reabsorption of a given substance by the kidney. While the ratio of the concentration over specific gravity would vary directly with the excretion of the substance, the inverse ratio would represent an index of retention, which increases with the retention of the substance in the body. Such indices were routinely applied for the different substances tested in urine to obtain more reliable values than could be obtained from the concentration data alone. (*Note 15*)

Urinary Patterns

Various urinalyses were performed during sufficient lengths of time on a larger number of subjects considered to be normal. For each test, an average value was thus obtained. This average value served as a reference line for the curves traced with the data obtained from the subjects. The

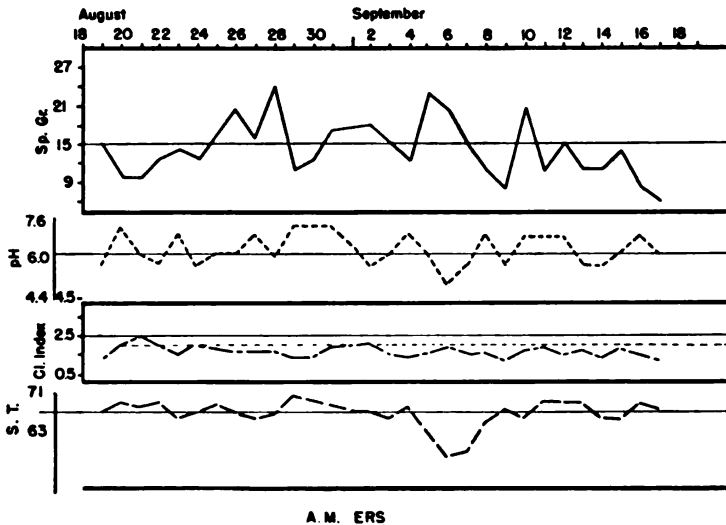


FIG. 44. Curves of *different analyses* of daily urine samples of a normal 40-year-old male. For each kind of analysis, the corresponding average value was calculated from the measurements obtained in more than one hundred normal subjects. The curves are seen to pass from one to the other side of the lines corresponding to the respective average values. A certain correspondence is seen for the changes which take place at the same time in these curves. Parallel variations are seen between specific gravity and chloride index, while opposite to those for the pH and surface tension.

study of these curves has permitted us to recognize several characteristic patterns. Under conditions considered normal, the curves were seen to pass from one side to the other on this average line with relatively wide variations. When an abnormality existed, the various urine analyses were characterized by a curve with only small variations, fixed on one or the other side of the average line. For each test, two such characteristic *abnormal patterns* are encountered. Fig. 44 shows the curves of different tests passing

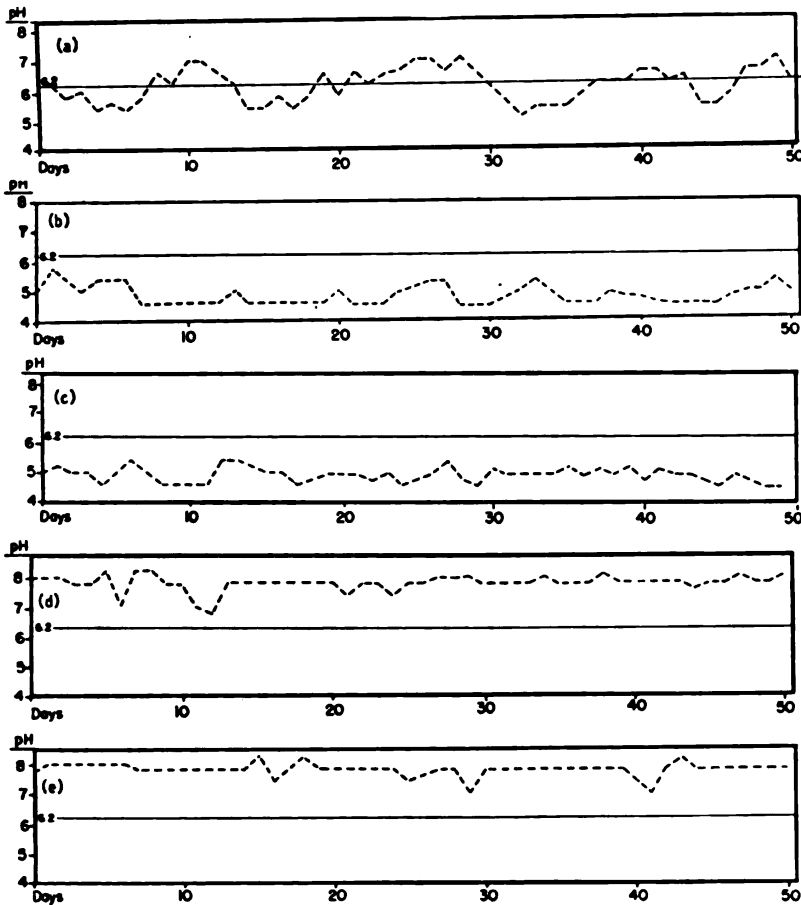


FIG. 45. Curves of the values of the *urinary pH* followed during 50 days in five subjects. The curve (a) corresponds to a normal individual while the other four (b, c, d, e) to subjects with different cancerous lesions. For the normal case, the values pass above and below the 6.2 value which is considered as the average computed values obtained from normals. For the abnormal cases, the curves which show little variations are fixed at one or the other side of the average line. For case (b), an adenocarcinoma of the ovary, and case (c), a bronchogenic cancer, the curves are fixed below the average line. For case (d), with a bronchogenic cancer, and case (e), a cancer of the breast with generalized metastases, the curves are above this average line.

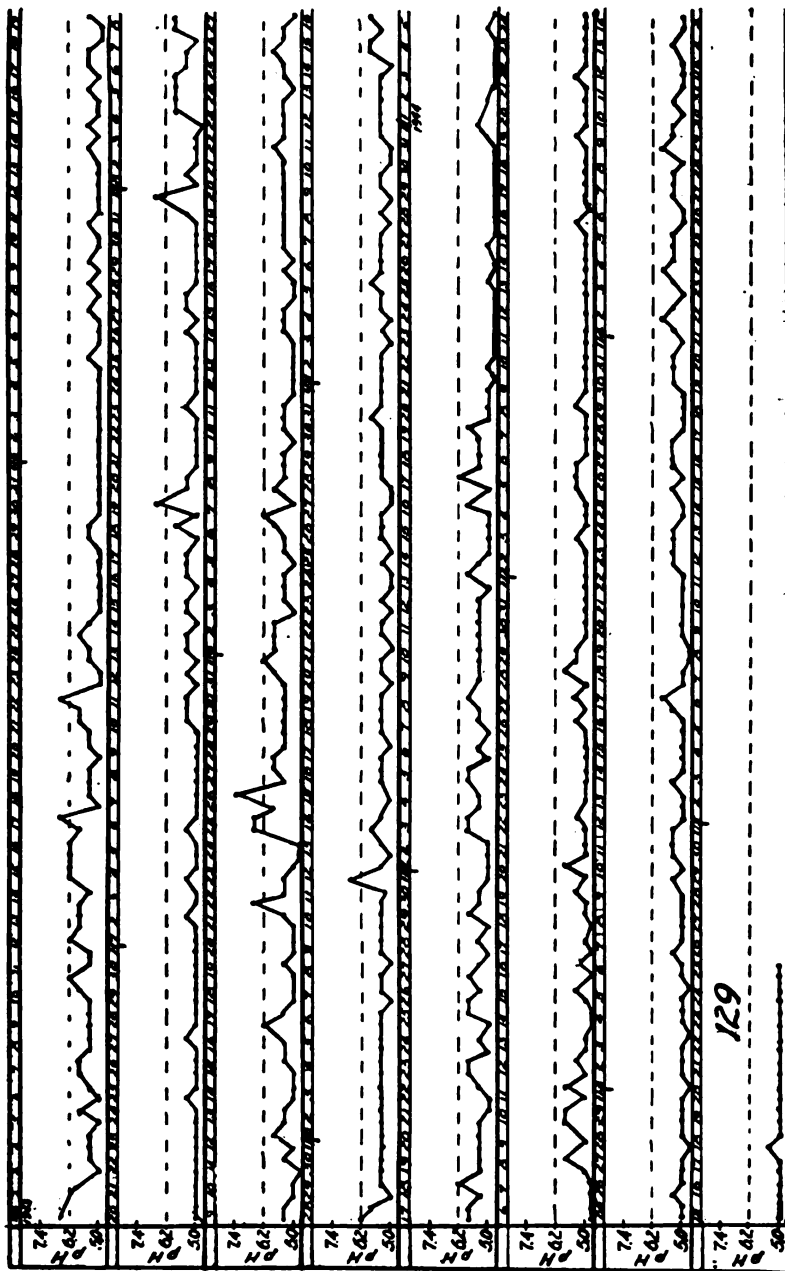


FIG. 46. Urinary pH values of a patient with a cancer of the prostate and multiple bone metastases measured in two daily urine samples for a period of more than 1½ years, remain fixed below the average value—6.2—independent of the changes in diet and of various therapeutic attempts. With the progression of the disease, the fixation of the pH at low values becomes more apparent.

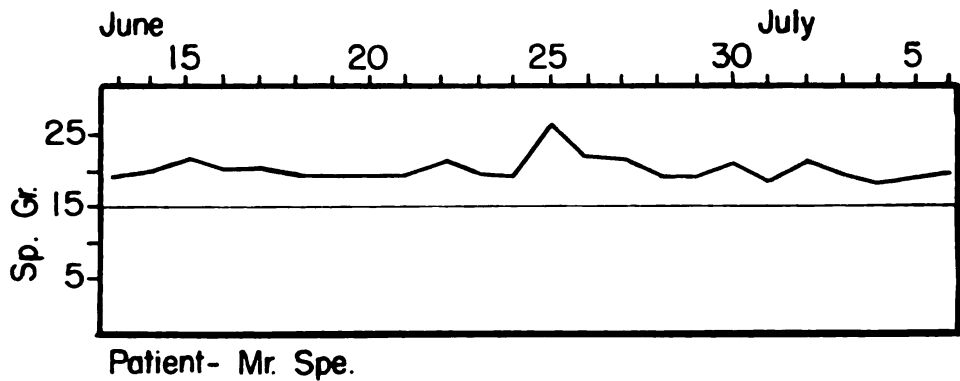


FIG. 47. Curve of the values of the urinary specific gravity in a case of cancer of the breast, with the values fixed above 1016 which is considered as an average value for the specific gravity as computed from a series of measurements in normals.

from one side to the other of the respective average lines as corresponding to a normal subject. Figures 45 to 51 show several examples of two opposite patterns for the various tests used such as urinary pH, specific gravity, surface tension, chloride index and sulfhydryl index.

Fundamental Offbalances

When the curves of various analyses obtained at the same time for the same subject were checked, an interesting relationship was found.

In patients with small localized tumors, only some of the analyses showed abnormal patterns. However, with the evolution of cancer toward the terminal stage, abnormal patterns became apparent for more and more analyses. In advanced cases, most of the analyses showed abnormal patterns.

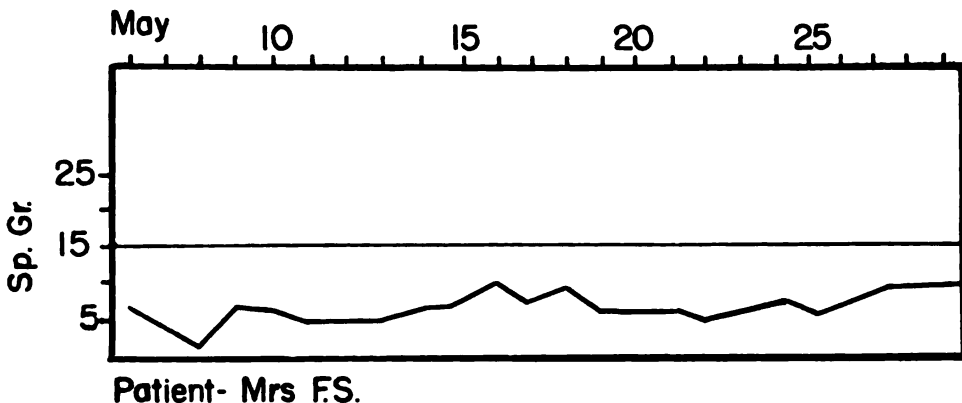


FIG. 48. The values of the urinary specific gravity in a case of cancer of the breast, are the whole time below the average value of 1016.

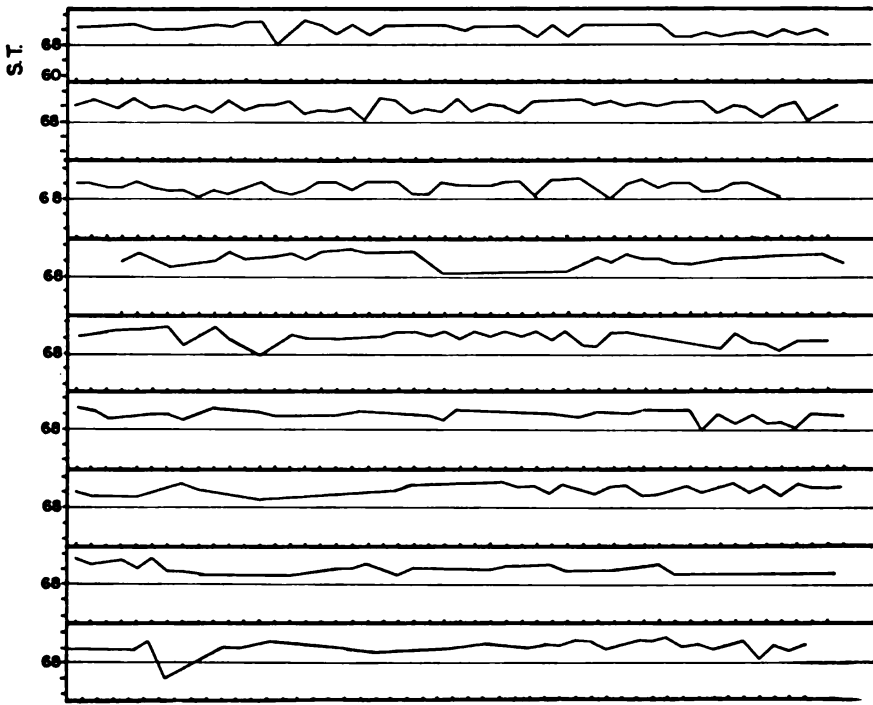


FIG. 49. The urinary *surface tension* remains constantly fixed *above* the average value of 68 for more than a year in a case of cancer of the urethra.

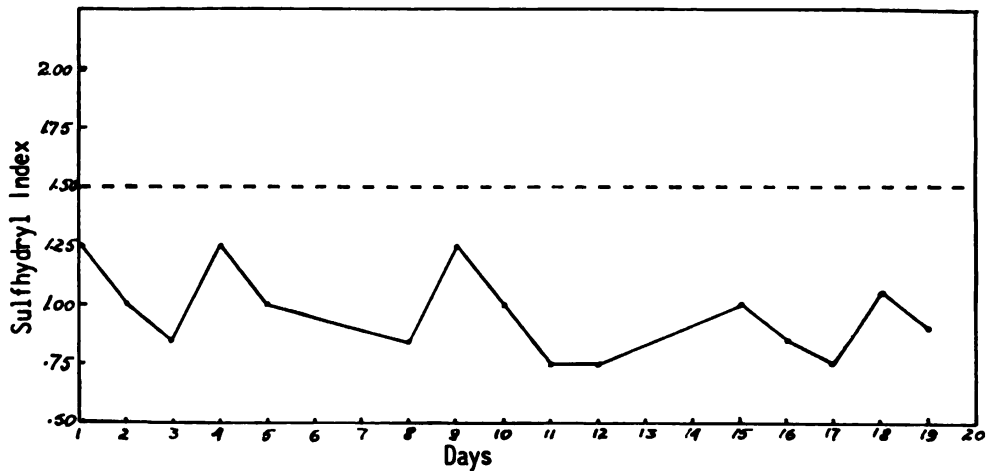


FIG. 50. The urinary sulfhydryl index remains below the average value of 1.5, in a case of cancer of the breast, with bone metastases.

It was especially in advanced stages that definite groupings of patterns with opposite characteristics could be recognized. They corresponded to two fundamental offbalances which we have called "Type A" and "Type D." ("A" for anoxybiosis, "D" for dysoxybiosis which represent the principal manifestations of oxygen metabolism in a phase of these offbalances.)

The correspondence between the different abnormal patterns defining the offbalance A or D, is seen in Figures 52 to 60. The abnormal pattern of

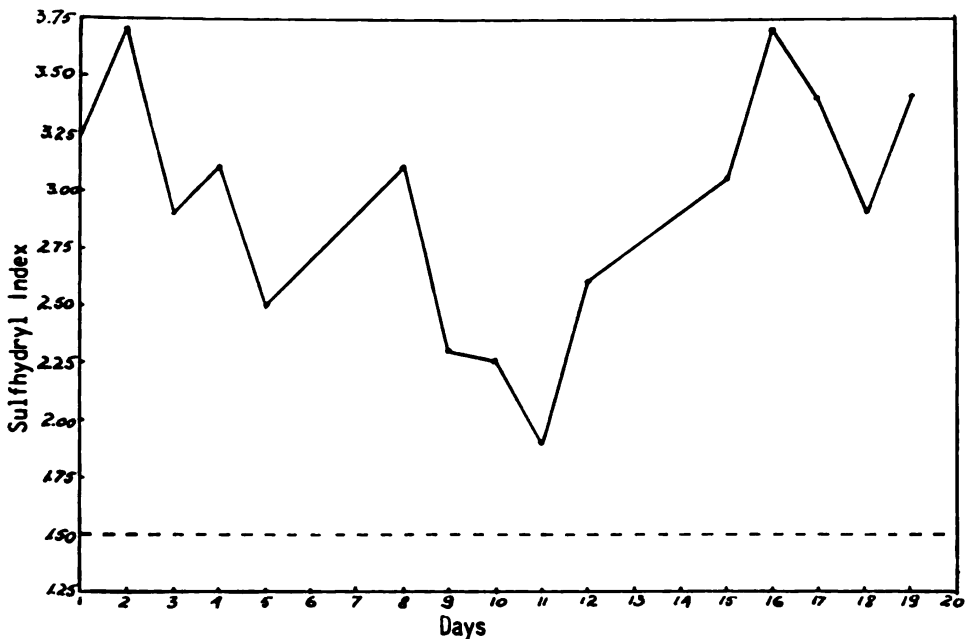
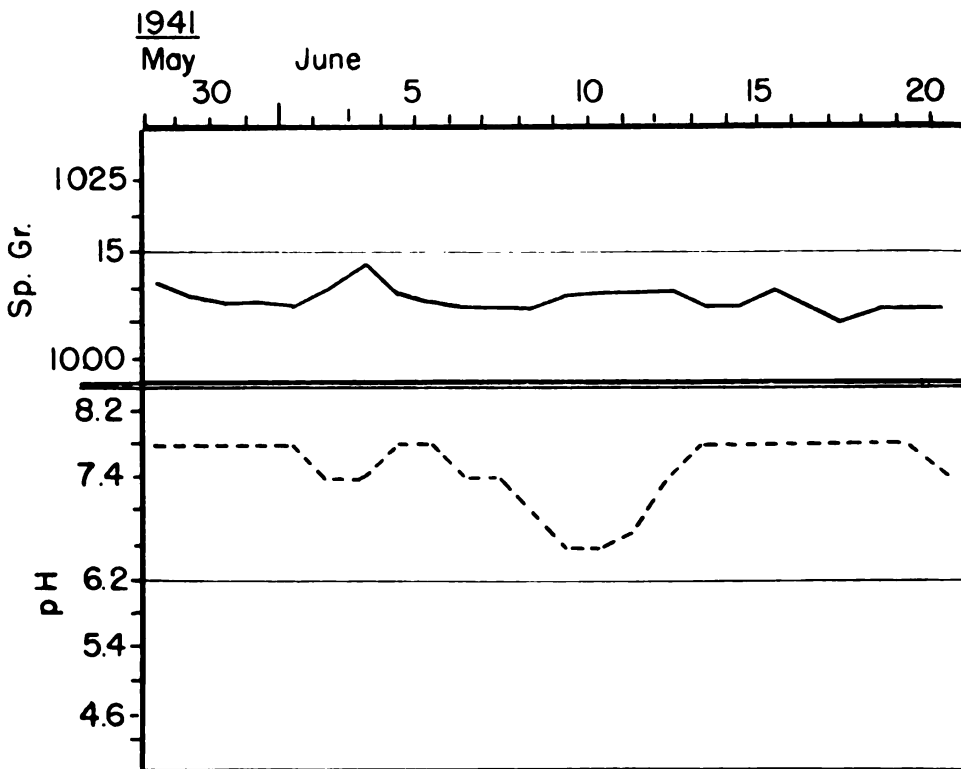


FIG. 51. The urinary sulfhydryl index remains above the average value of 1.5 in a case of hypernephroma with lung metastases.

the low urinary specific gravity appears together with a pattern of high values for the pH, both corresponding to the offbalance type A. (Fig. 52) A high urinary pH and low chloride index pattern correspond to the offbalance type A, as seen in Fig. 53. The analyses of a case with low specific gravity, high pH, low chloride index and high surface tension, as present in offbalance type A, is shown in Fig. 54. An opposite case, offbalance type D, with high specific gravity, low pH, high chloride index and low surface tension is shown in Fig. 55. A similar case of offbalance type D is shown in Fig. 56 with high urinary specific gravity, low pH, low surface tension and low blood leucocyte number. In Fig. 57, the low pH, high sulfhydryl index and low surface tension show an offbalance of the type D.

The independence of the levels may explain why, in the same subject,



Patient - Mrs. Van.

FIG. 52. A correspondence is seen between the patterns of *urinary specific gravity* and that of the *urinary pH* in a cancer of the colon corresponding to the type A off-balance. The changes still present in the curves are opposite.

not all the analytical patterns obligatory concord at all times in the same subject. Especially when defense reactions intervene, the offbalance at one level can be different from that at other levels. Fig. 58 shows such examples. Usually, as the disease progresses, many of these differences disappear, the manifestations—analytical and clinical at different levels—entering in the same type of offbalance. Fig. 59 shows such an example.

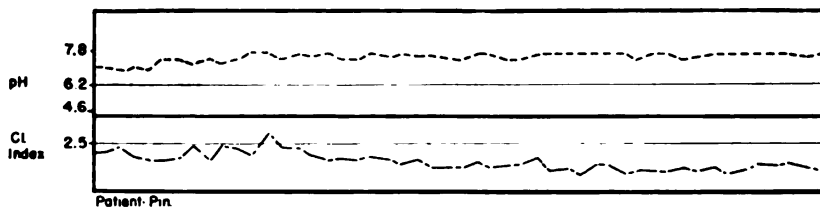


FIG. 53. In a case of sarcoma of the leg with lung metastases the curve of the *urinary pH* is fixed above the average line (6.2) while the curve of *chloride index* below the average line of 2.5. This relationship indicates a type A of the offbalance.

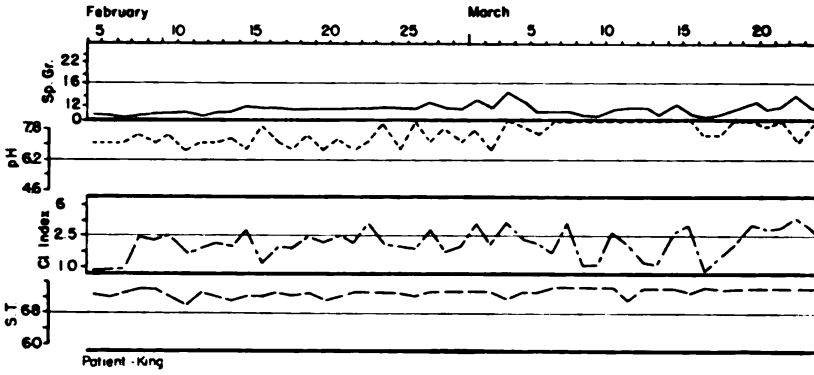


FIG. 54. The analysis of a terminal case of cancer of the breast, showing the *fundamental offbalance*, low specific gravity, high pH, low chloride index and high surface tension, corresponding thus to the offbalance A.

The passage of a subject from one offbalance into the opposite one is seen to occur during the evolution of the condition most often induced by therapeutic attempts. Fig. 60 shows such an example.

The two opposite offbalances, identified first through the urine analyses, could be recognized to exist for all the manifestations taking place at the different levels of the organization. The manifestations seen at these levels could thus be interpreted as corresponding to one of the two opposite fundamental offbalances, type A and D. Table IV shows this coordination of the different manifestations according to the two opposite offbalances.

On the basis of all these data, clinical manifestations and analyses, the dualistic pathogenic concept appeared to be well established and the dual-

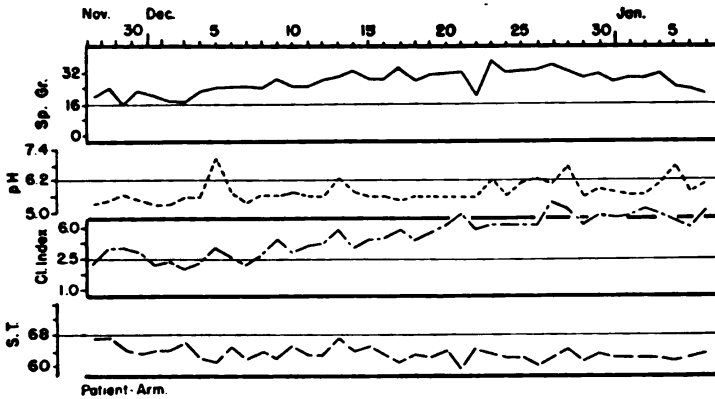


FIG. 55. A terminal case of cancer of the breast shows all the analyses fixed in opposite position to the case of Fig. 54, i.e., high specific gravity, low pH, high chloride index and low surface tension, corresponding to an offbalance of the type D.

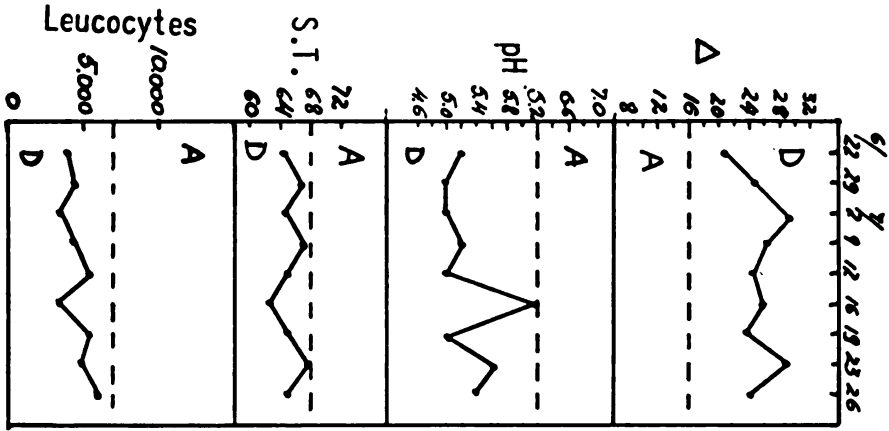


FIG. 56. Offbalance type D, shows high urine specific gravity, low pH, low surface tension and low blood leucocyte number.

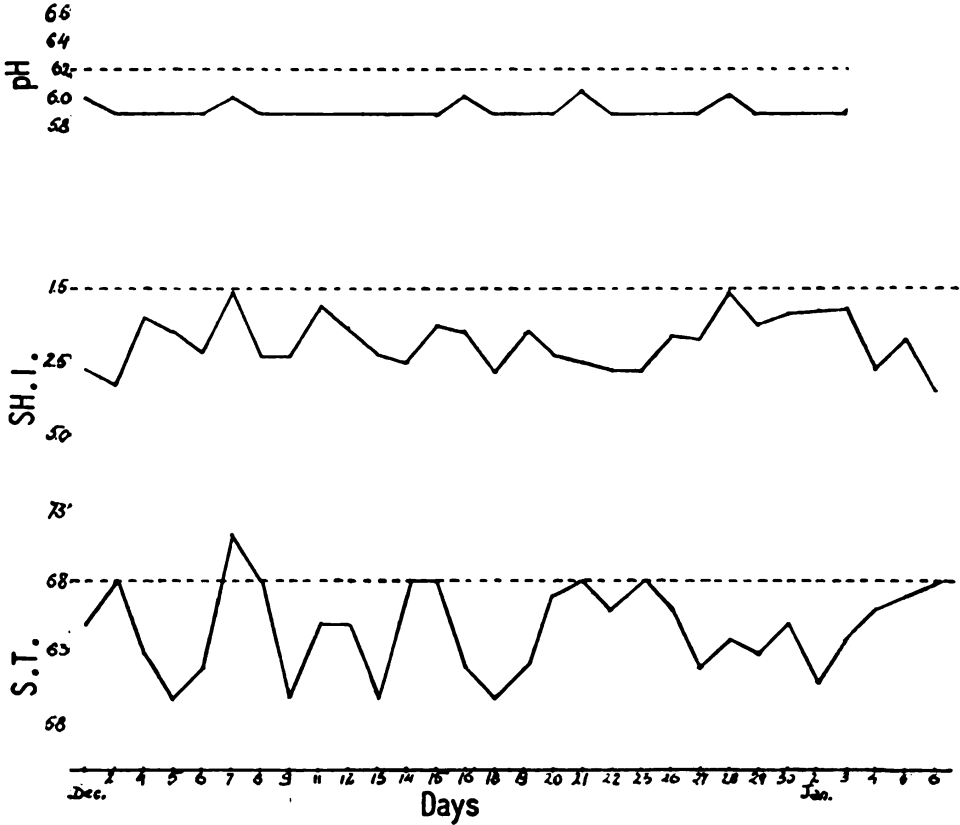


FIG. 57. The 3 curves, pH, sulphydryl index and surface tension show an offbalance type D.

istic physiopathological mechanism studied in complex conditions in general and in cancer in particular.

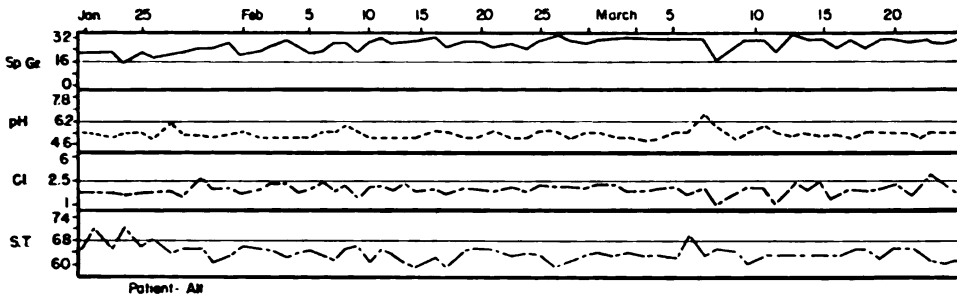


FIG. 58. The urine analyses of a patient with cancer of the ovary, showing a discordance between the patterns present. While all the analyses show patterns of the type D, the chloride index remains throughout the entire observation constantly of type A.

Place of Dualism in Cancer Physiopathology

After recognizing a dual pattern in most manifestations of cancer, the problem was to consider the relationship between this dualism and cancer itself.

One critical observation was that a pattern in a given patient may change. During the evolution of the condition, seldom is the change from abnormal to normal, but usually from one abnormal to the opposite abnormal pattern. This fact has a special importance as will be seen later. In some cases, even the immediate, direct cause of such changes could be established.

The following case is illustrative.

Mr. S. L., a patient with cancer of the prostate and metastatic destruction of half of the sacrum, was in very severe pain. Study of variations in pain intensity and in urinary pH, as well as the response to acidifying and alkalinizing substances, indicated that the pain was of a typical acid pattern. The patient started radiotherapy and pain decreased with almost every treatment, until after a few sessions it had disappeared completely. Out of bed and feeling well, he continued the treatment. However, at about the twelfth session, pain again appeared and thereafter increased with each treatment. After five more sessions, he was back in bed and suffering such unbearable pain that radiotherapy had to be discontinued. At that time, a new analysis of the pattern of pain showed that it had changed from the original acid to alkaline. It was hypothesized that this change might be the

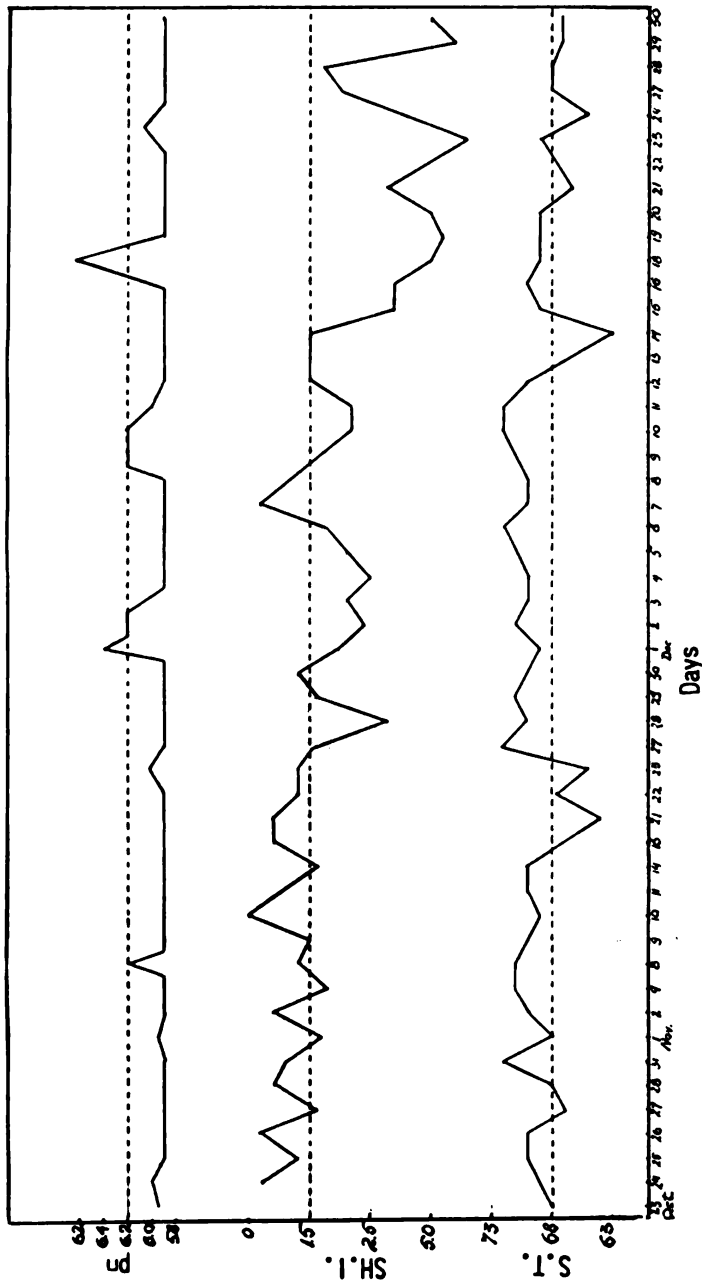


FIG. 59. The passage of discordant patterns into their opposite patterns, in order to realize a concordant offbalance as seen in a case of cancer of the stomach. At the beginning of the observation, low pH values show a pattern corresponding to type D, while two other analyses—sulfhydryl index and surface tension—are of offbalance A. With the progress of the condition, sulfhydryl index and surface tension values pass gradually from offbalance A also to offbalance D.

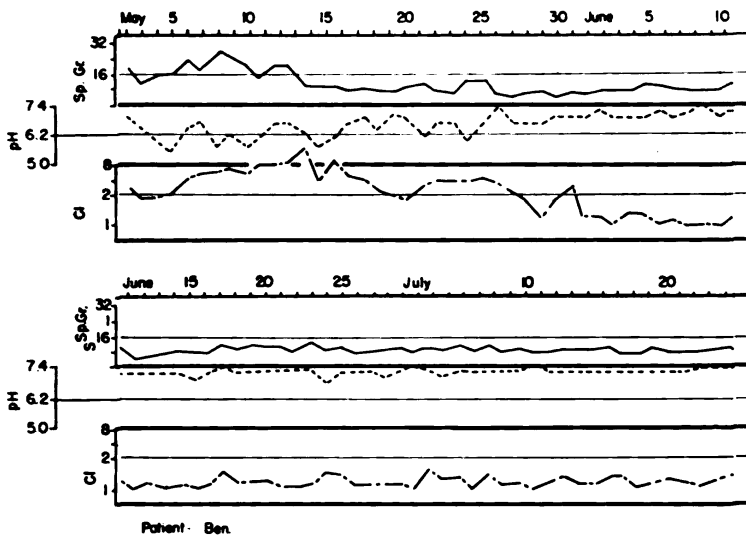


FIG. 60. A condition can pass from one offbalance to the opposite one. *The passage of the analyses from the offbalance type D into the offbalance type A is seen in a case of cancer of the lung. The analyses which first show high specific gravity, low pH and high chloride index, pass subsequently to the opposite side, with low specific gravity, high pH and low chloride index. This new offbalance remains unchanged for a long time as shown in the second part of the curve.*

result of irradiation. Study of other cases, after irradiation, has confirmed the hypothesis.

Changes of pain from an acid to an alkaline pattern also were observed in patients who had suffered shock or serious pyrogenic infections. Viral infection such as flu, or even smallpox vaccination, seemed to induce an opposite change—from alkaline to acid. Changes obtained under the influence of therapeutic agents were frequently observed and will be discussed later.

The dual pattern seen for most cancer manifestations was integrated into the concept of the disease as a complex organized condition that develops through progressive participation of hierarchically superior levels of the organization. From a clinical point of view, such participation corresponds to the successive addition of new manifestations to a previously less complex condition. According to their levels, these "Added Factors" correspond to prolonged youth or rapid cellular aging, to acid or alkaline pain, to blood and urinary analytical data fixed in one or another of two opposite patterns. Dualism is the principal characteristic shared in common by all these progressively added manifestations.

In trying to understand this dualism and its significance, we had to

consider again the place of dualism in the general organization of nature. The study of reactivity in nature has led to the recognition that a basic dualism exists—that the forces operating in nature can be separated into two opposite groups for almost all the intervening factors. Forces which would tend to lead toward annihilation of differences and produce a state of maximum entropy or homotropy or the antagonistic forces which tend

TABLE IV
MANIFESTATIONS

Level	Offbalance "A"	Offbalance "D"
Cellular	Prolonged cellular youth Less differentiated cells, especially of connective tissues Increased amount of connective tissue	Rapid cellular aging More differentiated cells, especially of connective tissues Decreased amount of connective tissue
Tissular	Increased lymphatic tissue Low oxido-reduction potential processes Low chloride content Local acidosis Acid pattern symptoms (Pain, dyspnea, itching, etc.)	Decreased lymphatic tissue High oxido-reduction potential processes High chloride content Local alkalosis Alkaline pattern symptoms (Pain, dyspnea, itching, etc.)
Organic	Somnolence Constipation Polyuria Exophtalmia Nasal pH below 6.5 Slow absorbtion of skin wheal	Insomnia Diarrhea Oliguria Enophtalmia Nasal pH above 6.5 Rapid absorbtion of skin wheal
Systemic	<i>Blood</i> Leucocytosis Eosinophilia High color index Low potassium content Low R.C. sed. rate No C reactive protein <i>Urine</i> Low specific gravity High pH High Cl, Na excretion Low SH, Ca, phosphate, sulfate excretion High surface tension Death in coma	<i>Blood</i> Leucopenia Eosinopenia Low color index High potassium content High R.C. sed. rate High C reactive protein <i>Urine</i> High specific gravity Low pH Low Cl, Na excretion High SH, Ca, phosphate, sulfate excretion Low surface tension Presence of oxidizing substances Death while conscious

to maintain and increase differences and lead to more complex organization—and are thus catalogued as negatively-entropic, ectropic or heterotropic—would thus appear with each new added factor when a higher hierarchic entity is realized. For this reason, they will appear especially manifest for the same added factors intervening under abnormal conditions. Dualism consequently concerns the manifestations progressively added. The result is seen in the alteration of the oscillatory movement with alternate predominance of one and then the other of the antagonistic forces for these added factors. This fact would explain the dualism seen especially in abnormalities. It also explains the intervention of the dual patterns mentioned above.

Dualism becomes even more important when it can be seen to play a capital role in the mechanism through which agents act upon abnormal conditions. Originally, the dualistic actions of agents could be ascertained through the changes induced in pain and various other patterns. It has consequently been possible to classify the effect of various therapeutic agents according to their influence upon these patterns and, through this more readily measurable influence, on the fundamental offbalances themselves.

At the same time, the study of the influence exerted by various agents upon these patterns, which is presented later, has posed the problem of precisely what effects upon these patterns are produced by the substances which are body constituents. And this led us to a third basic concept dealing with the important role played by body constituents and, in particular, by the lipids.

CHAPTER 5

THE CONSTITUENTS

HIERARCHIC ORGANIZATION and dualism have opened the way for a study of the body constituents in an attempt to systematize them and their functioning in accordance with these two concepts. In this research, we considered besides the constituents separated in groups as lipids, proteins, carbohydrates and electrolytes also the elements as a source of interesting information.

With most of the manifestations integrated in dualistic patterns, we planned to test the different constituents by noting their influence on these patterns. It was to be expected that some might have selective activity at certain levels of organization and the manifestations related to these levels. This selectivity did become evident but it also turned out that any agent, in sufficient amount, exerted an effect at any level. The problem was to select the manifestation which would respond most readily to the greatest number of agents. This would make comparisons between agents easier and serve as a practical criterion for the start of classification on this dual basis.

The measurement of the influence exerted by various agents upon the second day wound crust pH (s.d.c. pH) proved to be particularly rewarding and was employed in the first part of the investigation. The s.d.c. pH provided an indication not only of acidifying and alkalizing effects but also comparative values for these effects. Later, the influence exerted upon many other manifestations was studied for corroboration. Details of the s.d.c. pH technique and the results obtained are in Note 1.

In studying the elements, we chose, first, simple combinations in which they appear. Each anion was investigated by studying it as it occurred in the respective acid and in compounds in combinations with different cations; each cation was studied in its combinations with different anions.

In this way, we obtained a series of data which enabled us to pinpoint the influence of each element.

The Elements

Using this method, we could determine that elements such as Li, K, Na, Fe, Ni, Zn, Hg, Bi, B, F, Cl, Br, I—in sufficient amount—produced in the s.d.c. pH an acidifying effect. The opposite effect—alkalization—was seen for Mg, Ca, Sr, Ba, Cu, Pb, S and Se. It must be emphasized that some elements—such as K, Fe, Zn, Hg, Cl in the acidifying group and Ca, Cu, S and Se in the other—produced an intense effect while others had a weak though still clear, action. We must add that Ni and Cr showed a relatively weak acidifying effect. This separation of elements on the basis of acidifying or alkalizing effect agreed with almost all data available about antagonism between elements—for example, the known antagonism between K and Ca, Mg and Cu, and between Mo, Zn and Cu.

As a second step, we related the elements, through their influence upon the s.d.c. pH, to one of the two fundamental offbalances. Those inducing acidification were thus classified as an “inducing offbalance type A,” or “anti offbalance type D” or “anti D,” while those producing alkalization were called “inducing D,” or “anti offbalance type A,” or “anti A.” Going another step, the acidifying elements were considered to have a tendency toward increasing heterotropy; the alkalizing, a tendency toward increasing homotropy. This led us to attribute to the first, the acidifying group, the qualification “hetero” type, and to the second, the “homo” type. We did not give these designations any other meaning than that indicated above, using them for didactic facility.

The Series

After classifying elements into hetero and homo groups, we studied these groupings in terms of the place of the elements in the periodic chart. We could quickly see that when two or more elements are part of the same series, they also belong to the same group. For example, all elements in the I A and the VII A series are A inducing, or “hetero.” The members of the II A and VI A series are D inducing or homo. At this point, we tentatively extended these hetero or homo characters to an entire series after one or more elements in it had been recognized as such. The I A, II B, III A, V A, VII A series and the Fe subseries of VIII were classified as hetero or A inducing, while the II A, I B, VI A series and the Co subseries of VIII were labelled homo or D inducing.

This hetero or homo grouping of the various series permitted us to

make other correlations. We could see that among all the series designated as A in the periodic chart, those numbered oddly are hetero type, while those with even numbers are homo type. Among the B series, the opposite is true; those with odd numbers are homo type, while those with even are hetero type. Extrapolating, we could classify all the series according to this criterion. This view was confirmed by the hetero character seen in Cr and especially Mo, and the homo character for Mn.

We could go farther and correlate the above classification, made on the basis of biological properties, with the electronic configurations of the elements. For the members of the A series, those with an odd number of electrons in the valency shell were hetero type, while those with an even number were homo type. Among the B series, this criterion did not hold true. We found, however, that a similar correlation existed if consideration was given not to the valency shell alone but to the sum of the two external shells, the valency and the shell beneath it. This accords with the fact that in the B series elements, the two shells have insufficient electrons to fulfill the quantum numbers. We saw thus that those members of the B series with an odd number for the sum of electrons of the two shells have a homo character, while those with an even number have a hetero. This criterion applies to all members of the B group, including those in the I B and II B series, which have their full quantum quota of electrons in the shell beneath the valency shell. This same criterion was used to classify the three subseries of series VIII shown in the chart. The Fe subseries and Ni subseries were considered hetero type, the Co homo type. This antagonism was seen to be in accord with experimental findings.

These considerations also permitted us to classify the members of the Lanthanum and Actinium Series. Characteristically, all show nonfulfillment of three of their electron shells—the valency and the two shells beneath. We established for these elements a separate series designation, C. Using the sum of the electrons of the three shells, we separated the elements of the C series into hetero and homo categories. Here, the criterion was the opposite of that used for the B series. The members with odd numbers of electrons were considered hetero, those with even numbers homo.

We will discuss later the biological significance of this separation of elements into A, B and C series with their respective one, two and three unfulfilled shells. For the moment, we will only remark that if we consider an even number of electrons as corresponding to a kind of partial fulfillment of quantum forces, especially as compared to an odd number, such partial fulfillment is seen, among all the A series, in those with even num-

bers (II, IV, VI); among all the B series, in those with odd numbers (I B, III B, V B, VII B); and, among the C series, in those with alternate numbers which can be considered to correspond to even numbers. All these series—with partial fulfillment for the sum of their shells—have a D inducing or anti A, character, and thus a homotropic tendency.

Periods

Coming back to the influence exerted by the elements on test manifestations, we found that elements of the same series show some similar properties when acting at a certain level of organization, but some differences appear when they are acting at different levels. Some of these differences are important. Magnesium, calcium and strontium act similarly on the s.d.c. pH, and against convulsions as well. However, magnesium has been found to induce somnolence or even deep sleep in test animals, while calcium immediately wakes them from magnesium-induced somnolence. This type of antagonistic action among members of the same series sometimes appears especially pronounced between two consecutive members in the series—for example, between sodium and potassium, magnesium and calcium, oxygen and sulfur, and sulfur and selenium.

Study of this “antagonism” has permitted us to recognize a specific characteristic. When two elements of the same series act upon the same entity, one may substitute for the other. Sodium may replace potassium in cells. Magnesium and calcium, oxygen and sulfur, and sulfur and selenium can replace each other in this kind of reciprocal activity. There is no truly antagonistic action between them. This explains the fact that two elements of the same series, if in sufficient amount can have similar activity at a given level—that of the tissular, for instance, where the changes of the s.d.c. pH take place.

Further analysis of the activity of members of the same series has revealed another important characteristic which has permitted further classification. Differences in activity of members of the same series could be related to the organizational compartments involved. This became clear when activity of members of the I A series was analyzed according to whether these elements form constituents of the metazoic, nuclear or subcellular compartments. Sodium is the predominant cation of the metazoic compartment, which consists of the interstitial fluids, lymph and blood. Potassium is the principal cation of the cellular compartment. Ammonium, which corresponds in most of its properties to rubidium, represents the cation at the nuclear level. It could be seen that the development of hier-

archic organization has involved elements with progressively smaller atomic weights.

Study of constituents in compartments and in the environment has further permitted us—as seen above—to correlate the metazoic compartment with the sea, the cellular compartment with the crust of the earth, and the nuclear and subnuclear compartments with the formations in which their constituents were found in the vicinity of volcanoes.

This correlation of the metazoic compartment to the environment of the sea became especially interesting when we could recognize in its constituents not only sodium, but, curiously enough, the other members forming the same period in the periodic chart. Chlorine, magnesium and sulfur, predominant in the sea and also found in the metazoic compartment, are in the same period in the chart as sodium.

We have thus tried to extend the concept of a correlation between the periods of the chart and the different compartments of hierarchic organization. Tentatively we correlated the second period of the chart to the total organism as an entity. Oxygen, carbon and nitrogen—principal elements in air—enter into direct contact with the organism as such. The third period contains sodium, magnesium, sulfur and chlorine, which are found in the sea and can be correlated with the metazoic compartment. The fourth period contains potassium, calcium, iron, nickel, copper, selenium and bromine—all common to the earth's crust—and, according to our tentative systematization, correlated with the cellular compartment. Following the same plan, we could relate the fifth period—containing rubidium, molybdenum, silver, tellurium and iodine—to the nuclear compartment.

As a possible basis for a working hypothesis, we could consider the sixth period—with cesium, barium, gold, mercury, lead, bismuth—and the lanthanum series to belong to a subnuclear or, rather, submorphologic compartment. The seventh period includes the radium and actinium series, characterized by radioactivity. This period could be related to the lowest level of the biological organization, the primary one, probably even the submolecular level. This would relate the intervention of radioactivity—from cosmic rays and especially from the earth's radioactive elements—to the beginning of the biological realm. Such radioactive intervention could have brought together C and N to form N-C-N-C, which we considered in our hypothesis to be the first entity in the biological realm. This view represents, at least, a new basis for an interesting working hypothesis.

Thus we have the concept of hierarchic compartments related to changing environments. We also can correlate, further, the environments to the

periods in the periodic chart to which their principal constituents belong. It is difficult to accept as purely accidental the correlation of the changes in environments with the progressive displacement of their constituents toward periods in the chart with members each time having lower atomic weights. It is in this progression that we can see homotropy developing toward its maximum, complete value. This view, which will be discussed in more detail later, again relates evolution of the biological realm to progress of homotropy, with the environment representing the concrete realization of homotropic evolution.

The entire chart can be considered in terms of hetero and homo series and of periods that correspond to hierarchic compartments, as shown in TABLE V.

For the moment, the possibility of relating an element, through its membership in a series, to the hetero or homotropic trend and, through its place in a period, to an organizational hierarchic compartment, helps to explain many of the peculiarities seen in the biological distribution of the elements and especially in the role played by them at the "proper" levels to which they belong.

As a general rule, the presence of an element at the level to which it belongs is directly correlated to quantitative optimum values corresponding to the constants of the level and to the qualitative role which it performs. Its presence at levels other than its own must be interpreted in connection with its activity at its own proper level. Increase or decrease in the amount of an element has a different meaning according to the level at which the variation occurs. If it occurs at the specific proper level to which the element belongs, it would indicate a direct quantitative or qualitative change in the activity of the element. At other levels, this is not true. If the activity of an element is qualitatively impaired at its own level, the amount of the element at the immediate superior level will increase. The increase at the superior level can be interpreted as taking place in order to keep at the disposal of the impaired level a sufficient amount of the element for possible later use. On the other hand, an abnormally intensive activity of an element at its own level will reduce the amount of it present at the level immediately superior. The decrease at the upper level can be interpreted as a defensive attempt to reduce the abnormal activity by limiting the supply.

The general rule, which appears to govern the variations in distribution of an element within the organism, makes it important to know the proper level of an element. Some examples will illustrate what we mean. An increase of copper is seen in the blood serum of cancer patients, although

P E R I O D I C C H A R T O F T H E E L E M E N T S

	IA	IIA	IIIB	IVB	VB	VIB	VIIB	VIII	IB	IIB	IIIA	IVA	VA	VIA	VIIA	Inert gases	
	H	He									B	C	N	O	F	Ne	
ORG.	Li	Be									Al	Si	P	S	Cl	Ar	
MET.	K	Ca	Sc	Ti	V	Cr	Mn	Fe	Ni	Cu	Zn	Ga	Ge	As	Se	Kr	
CELL.	Rb	Sr	Y	Zr	Nb	Mo	Tc	Ru	Pd	Ag	Cd	In	Sn	Sb	Te	Xe	
NUCL.	Cs	Ba	C.Ht *La	Hf	Ta	W	Re	Os	Pt	Au	Hg	Tl	Pb	Bi	Po	Rn	
SUB. NUCL.	Fr	Ra	C.Ht **Ac														
PRIM.				Ce	Pr	Nd	Pm	Sm	Eu	Gd	Tb	Dy	Ho	Er	Tm	Yb	Lu
				Th	Pa	U	Np	Pu	Am	Cm	Bk	Cf	Es	Fm	Md	No	

* Lanthanum Series
 ** Actinium Series
 Ht = Heterotropic
 Hm = Homotropic

a manifest reduction in catalase as well as in copper content is seen in the tumor cells themselves and in the liver cells. According to the view presented above, these findings can be interpreted to reflect a primary insufficiency of copper at its specific level, that of the cell. Copper is quantitatively deficient at the level of the cell not because of its low availability, but because it cannot be utilized well enough qualitatively to form catalase. The qualitative impairment in copper's use at its proper level would lead to an increased amount of copper in the immediately superior compartment, that of the blood serum.

The knowledge that copper belongs to the cellular level, because of the period to which it belongs, could explain this peculiarity. The organism does not have *too much* copper although the amount of it in the blood is increased. Neither does it have too little copper at the proper level. The abnormality resides in a qualitatively impaired capacity of abnormal cells to utilize copper. In tentative therapeutic application, we have to try neither to increase nor decrease the amount of copper but to obtain its proper utilization by the abnormal cells.

This view applies also to potassium. An increase of potassium in blood serum is seen in subjects with type D offbalance. With potassium belonging to the cellular level, the primary abnormality has to be sought at this level. In fact such a primary anomaly of potassium metabolism is seen in the cells for, in offbalance D, the cells are poor in potassium, possibly because the cation moves out of the cells as the result of being displaced by sodium. The increase in the amount of potassium found in the circulating blood thus can be interpreted as secondary, designed to offer the cells a sufficient amount of potassium to be utilized in attempts to overcome this offbalance. On the other hand, in abnormal offbalance A, when quantities of potassium are found present in proliferating cells, an abnormally low amount of potassium is found in blood (as low as 3.0 m Eq or less). As potassium is still excreted through the kidney, this low blood potassium is not to be interpreted as a quantitative deficiency but rather as a teleological response to the abnormally high utilization at the cellular level.

A study of potassium, presented under this aspect, is the subject of Note 2.

The relationship between elements, periods and levels of the organization explains a curious distribution of elements as seen in the following experiment. 1/10 molar solutions with pH, of dibasic phosphates of lithium, sodium, potassium, ammonium and rubidium were prepared. Each solution was injected intravenously into mice, 1/4 cc. per minute, until the animal died. The organs, and especially the brains, were immediately

fixed in Bouin solution and studied histologically. For ammonium and rubidium, vacuoles were seen present in cells and especially in nuclei; for potassium, the vacuoles were present in the cytoplasm, while for sodium, only a pericellular edema was noted. No such changes were observed for lithium. Considering the dimension of the atoms, an opposite occurrence would have been expected with lithium penetrating most into the cells and rubidium the least. The fact that the heavier elements correspond to the lower levels of the organization, according to the concept presented above, explains the occurrence.

This could also be seen for the distribution of selenium and tellurium. We could show that while selenium accumulates in the cytoplasm, tellurium—which is the next heavier element of the VI series—is fixed preferentially in the nuclei.

It must be recognized that many problems result from exaggerated or reduced amounts of elements at compartments where they do not belong as characteristic constituents. The therapeutic effort, until now, has been to try to eliminate an excess or make up for a deficiency at any level. According to the view presented above, the main effort should be to try to correct the anomaly in the metabolism of the element at its proper level for this will lead to correction at other levels. We will consider, later, some examples of such effort.

The concept of dualism and of the place of elements in hierarchic organization has opened a new way to study the influence exerted by these elements in abnormal conditions as will be presented below.

The same type of analysis used for elements can be applied to the other body constituents. We will start with those which we believe to be the most important for the problem of the offbalances, the lipids.

CHAPTER 6

LIPIDS AND LIPOIDS

TWO DIFFERENT PATHWAYS, one theoretical and the other experimental, have led us to consider lipids as possibly the most important constituents involved in the dualistic patterns of physiopathological manifestations. The study of all the constituents of the organism—electrolytes, proteins, carbohydrates and lipids—has shown that for each of them, a rough division into two classes with antagonistic reactivity can be made according to the positive or negative electrostatic character of their polar groups—nucleophilic or electrophilic for some, anionic or cationic for others. However, these fundamental differences which can explain their intervention in processes in which dualism is apparent, do not represent the reason for their role in the induction of patterns.

The reactions in which some of these constituents take part are carried out as rapid changes while others are completed only slowly. It is these slow reactions, once accomplished, which tend to be stable for long periods of time. Since such stability is characteristic of clinical and analytical manifestations which have dual patterns, it appeared logical to consider the constituents with slow reactivity which are related to these manifestations. Because of their hydrosolubility, and the rapidity of the reactions in which they take part, most electrolytes, proteins and even carbohydrates probably play a lesser role in these long lasting processes.

The lipids, on the contrary, seem to be especially suited for this role. Many of the reactions in which the lipids participate are slow. As we will see later, this is primarily because of their insolubility in water. They form in the organism a group "apart" from all the water soluble constituents, a fact which permits them to function through proper reactions largely without continuous interference from the other constituents. For these reasons, the lipids appeared to be the most likely of all constituents to be

of major importance in physiopathological manifestations with long-lasting patterns. The study of the lipids has substantiated this.

However, before discussing these substances and their properties, a nosological problem must be considered: What are lipids? How can they be defined?

DEFINITION OF LIPIDS

The literature fails to furnish an adequate definition for the group of substances that show those properties which biochemistry and experimental biology attribute to the lipids. A definition on a chemical basis, such as one which considers lipids to be fatty acids and fatty acid derivatives, appears to be insufficient. It excludes substances such as those forming insaponifiable fractions which not only have properties attributed to lipids, but continuously intervene in the processes related to them.

Physical characteristics such as "greasiness" and solubility come nearer to the real situation without providing a satisfactory definition. Bloor's definition (*Note 1*), widely accepted today in spite of having been found inadequate, has introduced—in addition to the important solubility characteristics—certain less acceptable criteria such as the origin of these substances and the direct relationship to fatty acids. Without these criteria, lipids would have to include the group of hydrocarbons which have the same solubility property but usually are not encountered in organisms. However, with these criteria, Bloor's definition, besides limiting the field too much through the requirement for a relationship to fatty acids, excludes the entire important group of synthetic agents with similar properties. To be complete, a definition would have to include these artificial substances.

Thus confronted by the need for a satisfactory general definition, we proposed one in 1940 (23) which has since been of great help to us in all our research: *a lipoid is a polar-nonpolar substance in which the non-polar part is predominant. It is thus formed by one or more polar groups bound to one or more nonpolar groups, the last being energetically predominant.* In terms of intervening forces, this definition considers the cohesion forces of the nonpolar part, and especially those related to its surface and known as the constant "b" of van der Waals forces, which in lipoids are predominant upon the electrostatic forces of the polar part. The definition has provided the key for the study of the multiple problems in which these substances appear to be involved. This definition appears acceptable since it explains all the known properties of the lipids. Further-

more, the study of the specific relationship between the forces involved could even predict new properties, as will be shown later.

The distinction between natural and synthetic substances as a basis for a definition has been obsolete in biochemistry for a long time. In our study however, it appeared to be didactically useful to indicate whether or not a substance is encountered naturally in the organism. Therefore, while adhering to our general definition, we have employed the term "lipoids" for the entire group of polar-nonpolar substances with a predominance of the nonpolar part, and have conserved the term "lipids" to designate the naturally occurring members. With this separation, we have also avoided

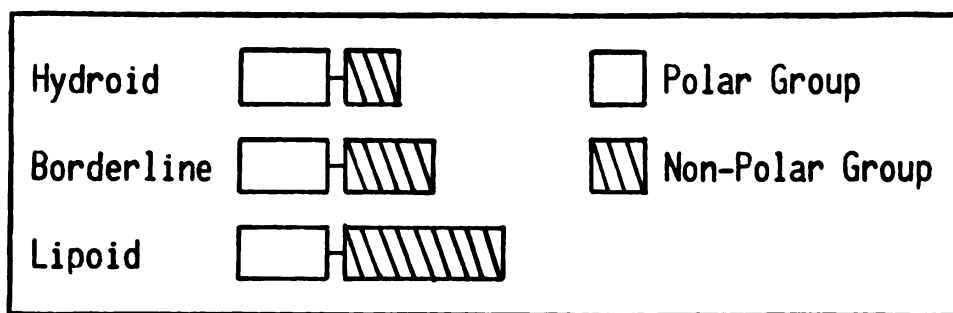


FIG. 61bis. Schematic representation of the predominant relationship of the polar and nonpolar parts in hydroids, borderline substances and lipoids.

a certain apprehension felt by many workers about incorporating indistinctly, in the same group of agents, substances with vastly different chemical constitutions, which until now have not been associated with lipids. The fact that, beyond physicochemical constitution, biological properties characterizing the lipids are common to the entire group of lipoids, will in time, we hope, help to reduce the importance of this separation between lipoids and lipids.

The structure of the lipoids—with a large variety of polar and nonpolar groups but always with the same characteristic energetic relationship between them—has led to a logical systematization of these substances, using the nature of the polar and nonpolar groups as criteria.

CLASSIFICATION OF LIPOIDS

Lipoids may be subdivided according to different criteria.

I. According to the polar group.

A. Lipoids classified according to the nature of their polar group.

1. Lipo-carboxylic acids (—COOH)
2. Lipo-thiols (—SH)
3. Lipo-sulfonic acids (—SO₃H)

- | | |
|-------------------|------------------------|
| 4. Lipo-amines | ($-\text{NH}_2$) |
| 5. Lipo-amides | ($-\text{CONH}_2$) |
| 6. Lipo-alcohols | ($-\text{OH}$) |
| 7. Lipo-aldehydes | ($-\text{CHO}$) |
| 8. Lipo-ketones | ($=\text{CO}$) |
| 9. Lipo-halogens | ($-\text{Cl}$, etc.) |
| 10. Lipo-metals | ($-\text{Na}$, etc.) |
- etc.

B. Lipoids classified according to the predominant element of the polar group.

1. Lipo-sulfur compounds
 - a. Lipo-thiols ($-\text{SH}$)
 - b. Lipo-sulfonic acids ($-\text{SO}_3\text{H}$)
 - c. Lipo-sulfides ($=\text{S}$)
 - d. Lipo-sulfoxides ($-\text{SO}$)
 - e. Lipo-sulfones ($=\text{SO}_2$)
 - f. Lipo-sulfites ($=\text{SO}_3$)

etc.

2. Lipo-nitrogen derivatives

- a. Lipo-amines ($-\text{NH}_2$)
 - b. Lipo-amides ($-\text{CONH}_2$)
 - c. Lipo-nitriles ($-\text{CN}$)
 - d. Lipo-isocyanides ($-\text{NC}$)
 - e. Lipo-nitro derivatives ($-\text{NO}_2$)
- etc.

C. Lipoids classified according to the energetic character of their polar group.

A. Lipoids with negative polar groups

1. Lipoacids
 - a. Lipo-carboxylic acids
 - b. Lipo-thiols
 - c. Lipo-sulfonic acids, etc.
2. Lipo-aldehydes

B. Lipoids with positive polar groups

3. Lipobases
 - a. Lipo-amines
 - b. Lipo-guanidines
 - c. Lipo-imines, etc.
4. Lipo-alcohols

II. According to the nonpolar group.

A. Lipoids classified according to the structure of their hydrocarbon chain.

1. Aliphatic
2. Alicyclic
3. Aromatic
4. Heterocyclic, etc.

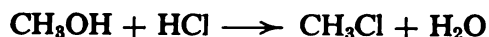
B. Lipoids classified according to their carbon bonds.

1. Saturated
2. Unsaturated
 - a. Ethenic (mono-, di-, poly-)
 - b. Ethynic

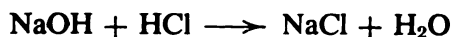
Some aspects of this classification require discussion.

The generic term lipoacid has been employed to describe simple lipoids having polar groups with acid functions. While the principal lipoacids are the fatty acids, other members have other acid polar groups, such as SO_2 , SH , NO_2 , etc. The significance of this grouping together of lipoids with negative polar groups has become evident especially in studying the similarities in the biological effects of these substances. In certain aspects of our research, this correlation has permitted us to substitute one category of lipoids (lipo-thiols or lipo-aldehydes) for another (lipo-carboxylic acids), thereby avoiding certain undesirable effects of the latter group of substances.

Lipoids having polar groups energetically opposite to those of the acids have been grouped together. Of these, the members with a polar group with alkaline functions have been classified as lipobases. The term base is generally applied to ionizable compounds which influence the pH of solutions and combine readily with acids by losing an OH^- and gaining a proton. Another group is formed by the lipoidic alcohols. Recent evidence indicates that, in many circumstances, the differences in the reactions of alcohols and common bases are quantitative rather than qualitative. Quite often the reaction of an alcohol with an acid is analogous to the reaction between an acid and sodium hydroxide, the H^+ of the acid combining with the OH^- of the alcohol. The differences between reactions are considered to be matters of time-rate. Whereas the reaction of the base is almost instantaneous, that of alcohol is a slow reaction and is less complete. This behavior of alcoholic substances is particularly clear when the hydroxyl group of an alcohol is replaced by a halogen to prepare the alkyl halides. For instance, according to Karrer (24): "This can be done by the action of the concentrated halogen acids on the alcohol:

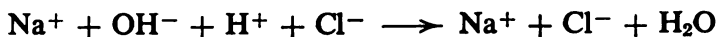


The reaction corresponds superficially to the formation of a salt from an acid and a base:



There is, however, a difference between the two processes. Bases and acids are largely dissociated; when they come together, hydrogen ions and hy-

droxyl ions combine almost at once to give the very little electrostatically dissociated water, so that the reaction which really occurs is:



Ionic reactions always occur instantaneously. Reaction between alcohol and hydrogen halides is governed by other laws. Alcohol is only very slightly ionized. For the removal of the hydroxyl group a certain time is required. The reaction between alcohol and acid with elimination of water, known as esterification, is therefore a time reaction." No essential difference exists between the reaction of lipo-alcohols or lipo-amines, for instance, with organic acids.

These considerations would have been sufficient to allow lipobases and lipo-alcohols to be grouped together. There are other considerations as well. Their common biological activity and mutual interchangeability also appear to justify grouping them together. Furthermore, the recognition of the existence of a general mutual antagonism between lipoacids on the one hand and lipobases and lipo-alcohols on the other hand, chemically, physically and biologically, has proven of considerable value in explaining a variety of experimentally observed facts in many aspects of our research.

Following this through, we have found it advantageous to define the two groups of lipoids by a more general character, the electrical aspect of the polar part, negative for the lipoacids and lipo-aldehydes and positive for the group of lipo-alcohols and lipobases. The terms, "positive and negative lipoids," serve also to emphasize the nature of their antagonism.

The structure of the nonpolar group as it confers physical, chemical and biological properties on the lipoids permits further subdivisions. Lipoids may be classified on the basis of the aliphatic, alicyclic, aromatic or heterocyclic character of the nonpolar group. While the negative lipids are principally formed by fatty acids, the positive are made up principally of sterols. The presence or absence of double bonds defining saturated and unsaturated carbon chains has been one subject of our study and considerable biological importance has been found to be related to this character as well as to the positional relationship of the double bond to the polar group and the polarity induced by the double bond.

The study of lipoids has shown that, besides properties contributed by the elements and groups which compose them, they have additional physico-chemical and even biological properties which are characteristic. We have termed these "lipoidic properties" to indicate that they are considered to result directly from the particular constitution of the lipoids.

Physical Lipoidic Properties

Solubility

Solubility represents the first and most important of these lipoidic properties. Characteristically, a lipid has a greater solubility in neutral solvents than in water. This is explained by the fact that the two constituent groups, polar and nonpolar, induce different solubility properties.

As is well known, solubility corresponds to a free movement between molecules of the solvent and the solute. (25) Solubility is greater when the physical properties of the groups forming the solvent and those forming the solute are similar; it is impaired when they are different. Consequently, polar groups in a solute will tend to favor solubility in solvents with polar groups, such as water. At the same time, they will oppose solubility in neutral solvents formed by nonpolar groups. On the other hand, nonpolar groups in a substance will favor solubility in nonpolar neutral solvents but will oppose it in polar solvents such as water. Polar groups thus are hydrophilic and lipophobic, while nonpolar are lipophilic and hydrophobic. (26)

While the solubility characteristics of substances composed only of polar or nonpolar groups are readily apparent, the problem is more complex when a substance contains both polar and nonpolar groups. Since such a compound possesses groups with antagonistic solubility tendencies, its solubility "in toto" will depend upon the relationship between the opposing forces. For a borderline group of polar-nonpolar substances with approximately equal forces, there will be equal solubility in polar and nonpolar solvents. For other substances, the predominance of one or the other group will determine solubility characteristics. If the electrical forces of the polar group predominate, the substance will be hydrosoluble but insoluble or only partly soluble in nonpolar solvents. If, on the contrary, the cohesion—*i.e.*, the van der Waals forces—of the nonpolar group predominate, the substance will be soluble in nonpolar solvents and less, or even not at all, soluble in water. (TABLE VI)

Polar and nonpolar forces can be calculated and their study can indicate the place of a substance in this systematization. The importance of solubility for defining and systematizing lipoids became apparent in a physicomathematical study of these substances carried out by Jean Mariani in our laboratories. (Note 2) We have defined as "hydroids" those substances with predominant polar groups which are more soluble in polar solvents such as water. The "borderline substances," with no predominance of either group, show the same solubility in polar and neutral solvents.

TABLE VI
CLASSIFICATION OF CHEMICAL COMPOUNDS

Composition	Predominance	Name	Example
Polar groups only			Water
Polar-nonpolar groups	Polar group predominant	Hydroides	Glycerin
	No predominance	Borderline substances	n-Propyl alcohol
	Nonpolar group predominant	Lipoides	Oleic acid n-Butyl alcohol
Nonpolar groups only			Paraffin

The "lipoids," in which the nonpolar groups predominate, are more soluble in neutral solvents than in water.

As we have mentioned above, from a practical point of view, a substance could be judged to be a hydroid, borderline substance, or lipid by considering the differences in its solubility in water and in a nonpolar solvent, such as petroleum ether, which corresponds to a mixture of the first aliphatic saturated hydrocarbons liquid at normal temperature and pressure. *A polar-nonpolar substance more soluble in water than in neutral solvent is considered a hydroid; one equally soluble in both solvents is classified as a borderline substance; while a substance more soluble in the neutral solvent than in water is a lipid.*

Different polar groups such as COOH, OH, NH₂, CO, SO₂, SH, etc., enter into the constitution of various lipoids. They differ considerably in their electrostatic forces. As a result, the forces of the nonpolar groups required for predominance, if a lipid is to be formed, also will differ. A different nonpolar group thus is necessary for each different polar group. For aliphatic molecules, it is principally the length of the chain which determines cohesion forces and a different number of carbons in the nonpolar group appears to be necessary, depending upon the polar group, in order to form a lipid. The study of homologous series from this point of view is interesting.

Since the value of the electrostatic forces varies greatly from one polar group to another, the first members of the various homologous series, which are also lipoids, will differ from series to series, depending upon

the nature of the polar group. The length of the carbon chain of the non-polar group will thus indicate in what member of a series the lipoidic character appears. By comparing mathematically the value of the electrostatic forces of each polar group and the cohesion forces of the nonpolar group in the respective series, it is possible to determine which member of each homologous series of substances will first show the properties of the lipoids. This also can be determined experimentally, as seen above, using the solubility characteristics of the lipoids. For the different members of the series, degrees of solubility in a polar solvent such as water, and in a nonpolar solvent such as petroleum ether, were determined. The first member of an homologous series to be considered a lipoid was the one found to be more soluble in the nonpolar than in the polar solvent. All members with a large number of carbon atoms show lipoidic properties; those with fewer carbon atoms lack those properties.

Thus, lipoidic properties first become manifest, among the carboxylic acid series, in valeric acid, *i.e.*, the five-carbon member. The shorter carbon chain members are soluble to an equal or greater degree in water than in petroleum ether, while those having a carbon chain longer than four show a higher degree of solubility in the nonpolar solvents than in water. (TABLE VII)

TABLE VII
SOLUBILITIES OF CARBOXYLIC ACID HOMOLOGUES

Substance *	Common Name	No. of Carbon Atoms	% of solubility in	
			Polar Solvent (Water at 20°)	Nonpolar Solvent (Petroleum Ether)
Methanoic acid	Formic acid	1	∞	insol.
Ethanoic acid	Acetic acid	2	∞	∞
Propanoic acid	Propanoic acid	3	∞	∞
Butanoic acid	Butyric acid	4	∞	∞
Pentanoic acid	Valeric acid	5	3.7 (at 16°)	∞
Hexanoic acid	Caproic acid	6	0.4	∞
Heptanoic acid	Enanthic acid	7	0.24	∞
Octanoic acid	Caprylic acid	8	0.25 (at 100°)	∞

* Names approved by International Union of Chemistry.

The same is true for the alkyl alcohols. *n*-Propyl alcohol and the members below it are either miscible with both water and petroleum ether or more soluble in water, indicating that the nonpolar forces do not predomi-

nate in their molecules. Therefore, they are not lipoids. n-Butyl alcohol, more soluble in neutral solvent than in water, thus is the first lipoidic member of this homologous series. However, this is not true for all its isomers. The primary, secondary and iso butanol are the first in their respective series to possess the solubility properties characteristic of lipoids. In the tertiary alcohol series, however, the four-carbon member, the tert.-butanol, does not show the same solubility properties. Tert.-butanol is miscible with water and neutral solvent and as such, is not a lipoid. For this tertiary alcohol series, it is the five-carbon member, the tert.-amyl alcohol, which first shows the solubility properties of a lipoid, being only 12.5% soluble in water and infinitely soluble in petroleum ether. Thus, of the four isomers of butyl alcohol, three are lipoids, while one, tert.-butyl alcohol, is not. (TABLE VIII)

TABLE VIII
SOLUBILITIES OF THE ALKYL ALCOHOLS

Substance *	Common Name	No. of Carbon Atoms	% of solubility in	
			Polar Solvent (Water at 20°)	Non-polar Solvent (Petroleum Ether)
Methanol	Methyl alcohol	1	∞	∞
Ethanol	Ethyl alcohol	2	∞	∞
1-Propanol	Propyl alcohol	3	∞	∞
2-Propanol	Isopropyl alcohol	3	∞	∞
1-Butanol	n-Butyl alcohol	4	7.9	∞
2-Butanol	sec.-Butyl alcohol	4	12.5	∞
2-Methyl, 2-propanol	tert.-Butyl alcohol	4	∞	∞
2-Methyl, 1-propanol	Isobutyl alcohol	4	9.5	∞
1-Pentanol	n-Amyl alcohol	5	2.7	∞
2-Pentanol	sec. act. Amyl alcohol	5	5.3	∞
3-Pentanol	Diethyl carbinol	5	insol.	∞
2-Methyl, 2-butanol	tert.-Amyl alcohol	5	12.5	∞
2-Methyl, 1-butanol	n-act. Amyl alcohol	5	insol.	∞
3-Methyl, 2-butanol	Isoamyl sec. alcohol	5	sl. sol.	∞
1-Hexanol	n-Hexyl alcohol	6	very sl. sol.	∞
2-Hexanol	sec.-Hexyl alcohol	6	very sl. sol.	∞
3-Hexanol	Ethyl propyl alcohol	6	0.9	∞
1-Heptanol	n-Heptyl alcohol	7	insol.	∞
1-Octanol	n-Octyl alcohol	8	insol.	∞

* Names approved by International Union of Chemistry.

The same methods were used to recognize the first lipidic members of various alkane derivatives studied. TABLE IX shows the first lipid members of several homologous series.

TABLE IX
FIRST LIPOIDIC MEMBERS IN VARIOUS ALKANE DERIVATIVE
HOMOLOGOUS SERIES

Substance *	Common Name	Polar Group	No. of Carbon Atoms
Methanethiol	Methyl mercaptan	—SH	1
Propanal	Propionaldehyde	—CHO	3
Propylcarbylamine	Propyl isocyanide	—NC	3
1-Butanol	n-Butyl alcohol	—OH	4
2-Butanone	Butyl ketone	=CO	4
Butanamide	Butylamide	—CONH ₂	4
2-Methyl, 2-butanol	tert.-Amyl alcohol	—OH	5
Pentanoic acid (n)	Valeric acid	—COOH	5
Hexylamine (n)	Hexylamine	—NH ₂	6
1, 8 Octandiol	1, 8 Octandiol	—OH	8

* Names approved by International Union of Chemistry.

Molecular Layer Formation

Other fundamental characteristics result from the different solubility properties of the two parts, polar and nonpolar, forming a lipid. Introduced in a diphasic medium in which one phase is water and the other oil or even air, the polar group, with the tendency to be soluble in water, will penetrate the water. Since the nonpolar group, which is hydrophobic, is predominant, not only will it not enter the water but it will also prevent the entire molecule from moving freely in water. Consequently, the lipid molecule will remain at the surface of the water with only its polar group penetrating. Because of this, the molecule will assume an oriented position toward the surface of water. If the second phase is a neutral solvent, the lipid molecules, which will accumulate at the interphase with the polar group in water, will have the nonpolar group penetrating the neutral solvent.

In both cases, the molecules form oriented molecular layers which, if present at the limit between two phases, would appear as organized formations. This property which appears as a direct consequence of the characteristic constitution of the lipoids has further consequences. In such a layer, the polar groups penetrating in water will influence the properties of its surface, and thus reduce its surface tension.

Through the coulombian character of their electrostatic forces, the polar groups will thus confer, according to their nature, a positive or negative electrical character to the layer.

In a mixture of water and oil, the presence of a lipid layer will lower the intersurface tension and will favor the breaking down of the phases, facilitating the formation of an emulsion. The presence of the same electrical charge at the surface of these resulting emulsion droplets will act as a repellent force between them and increase the stability of the emulsion. (Fig. 62) This is another important characteristic of lipoids which results from their peculiar constitution.

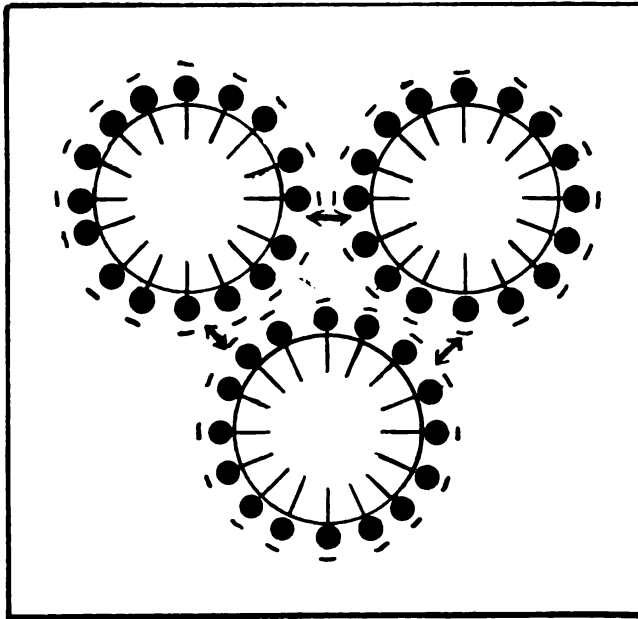


FIG. 62. The presence of the same electrical charge at the surface of droplets of an emulsion insures, through the repellent forces, the stability of the emulsion.

Chemical Properties

Lipoids have two groups of chemical properties which can be related to their two principal parts, polar and nonpolar. The polar groups with their electrostatic forces give to the lipoids one group of characteristic reactivities. A carboxylic lipid will act like any other organic acid, while the lipo-alcohols will act like other alcohols, a thio-lipoid like a mercaptan, and so on. A characteristic of chemical reactions induced by the polar groups is that, while they are occurring in a water medium, they are largely limited to the site where the lipid is localized due to the insolubility of

the entire molecule in water. Through this localization, the polar reactivity of the lipoids becomes largely a "surface reactivity." It is interesting that even minute amounts of lipoids are able, through this localization at separating surfaces, to induce important changes.

A second group of reactions take place at the nonpolar group and especially at the different formations present in it, such as double bonds, cycles, etc. The hydrophobic and lipophilic character of the nonpolar groups confers a special character on these reactions. Most of them take place in nonionic nonpolar media. Many occur at the semipolar double bonds with nucleophilic or electrophilic carbons which appear to be especially suitable for this reactivity. This would explain the fact that nondissociated molecules may take part in these reactions. Most of these reactions are relatively slow. This double reactivity, ionic through the polar group and rather nonionic through the nonpolar group, makes the study of these lipoids one of great interest and it will be discussed below in more detail.

Biological Properties

The biological properties of lipoids in general also can be related directly to their physiochemical characteristics and, thus, to their peculiar constitution.

Lipidic System

The relative insolubility of the lipids in water and their solubility in neutral solvents has permitted us to separate these substances as a group from the other constituents of organisms. For more than just didactic purposes, we consider lipids to constitute a separate system in the organism. The part played by lipids in the organization and the functioning of various entities supports this concept. For example, when a lipoid is introduced into the organism, it will be selectively dissolved in, circulated through, retained by and metabolized as part of the lipidic system. Overton's "Index of Repartition" of anesthetics in the organism can be seen to be a direct corollary of the existence of such a system although the anesthetic agent can be a lipoid or a nonpolar substance.

A great degree of independence of this system is morphologically evident as in adipous cells, when fats circulate as chylomicrons or when they form oriented layers. We have seen above how the orientation of lipoids at the surface of water results from the relationship between the solubilities of the two constituent groups, polar and nonpolar. Along with

their insolubility in water, the orientation of lipoids has allowed them to play a very important role in biology.

The very existence of biological entities appears to depend upon the ability of lipids to build up boundary formations separating and thus assuring the individuality of biological entities.

Through peculiar, reciprocally opposed orientations, two or more layers of lipids can form a membrane with two polar faces which has the ability to separate two aqueous media. In its simplest form, such a membrane appears in mitochondria. (*Note 3*) Similar boundary formations identify nuclei and cells and appear in higher entities, as in the membranes and intercellular cements of lymphatic and blood vessel endothelia. It is this peculiar orientation which allows lipids to establish the necessary boundary formations resulting in complex hierarchic organisms. The existence of biological entities, at least from the chromosome level up (and probably even below that level), can be seen to result directly from the intervention of lipids as a separate system, particularly in the formation of the dipolar lipidic boundaries.

However, boundary formations which separate the biological entities would not have been efficient if they did not fulfill another capital role: that of allowing selective passage of metabolites. A totally impermeable membrane would isolate the respective entities and result in their death. On the other hand, a totally permeable membrane would have no usefulness. The boundary formation has to act selectively, permitting the passage of some, but not all, substances. But even this does not seem to be sufficient to insure an efficient boundary. Most important, such a membrane must be able to alter its permeability, quantitatively and qualitatively, according to variations in circumstances. Such capacity for altering permeability can be related to the presence of the two groups of lipids, fatty acids and sterols, with their antagonistic properties relating to permeability.

The fatty acids appear to induce permeability in the membrane they form, especially permeability for anions. The perpendicular position to the surface of water assumed by the nonpolar aliphatic groups when the fatty acids form this boundary membrane appears to be favorable for the passage of a substance through the membrane. The fatty acid molecules thus can be separated, permitting other molecules to pass between them; that is, to pass through the membrane formed by the fatty acids. The negative electrical character of the polar groups of these fatty acids explains why they represent a kind of barrier to the free passage of cations. These cations are attracted and retained by the acid polar group. This would explain the manifest changes in permeability under the influence of calcium ion. The

removal of calcium from cellular membranes, through treatment with oxalates, increases permeability, while treatment with calcium salts reduces permeability. The bivalent calcium ion, when it binds the polar groups of two adjacent fatty acid molecules in the membrane, prevents the passage of other molecules between these parts of the membrane, a fact which explains the manifest decrease in permeability induced by this cation.

The other group of lipids, the sterols, have an effect on permeability opposite to that of fatty acids. This can be related in part to the bond which these sterols make with the fatty acids. Consequently, they block any passage through the part of the membrane formed by fatty acids. The impermeability is due, to some extent, to a peculiarity of the layers formed by these sterols themselves. The polycyclic molecules of sterols do not take the same perpendicular position toward the surface of water as fatty acids do. (27) (*Fig. 63*) Since sterol molecules assume a position almost parallel

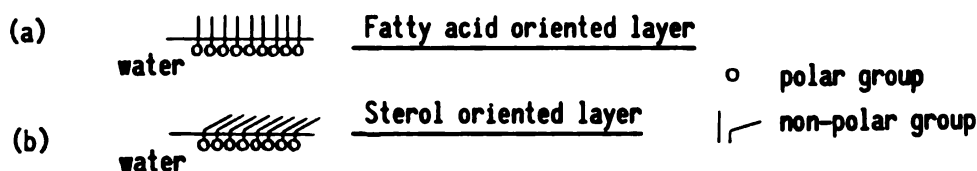


FIG. 63. *Schematic aspect of oriented interface layers.* The perpendicular position to the surface of water of fatty acid molecules (a) favors the passage of other molecules through the separating membranes they form. Oppositely, the almost parallel position to the surface of water of the polycyclic molecules of sterols (b) prevents the passage of other molecules through the membrane they form.

to this surface, the layer which they form exhibits no permeability properties. It even opposes any passage through it. It seems that fatty acids and sterols make separate "spots" in the cellular membranes so that, through their quantitative relationships, they confer different degrees of permeability to different regions of the membrane. The changes in permeability which result from the antagonistic intervention of the two groups of lipids seem to play an important role in normal and abnormal physiology.

With fatty acids inducing permeability, and sterols opposing it, the fundamental character of their biological relationship can be recognized. It would seem that part of the function of sterols is to oppose the activity of fatty acids. Conceptually, sterols would appear, in this specific activity, to be "anti-fatty" acid agents, with a capacity to control the activity of fatty acids rather than be active by themselves. Partly for this reason as well as for greater general understanding, it is necessary first to investigate fatty acid activity.

FATTY ACIDS

Besides their constructive role in establishing boundary formations, fatty acids appear to serve various other purposes in the organism. They can be used as caloric metabolites, and they play an active functional role in a biological change. While all fatty acids may exhibit these three activities—caloric, constructive and functional—there are important individual differences. With the carboxyl as common polar group, the differences between the various fatty acids can be related to the nonpolar groups. We will discuss this aspect of fatty acids, emphasizing only what can be considered to be new contributions to understanding the biological role of the substances.

Rancidity

The study of changes which take place *in vitro*, on lipids and especially on fatty acids after they have been separated from the organisms, led us to consider a possible parallelism between them and the changes which take place in the organism. We tried thus to utilize especially the knowledge furnished by the study of the chemical deterioration of natural fats generally known as rancidity (28), to better understand and also to systematize many of the processes occurring *in vivo*.

Three types of rancidity are described. In one—hydrolytic rancidity—fats are separated in free fatty acids and glycerol (or mono- or di-glycerides), through the intervention of lipolytic enzymes. These are often produced by molds (*Penicillium*, *Aspergillus*, etc.) or by microbes rich in such lipolytic enzymes or even the lipase present in the tissues from which the lipids are obtained. The characteristic of this type of rancidity is the intervention of enzymes and the appearance of free fatty acids as a result.

In a second type of rancidity, also occurring under the intervention of enzymes, an oxidative process is involved. The characteristic of this type of rancidity is that it affects almost, if not exclusively, saturated fatty acids, converting them into methyl-ketones by a beta oxidation process. This "perfume rancidity" called so because of the odor of the methyl-ketones with seven, nine or eleven carbons which result—takes place apparently through the intervention of a peroxidase present in certain molds (such as *penicillium glaucum*). One of its characteristics is that it occurs especially on saturated fatty acids with a low number of carbons (8 to 12).

The third type of rancidity groups together the oxidative changes which take place at the unsaturated nonpolar group of the lipids. As they result from the intervention of double bonds, the reactions differ according to

the energetic center present. In one which occurs at room temperature only for the conjugated fatty acids, such as eleostearic acid, and at 100°C only to some extent for oleic, linoleic and linolenic acid, the oxidation leads to the appearance of peroxides. (29) In another form of this oxidation, taking place for oleic, linoleic and linolenic fatty acids at room temperature or below 50°C, hydroperoxides result, as it has been shown by Farmer and coworkers, first for rubber (30) and after for fats (31). Another important fact seen in rancidity changes is that the atmospheric oxidation of polyethenoid fatty acids can result in a displacement of the double bonds with the appearance of conjugated isomers. (32)

The study of natural rancidity has represented the basic guide for our study and systematization of the processes encountered in normal and abnormal physiology. We searched and found this similarity not only in general outlines, but also for most of their details. By referring to the processes found in rancidity, we were able to identify, besides enzymatic lipolysis and enzymatic Knoop beta oxidation, known to occur in the organism, also the intervention of hydroperoxides, peroxides and the conjugation of double bonds. Not only the processes themselves but also the conditions under which they take place and their inter-relationship have been found to parallel in vivo those which can be seen in vitro.

We will see all along in the study of fatty acids how far the biological intervention of this parallelism goes.

Caloric Metabolism

Although all the fatty acids are ultimately used by different organisms as caloric metabolites, the saturated and monoethenic members are most important from this point of view. Among the saturated and monoethenic fatty acids, the members with long chains appear to be those which are kept in reserve for caloric purposes. We could show that the principal form of caloric desmolysis, the Knoop beta oxidation, takes place directly, almost exclusively, on members with relatively short chains, that is, with a maximum of 10 or 12 carbons.

While fatty acids with short chains take part directly in these caloric metabolic changes, those with longer carbon chains must undergo preliminary changes before entering into caloric metabolism. A desaturation, changing a saturated fatty acid into a monoethenic, appears to be a first step in caloric metabolism of the long chain members. The monoethenoids thus can be seen to be intermediary forms between the saturated reserve and the short-chain, easily metabolized fatty acids.

The double bond in these monoethenic acids would thus appear to

have two uses: one, to reduce the melting point below body temperature and thus permit easy mobilization, and two, to induce changes which lead to the breaking up of the long molecule into two shorter ones which can be metabolized through the Knoop oxidation.

All the data indicate that this fission would not take place at the double bond but through a more complex process. A first change consists of oxygen fixation at the carbon near the double bond. This leads to the appearance of a hydroperoxide group. It is only in a subsequent step that the molecule breaks at a place between this carbon near the double bond and the double bond itself, resulting in the appearance of short chains which have an even number of carbons capable of being directly metabolized through the beta oxidation. (*Note 4*)

The position of the double bond in the naturally occurring monoethenic fatty acids, separating almost always a group of nine carbons toward the carboxyl or the methyl end, (*Note 5*) acquires a special significance for the breaking down of the molecules for caloric purposes.

The desaturation of the saturated fatty acids, which would represent a first step toward allowing them to participate in metabolic caloric changes, would usually take place in the liver, apparently through the same processes by which polyunsaturated fatty acids are partially saturated. (*Note 6*)

An interesting part of the caloric metabolism of the saturated and monoethenic fatty acids, which will be shown below, is their combination with glycerol to form triglycerides.

Constitutional Role

Although saturated and monoethenoid fatty acids enter into the formation of boundary membranes, the di-, tri- and tetraenic members seem to have a particularly important role in the constructive function of fatty acids. Some of them enter directly into the formation of the membrane; some form complex lipoids such as lecithine with the glycerophosphoric radical and nitrogen containing bases. As a rule, these last represent a lipoidic substrate which would act as a neutral natural solvent present in membranes, and as such, intervene in the realization of a diphasic medium at the level of the boundary formation. This medium would largely insure the orientation of the fatty acids at the separation surface and the formation of permeable lipidic layers.

Functional Role

The third role of fatty acids is as functional agents taking part in certain reactions. This activity appears to be strongly related to two factors:

the presence of an uncombined carboxyl group and the energetic intervention of the double bonds of the nonpolar part of the polyunsaturated members.

Free fatty acids appear to be functionally active while the combined ones usually are inactive. The activity is related only partially to the direct capacity of the carboxyl to realize new combinations. It results from the induction exerted by the carboxyl upon the nonpolar group. The so-called free fatty acids of the organism are probably bound in a labile form to proteins, but this bond will not influence the induction effect exerted upon the nonpolar group. The intensive positive carbon of the carboxyl, together with the zig-zag disposition of the fatty acid molecule, causes the inductive effect to charge the successive carbons of the chain. They will thus show alternative signs. The even carbons show a negative character, while the odd ones are positive. The fact that oxygen combines with positive carbons explains not only why, as in Knoop oxidation, this bond occurs at C_3 , which is strongly positive, but also explains the so-called alternate oxidation (33) where the other following odd carbons are binding oxygens. Through the influence exerted by the carboxyl, the double bond shows a special activity which has been worth studying.

Double Bonds

There has been some tendency to regard the double bond as a weak, easily broken point of the molecule. Actually, it emerges as an important center of activity. With its capacity to become a semipolar center, and consequently, to bind or lose radicals, the double bond is an energetic center in the molecule. Its important characteristic is the ability to effect such changes without altering the chain of the molecule itself. Since this type of reaction is reversible and can be repeated for the same molecule, the double bond appears to represent a functional entity. Because the reaction principally involves nonmetallic elements, the unsaturated fatty acid takes an active part in the metabolism in which these elements appear.

The study of rancidity has helped us, by analogy, to systematize oxidation processes as they take place in vivo. In addition to Knoop beta, several other types of oxidation could be recognized in which double bonds intervene more directly. The double bond, with its semipolar character, influences nearby carbons, rendering them highly reactive. In one form of oxidation, a molecular oxygen is bound to a nearby carbon to produce a hydroperoxide formation, as was shown to occur in vitro by Farmer. (31) When, under certain circumstances, this oxygen fixation becomes reversible, the fatty acid will liberate the oxygen. It appears highly probable that in

such a process, the oxygen is liberated as a free radical, the entire process thus corresponding to an activation of oxygen. The change of a molecular oxygen into a free radical would represent the physiological role of unsaturated fatty acids in oxidation processes.

The presence of two double bonds in non-parallel position, common to most of the naturally occurring polyunsaturated fatty acids, is even more important; the two double bonds exert a particularly strong influence on the special carbon which is in the intermediary position between them. Because of the alternate induction produced by the strongly positive carbon of the carboxyl, the carbons of the chain have alternate characters, positive and negative. When an intermediary carbon also has a strong positive character, it appears to be especially able to fix oxygen. This strongly positive intermediary carbon, occurring in natural polyunsaturated fatty acids with more than two double bonds, may be the reason for the important role played by these acids when they act as essential fatty acids in the organism. (*Note 7*)

The study of rancidity has further shown that, while the *in vitro* oxidation of an unsaturated fatty acid under mild conditions such as room temperature leads to the appearance of hydroperoxides, oxidation at a higher temperature will result in another fixation of oxygen, this time at the double bond itself. Epoxides or peroxides will appear according to the ionic or molecular character of the oxygen. This extremely important process also occurs in rancidity under the influence of an enzyme. It is highly probable that a similar process takes place *in vivo* in those pathological conditions in which peroxides appear in the urine. Radiation, certain inflammations (especially those due to streptococci), administration of selenium preparations or of highly polyunsaturated fatty acids are followed by the appearance of these oxidizing substances in urine. As mentioned above, when these substances appear, there also are increases in indoxyl and glucuronic acid, which can be considered, up to a certain point, to result from abnormally intensive oxidation taking place on tryptophane and glucose. (See below.) While activation of oxygen is a physiological process, peroxides appear under abnormal conditions.

ABNORMAL FATTY ACIDS

The study of the relationship between abnormal conditions and lipids has progressively led us to consider the existence of qualitative changes in these lipids, besides the quantitative ones. The existence of abnormal metabolic processes, and especially the fact that such abnormalities are often of long

duration, could hardly be attributed to variations in the quantity of the intervening lipids alone. More probably they would result from changes in the nature of the intervening lipids themselves. We have investigated this aspect of the fatty acids present under abnormal conditions.

As a guide for the direction to be followed in these investigations, we used the information furnished by the study of rancidity. We believed rancidity would be able to indicate broadly the nature of the qualitative changes which the lipids may undergo under abnormal conditions. Conceptually, the abnormal can be considered to result from a loss of the capacity of the organism to sufficiently control occurring processes and keep them in the frame of the constants which characterize the entity. Due to this lack of effective control, the *in vivo* occurring changes under abnormal conditions would closely approach those which take place *in vitro* where such a control does not exist. These considerations led us to search for changes similar to those seen in rancidity, or occurring *in vivo* in lipids, under abnormal conditions.

As mentioned above, in rancidity a first group of changes concerns the polar group. Some of them result in the appearance of free fatty acids, others correspond to changes in the carboxyls themselves, while still others are represented by processes of oxidation which occur in the chain near the polar group. A second group of rancidity changes concerns the nonpolar group and especially the energetic centers present in it, the double bonds.

The study of this last group of changes led us to consider, the changes appearing *in vitro* under the direct influence of heat and oxygen. As part of these changes, we considered of special importance the conjugation of the double bonds seen to occur *in vitro* as a step in the oxidation of polyunsaturated fatty acids. This conjugation corresponds to a characteristic displacement in the molecule of two or more of the double bonds present, so as to result in parallel reciprocal positions.

While in the simple bond two tetrahedric carbons are bound through their peaks, in the double bond they are bound by one edge, and in the triple bond by a surface. In the conjugated formation, the common edges of two double bonds, being separated by one simple bond, are consequently parallel. The planes in which the electrons of these double bonds are moving for each double bond and which are perpendicular to that of the bond itself, become parallel. Through the resulting reciprocal induction their energetic value is enhanced.

We have studied systematically the different qualitative abnormalities concerning the fatty acids, guided mainly by the information obtained through the study of rancidity.

Methods of Investigation Used

Following this line, we first investigated the forms under which the lipids in general are present in the organism. We utilized the differences in solubility between these different forms, separating them into free lipids, lipids kept in a labile bond with other constituents, as in cenapse, lipids bound through their polar group as in fats, or in the still stronger form as lipids in combinations so firm that they cannot be separated except through saponification. The method devised for this study and some examples are in Note 8A. This research showed that under abnormal conditions, very important variations occur in the amounts of the different forms. This study pointed out that the free lipids are greatly responsible for the important manifestations in which lipids appear as active agents.

In the study concerning the abnormal metabolism of the carboxyl and nearby carbons, we investigated the appearance of fatty aldehydes or ketones in blood, urine and in the cells.

One of the major problems encountered was the appearance in vivo of conjugated fatty acids, as abnormal fatty acids. In order to ascertain their presence and to measure their amounts, we had utilized three different methods of investigation: spectral analysis in ultra-violet and in the first portion of the visible spectrum (*Note 8B*); the study of the place of the double bond in the fatty acids molecule through the fission of these molecules and the analyses of the resulting fractions. (*See Note 1, Chapter 10*) More recently we have tried the vapor fractionation method (gas chromatography) (*Note 8C*).

The first, and especially the second method, gave us valuable data permitting us to recognize the intervention of conjugated fatty acids in abnormal conditions. These studies revealed the appearance of conjugated fatty acids, especially as trienes, the increase of their amount with the progress of the conditions and especially the fact that death occurs when their concentration in the bodies has reached a critical value. This has marked the importance of these substances in physiopathology. The fact that gas chromatography did not reveal the presence of conjugated fatty acids appears due to the conditions under which the method actually works.

Later, we will frequently return to the various problems related to intervention of conjugated fatty acids. We could thus directly correlate the intervention of these abnormal fatty acids with the pathogenesis of the manifestations of many conditions such as trauma, shock, adrenalectomy, and especially with the noxious manifestations following irradiation. (*Chapter 10*)

In abnormal metabolic changes, an important factor is the intervention of abnormal fatty acids in the metabolism of chloride ions, producing an especially strong fixation of the chloride ion to the carbons at the double bonds. The conjugated double bonds in a fatty acid molecule appear to be especially suitable for this since an abnormal, irreversible fixation of chlorides occurs in two steps. First, the halogen is fixed at the extreme carbons of conjugated formations with a displacement of the double bond in the intermediary position. In the second phase, the fixation takes place in the intermediary carbons, too. (*Note 8D*)

Functionally, fatty acids induce activation of oxygen as a normal process, but the appearance of peroxides or irreversible fixation of chloride ions is an abnormal event.

It is the abnormal fixation of chlorides by the conjugated fatty acids which leads to a more complex group of processes involving sodium chloride metabolism. With the chloride ion fixed, the sodium ion of sodium chloride remains free to enter into other combinations, especially with a carbonate ion, producing strongly alkaline compounds. This process explains the appearance of local alkalosis as a result of the intervention of conjugated abnormal fatty acids, corresponding to the chloride phase of "D."

The division of fatty acids into four groups—1) saturated and mono-unsaturated, 2) di-, tri- and possibly also tetra-unsaturated, 3) tetra- and higher polyunsaturated, and 4) conjugated—corresponds schematically to the four principal roles—caloric, organizational, functional and pathogenic—which fatty acids play in the organism. These roles are seen to be dictated both by the different structures of the fatty acids and the different substances to which they are preferentially bound. The fate of a fatty acid in the organism seems to be greatly influenced by its bond to other substances. As already noted, we have called these other substances "anti-fatty acids."

THE ANTI-FATTY ACIDS

Glycerol and Glycerophosphoric Acid

It is classically accepted that the intestinal absorption and circulation of fatty acids is made through bonding to various substances. The analysis of this absorption shows, however, that different fatty acids have preferential bonds. For saturated and monoethenic fatty acids, the bond is principally with glycerol. Although mono- and di-glycerides can be identified in the cells of the intestinal mucosa, these fatty acids leave the intestine as triglycerides, forming the largest part of the chylomicrons. They are

also found in reserve in adipous cells as triglycerides. The di-, tri- and even tetraenic fatty acids usually enter the circulation as phospholipids, that is, in direct combination with glycerophosphoric ions. The polyunsaturated acids are bound to sterols when they enter the blood, circulate and are stored. While the structures of the various fatty acids determine their different roles in the organism, it is the anti-fatty-acid constituents to which they are bound which enhance these roles. The study of the anti-fatty acids has shown that these substances can even dictate, by themselves, different fates for the various fatty acids they bind.

The combination of glycerol with any fatty acid seems to establish a caloric metabolic character. This is true for the very different fatty acids found in plants and animals as triglycerides. Even the ricinoleic triglyceride, if fresh, is used as comestible oil, *castor oil*. The same is true of the oil of triglycerides of polyunsaturated fatty acids found in marine animal oils. In the seeds, all the triglycerides of fatty acids, even the conjugated ones such as eleostearic and parinaric, represent energetic sources. It seems that it is their combination with glycerol which has given all these fatty acids value as caloric metabolites. The same is true for the bond to glycerophosphoric ion.

Combination with glycerophosphoric acid endows various fatty acids with the ability to participate in the construction of membranes. The bond to sterols, on the contrary, induces an ultimate functional activity provided the fatty acid itself is so constituted as to be able to fulfill this function.

The influence exerted by anti-fatty acids can be understood in terms of the changes they induce in the activity of the fatty acids. Since the activity of the last is largely related to their presence as free substances, it is principally through their combination with fatty acids that the anti-fatty acids intervene. By inactivating those free fatty acids which form a membrane and insure its permeability, an anti-fatty-acid agent can cause the membrane to change its permeability and even to become completely impermeable. Similarly, an anti-fatty acid, by combining with a polyunsaturated fatty acid, can reduce or even suppress its functional activity. It is to be noted that, by both changing permeability and suppressing functional activity, the anti-fatty acids exert their influence ultimately by altering oxygen metabolism. From this point of view, metabolism becomes predominantly anoxybiotic in contrast to normal oxybiotic metabolism. For glucose, for instance, suppression of the oxidative phase arrests metabolism at pyruvic acid which passes into lactic acid. The appearance of acid substances as a biological effect of the action of anti-fatty acids results, in fact, from the

reduction of the fatty acid's activity, affecting oxidative processes directly, or indirectly through reduction of membrane permeability.

While one group of anti-fatty acids can be directly related to hydroids, and especially to glycerol or to glycerol bound to phosphoric acid as in the glycerophosphoric ion, a second group is represented by lipoids, principally formed by derivatives of a characteristic ring system, the cyclopentano-phenanthrene. As anti-fatty acid lipoids, these compounds, the steroids, were of special interest in lipid research. Only some aspects of the biological activity of steroids—mainly, those which represent new views in the study of these substances—will be discussed here.

Steroids

A fundamental role of these substances in biology is determined by the fact that they are polycyclic. This leads us to consider the role of the ring itself in reactivity, as shown by a study of the steroids in opposition to the fatty acids. In the fatty acids, the bonds between carbons as present in the aliphatic chain, insure a high reciprocal mobility between these carbons. As a result, the entire aliphatic chain is highly flexible. On the other hand, rigidity is characteristic for all the rings, and is increased by the polycycling of the molecules. The constituents of the molecules are kept in fixed reciprocal positions. While, in the fatty acids, the flexibility of the chain permits the energetic centers to take different relative positions among themselves toward other molecules, the rigidity of the polycyclic molecules maintains the energetic centers of the cycle, or those attached to it, in the same relative position. This fundamental characteristic of the cyclic molecules appears to be an important factor in determining the biological role of the various agents which have such cycles in their molecules.

In the case of steroids, this attribute acquires special importance. An understanding of the different biological activities of steroids can be obtained by an analysis of the forces resulting from this characteristic composition. Besides the energetic centers or formations attached to it, two energetic centers appear as part of the steroid nucleus itself. One is at C_3 and the other center is represented by the cyclopentanic group. The fact that these centers are maintained in fixed relative position through the rigidity of this polycyclic nucleus has resulted in an important property of the nucleus itself which becomes translated into a dipolarity of the molecule. The study of these two energetic centers has advanced our knowledge of the role of steroids.

The study of the polar groups bound to C_3 of the polycycle skeleton of

steroids has permitted us to recognize the conditions which induce stronger activity for these polar groups, conditions which are usually fulfilled in the naturally occurring members. It could thus be seen that the reactivity of an oxygen bound to C_3 is increased if another double bond present in the cycle is parallel to the double bond through which the oxygen is bound to C_3 . A double bond between C_4 and C_5 , as shown in Figure 64 (a), fulfills

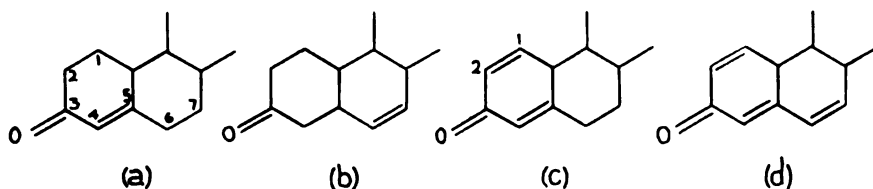


FIG. 64. Influence exerted upon the oxygen bond at C_3 by the position of the *double bond* in the cycles 1 and 2 of the cyclopentanephenthrane molecule. A parallelism between the double bond of oxygen and that present between C_4 and C_5 increases the energetic character of the carbonyl (a). A similar influence but less active, is exerted by the double bond between C_6 and C_7 . A double bond added between C_1 and C_2 (c) increases the activity. Still more activity would result from a third double bond added between C_4 and C_7 (d).

such a condition. A similar influence is exerted indirectly by a double bond between C_6 and C_7 (b) which, through induction, will influence the parallel C_4 and C_5 bond and further the double bond of the oxygen. This explains the influence exerted by the double bond present between C_1 and C_2 (c), as in the synthetic, prednisolone. Further enhancement of reactivity would be obtained with a third double bond added between C_4 and C_7 . The parallelism between three double bonds (d) would produce an increased reactivity.

For the hydroxyl, a similar enhanced reactivity is induced by double bonding of the carbon to which the hydroxyl is attached with a double bond for the $C_3 - C_4$ or $C_2 - C_3$, as shown in Figure 65 (a and b). A similar condition is fulfilled if a double bond is present in the molecule parallel to any of these bonds, as seen in Figure 65 (c) where the double

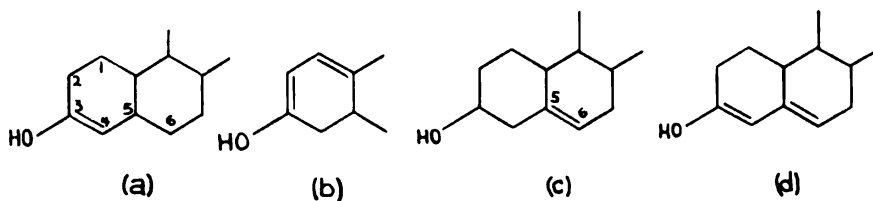


FIG. 65. The influence exerted upon the hydroxyl bond at C_3 by a double bond in the cycle 1 and 2 of the phenanthrene is increased if the double bond is adjacent or parallel to the bonds of C_3 , bearing the hydroxyl.

bond is between C_5 and C_6 . An enhanced reactivity of these compounds would be obtained with one double bond between C_3 and C_4 and another between C_5 and C_6 (d).

We will come back to this important intervention of the double bonds in cyclic molecules.

The energetic property of the cyclopentane group appears to be correlated with its odd number of carbons. The alternate succession of carbons with positive and negative characters resulting from the induction effect causes two carbons of this cycle to have the same sign. This "twin formation" induces a special molecular reactivity related to the pentanic cycle of the steroid molecule. (*Note 9*)

The special reactivity seen for C_3 of the cyclopentanophenanthrene molecule can be explained through a hypothesis covering the origin of these substances. Although the origin of a cholesterol molecule through a cyclization of squalene (35) appears plausible, this seems less probable for the corticoids. We have tried to connect their origin to arachidonic acid.

Several considerations such as the high levels of arachidonic acid and corticoids in the adrenals, and the reduction of the former when an important amount of the latter is excreted (*Note 10*), seem to establish a correlation between these substances. According to our hypothesis, the steroids with a two carbon chain at C_{17} , as seen present in the corticoids and luteoids, would result from a cyclization of the arachidonic molecule. (*Note 11*) This would explain the special reactivity of C_3 , which would correspond to C_9 of the arachidonic acid bound in this molecule by a double bond.

A study of the different steroids under this energetic aspect has permitted us to understand their physiologic properties.

With the C_3 having a hydroxyl or an oxygen as polar group in almost all the steroids, the variety of the biological properties would be related to the different conditions at the other extremity of the molecule, principally at C_{17} , which result from the special energetic conditions prevalent at this region of the molecule. The simplest steroids are those having a polar group represented by an OH or O fixed at C_{17} . Such naturally occurring steroids have properties related to secondary sex characteristics. We will discuss them briefly here.

Sex Hormones

This group of steroids has two polar groups, one at C_3 and one at C_{17} . The energetic center at C_3 can have negative or positive polar characters, according to the presence of oxygen or hydroxyl. The energetic center at

C_{17} also can have an oxygen or hydroxyl group and thus be negative or positive. An important factor for the properties of the substance is the relationship between the two polar groups in the same molecule. It is apparent that the polarity of the molecule will vary according to what polar groups are present at C_3 and C_{17} . In a very simplified concept, which we consider only partially accurate, we have tried to associate female and male hormonal characteristics with this polarity.

In the simple steroid molecules, a folliculinoid or estrogenic biological property seems to be conferred if the two polar groups—at C_3 and C_{17} —are formed by hydroxyls. The molecule appears to have a dipositive polarity. It seems to be important that the two hydroxyls be kept in the relatively fixed reciprocal positions—corresponding to C_3 and C_{17} —as part of the solid skeleton of the steroids. Estrogenic properties are present in various steroids that fulfill this condition. Furthermore, substances far removed from the steroids have folliculinoid properties if they have this relationship between the two hydroxyls. As shown in Figure 66 diethylstilbestrol, which has its two hydroxyls maintained in a fixed relative position similar to that of steroid estrogens, also shows potent estrogenic activity.

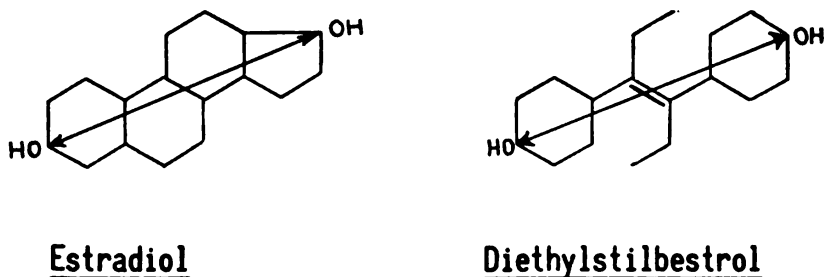


FIG. 66. The folliculinoid activity appears to be related to the existence of two hydroxyls kept at the same relative position, as it appears in estradiol and in diethylstilbestrol.

In the same way, we tried to correlate testoid activity with the presence of positive-negative polarity; that is, with two polar centers energetically different, one corresponding to an oxygen and the other to a hydroxyl, maintained in the same fixed relative position. The importance of this relative steric position of the two polar groups for testoid activity becomes evident when it is found in substances other than testosterone, the principal male hormone, with an oxygen at C_3 and a hydroxyl at C_{17} . Testoid activity is present in androsterone, which has an oxygen and a hydroxyl maintained in the same reciprocal positions, although here the oxygen is at C_{17}

and the hydroxyl at C_3 , the reverse of testosterone. In both substances, testosterone and androsterone, the two conditions for testoid activity, positive-negative polarity and the same relative position between the polar groups, are fulfilled. (Fig. 67) The differences which exist between these substances in their specific hormonal activity can be explained through the different influence exerted upon the two polar groups in these substances by the rest of the molecules.

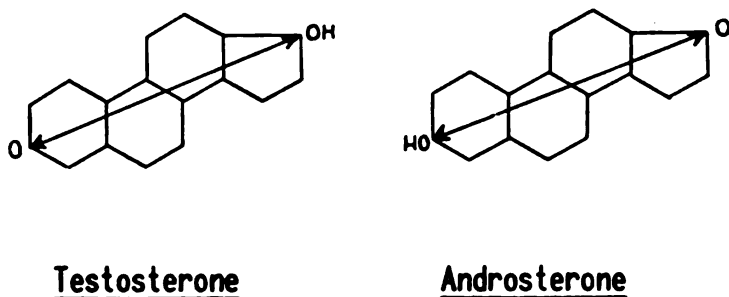


FIG. 67. The *testoid* activity seems to be related to the presence of a hydroxyl and a carbonyl in the same fixed relative position which is insured by the rigidity of the steroid molecule. The same positional reciprocal relationship is seen to exist between these two polar groups in testosterone and androsterone.

The testoid activity seen for cortisone, hydrocortisone and other hormones also can be explained by the presence in these molecules of oxygen and hydroxyl at C_3 and C_{17} , and maintenance of the fixed position between these two polar groups.

Conceptually, the antagonism between estrogenic and testoid biological activities can be considered to be ultimately related to the differences in polarity, which in one form or another can be found in other factors differing for the sexes. We will mention here only that a similar difference between male and female character is seen in the sexual chromosomes, where the female character is related to the XX chromosome, and the male to an X and a Y chromosome. As we will see below, a relationship exists between lipids in general and sex.

Besides the sex hormones, fatty acids appear to be connected with male sex characteristics, while female characteristics are related to another group of steroids, the sterols.

Sterols

Characteristic of the structure of this group of steroids is the presence of a hydroxyl at C_3 and a long chain bond at C_{17} . Through the hydroxyl,

the center at C_3 has a nucleophilic character. This is reinforced by the presence of a double bond between C_5 and C_6 which, by paralleling the bond between C_3 and C_4 , increases its ionic character and consequently the reactivity of the hydroxyl bond to C_3 . Through this hydroxyl, sterols combine in general with substances having a negative polar group to form esters.

Besides the capacity to combine with fatty acids in general, one of the most important characteristics of the principal sterol of animals, cholesterol, is its selective affinity for certain fatty acid members, the polyunsaturated. We tried to explain the specificity of this bond through an interesting process which could be called "steric coupling."

In this process, two molecules, usually lipoids, are kept together not only by the combination of their polar groups but also through a bond between their nonpolar parts. The two molecules are reciprocally attracted through the multiple forces present in the nonpolar groups. Some are related to attached centers, while some, such as those corresponding to cohesion forces, are related to the rings themselves. An important factor is the rigidity of the sterol molecule which permits another molecule, if it is flexible, to make the steric coupling. The rigid skeleton not only keeps the energetic centers of one molecule in a fixed position but permits the flexible aliphatic chain to cover over the polycyclic molecule and thus bring the energetic centers of one molecule in contact with those of the other. Through this, steric coupling completes the bonding of the polar groups. The greater the concordance between energetic centers in both molecules, the more perfect the coupling is, for the more complete is the reciprocal neutralization of the energetic centers of the two molecules. Steric coupling explains why, of all the fatty acids present in the organism, cholesterol seems to prefer to bind those with polyunsaturated chains. It is these fatty acids which have several energetic centers in the nonpolar group as represented by double bonds. The long chains of these fatty acid molecules, having a certain degree of flexibility, will then complete the steric coupling. (Note 12)

Steric coupling, in addition to its general importance in biology, where it represents a kind of molecular reactivity, seems to explain the antagonistic influence exercised by different constituents, especially the sterols and polyunsaturated fatty acids. Through steric coupling, cholesterol could influence the activity of these fatty acids more directly related to the nonpolar group. It has to be emphasized, however, that the neutralization resulting from steric coupling is not irreversible. On the contrary, through the intervention of various factors, such as the breaking down of the bond

between the polar groups, the two coupled molecules can regain their independence. This would explain the relative lability of the combinations between fatty acids and sterols. The antagonism between fatty acids and sterols is an important aspect of biological dualism which will be discussed in more detail later when these substances are studied in terms of their influence at the different levels of organization.

Steroids with a Two-Carbon Chain

Among the most important steroids are those having a two-carbon chain fixed at C_{17} .

Two groups, the luteoids and corticoids, appear directly related to allopregnane hydrocarbon, the steroid polycycle with a two-carbon lateral chain fixed at C_{17} . As we have already seen in the hypothesis concerning the origin of the steroids (*Note 11*), this hydrocarbon could have been directly derived from arachidonic acid, the two-carbon lateral chain corresponding to the tail chain of this acid, a tail which remains after cyclization.

The Luteoids

The prototype of the luteoids is progesterone. Two polar groups $C = O$ are present, one at C_3 of the polycycle and the other at C_{20} of the tail chain. A parallel double bond between C_4 and C_5 completes the formula. Energetically, progesterone presents a first center at C_3 which appears strongly nucleophilic for two reasons: first, because it corresponds to the potent electronegative C_3 and second, because it is reinforced by a double bond present between C_4 and C_5 , and which is hence parallel with the double bond of the carbonyl. The second $= O$ is attached to the C_{20} of the tail chain. This also appears reinforced, the double bond of this carbonyl being parallel to the bond between the C_{13} and C_{17} , which in the cyclopentane, according to the hypothesis of twin carbons, binds two negative charged carbons. Through its constitution progesterone is also a lipid, the complex hydrocarbon group being predominant over the polar groups. With its polar nucleophilic centers, progesterone has the fundamental character of acid lipoids. Progesterone's luteoid activity corresponds to the presence of two relatively strong neutrophilic centers kept in the characteristic positions, one at C_3 and the other at C_{20} .

We can see that any disturbance in this energetic picture, any change from the dinucleophilic at any center, decreases the luteoid properties of the substance. With more profound changes, the luteoid activity is even suppressed. (*Note 13*)

Corticoids

The corticoids represent the group of hormones upon which the attention of scientists recently has been intensively focused because of their new therapeutic applications.

Chemically, they appear to be the same as luteoids, derivatives of the same parent hydrocarbon, allopregnane. Structurally, all these adrenocorticoid hormones have: a) a C_3 binding an O group; b) a double bond between C_4 and C_5 in the first cycle; c) a two-carbon tail chain with an O attached in ketone form to C_{20} ; d) an OH as primary alcohol present at C_{21} . This structure, common to all corticoids, seems to be responsible for the principal properties of these substances. Corticoids have been separated into subgroups based upon the presence of attached groups OH or = O at C_{11} or OH at C_{17} . The presence or absence of attached radicals at C_{11} appears to be most important. Corticoids without attached radicals at the C_{11} have a major influence on the metabolism of electrolytes. The second group of corticoids, having the radical, are known as neoglucogenic corticoids, the name indicating their principal biological characteristics.

Energetically, the corticoids present a nucleophilic center at C_3 , reinforced by the presence of the double bond in the cycle between C_4 and C_5 . The double bond is parallel to the double bond of the carboxyl, and thus inductively increases the ionic character of the latter.

A second energetic group of the tail chain appears in toto as a strong tripolar center with a nucleophilic center at C_{20} of this chain and an electrophilic center at C_{21} . (*Note 14*) To this basic pattern is added, in the neoglucogenic corticoid, a separate energetic center at C_{11} , which can be either electrophilic, formed by a hydroxyl, or nucleophilic, formed by an oxygen.

Corticoids appear, in general, to act as positive lipoids. (*Note 15*)

Because of their importance in relation to anti-fatty acid activity, we will discuss first the neoglucogenic corticoids, the members with a polar group also at C_{11} . According to our hypothesis, these steroids have a special biological activity, a role in the process of synthesis in the organism. The part of the molecule between C_{11} and C_{21} constitutes an energetic formation with a peculiar property. It represents a kind of energetic mold or template, in which each carbon has its specific energetic character. Different radicals would be attracted by the energetic centers of this template formation according to their own energetic nature. Kept in their respective positions, they would be induced to bind together in order to form new substances. In this manner this template formation would promote new

syntheses. In different corticoids the constitution of the $C_{11} = C_{21}$ formation will differ and this will determine which substance is to be synthesized by the respective mold or template formation. (*Note 16*)

Using the template hypothesis, we studied an entire series of body constituents forming the "gluco group." Glucose, galactose, glucosamine and galactosamine, with their respective acids, as well as ascorbic acid, are among these substances. According to our hypothesis, these neogluco-genic corticoids would have the important role of producing, possibly along with other mechanisms, the entire series of "gluco" constituents. The existence of different template formations would result in a variety of synthesized constituents.

The intervention of the template formation in synthesis can occur again and again without affecting the molecule of the corticoid as such. It is interesting to note here a structural curiosity which could be interpreted as being related to template activity. In this template, the group of successive C_{11} , C_{12} , C_{13} and C_{17} are part of the rigid skeleton of the cyclic molecule, while C_{20} and C_{21} are forming the lateral chain attached to C_{17} . This can be regarded as conferring a certain proper mobility to this lateral chain as related to the polycycle. It is conceivable that this lateral chain would become a closed formation when synthesis takes place. A movement of the chain at C_{17} would permit the mold to open and thus liberate the synthesized molecule. It is interesting to note here the importance of the structure of the template for the constitution of the substances synthesized. Besides the polar group at C_{17} , that at C_{11} is also important for neogluco-genic activity since it insures a six-carbon chain in the synthesized molecules. A hydroxyl or carboxyl at the C_8 of the synthesized substance will appear, according to the nature of the polar group at C_{11} of the steroid. The respective characters and positions of C_{21} and C_{12} will permit the appearance of a cycle formed by five carbons and an oxygen, characteristic for the pyranic form of newly synthesized substances.

An interesting confirmation of the template hypothesis was obtained when glucosamine which, according to the hypothesis, is synthesized by the cortisone molecule, was found to induce in patients many of the clinical changes which are obtained by treatment with cortisone. We will consider these results later in our discussion of therapy. The capital role played by glucosamine, galactosamine and the respective uronic acids in the constitution of the connective tissue represents the "missing link" for the explanation of the relationship between cortisone, the other neogluco-genic corticoids, and this tissue. Some part of the therapeutic effect obtained

with these neoglucogenic corticoids in diseases of the connective tissue has to be attributed to the intervention of the amino sugars.

In the study of anti-fatty acid activity, glycerol and glycerophosphoric ion were found to control the absorption and circulation of saturated mono-, di-, or tri-unsaturated free fatty acids. The sterols appear to counterbalance the normal polyunsaturated members while adrenal corticoids, and especially the neoglucogenic corticoids, counteract the toxicity of fatty acids in general and of the abnormal conjugated members in particular. Research done in our laboratories by E. F. Taskier indicates that the adrenals intervene in the defense mechanism against fatty acids, and especially against the conjugated members which appear to be related to abnormal conditions. (*Note 17*)

The part of our research concerned with the role of lipoids in normal and abnormal physiology has been almost entirely guided by the concept of an antagonism between the two groups, one with a positive and the other with a negative polar character. This specific aspect has led us to study, together with the fatty acids and the anti-fatty acids, other substances related to this antagonism. In the group of lipoacids or acidic lipoids, as obtained from tissues, organs or organisms, we recognized the group of porphyrinic acids, related to various hemes present in the organisms. In the group of anti-fatty acids obtained from the same sources, different constituents form the insaponifiable fractions.

As related to this dualistic aspect we have studied another group of substances, which appear to act in the organism against the anti-fatty acids themselves. These other substances would represent a kind of biological brake to counteract an exaggerated intervention of anti-fatty acid constituents.

We have made a special investigation of two substances of this group, glucuronic and sulfuric acid anions, which characteristically seem to oppose certain anti-fatty acid substances. These substances appear as a result of an exaggerated oxidation of normal metabolites. Under abnormal conditions, the oxygen resulting from the intervention of peroxide may be fixed to carbohydrates even before they have undergone the preliminary fermentative transformations seen in normal metabolism. With the aldehyde group bound to phosphoric acid, the oxidation takes place at C₆, the second most reactive carbon in the molecule. This direct oxidation would represent, according to our view, one of the sources of glucuronic acid. Similarly the sulfuric anion would result from the oxidation of sulfur present in the organism. They correspond to the oxygen phase of offbalance D.

Glucuronic and Sulfuric Anions

Urine specimens that contain abnormal oxidizing substances show significant amounts of glucuronic and sulfuric acid compounds. (*Note 18*)

The analysis of the conditions under which these two substances exert anti-toxic activity permits a better understanding of their role in general biology. A certain parallelism exists, and has always been emphasized, between a detoxifying and an eliminating function exerted by these two radicals. Not only do sulfo- and glucurono-derivatives appear in the urine, but it often has been noted that glucuronic acid intervenes when large amounts of certain substances, such as menthol and phenol, are present and there are insufficient sulfuric acid radicals to insure detoxification and elimination. When mineral sulfates are administered, the proportion of sulfo-derivatives increases.

This parallelism appears especially interesting when we recognize that sulfuric acid represents the end result of the oxidation of sulfur introduced into the organism in combinations in which it is a bivalent negative element. Only a smaller amount of sulfur is introduced as a hexavalent positive element: that is, as sulfate. Sulfur is introduced mostly in bivalent negative form, as in methionine, cystine, etc. Both sulfuric and glucuronic acid result from oxidative processes, acting in one case upon the thiol group and in the other upon glucose.

The relationship between sulfuric and glucuronic acid goes still further. It has been noted that glucuronic acid appears when enough sulfuric radicals necessary for detoxifying action are not available. However, this is not entirely true since one process does not duplicate the other. Qualitative differences intervene. (*Note 19*)

The significance of glucuronic acid in the defense mechanism seems clearer when we recognize that, with but few exceptions such as benzoic acid, all the substances with which glucuronic acid combines are lipids or lipoids having one or more *positive* polar groups. The combination with glucuronic acid takes place through these positive polar groups. (*Note 20*)

In our view, glucuronic acid like sulfuric acid, has a specific role in the defense of the organism and this seems to be directed especially against lipids or lipoids with a positive polar group. Bound by glucuronic acids, the latter are eliminated as excremental substances. Glucuronic acid thus would act against many anti-fatty acid agents. We can conceive of sulfuric and glucuronic acids as means by which organisms are protected against an exaggerated activity of anti-fatty acid agents. Along the same lines, when lipoids with positive polar groups are predominant and able to act

in an exaggerated manner to oppose the fatty acids physically and chemically, the same means can be utilized to reduce this exaggeration. Thus, the intervention of glucuronic acid as a result of an abnormal oxidation of glucose induced by fatty acids appears to be biologically sound. This is also true for the sulfuric radical.

The importance of these substances does not reside only in the fact that the organism can easily produce them in larger quantities than fatty acids. The fact that they combine to form excremental substances is important too, for in this way, they help in materially eliminating the anti-fatty acid substances from the organism. This would not take place if only a combination with fatty acids were possible, since the esters of fatty acids are usually retained in the organism and, under certain circumstances, can again liberate their constituents. The intervention of glucuronic acid and sulfuric acid appears to be more effective than that of the fatty acids which have their own activity and are more toxic in exaggerated amounts. This appears to be especially true in the case of glucuronic acid because the amount of glucose available is practically unlimited as compared with other metabolites. Glucuronic and sulfuric acid would thus intervene in the biological antagonism between fatty acids and anti-fatty acid substances, inactivating and eliminating agents from the last group, especially when in excess. Teleologically speaking, their intervention appears to be still more interesting since the body has, as part of its defense mechanism, a tendency to manufacture anti-fatty acids in excess. The intervention of agents other than fatty acids would prevent a vicious circle and permit an excess of anti-fatty acids to be removed by excretion.

FATTY ACIDS VS ANTI-FATTY ACIDS

This study of the relationship between fatty acids and anti-fatty acids has been guided by the dualistic concept. It must be recognized, however, that the direct activity of these substances could be largely reduced to that of one group, the fatty acids. The action of anti-fatty acids is largely indirect. They control and thus limit the activity of the fatty acids. It is within this framework that the different anti-fatty acids selectively influence different specific functions of the free fatty acids.

The lipids and associated constituents with their multiple activities create for each entity a balance responsible for many of the manifestations of the entity. Variations in manifestations can be attributed in large part to qualitative and quantitative variations in the intervening lipids. A sys-

tematization of these variations would help us understand many of the processes encountered in normal and abnormal physiology.

As we have mentioned before, the balance between two antagonistic forces, especially for normal conditions, is not static. Instead, there is alternating predominance of the forces, which results in an oscillatory movement. Several groups of such coupled forces, each group with its proper rhythm, are at work. Operating simultaneously, they make for a series of very complicated variations. Yet analysis is possible since each of the variations follows a dualistic pattern. The variations, as they occur at different levels and with different intensities, have been identified through various tests. In a second step they have been tentatively correlated with changes in lipids. And next, didactically, lipid changes have been related to various etiologic factors, some intrinsic and some extrinsic.

Sex

The influence exerted by the sex of the organism upon lipidic balance was brought to our attention by a curious effect seen when cholesterol was administered in an ether-oil solution to rats. Only the females showed paraplegia and ulcerations of the hind legs. While castration or administration of sex hormones did not alter this response, it was influenced by the administration of two groups of lipids. The insaponifiable fraction of human placenta, for instance, was seen to induce a high sensitivity to this preparation of cholesterol even for males, while the acid lipidic fraction of placenta prevented paraplegia in females. (*Note 21*)

Similarly, the fact that in females alone, adipous cells appeared quickly in the skin of the ear after the application of sulfur mustard could be related to the intervention of the insaponifiable fractions. (*Note 22*)

Starting with these observations, it could be seen that, in general, a higher proportion of positive lipids exists in females than in males. This could be shown by direct analyses and by analyses of manifestations related to such lipids. While many differences are to be seen in various manifestations between females and males, only some could be related to the direct or indirect intervention of sex hormones. In such instances, castration with or without the administration of sex hormones was able to change, and even to reverse, the differences in manifestations seen between sexes. However, in instances in which these measures were without effect, the differences could be related to the intervention of lipids.

Age

The changes in lipidic balance related to age have been made the object of an extensive study which also sought to determine the role of lipids in aging processes. A general predominance of positive lipids, more manifest in the cellular and tissue levels than in the blood, was seen in youth. This would be expected in view of the special metabolic influence exerted by this group of lipids. The anoxybiotic character of metabolism induced by sterols results in the intervention of dehydrogenases which lead to an abundance of hydrogen ions. This, in turn, leads to a predominance of the kind of syntheses which favor anabolism. Growth thus could be related to the predominance of lipids with positive polar groups, especially sterols.

Aging processes, on the contrary, could be related to a predominance of lipids with negative polar groups, especially fatty acids. This predominance could be found especially at the cellular level, as seen in cultures of tetrahymena. (*Note 23*) In complex organisms or in rats (*Note 24*) in which an increase in the proportion of fatty acids at the cellular level is present, an opposite change occurs at the systemic and even at the organic level. There is an excess of cholesterol, this time limited to the higher levels, as revealed through analyses of the blood, for instance. Changes in the blood vessels are related in part to this excess of sterols at the systemic level. Many manifestations have confirmed such an offbalance with sterol predominance at higher levels. For example, we found the urine surface tension abnormally high in old age. (*Note 25*) Similarly, skin wheal absorption in old people requires more than 90 minutes for completion as against approximately 20 minutes in middle-aged adults. A predominance of fatty acids at lower levels and of sterols at higher levels would thus characterize the changes in lipidic balance related to old age. (*Fig. 68*)

Other Physiological Factors

The study of the role of lipids in various physiological functions was made indirectly for the most part, using the tests previously mentioned which were interpreted in terms of dualistic patterns. These were related to the general offbalances A and D and, through them, attributed ultimately to a predominance of sterols or fatty acids.

Sleep in itself, without relation to night or day, was found to induce a marked change, comparable to a type A offbalance with predominance of sterols. Subjects with pain of an acid pattern often correlate the appearance of pain with sleep, the pain occurring uniformly at the moment they wake up. In these cases, the urine shows a low specific gravity with

a high pH and a high surface tension, corresponding to an A type off-balance. As we will see, in subjects with an intensive A type offbalance, nocturnal polyuria and pollakiuria occur.

Sexual intercourse in males was seen to induce, in analyses, transitory changes similar to an offbalance of type D, corresponding to a predominance of fatty acids. In females the change corresponds to a transitory offbalance of type A, manifested by changes at the systemic level. *Muscular exercise* was seen to induce, in a first phase during the exercise itself,

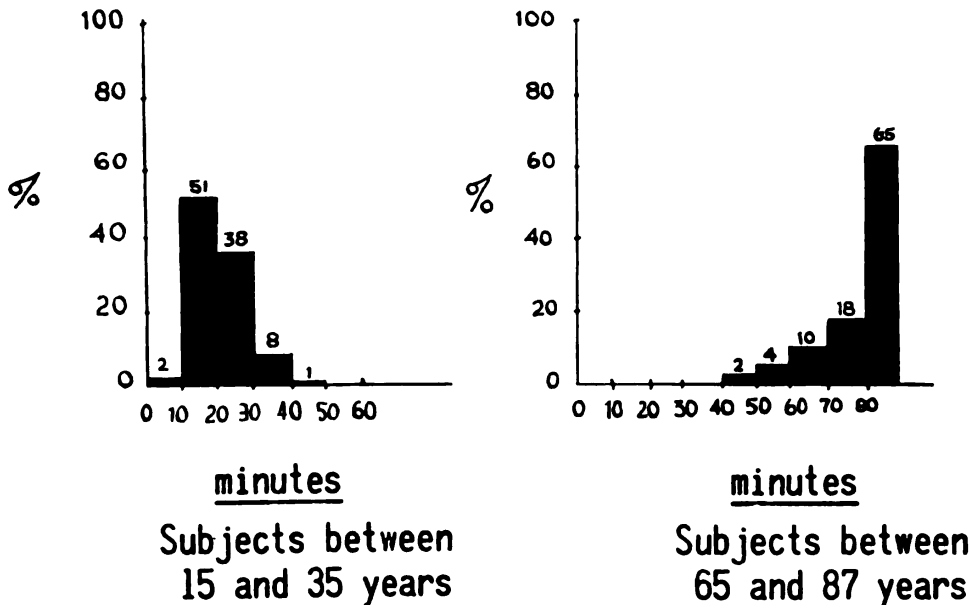


FIG. 68. The disappearance time for the wheal induced by the intradermic injection of 0.2 cc saline, varies with the age. In old age, the wheal often persists for more than 90 minutes.

changes comparable to an offbalance type D. This phase is followed by a much longer phase of type A, indicating sterol predominance. *Intensive mental exercise* produces a marked change similar to offbalance A, with all urinary tests showing the patterns found with predominance of sterols.

The responses attributed to influences exerted by *external factors* could be integrated in the same dualistic mechanism. All the data indicate the manifest influence exerted by the time of day. Two marked changes are seen, one around four o'clock in the morning and the other usually around eight or nine o'clock in the evening. The morning change corresponds to a predominance of sterols, the evening to predominance of fatty acids. These changes together with the clinical manifestations related to time of day

appear in a new light when interpreted not as being the direct results of time changes but rather of patterns of diurnal activity and nocturnal rest. This explains why in rats and mice, which are nocturnal animals, most of the analyses show variations related to the time of day opposite to those in humans. Other variations could be recognized more strongly related to time of day. Variations with a 24-hour rhythm could be seen, for instance, for urinary surface tension in mice. But, when rats and mice were maintained for a length of time under artificial conditions, with light during the night and dark during the day, the animals changed their habits, becoming active during the day and sleeping during the night. After a certain time, most of their analytical patterns such as urinary pH, blood leucocytes, eosinophiles etc. changed, acquiring the type of variation seen in humans. Urinary surface tension remained unchanged for a long time. (*Note 8 Chapter IV*) Even more interesting were other changes which could be related to changes in external temperature. The urinary surface tension measured in rats in the morning for long periods of time showed variations related to changes in the temperature of the environment. (*Note 26*) (*Fig. 69*)

The importance of temperature led to its more detailed investigation. Variations in lipidic balance have been found to parallel variations in body temperature. The blood of normal individuals is richer in sterols than the blood of those with hypothermia. Furthermore, in moments of high temperature, more sterols are found than in moments of low or normal temperatures. An increase of fatty acids occurs in conditions with hypothermia. These changes were confirmed also by the correlation between blood content in lipids and temperature in different abnormal conditions. In shock with hypothermia the blood is rich in fatty acids, while in infections with fever, it is rich in sterols.

The role of *temperature* was also investigated by studying the influence upon the lipidic balance by externally applied heat or cold. Characteristic variations could be seen in human analyses under the influence of hot and cold days, and of local applications of heat and cold. Manifestations corresponding to predominance of lipids with positive character were induced by heat, while others corresponding to predominance of lipids with negative character were induced by cold. Variations were seen in animals kept in an incubator or in a refrigerator. (*Note 27*) We will see below, by studying their influence at different levels, the importance of these variations produced by temperature.

The influence exerted by *barometric changes* could be seen in changes in total blood potassium, the two curves being parallel. Similar changes

could be observed related to the atmospheric humidity. Other tests as well, such as urinary pH, calcium excretion, etc., show a similar relationship but to a much lesser degree. (Note 28) The influence exerted by the environment could explain the changes seen from one day to the other in various analyses. (Note 28)

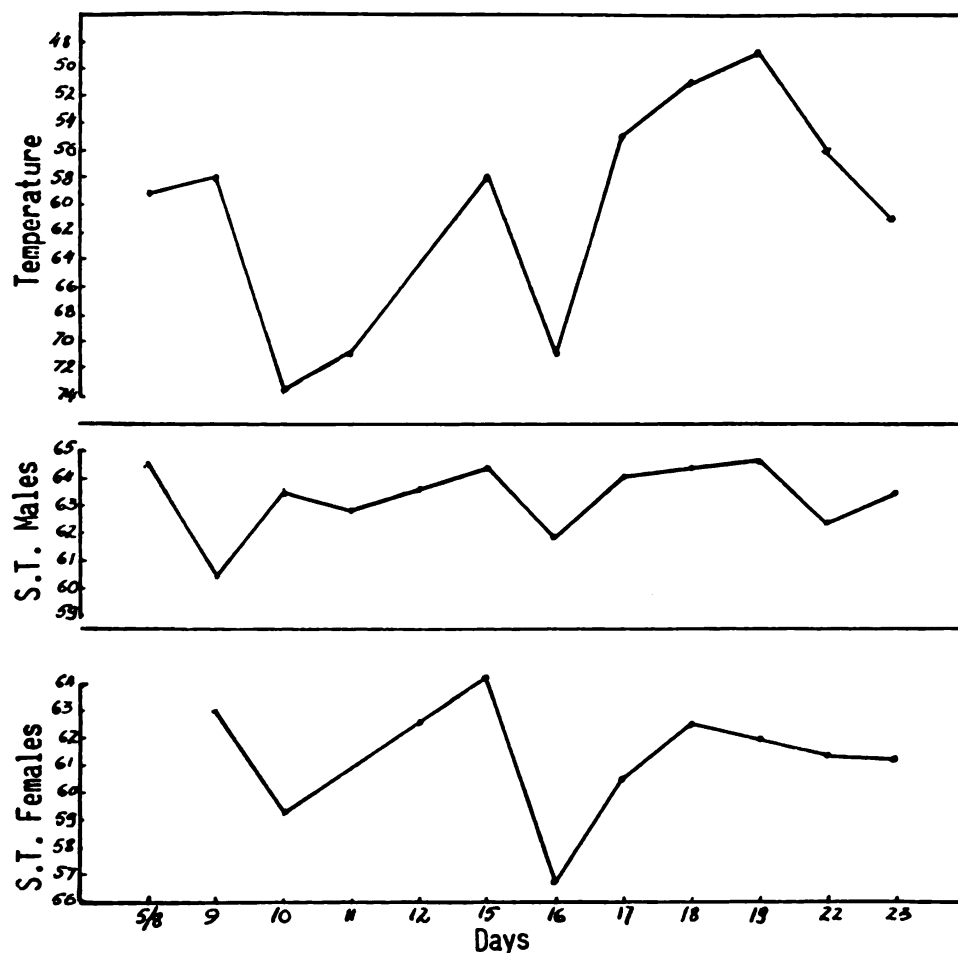


FIG. 69. The curves of the average values of surface tension of two groups of 20 male rats each, and two groups of female rats each, show parallel changes with the inverse curve of the temperature of the environment.

The influence exerted by changes in seasons was studied. An increase in fatty acids in winter and of sterols in summer could be noted. These increases also could be largely related to the seasonal variations in temperature. Very hot days were marked by analyses indicating intervention of lipids with a positive character. The influence exerted by the seasons was seen even in the responses of organisms to pathological conditions such as

tumors; variations in character and growth of experimental cancer could be noted. (*Note 29*) The relationship of many viral infectious diseases to seasonal changes which has been noted in many epidemiological studies could be related to the changes in lipids. (*Note 30*)

Effect of Antagonistic Lipids at Different Levels

A more complete study of lipids under the dualistic concept was made by considering their activity at different levels of hierarchic organization. This research was greatly facilitated by the degree of individuality which different biological levels exhibit when they are part of the hierarchic organization of complex organisms. It was also aided by the availability of lower organisms in nature which correspond to various hierarchic levels. Through this double approach, the information obtained showed the importance of the relationship between the levels of the complex organism and the influence exerted by lipoids. If high doses of the agents are applied, the influence is exerted upon all the levels. A preferential influence is exerted upon a single level if reduced doses are used. When medium size doses are administered, to the preferential effect upon one level a reactional response at other levels is added. This results often in concomitant opposite effect at these levels.

Effects of Lipoids on Viruses

The antagonistic effects of positive and negative lipids were evident in the study of their action upon viruses. Generally, agents with a positive polar group appeared to create favorable conditions for the development of viruses, while those with a negative polar group had an opposite effect. This influence, which was first seen in phages in vitro, became still more evident in viral infections.

Subcutaneous administration of positive lipids, such as sterols or in-saponifiable fractions of organs, induced greater local receptivity to viruses. In experiments with smallpox virus in rabbits, for instance, virus inoculation of the skin induced an exaggerated response in those areas where positive lipids previously had been injected subcutaneously compared with the response in other previously untreated areas. In less sensitive species such as mice and rats, positive lipid injections induced abnormally high local receptivity to virus inoculation. Intracerebral injection of sterols followed by subcutaneous inoculation with smallpox virus invariably produced nervous system localization of the virus. Intraperitoneal administration of sterols in very high doses in mice prior to smallpox inoculation produced a great degree of central nervous system localization. Intra-

cerebral virus inoculation, after subcutaneous administration of high doses of anti-fatty acids, brought death earlier in test animals than in controls given intracerebral virus alone.

A striking opposite effect was noted for lipids with a negative polar character. In rabbits, subcutaneous injection of a polyunsaturated fatty acid set up a local skin area refractory to smallpox virus inoculation, although inoculation was positive in other areas of the body. Death also occurred later, following intracerebral inoculation with a neurotropic virus in test animals given subcutaneous or intraperitoneal injections of fatty acids, than in controls. This partially protective effect was opposite to the increased receptivity seen in animals injected subcutaneously or intraperitoneally with insaponifiable fractions and intracerebrally with the same virus, where death appeared earlier than in controls.

The antagonistic effects of the two groups of lipids for viral infection appeared interesting from several points of view. The effects were local, at the cellular level, where viruses themselves act. Subcutaneous injection of lipids induced manifest changes in response toward the virus in the skin at the site of injection, and little or no change at all elsewhere. We have utilized this fact, as we will see below, to obtain information regarding the level at which various agents act. A change induced in receptivity to viruses, limited to the skin at the site of injection, would indicate activity of the agent at the cellular level. Tests based upon the skin response to smallpox virus infection have shown that, among the lipids with a negative polar character, a maximum of influence is exerted by the insaponifiable fraction of organs of exodermic origin from species sensitive to the virus. The insaponifiable fractions of rabbit skin and rabbit brain were the most active of the lipids tested. Among the fatty acids, the preventive effect was seen to increase with the degree of desaturation. It was almost entirely absent in saturated fatty acids, notably present in polyunsaturated fatty acids.

The increase and decrease in receptivity of the skin to smallpox virus following injection of lipids also furnished information about the roles of the polar and nonpolar parts of lipids in this specific activity. An opposite effect was seen between two groups of substances having the same nonpolar group but differing in their polar groups. While the polyunsaturated fatty acids of safflower oil, for instance, greatly reduced receptivity, the same polyunsaturated members having alcohols as polar groups increased receptivity. The polar group—negative or positive—appears to be the factor inducing the opposite effect.

The role of the nonpolar group was studied by comparing saturated

and unsaturated acids and alcohols. Almost no activity was seen for the saturated. The unsaturated members were active in general, with activity in any direction increasing with the degree of desaturation of the nonpolar group. Thus, it appears that the nonpolar group determines whether a substance is active or inactive, but the nature of the activity—that is, increasing or decreasing receptivity—is determined by the polar group.

The influence exerted by agents with a positive character upon viral infection would explain the seasonal changes in clinical manifestations which are especially interesting for the paralytic form of poliomyelitis.

We could show experimentally that when mice, after being inoculated subcutaneously with smallpox vaccine virus, are kept in an incubator at 37°C, all develop cerebral involvement, while such involvement appears in only a small proportion of other animals kept at room temperature, and does not appear at all in those kept in a cool place. As we could also show that one of the effects of exposure of an animal to a higher temperature is an increase in the body of the amount of free lipids with positive character, this could explain the increase in the virus sensitivity of cells in the central nervous system which are especially sensitive to these lipids. This relationship would also explain the increased incidence of paralytic polio cases during hot weather.

The presence of greater amount of lipids with positive character in youth helps also to explain the frequency and intensity of viral infections in children. (*Note 31*)

The study of the effects of temperature and lipids upon viruses has shown that those effects are not limited to the host but also are exerted upon the viruses. (*Note 32*) The influence of heat and cold upon virus activity was studied in bacteriophages, where effects for virus and host could be separated. The direct influence upon the virus appeared relatively small and secondary to the changes which appear in the host itself. Bacteriophage, separated from microbes by filtration and kept in an incubator at temperatures 2-3 degrees C higher or lower than controls, showed no change in virulence. This was true as long as microbes were not present. Microbes kept at higher temperature were more sensitive to phages; when kept at lower temperature, they were less sensitive. This influence went so far as to change a sensitive strain to a refractory one, and vice-versa.

The fact that microbes grown at higher temperatures favor the development of bacteriophage while those grown at lower temperature hinder it could be correlated with the change in the richness of lipids in the microbes themselves. Similar results were obtained when microbes were grown for a time in media containing fatty acids or insaponifiable fractions and were

then removed and exposed to phages. These experiments (*Note 33*) indicate the direct role played by the lipids of the hosts in the activity of phages, and would explain the influence exerted by temperature. Through the change in the lipids of the host, the virus changes too, becoming more active if grown in microbes at a higher temperature and less aggressive if passed through microbes kept at lower temperature.

Effects of Lipids on Microbes

The antagonistic effects of the two groups of lipids upon microbes were investigated. As an example, we will mention here the characteristic changes in *Bac. anthracis* treated with polyunsaturated fatty acids and insaponifiable fraction preparations. (*Fig. 70*) We investigated the microbes for their morphological, tinctorial, cultural and virulence characteristics. With the fatty acids added to media, changes which can be considered to be mutational were induced, leading to tiny Gram negative microbes growing on agar as transparent small colonies. The changes, however, were reversible. Usually several passages in normal media were sufficient to produce reversal. First small and separate, then larger and more confluent Gram positive granules were seen to appear in the microbes which, themselves, also became progressively plumper. Ultimately, all the characteristics,—morphological, tinctorial and cultural—of the normal microbes reappeared. (*Fig. 71*)

Microbes showed opposite changes when treated with insaponifiable fractions, (*Fig. 70*) losing their bacillus form. Abnormally intensive Gram

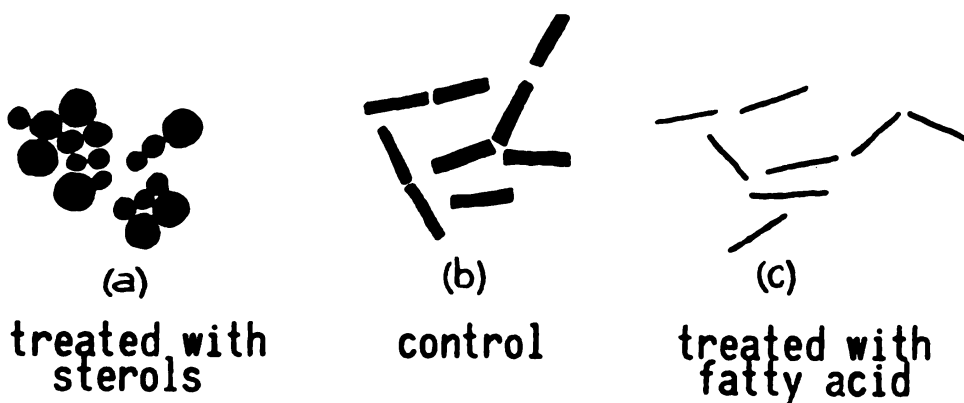


FIG. 70. *Influence of lipids upon microbes.* Schematic drawing of the changes induced in *Bacillus Anthracis* by the influence exerted by the two groups of lipids. Treated with sterols (a) as in the unsaponifiable fraction of placenta, the microbes change into cocci irregularly shaped and intensely retaining the gram stain. Treated with fatty acids (c) from cod liver oil, the bacilli change into very tiny gram negative microbes. (b) shows untreated microbes.

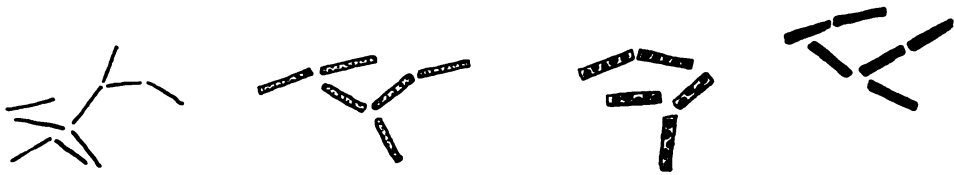


FIG. 71. *Lipids and microbes.* Drawing of the progressive passage toward normal bacilli of the tiny gram negative microbes obtained through the treatment of Bac. Anthracis with fatty acids. The passage takes place usually in successive steps. The gram positive formations appear first as fine granules; they later become clumps and finally give the microbes their normal aspect.

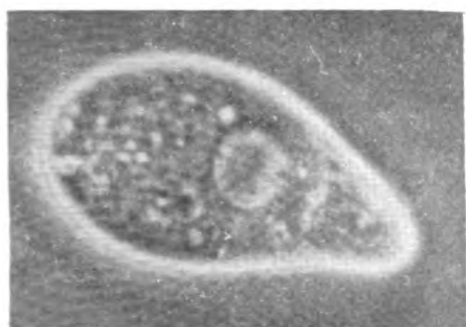
positive cocci appeared. They grew on agar as very thick creamy white colonies. These changes were seen to persist for a long time and seldom were spontaneously reversed. Treatment with fatty acids induced reversal although inconsistently. We attempted to correlate the differences in changes induced by different lipids to the different levels of the microbe at which they work. The change to cocci can be regarded as corresponding to an influence exerted upon the membrane and the change to Gram positive to an influence upon differentiated formations present in the body. (313)

Effects of Lipids on Protozoa

The effects of lipids upon monocellular organisms, especially tetrahymena pyriformis, were studied and an effort made to relate the nature of the main changes induced in these protozoa to changes observed at the cellular level of complex organisms. An initial effect was noted on the polarity in protozoa which seemed to be oppositely influenced by long chain polyunsaturated fatty acids and sterols. Lipids with a positive character were seen to induce a change in the form of protozoa causing them to become almost round, a change considered to correspond to reduced polarity. Lipids with a negative character had an opposite effect; the tetrahymena became abnormally elongated.

The administration of higher amounts of polyunsaturated fatty acids was seen to induce immediate changes localized at the anterior pole of the organism, changes which ultimately lead to the breakdown of the membrane particularly at this point. This effect parallels in intensity the degree of desaturation of the fatty acids. Other changes were seen in growth rate and survival time and, thus, in the aging process. (*Note 34*) (*Fig. 74*)

At the same time, resistance to heat was seen to increase as the result of treatment with negative lipids, while it decreased after treatment with



Control

Treated with
fatty acids

FIG. 74. In a direct action of fatty acids on tetrahymena, a passage of fluid occurs at the surface with a break of the membrane especially manifest at the anterior pole (a), control untreated (b), (1200x).

the positive sterols. (*Note 35*) The same influence upon the aging processes, as manifested in a prolongation of the life-span, was noted for polyunsaturated fatty acids with a long chain and even for some members of the saturated series but with a shorter chain.

Effects of Lipids on Complex Organisms

Morphological Changes—The same level separation was used in the study of the effects of lipids on complex organisms. Acting at chromosomal levels, lipids led to the appearance of monstrosities. Various lipids, especially insaponifiable fractions of organs, were injected into larvae of flies. While an immediate change in the cells of the larvae could be traced to the subnuclear level as seen in chromosomes, monstrosities were seen to be induced in the resulting flies. A similar effect became evident when lipids were injected into hens' eggs before or during incubation. Especially with cholesterol but also with insaponifiable fractions of organs, a high proportion of chickens were hatched with spastic paraplegia.

The same problem is being studied, in collaboration with P. Fluss, in *Drosophila melanogaster*, grown for many generations in media to which an entire series of different lipids from one or the other group are added. This study is in progress and the results will be published later.

We have seen that the antagonistic effects induced by the two groups of lipids could be related ultimately to opposite changes in the fundamental biological process of aging. This appeared clear for lower morphological levels of organization and was especially evident for cells. While anti-fatty

acids induce changes which can be regarded as corresponding to prolonged youth, the polyunsaturated fatty acids induce rapid aging with pyknosis and karyorrhexis and death of the cells as old entities. This could be seen clearly in tumors, in which cells with youthful character lead to non-necrotic tumoral masses, while cells that age rapidly produce necrosis in the tumors followed by ulceration if the tumor is superficial.

The effect of conjugated fatty acids was somewhat more complex, indicating an abnormality in the induced processes. Their administration was followed by the appearance of cytoplasmic and even nuclear vacuoles, corresponding ultimately to an anomaly of water metabolism.

The effect of lipids upon adipous cells appeared to be of special interest. The anti-fatty acids, especially the sterols, when injected subcutaneously in animals, induced a characteristic process in the adipous cells near the injection site. These cells became very enlarged and highly irregular, with their content changed into an emulsion only slightly stained with sudan. The fatty acids, on the contrary, imparted to adipous cells an abnormal resistance to destruction. They remained persistently unchanged even in the midst of very active processes which usually cause them to disappear. Unchanged adipous cells were found encircled by the invading cancerous cells, deep within tumors in animals treated with fatty acids.

On Pain—From the start of this research, the opposing effects of the two groups of lipids upon pain has been most impressive. For the fatty acids the degree of saturation is important. The saturated members of the fatty acid series and even oleic acid are entirely without effect. Linoleic and linolenic acids show a slight influence, while the polyunsaturated members show a marked effect. Administration of highly unsaturated fatty acids and of acid lipidic fractions of certain organs, such as placenta, liver, spleen or blood, uniformly decreased pain of an acid pattern and increased pain of an alkaline pattern. These opposite effects have, from the beginning of our study, contradicted the idea that this influence upon pain was the result of the direct action of these agents upon the nervous system. Furthermore, the opposite effects exerted upon the same pain by the other group of lipids have confirmed the hypothesis that the action takes place at the level of the painful lesion, where the differences between the two pains was found to correspond to two opposite acid-base offbalances.

In the study of the effects of lipids on the pH of the second day wound crust, made in collaboration with Carlos Huesca, we have demonstrated that lipids influence pain through changes induced on the acid-base balance present at the tissue level. The positive lipids constantly lowered this pH while the negative lipids elevated it. (*Note 1 Chapter V*) Even more im-

portant than this temporary pH effect in establishing the mechanism of lipid action in pain was the change in the actual pattern of an existing pain after administration of these agents. Polyunsaturated fatty acids in sufficient amount were found to convert an acid-pain pattern to an alkaline pattern, while sterols changed an alkaline pattern into an acid one. We will return to this important fact later.

A pathogenic role for lipids becomes evident too, when pain can be induced through the administration of lipids in previously painless lesions. Such lesions treated with large amounts of lipidic preparations became painful. An alkaline pattern of pain was seen to appear after fatty acid administration, while an acid pattern followed use of the insaponifiable fraction. (*Note 36*)

At the tissue level, lipids also affect such acid-base symptoms as vertigo, itching, dyspnea, tremor, and even mental diseases. In these conditions the same antagonism between the two groups of lipids—and the same opposite effects upon the acid and the alkaline pattern—can be noted along with the same possibility for changing the pattern to the opposite type if big doses of lipids are administered.

Wound Healing—The same manifest antagonism between the two groups of lipids was also noted in their influence upon the evolution of wounds. Changes in the sloughing and healing process were followed by measuring the size of wounds (*Note 37*) as well as by serial histological examinations. The lipids with a negative polar group were seen to retard the evolution of the processes by prolonging the first catabolic phase. Positive lipids generally had an opposite effect. However, here too it could be observed that sterols have relatively little effect on the healing of connective tissue, but manifestly favor proliferation of the epithelia. This was especially evident in the changes in scar formation of the skin of treated animals. In rabbits treated with cholesterol, the epithelial scars were found to have 8-10 layers instead of the 2-3 characteristic for the rest of the skin and for the scars in control animals.

Regeneration—In collaboration with E. F. Taskier we studied the effect of lipids upon the regeneration of liver in rats, after the resection of almost $\frac{3}{4}$ of this organ. The rate of regeneration could be estimated by correlating it to the time of appearance of fatty droplets filling up almost all the cells, as a first step in the regenerative process. In very young animals, this change in fatty liver cells was seen to take place even within the first 24 hours after resection. The change was progressively delayed as the age of operated animals increased. In old animals the change in fatty liver cells appeared only after the fourth day.

The administration of lipids had a marked effect on appearance time of fatty cells. Sterols induced precocious appearance in old animals. From this point of view, sterol-treated animals appeared to react as young individuals, with fatty cells evident even on the second day. The fatty acids and acid-lipidic fractions of organs showed an opposite effect, delaying the time of appearance of the fatty cells. Young animals treated with polyunsaturated or conjugated fatty acids showed no fatty droplets in the liver cells for as long as three to four days. With higher doses of the same agents, the fatty infiltration did not occur at all.

It is interesting to note a parallelism between fatty infiltration of liver cells and the richness of adrenals in sudanophil substances. An almost complete lipid depletion of the adrenals was seen after high doses of fatty acids and coincided with a total lack of fatty cells in liver regeneration. (*Note 38*)

Organic Level—Effects of the two antagonistic groups of lipids at the organic level have been studied in terms of manifestations clearly associated with various organs. We will review these effects briefly here, with more details to come when the therapeutic use of lipoids is discussed.

Intestines—The influence of lipids upon intestinal function is marked by the same antagonism between the two groups of agents. Oral administration of large amounts of fatty acids, especially higher unsaturated such as obtained from cod liver oil, was usually followed by diarrhea. Diarrhea also occurred after parenteral administration of these substances in large amounts. It was interesting to note that parenteral administration of the acid lipidic fraction of placenta, blood or even organs had a marked influence upon the colon and rectum in particular. High doses produced tenesmus with a mucous or even sanguinolent secretion. This localization of the effects of the lipidic fraction appeared to be especially interesting from a therapeutic point of view, as will be seen later. The oral or parenteral administration of the opposite group of lipids, sterols and insaponifiable fractions, has an opposite effect, a constipating one, which we will discuss later together with its therapeutic aspects.

Kidney—The manifest opposite effects exerted by the two groups of antagonistic lipids upon diuresis raise the question of where these effects take place. While a systemic effect can be recognized, a more direct intervention upon the kidney also must be considered. The addition of the acid lipidic fraction of organs, and especially those obtained from pork kidney, to the perfusion fluid in a dog kidney preparation produces a manifest decrease of excreted urine. The administration of insaponifiable fraction

has a marked diuretic effect which we will discuss below with its therapeutic aspect.

Nervous System—Interesting effects by the two groups of antagonistic lipids upon many manifestations of the central nervous system have been noted.

Convulsions—Administration of sterols and insaponifiable fractions of many organs such as placenta, liver, butter, eggs, etc., in large amounts induces convulsions in rats. Convulsions also were noted in humans when huge doses of these agents were administered. But even in relatively small amounts, these lipid agents sensitized animals to the administration of other convulsant agents. In rats or mice receiving such lipids, thiamine chloride induced convulsions in doses without effect in controls. (*Note 39*)

An opposite effect was observed for lipids with negative character. Saturated fatty acids showed no influence on thiamine-induced convulsions. Such convulsions were prevented by the administration of nonsaturated members. The effect was related to the degree of desaturation of the fatty acids. With increases of the iodine number, the necessary effective doses of these fatty acids became progressively smaller. While hundreds of milligrams of mono- and diethenic acids were necessary for each 100 gram of body weight, the anti-convulsant effect was obtained with only a few milligrams of clupanodonic acids, and with still less of the nonenic acid, bixine.

The study of the pathogenesis of convulsions also covered the influence exerted by these lipids of the adrenal corticoids. The administration of mineralocorticoids, especially desoxycorticosterol, even in small doses, to subjects who had received any one of the lipids with a positive polar group, such as cholesterol or insaponifiable fraction of placenta, liver or kidney, was followed almost invariably by convulsions. We will present more details on this effect later in the discussion of synthetic substances. For the moment we want only to note the relationship between mineralocorticoids and lipids with positive character in the pathogenesis of convulsions. The concomitant intervention of the two factors—an offbalance induced by lipids with positive character, and action of mineralcorticoids—seems to provide new light on the pathogenic problem of epilepsy and convulsions in general.

Coma—The role of cortical hormones in the pathogenesis of convulsions was confirmed by the opposite effect produced by neoglucogenic corticoids. We will see later that the administration of cortisone to subjects receiving higher alcohols such as heptanol, octanol or octandiol in large doses, induced a subcomatose condition at first which progressively changed into coma. (*Note 40*) Opposite properties of the mineral and neoglucogenic

corticoids, which made Seyle separate them according to their "phlogistic" and "antiphlogistic" activity, would explain the two opposite manifestations inducing convulsions and coma, produced in individuals previously treated with the same anti-fatty acid agents.

On Cardiac Rhythm—The influence exerted by the two groups of lipoids upon the cardiac rhythm was studied under the same dualistic aspect. The effects observed can easily be interpreted considering the role of the differentiation of the cardiac cells for their part in the cardiac physiology. The role of a cell in cardiac physiology is a direct function of its own automatism which can ultimately be related to its degree of differentiation. The fact that the two groups of lipids act antagonistically upon this cellular differentiation, the acid lipids exaggerating it and the insaponifiable fraction of sterols reducing it, has explained some of the effects induced by these agents upon normal and abnormal cardiac rhythm. (Note 41)

On Oestral Cycles—The action of the two groups of lipids at the organic level was also studied in the rat ovarian cycle. Daily, and even twice a day, vaginal smears were made in animals treated with these agents. When large amounts were administered, both groups suppressed the cycle. With smaller doses, only the lipids with positive polar groups, especially sterols, produced this effect.

Systemic Level—Blood has appeared especially suitable for in vitro and in vivo studies of the effects of the two groups of lipids at the systemic level. The effects on different blood constituents were analyzed and led to very conclusive results. We will outline here the principal points of this study.

Under the influence of anti-fatty acids, the erythrocytes become more turgescient, increase in volume, show a strong refringency of their crown in dark field examination, and remain isolated from one another. The sedimentation rate, if previously high, is reduced by treating blood in vitro with insaponifiable fractions of organs. Oxygen appears to be retained longer in treated red cells than in controls.

The fatty acids have an opposite effect. Under their influence, the red cells become crenelated and develop a tendency to form sludges. The sedimentation rate is increased. The color of the treated blood is dark and, even after oxidation, rapidly darkens again. In vivo, lipids with a positive character induce leucocytosis, those with a negative character leucopenia. This last effect is seen even in vitro. In Note 42, the influence exerted by lipids upon the blood is presented with more details. (36)

On Temperature—The administration of sufficient amounts of positive lipids induces a frank elevation of temperature, while hypothermia follows

the administration of negative lipids. The relationship between temperature and lipids, however, is not so simple since changes in external temperature influence the balance between the antagonistic lipids. For example, animals kept in incubators at a temperature of 35°C show an increase in lipids with a positive character. Animals kept in a cool place, such as a refrigerator, show an increase in lipids with a negative polar group. The organisms are able to combat the increase of lipids with negative character by means of the normal defense mechanism, but are less capable of dealing with an increase of lipids of positive character. Therefore, while a high proportion of animals kept in refrigerators adapt themselves to the new conditions, those in incubators die in a few days.

On Systemic Patterns—The influence exerted by lipids upon various other systemic manifestations which are reflected in abnormal patterns in urine analyses has been studied. In general, the fatty acids induce patterns corresponding to the offbalance of type D, while the sterols induce patterns of the type A offbalance. Here again we must emphasize that any lipid, if administered in large quantity, influences all analytical values. A certain specificity, however, is noted since, in relatively small doses, lipids induce changes only in certain values. Because of the inherent technical problems concerning the patterns, only a few analyses could be followed accurately over the period of time necessary for a clear recognition of changes in small laboratory animals. It is for this reason that most of our studies in this area were made on humans where pattern changes could be easily identified and followed over long periods.

It is to be emphasized that, under these conditions, the influence of lipids is exerted especially upon already existing abnormal patterns, increasing or decreasing their deviations from the normal, or changing the patterns entirely. Abnormal patterns were induced through huge amounts of lipids, which very seldom were administered to patients. TABLE X shows schematically the analytical changes induced by the two groups of lipids upon various urine and blood analyses, expressed as patterns corresponding to abnormal conditions, as well as upon the manifestations present at other levels.

We will discuss these effects in more detail when describing the pharmacodynamic properties of lipids and lipoids.

Mechanism of the Lipidic Biological Activity

The analysis of the changes induced by lipids has emphasized certain characters which appear of capital importance for the understanding of the biological intervention of these substances. In one kind of activity a lipid

acts through its *lipoidic properties*. From the data concerning its distribution in the organism it can be seen that, due to its solubility characters, a lipid introduced in an organism will be selectively retained by the existing lipidic system. When such intervention through its lipoidic properties takes place, the nonspecific character of the activity of the lipid is prevalent. A second kind of activity results from the *bond realized through the charge of the polar groups*. The positive or negative character of these polar groups deter-

TABLE X

LEVEL	EFFECTS OF STEROLS	EFFECTS OF FATTY ACIDS
<i>Cells</i>	Prolongs youth character Increases potassium content Decreases sodium content Reduces membrane permeability Reduces cellular oxidation Reduces chloride content	Induces rapid aging Decreases potassium content Increases sodium content Increases membrane permeability Increases cellular oxidation Increases chloride content
<i>Tissues</i>	Lowers pH of lesions Lowers chloride content of lesions Lowers water content of lesions	Raises pH of lesions Raises chloride content of lesions Raises water content of lesions
<i>Organs</i>	Induces somnolence Induces diuresis Induces constipation Induces tachycardia	Induces insomnia Induces oliguria Induces diarrhea Induces bradycardia
<i>Systemic</i>	Induces hyperthermia Induces hypertension	Induces hypothermia Induces hypotension
Blood	Increases RC volume Decreases RC sed. rate Increases persistence of oxygen fixation Determines persistence of RC isolation Determines hyperleucocytosis Determines eosinophilia Decreases kalemia	Decreases RC volume Increases RC sed. rate Decreases persistence of oxygen fixation Determines formation of sludge Determines leucopenia Determines eosinopenia Increases kalemia
Urine	Induces water excretion Induces sulfhydryl retention Induces calcium excretion Induces chloride excretion Induces sodium excretion Induces phosphate retention Induces retention of surface active substances	Induces water retention Induces sulfhydryl excretion Induces calcium retention Induces chloride retention Induces sodium retention Induces phosphate excretion Induces excretion of surface active substances

mines thus the nature of this second kind of activity. A third kind of activity results from the *chemical constitution* of the polar group, which will induce selective combinations and consequently will have a more specific influence. A fourth group of changes are induced by the activity which takes place at the nonpolar group of the lipid and more specifically at the *energetic formations* present in it. They will have a still higher character of specificity.

With this systematization of the activity of the lipids, a further systematic analysis of the influence exerted by the lipids appears possible.

Through its selective distribution, the administration of a substance having lipoidic properties will influence those entities which have lipids in an active form in their constitution. The influence exerted will thus be proportional to the richness of the entity in these active lipids. This fact explains why the administration of a lipid or lipoid affects selectively the abnormal entities rich in free lipids and to a much lesser degree, the normal ones. It is this selective distribution which will further limit the activity of the lipoid to the lipidic system and most manifestly to the abnormal entities. In the frame of this limitation, this activity results from the charge of the polar group. Similar effects are thus obtained for all the different lipoids which have the same electric positive or negative character of their polar group. This explains why one can use different agents from the same group and still obtain similar results. Agents chemically so different as fatty acids, mercaptans, persulfides, aldehydes or epichlorohydrine, have similar activity because they all have negative polar groups. The characteristic of the effects resulting from the electrical character of the polar groups, is that they are common for the groups having the same sign and diametrically opposite for the agents with a positive or a negative polar group.

This effect was clearly seen in fatty acids in which the negative carboxylic polar group was changed into the positive primary alcohol. The biological effects of the new substance were opposite.

It is in the third kind of activity that the chemical nature of the lipoids intervene. Certain effects resulting from the bond of an amino polar group will thus be different from that of the alcohols, although both act as positive energetic centers and as such have exerted other common effects. The same is true for the carboxyl and thiol groups.

Still more specific appear the effects resulting from the intervention of the energetic factors present in the nonpolar group, such as the double bonds, and the energetic formations they realize such as conjugated, or two double bonds separated by a methylenic carbon.

The various mechanisms involved have explained further the different kinds of biological effects which result. The action of the lipid by means of

the lipoidic effect will thus influence general, nonspecific manifestations, such as those concerning the permeability of membranes. Only secondarily, will these changes in membrane permeability influence the different metabolic processes which the membrane governs.

In the second group of changes, related to the intervention of the polar groups, the antagonistic effects induced were seen to concern processes resulting from membrane permeability. It is only in a third change that a more specific action upon the different metabolic processes has to be considered. These are concerned with an intervention upon metabolites or the agents governing them. The character of this last lipoidic intervention is its specific influence exerted upon a definite metabolic system.

We tried to interpret the influence exerted by a lipid or lipoid according to the above systematization. The recent development of the biochemical methods of investigation has put into limelight many biochemical processes by considering them as isolated metabolic entities. Most of them were seen to result from the intervention of enzymes upon more or less specific substrata. One of the principal objectives of the actual pharmacodynamic studies is to correlate as directly as possible, biological effects of different agents to specific metabolic processes, most of them corresponding to a change in an enzymatic process. This approach, while very interesting, would not take into consideration the important role played by the nonspecific activity of lipids and lipoids. These nonspecific influences through changes in the lipoidic system induce different changes in different metabolic processes. A nonspecific change in membrane permeability will affect many enzymatic processes. It explains the existence of similar influences exerted upon these processes common to agents which have nothing more in common than their lipoidic properties and the presence of a positive or a negative character of their polar group. It is this character which binds an effect to the nonspecific intervention. This so-systematized analysis has thus permitted to separate the biological activity of the lipids and lipoids, the more specific from the lesser influences, and correlate each one to a proper or common character of the agent. This view has amply simplified the study of the pharmacodynamic intervention of these substances.

OTHER CONSTITUENTS

In addition to the chemical elements and lipids, other constituents have been studied from the dualistic point of view. Although the other constituents have received less emphasis, interesting information has been obtained.

Amino Acids

Amino acids have been separated into groups based upon their effects at different levels. The first group includes the simple amino acids. In these members the portions of the molecule which are added to the amphoteric amino acid group, are usually electrically neutral. The amino acids polymerized through the amphoteric group serve as building materials for the bigger protein molecules. They have appeared to be inert without effects upon the different levels. Beyond these simple amino acids, are two groups, energetically active, which have a second energetic center with a negative or positive character in their molecules. While the amino acid group serves to make these substances parts of higher proteins through the same bonds of amino acid groups as the simple members, it is the other energetic center, with acid or alkaline character, which confers upon these amino acids a positive or negative character.

We studied effects, at different levels, of arginine, lysine and histidine, which are members of the group with alkaline centers; of glutamic and aspartic acids which have acid centers; and of methionine with a thiolic center. Like for the lipids, the last two groups have shown similar properties, but opposite to those of the members with alkaline centers. The nature of their intervention appeared evident through the interesting opposite effects exerted upon microbes. Cultures of *B. subtilis* in broth containing members of one or the other of the antagonistic groups show characteristic changes. Unlike controls in which the long chains of microbes remain isolated, the microbes were seen to be kept together in media with alkaline amino acids, forming a consistent gelatinous mass separated from the medium. In broth with acidic or thiolic amino acids, the microbes remained separated or formed very small aggregates. This appeared interesting when we considered the positive character present in alkaline amino acids, as related to the heterotropic, constructive trend, while the negative, as in the acid and thiolic members, is related to the opposite trend. We saw further the same antagonism between the influence exerted by histones and nucleic acids, the first paralleling the alkaline amino acid groups and the second the opposite group. The more manifest effect of the ribonucleic acids could be seen to take place at higher levels of the organization and possibly explains the more direct action upon the genes.

We investigated the effect of the two groups of amino acids at the tissue level upon pain. Arginine, lysine and histidine displayed an analgesic effect upon alkaline pain, while glutamic acid and methionine had this effect upon acid pain. The effect could be related more to the basic tend-

ency of these substances to act through metabolic changes, than to a direct influence upon the acid-base systemic balance. The first group acts as heterotropic agents and the second as homotropic, as mentioned above.

Abnormal Amino Acids

Our research led us to several tentatives to define abnormal amino acids and the proteins they form. One concerned their rotatory capacity. The naturally occurring amino acids are all levorotatory. However, the organism constantly has enzymes able to attack dextrorotatory amino acid members as if it would have to be prepared to encounter and destroy them. Such dextrorotatory members can be conceived to appear on a statistical basis as the result of the resonance process seen to occur in all the synthesis in nature. The intervention of specific enzymes against them would have the aim to control their existence and especially to prevent their intervention in further evolution. In a work hypothesis concerning the cancerous process, we considered that their persistence and especially their participation in forming hierarchic entities would correspond to the specific abnormality characterizing this condition.

In another work hypothesis which concerns also cancerous processes and which we will discuss later, abnormal proteins are thought to appear as a result of the bond of a carbamic radical (295) to the amino acid group. The resulting cyclic formation having the characteristic NCNC group in it, would correspond to abnormal amino acids which would represent the primary characteristic formation of the cancerous condition. (*See Chapter 11, Note 1*)

Carbohydrates—Glucose acts as an anti-fatty acid agent, possibly because of the glyceryl compounds resulting from its metabolism. We have studied it in opposition to the respective acids—gluconic, glucuronic and saccharic. Glucose has an analgesic effect, although limited, upon pain of an alkaline pattern, and an opposite effect upon pain of an acid pattern.

The acid group has an opposite effect upon pain. This could be correlated with the changes toward acidosis seen in the local pH of the lesions. A manifest change toward acidosis was seen under the influence of glucose in the second day wound crust pH. We have noted previously the role played by glucuronic acid as an agent with anti-positive-lipid activity. We believe that it is largely through this mechanism that it favorably influences acid pain, having an indirect action similar to that of fatty acids.

CHAPTER 7

DEFENSE

THE RECOGNITION THAT multiple factors are responsible for abnormal conditions, and that these factors can be systematized according to the concepts presented above, throws new light on a specific aspect of the relationship between the different entities and the environment when this tends to alter their characteristic organization. This response is concretized as the defense against the noxious. The analysis of this defense has been facilitated by emphasizing the relative independence of the entities forming the complex hierarchic organism, the dualistic patterns of response, and the critical role of the lipids as well as of proteins. Abnormal processes in an organism's defense system may be better understood when they are compared to those corresponding to normal physiological processes. For this reason, we start with this last aspect.

The direct intervention of a noxious agent upon a biological entity can be characterized by its tendency to induce heterogenization, through an alteration of the entity's constituents or the relationship between them. This, in turn, affects one or more of the constants that characterize the entity. The ensuing defense response is directed ultimately at restoring the altered constants to their normal values.

Involved in a first stage of defense are those very factors which normally maintain the constants, the factors which induce the oscillatory dynamic balance. As a first response, they become exaggerated. Such exaggeration, which takes place successively for the opposite phases, resolves many slight noxious interventions without clinical manifestations. Through a damping movement, the exaggerated oscillations soon return to normal. If the normal constants are reestablished, the phenomenon can be considered to be a physiological response.

But if the alterations induced by the noxious agent persist, an abnormal

condition results. Indeed, in this case the exaggeration of oscillatory movement can be so great that an abnormality may result even from this exaggerated attempt of the entity to reestablish normalcy. In fact, offbalances are induced by just such changes which often represent, by themselves as will be seen later, one of the major immediate factors inducing the abnormalcy. As long as an abnormal condition is not resolved, the biological entity will try to utilize new means in order to reestablish the normal balance. If the constants disturbed by the noxious intervention are fundamental, or if the changes resulting from the defense mechanism itself are too great, death of the entity will result.

As expected, responses will differ according to the level to which an affected entity belongs. However, despite the many differences related to levels, a common and relatively simple pattern can be recognized when manifestations occurring at different levels as the result of the noxious intervention are compared and referred to the basic pathological concepts already noted.

Most of the information about this simple pattern was originally obtained by studying responses at the systemic level. Blood was particularly suitable because of its availability, its multiple constants and manifest capacity to conserve them, and particularly because of the facility with which noxious agents could be induced to act upon it.

The intervention of a noxious agent able to change the energetic balance of blood sets in motion immediately a group of successive processes which may or may not be clinically apparent, depending upon their intensity. They have been described as hemoclasia by Widal and hemo-shock by many authors. Although widely investigated, the mechanism did not appear clear. From our studies, we have arrived at certain conclusions which we will briefly present here.

Diphasic Phenomenon

As a noxious factor, we used an intravenous injection of killed microbes or of a colloidal suspension of a metal. Within a few minutes, a group of changes occurred. They were revealed through a series of analyses made at very short intervals. (*Note 1*) The changes were found to affect most of the blood constituents. The most characteristic change in our opinion is a leucopenia which especially affects the granulocytes. With it, there is a lowering of serum antitryptic power; a decrease of serum albumin; appearance of degraded proteins, esterase and amylase; increase of free fatty acids; and a lowering of coagulability with reduced clot retraction. Clinically, these changes are accompanied by hypothermia and hypotension.

Together they represent what we will call the "negative phase" of the immediate response.

This group of changes represents, in fact, only the first part of a diphasic phenomenon. The negative phase is usually followed by a second and opposite one which we call the "positive phase" of this immediate response. It results from the tendency of the body to correct, and even over-correct, the changes occurring in the first phase. After hypothermia and hypotension, hyperthermia and slight hypertension follow. At the same time, the number of granulocytes increases, as does the antitryptic power of serum and its albumin content. The serum appears richer in free sterols. Blood coagulability and clot retraction also increase. After moving rapidly to a peak, all these values return slowly to normal. The existence

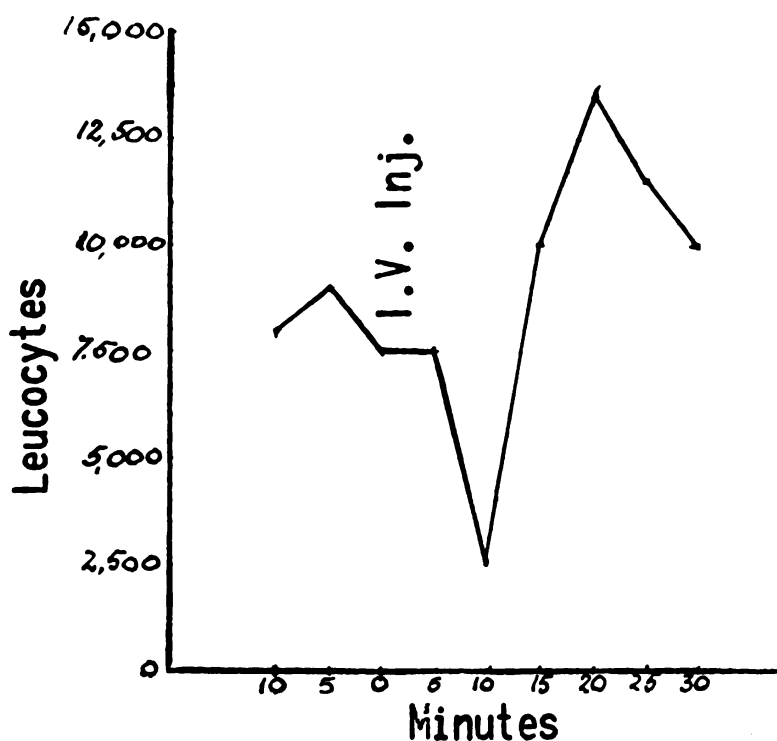


FIG. 75. *Diphasic response in the defense.* The intravenous injections to a normal individual of a foreign material such as of a suspension of killed microbes or of a colloidal metal induces a typical response which corresponds to the hemoshock. A *diphasic* curve seen in most of the analyses characterizes the occurring variations. The curve presented corresponds to the total number of the blood leucocytes. A parallel diphasic curve is seen for other blood analyses such as clot retraction, albumin content of the serum, and antitryptic values of the serum. Similar diphasic curves, but opposite in sense, are seen for blood coagulation time, amount of amylase and esterase in the serum, amount of K^+ in the serum, and for the amounts of proteoses and peptones

of two phases can be recognized in all the changes occurring in hemo-shock. (*Fig. 75*)

In trying to correlate the multiple changes taking place, it is the lysis of leucocytes, especially granulocytes, which can be considered of primary importance in the development of hemo-shock. This is evident from the relationship between granulocytopenia and the intensity of the diphasic phenomenon. The administration of morphine or other opium derivatives to an individual, prior to the application of the noxious factor, will reduce or suppress the granulocytopenia together with all the manifestations. (*Note 2*) Intensive physical exercise concomitant with the application of the noxious factor will increase the granulocytopenia parallel with all the manifestations of hemo-shock. (*Note 3*)

According to our hypothesis, lysis leads to liberation of proteolytic enzymes which may be present as such or may be present in precursor form in the leucocytes. And it is the intervention of these enzymes which reduces the antitryptic power of the blood and, by digesting blood constituents, lowers the amount of albumin present in the serum, and induces a parallel increase of products of protein hydrolysis. The increase in amylase as well as in esterase present in blood is related to the other hydrolytic enzymes liberated in this phase, and is also probably correlated with leucolysis. The esterase acts hydrolytically upon the neutral fats present and this would explain, at least in part, the liberation of free fatty acids seen in this phase. In the changes corresponding to the first phase, digestive effect of these enzymes upon the blood constituents can be recognized as being one of the most important intervening factors.

We confirmed the correlation between these changes and leucolysis not only through their parallel variations, as mentioned above, but also through in-vitro experiments. Lysis of leucocytes resulted in liberation of hydrolytic enzymes. An exudate rich in granulocytes was obtained by injecting sterile broth, or an aleuron suspension, into the pleura of rabbits. To this exudate, removed through pleural puncture, a small amount of a colloidal silver-protein preparation (Collargol 0.1%) was added and the preparation maintained at 38°C. This was seen to induce the appearance of vacuoles in the leucocytes, following the phagocytosis of silver grains. The vacuoles were observed to grow rapidly to huge dimensions followed by bursting of the leucocytes. (*Fig. 76*)

Analysis of the pleural fluid treated in this manner has shown the same change as those seen in the first phase of hemo-shock: lowering of anti-tryptic power with a decrease in albumin content, increase in products formed by partial digestion of proteins, appearance of amylase and ester-

ase, and an increase of free fatty acids. There were also the same nuclear "shadows" as encountered in large amounts in the circulating blood at this phase. The increase of the potassium content of serum seen in this phase, and the increase found also in the supernatant part following centrifugation of the exudate to which Collargol had been added, represents a further confirmation of the role of leucolysis in this first phase. These data enabled us to consider that the mechanism through which the blood tries to combat the intervention of a noxious agent corresponds, in the first phase, primarily to a lysis of granulocytes followed by hydrolytic digestion.

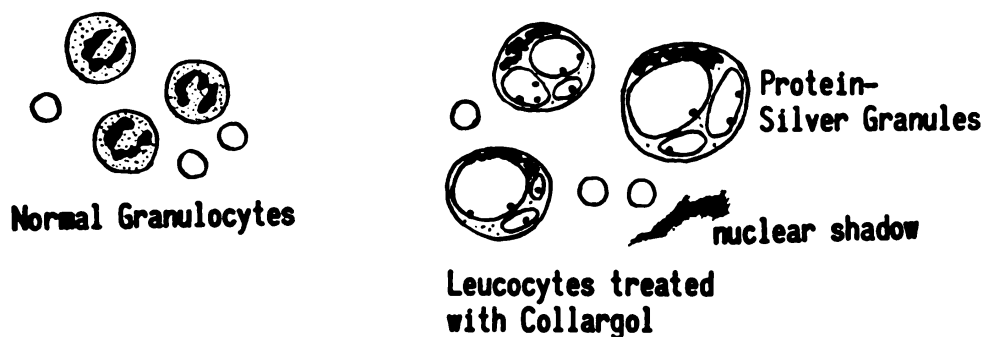


FIG. 76. Drawing of the changes induced by a *colloidal suspension of silver proteinate upon leucocytes*. The leucocytes were obtained by injecting broth intrapleurally to rabbits. Silver proteinate was added to the suspension of leucocytes and the changes observed in a microscope heated chamber maintained at 38°C. The phagocytosis of the silver proteinate leads first to the appearance of this substance as intracellular granules, followed by the formation of vacuoles. As these grow to a huge size the cells burst. The nucleus remains as nuclear shadow.

The second phase, which would correspond to efforts to correct the exaggerated effects of the first digestive phase, involves largely a mobilization of reserves of those blood constituents which were altered during the first digestive phase. The spleen pours a part of its stored blood into the circulation. The richness of spleen in reticuloendothelial cells explains the liberation of sterols which is seen during this second phase. This is recognized by the fact that, at this time, the spleen efferent blood is richer in sterols than the afferent blood. Other constituents come from intercellular and lymphatic spaces. This mobilization, characterizing the second phase of hemo-shock, appears to be achieved in large part mechanically, through a direct intervention of the vegetative nervous system inducing the contraction of the smooth muscular fibers, as seen during chill, which marks the beginning of this second phase. Fever which follows, is in part, due to the sterols liberated largely by the reticuloendothelial system.

If this hemo-shock, in spite of its frequently violent clinical manifestations, resolves the effects of the noxious intervention upon the blood, it can be considered to be, to a certain degree, a physiological response. It amounts to an exaggeration of the oscillatory mechanism through which the characteristic constants of the blood are maintained. By employing the hydrolytic enzymes stored in the leucocytes, the blood tries to resolve the influence exercised by the noxious factor, digesting and thus breaking down either the factor itself or the results of its direct intervention. Acting upon blood constituents, the noxious agent often induces the appearance of micelles bigger than those normally circulating. The fatty acids liberated by hydrolytic enzymes would insure, in the first place, a higher boundary permeability, thus permitting the passage through the capillaries of substances otherwise barred. At the same time the fatty acids bind the antigen in a lipidic complex.

In the second phase, the organism tries to repair damages caused by the exaggerated digestive process or by the intervention of fatty acids. If the organism is able to resolve through a successful diphasic reaction the changes induced by the noxious agent, it returns to normal.

Prolonged Hemoshock

Inability of the organism to resolve the noxious intervention through the mechanism involved in the diphasic phenomenon leads to abnormal prolongation of one phase or another. If it is unable to destroy the noxious factor in the first phase or to mobilize the repair process in the second and thus correct the damage induced by the first phase, the organism remains in a prolonged first phase of hemo-shock. If the second phase is quantitatively or especially qualitatively inadequate, the organism remains in a prolonged second phase, continuing to try to resolve the offbalance by a quantitatively greater mobilization of the otherwise qualitatively inadequate weapons which are at its disposal. It is the predominant intervention of the lipids which characterizes these extended phases. We wish to note again that the fatty acids intervene in the prolonged first phase while anti-fatty acid agents, especially sterols, are active in the second.

The adrenals play a particularly important role in the immediate and prolonged defense process. In the first phase, the increased amount of fatty acids with four or more double bonds found in blood and in the organism in general appears to come from the adrenals, which are usually extremely rich in these substances. In an exaggeratedly intensive prolonged first phase, we found small reddish adrenals practically devoid of fatty acids. This occurrence, together with the concurrent increase in fatty acids

in the blood, relates these changes in fatty acid content of the blood largely to a liberation of the adrenal fatty acids into the circulation. Another important factor for the prolonged first phase appears in the intervention of lymphocytes able to induce a lysis of compounds of very high fatty acids such as present even in waxes. (*Note 4*) A lymphopenia corresponds to the prolonged first phase. In the elevation of the amount of anti-fatty acid agents in blood, characteristic of the prolonged second phase of the diphasic phenomenon, the adrenals seem to intervene again providing a portion of the increased circulating sterols. The exaggerated manufacture of sterols can be attributed to the reticuloendothelial system in general. Granulocytosis and lymphocytosis occur in this prolonged second phase. The intervention of sterols, which are relatively simple steroids, can explain the clinical manifestations such as fever, which characterize the prolonged second phase, since fever can be induced by the administration of large amounts of sterols.

We can separate, from the point of view of its manifestations, the immediate diphasic hemo-shock phenomenon with a short evolution, from the more prolonged forms. While the former, if not too exaggerated, would correspond to a physiological phenomenon, the latter is always abnormal. In the former, the principal intervention is that of hydrolytic enzymes; in the latter, lipids play the most predominant role. Pathogenically, each phase of the diphasic phenomenon, if unable by itself to resolve the immediate problem, will be followed by a corresponding lipidic predominance. The result may be either one of the two phases, with fatty acids or sterols predominant. We call this entire response "the antiheterogeneous reaction" of the defense, separating its diphasic manifestations into immediate hydrolytic and prolonged lipidic stages.

Antiheterogeneous Reaction

Although, in the prolonged lipidic stage, a certain specificity for particular antigens can be recognized, the antiheterogeneous response in general represents rather a nonspecific effort of the organism to resolve the problems caused by the presence of any heterogeneous factors as such.

Before going further, we want to emphasize some important characteristics of this antiheterogeneous response related to organization. The catabolic processes present in the first phase appear to result in part from the direct hydrolytic process and in part from the biological intervention of the products of hydrolysis, especially fatty acids. The hydrolytic enzymatic process is homotropic in nature by definition, as it breaks down different constituents, liberating groups with anionic and cationic character.

Enhancing the catabolic character of the first phase processes are the anionic groups which appear to have a predominant role. The second phase, a reparative one, is anabolic and therefore, heterotropic in character.

The study of the antiheterogeneous response emphasizes another fundamental characteristic of the processes. A basic difference exists between the direct effects induced by the intervening agent and those resulting from the defense processes themselves. A direct effect of a noxious intervention corresponds to heterogenization of the constituents. Some changes will appear through this heterogenization itself, others through the defense processes which represent the response of the organism to the heterogenization. While the first corresponds to a direct action, the last is catalogued as antigenic, its manifestations being grouped as defense processes. The same substance can have a direct action and an antigenic one revealed principally through the manifestations which it induces. A direct action can be noted instantaneously if the changes induced are sufficiently intensive. The antigen effects always require a certain time before manifestations appear. This time can range from a few minutes for the first enzymatic response to hours or days for the prolonged response.

An important feature of the prolonged stage is that it persists as long as the noxious agent is present. This is evident in cases in which the noxious agent can be suppressed through external intervention. For example, with suppression of microbial activity by antibiotics, the corresponding clinical condition disappears. Of more interest is the effect of antimicrobial and antitoxic immune sera. Administration of a specific serum, if it can neutralize the noxious agent, produces a curative effect at this stage. In a short time, symptoms disappear and the organism reverts to normal. Although nonspecific, the prolonged antiheterogeneous reaction shows such a straight correlation with the presence of the antigen as to make us designate this stage as primary or toxic. In this stage, the organism reacts with clinical manifestations of disease if the antigen is capable of inducing sufficient noxious changes; if not, there are no clinical manifestations. Persistence in the organism of an antigen beyond the rapid diphasic phenomenon indicates, in general, an incapacity of the organism to achieve its disposal successfully. The need for more complex means to combat the antigen becomes imperative.

With or without clinical manifestations—that is, even without a primary toxic stage of the disease—as long as the antigen has not been fully neutralized, the organism will still try to resolve its intervention and return to normal, resorting to other means. It will produce antibodies with a cer-

tain degree of specificity toward the antigen. Two kinds of antibodies will be manufactured and will differ in their fundamental characteristics, the time of their appearance, and their role in the defense processes.

Coagulant Antibodies

The first group of antibodies have a characteristic property. Together with the antigen, on which they fix with a degree of specificity, they form highly energetic complexes. This is manifest in a marked tendency to bind together such complexes as well as constituents of the blood and form huge aggregates. When such antibodies are produced for, and act against, a specific microbe, agglutination results. Conglutination, precipitation and flocculation occur when similar antibodies act against other antigens. Due to their tendency to establish antigen antibody complexes resulting in huge formations, these antibodies are generally grouped as coagulant antibodies. Although the coagulation characteristic is not demonstrable *in vitro* for all antibodies in this group, we use the term "coagulant antibodies" for didactic purposes.

The huge complex formation resulting from the binding of coagulant antibodies with an antigen can appear as a precipitate, agglutinated microbe or conglutinated red cells. Once established, this formation represents a new heterogeneous entity of much larger dimensions than the antigen alone. As such, it becomes by itself a new noxious agent for the organism which consequently reacts against it. The organism utilizes the same processes against this noxious antigen-coagulant antibody complex as it uses for any heterogeneous agent, with the same immediate diphasic or prolonged mechanism.

Teleologically, the formation of coagulant antibodies can be interpreted as an attempt of the organism to defend itself anew against the antigen. The antigen, this time fixed through these antibodies in a new and more noxious formation, will once again incite the nonspecific defense mechanism. First there will be the antiheterogeneous response with its diphasic phenomenon and, if once more this is not effective, a prolonged new lipidic intervention will follow. If the quantity of heterogeneous formations is great, the first phase of the diphasic phenomenon can be so severe as to cause death in a few minutes. If less severe, this first phase is followed by the second, with chills and high temperature. As in all the antiheterogeneous reactions, the organism tries to combat the presence of the noxious factor—in this case, the flocculate produced by the antigen-antibody bond—attempting to digest it through hydrolytic enzymes or to neutralize it through constituents brought in during the second phase of the diphasic

phenomenon. If it fails, the abnormal prolonged form of this response follows with characteristic lipidic liberation.

In terms of biological meaning, the formation of coagulant antibodies represents a new chance for the organism to resume the fight against antigens by using the same fundamental means, the antiheterogeneous reaction. However, since the new agent, the antigen-antibody complex, is much more noxious than the antigen alone, the intensity of the response will be much stronger and the chances of disposing of the antigen will be greater.

Allergic Reaction

The generic term "allergic" is reserved for the entire group of processes in which a coagulant antibody takes part. The reaction now against the antigen-antibody complex is a typical antiheterogeneous response. A fundamental difference exists, however, between the antiheterogeneous reaction in the primary toxic stage and the reaction which occurs when the heterogeneous factor is a complex antigen-coagulant antibody usually with more noxious character than the antigen alone. It is the nature of the antigen-antibody, the result of the bond of the coagulant and the antigen, which gives it the allergic character. This fact explains why, although we can possess specific immune serum able to neutralize an antigen alone, this will not influence the allergic response. Already bound to a coagulant antibody, the antigen cannot be bound again and consequently neutralized by another antibody. The specific neutralizing serum will have no effect upon the antigen-coagulant-antibody complex already formed and consequently will have no effect upon the processes induced by this complex. The immune serum does not influence the allergic manifestations which represent the response to antigen-coagulant-antibody complexes. This would theoretically explain the favorable effects of a specific serum upon a condition which is in the toxic primary stage, where the antigen intervenes as such, and the lack of such favorable effects in the allergic stage, where the antigen is representing only a part of a complex new noxious formation.

This mechanism would also explain why the same immune serum, although without curative effect upon the allergic stage of a condition, will have preventive activity. Before the onset of the allergic stage—that is, before the coagulant antibodies have appeared—the active immune serum will bind and neutralize the antigens still free in the organism. Under these conditions, when coagulant antibodies appear, the antigens are no longer available to be bound by them to form the noxious antigen-coagulant-antibody complexes. Without curative action, immune serum is effective as a

preventive only when administered prior to appearance of coagulant antibodies.

An important factor for the allergic response is the time of liberation of coagulant antibodies. Generally, a period of 6 to 8 days is required. Under special circumstances, as in cases in which the organism has manufactured the same antibodies in the past, the time necessary for their appearance is reduced even to 4 days. In other cases, for certain antigens or for older subjects, the time may be as long as 14 days or even longer. For certain antigens, or under special circumstances, the body appears unable to make coagulant antibodies at all. In that case, no allergic manifestations appear.

It must be emphasized that antibodies will be liberated even if the antigen is no longer present. The presence of antibodies alone does not give rise to any reaction and their appearance will pass without any manifestations. However, they can persist under certain circumstances for months or years and become a potential source of abnormality. At any time if the same antigen becomes present in the body, the coagulant antibody will form the allergic bond with it. The body will then react against the newly formed complex with an antiheterogeneous response. If this occurs in the blood or central nervous system, it can appear as an immediate violent reaction which corresponds to anaphylactic shock. It is the intensive first phase of the diphasic phenomenon which kills in anaphylactic shock. Such shock can be easily produced in animals as passive anaphylaxis by making coagulant antibodies and antigens available concomitantly in the blood.

Lipido-proteic Antibodies

Analysis of allergic antibodies indicates that they have two constituents, lipids and proteins. Electrophoretic analyses reveal that they are displaced mostly as beta globulins. Experiments show that such lipido-proteic antibodies lose their activity if broken into their constituents, neither the lipid fraction nor the protein alone being able to bind the antigen.

The study of the lipido-proteic antibodies, brought us back to consider the role of the lipids in the immediate or prolonged first phase. Most, if not all the natural antigens have lipids and lipoproteins in their structure. As we have seen above, some of the fatty acids induce defense responses. The administration of fatty acids is followed by a leucopenia—especially a lymphopenia; administration of sterols, by a hyperleucocytosis. Some fatty acids, such as those obtained from the tubercle bacilli, induce characteristic lesions such as giant cells. There are both naturally present lipoproteins and those resulting from the bond of the body's freed fatty acids to the

antigen, which seem to act as specific antigens, inducing the appearance of coagulant, allergic antibodies. Experiments, which we will discuss below, have shown that, while the specificity of the antibodies is highly related to the protein fraction, the allergic or immune character of the resulting response is due to the fact that lipido-proteins are involved in these processes. The injection of the product resulting from the action in vitro of the acid lipidic constituents of an organism upon proteins of another species acts as an antigen inducing the early appearance of coagulant antibodies. The repeated injections of the product obtained through the action in vitro of foreign lipoacid fractions of various origins upon different body proteins also induces allergic response. Just as we have connected the appearance of the first diphasic phenomenon to hydrolytic enzymes and the prolonged form of the antiheterogeneous defense mechanism to the intervention of lipids, we relate the allergic body defense to the intervention of lipido-proteic formations. The allergic stage of defense thus could be considered to be a lipido-proteic defense response against lipido-proteic antigens.

Neutralizing Antibodies

The unsuccessful fight of the organism against an antigen through the diphasic, lipidic or allergic responses often can evolve further, making use of a more effective measure which corresponds to another kind of antibody, different from the coagulant type. The characteristic of this second type is that it forms, specifically with the antigen against which it is manufactured, a new kind of bond, an antigen-antibody-complex, this time entirely nonnoxious to the organism. This complex is energetically so balanced as to correspond to the constants of respective levels of the body where it occurs. Through this new bond, the antigen is biologically neutralized in the sense that the resulting antigen-antibody-complex is entirely harmless.

This type of neutralizing or immune antibody usually appears on or after the 15th day following the moment when the organism has started to organize its defense against the antigen. It can occur whether the antigen is still present or not and whether it is free or bound to coagulant antibodies. It represents the best means through which the organism opposes the influence exercised by an antigen. The appearance of the neutralizing antibodies corresponds to the last stage, the immune one, in the defense mechanism. If the antigen has produced a clinical condition, the neutralization of the antigen by the new antibody results in the slow disappearance of morbid manifestations and a progressive return to normal. With or without prior clinical manifestations, the presence of the neutralizing antibody

in the organism provides a potential weapon to prevent the same antigen from again causing trouble. This has led us to identify this part of the defense reaction as the "immune stage" of the defense mechanism.

The action of these neutralizing antibodies has been demonstrated beyond doubt through passive immunity. Their administration confers protection against the antigen. This action is limited to the antigen so long as it is not bound by another antibody. Clinically, neutralizing antibodies have a curative value if the antigen is present, inducing the primary-toxic response. They have, also a preventive effect upon the allergic form of the disease if they are administered before the appearance of the coagulant antibodies.

Neutralizing antibodies are globulinic in nature. They are displaced in electrophoretic analyses as gamma globulins. Isolated as pure globulins, they do not lose their activity. This would differentiate them from the coagulant antibodies which, as previously noted, are lipido-proteinic in nature.

The defense resources of organisms against antigens thus can be didactically separated into four fundamentally distinct groups: enzymatic hydrolytic, lipidic, lipoproteinic and proteinic. They correspond to distinct stages from the point of view of reactions induced and biological meaning. The first represents a primary, direct, immediate response characterized by a rapid nonspecific digestive process and followed by the exaggerated mobilization of repair processes. If the immediate response is inadequate, a second stage as a prolonged lipidic defense follows. Although it has a certain degree of specificity, this last response is still directed against a heterogeneous constitution of the agent as such. If unsuccessful in inactivating the agent, all these responses are followed by another defense stage in which action is taken against the antigen through more specific coagulant lipido-proteinic antibodies and through the antiheterogeneous reaction to the resulting complex. With the last stage, which is characterized by the intervention of proteinic neutralizing protective immune antibodies, the fight against the antigen is usually concluded successfully. Table XI, below, summarizes this systematization of the defense response.

Defense and Hierarchic Levels

The above changes represent, in a schematic manner, what happens when a noxious agent acts directly or indirectly upon blood. The same basic patterns of defense, the substances used and the processes involved can be found at various hierarchic levels. It is easy to see that, with such a

TABLE XI
THE IMMUNOLOGICAL DEFENSE MECHANISM

<i>Defense Stages</i>	<i>Character</i>	<i>Intervening Factor Present</i>	<i>Nature Of the Processes</i>	<i>Means Used</i>	<i>Moment Of Appearance</i>	<i>Resulting Condition</i>	<i>Effect Of Immune Serum</i>
Primary Immediate	Non Specific	Antigen	Hydrolytic	Hydrolytic Enzymes	Immediate	Shock	Curative
Primary Prolonged	Lipidic Defense	Antigen (probably in lipidic frac.)	Lipidic liberation	Lipids	From minutes to days	Toxic	Curative
Allergic Immediate	Allergic Specific	Allergic complex antigen antibody	Allergic bond followed by diphasic phenomena	Lipoproteinic antibodies followed by hydrolytic enzymes	Around 6th day	Allergic Shock	Not curative but preventative
Allergic Prolonged	Allergic lipidic defense	Allergic complex	Allergic bond followed by lipidic liberation	Lipoproteinic antibodies followed by new lipidic bonds	After the 6th day	Allergic Toxic	Not curative but preventative
Immune	Healing & Protective Specific	Neutral complex antigen-antibody	Neutralizing bond	Proteinic antibodies	Around 15th day and later	Healing	

complex mechanism occurring in different individuals and against a great variety of antigens, great variations in manifestations will be evidenced.

When an antigen enters the organism and is not fully neutralized by the intervention of immune antibodies, the mechanism of defense is set in motion. This can be limited to a group of entities, to one level, or can affect more levels and entities. According to the nature of the antigen and the capacity of the different entities to respond, the different process will proceed all the way to the stage of protective immunity or it can stop at any stage. These factors, nature of the antigen, levels and entities involved and degree of response for each of them, determine the pathogenic characteristics of the resulting condition. The manifestations for a stage and a group of entities can be so exclusive as to produce a characteristic clinical disease. The ability to respond through only a part of the defense mechanism depends on the nature of the antigen and on the conditions existing in the different entities affected. The clinical manifestations furnish important information concerning the defense processes which are occurring.

Clinical Manifestations

The first stage of the defense reaction, if highly intensive, can be manifested clinically as superacute shock. This occurs minutes after the intervention of the noxious factor. If the second phase of the diphasic phenomenon is intensive, a chill with high temperature will appear. A state of shock occurs if fatty acids remain predominant, as in the prolonged first phase. A feverish condition corresponds to a predominant anti-fatty acid intervention in the prolonged second phase. While the first phase of the condition appears immediately after the intervention of the antigen, the appearance and persistence of the second phase, which corresponds to the prolonged lipidic, depends upon the nature and especially the amount of antigen present in the organism. Incubation time may vary from minutes to several days. This relatively short and variable incubation time represents an important characteristic which enables us to recognize this stage. Another characteristic of this stage is the disappearance of symptoms after administration of neutralizing immune antibodies specific for the antigen.

If the antigen by itself has no toxic effects upon the organism, its presence will not induce important manifestations. The direct response, enzymatic or prolonged lipidic, will be so limited as to have either minimal clinical manifestations or none at all.

We have seen that allergic coagulant antibodies usually appear after the 6th day following penetration of the antigen into the organism. If the antigen is still present, the appearance of the antibodies will induce an

allergic condition. In cases where the antigen already has produced toxic manifestations, the appearance of the allergic stage will be marked either by new symptoms or increased intensity of existing ones. With a nontoxic antigen, the presence of which was not revealed previously by any clinical manifestations, the appearance of the allergic complex will coincide with the appearance of symptoms and, thus, with the appearance of the clinical condition. The period before the appearance of symptoms corresponds to the time before the appearance of these allergic antibodies. This incubation time, as for all allergic manifestations, will be 6 or more days, which corresponds to the time necessary for the appearance of the coagulant antibodies. An obligatory incubation time of 6 days or greater thus is an indication that the process has an allergic pathogenesis.

If the organism has previously manufactured similar coagulant antibodies against the same antigen, this incubation period could be shortened to 5 or even 4 days. Against certain antigens, some organisms need a longer time to produce coagulant antibodies and the incubation time may run as long as several weeks.

Organization and Defense

Going beyond the defense reaction in its general aspect, that is, independent of the place in the organization where the characteristic processes occur, we considered it in relation to hierarchic organization of entities. Conceptually, it can be accepted that each hierarchic entity, having a certain degree of biological independence, will have its own problems to resolve when it faces an antigen. Each will react for itself and, for this reason alone, there will be differences in the defense mechanism at different levels. It can also be accepted that because of differences in the means at their disposal, the various entities will show individual peculiarities in their responses.

Although some information is missing, our systematization of the defense reaction according to the manifestations at various organizational levels, stands. For each stage, manifestations having common basic characteristics can be identified at different levels such as cellular, tissular, organic, and systemic. At the cellular level, the first phase of the diphasic phenomenon corresponds to a manifest increase in membrane permeability and intracellular hydrolytic processes. The changes seen in the first phase of shock can be interpreted as resulting in part from such processes. We will note here only that, for cells, the first phase is characterized by vacuolization of the cytoplasm and even of the nuclei similar to the vacuolization seen in the leucocytes in the presence of a colloidal metal. In superacute

shock, which corresponds to the first part of the diphasic phenomenon, we observed such vacuoles in central nervous system, liver and pulmonary alveolar cells. (See Shock, Chapter 9) The same process at the tissular level causes lytic changes and, if this lysis acts upon vessels, produces petechiae. For the systemic level, the first phase of the diphasic phenomenon is marked by the changes occurring in blood. The leucocytes, rich in hydrolytic enzymes, have a pronounced lytic tendency. The liberated enzymes act upon the blood constituents and can impart to this stage the acute dramatic aspect often seen in clinical hemo-shock.

The prolonged lipidic phase of the antiheterogeneous reaction will have different manifestations according to the level affected. These differences will correspond closely to the antagonistic influence exercised by the two groups of lipids, sterols and fatty acids. We have discussed previously the intervention of these lipids at different levels. We will mention briefly here their role in the different phases of the defense mechanism.

We have seen that, in general, the changes at the nuclear level correspond to prolonged youth if they are produced by the predominant intervention of sterols and to a rapid aging with karyorrhexis and pyknosis when produced by fatty acids. Similar manifestations can be recognized in this phase of the defense mechanism at the cellular level for the cytoplasm and protoplasm formations, with aging signs and necrosis induced by fatty acids, and predominance of youthful characteristics induced by sterols. For the tissular level, intervention of fatty acids induces local alkalosis and edema, while the sterols induce a local acidosis and fibroblastic reaction. Lysis of vessels with hemorrhages occurs in processes in which fatty acids predominate. The predominance of sterols leads to a marked tendency of the vascular endothelium to proliferate and this, in turn, can lead to vascular obliteration and ischemic infarcts if the vessels are terminal. At the organic level, the prolonged lipidic response is more manifest than at lower levels as the result of impaired specific function of the organ. Dualism in clinical manifestations is evident; oliguria or polyuria, diarrhea or constipation, insomnia or somnolence are examples of organic impairments seen as clinical manifestations of this stage of the defense mechanism. At the systemic level, dual manifestations are even more pronounced. Hypothermia, hypotension, cold perspiration, enophthalmia and dark-colored blood are related to predominance of fatty acids, opposite manifestations to predominance of sterols. Although these prolonged manifestations, part of the nonspecific antiheterogeneous lipidic response, can occur concomitantly at the various levels of the organization, usually they affect one or

several levels. The manifestations corresponding to the one level or several levels will predominate.

The allergic stage shows the same clinical manifestations common to the antiheterogeneous response with its enzymatic or prolonged lipidic processes. The fundamental difference in the allergic stage is the obligatory incubation period of 6 or more days. Once the allergic complex is realized, the manifestations are the same as those produced by highly active antigens inducing a direct antiheterogeneous reaction.

The qualitative differences in the capacity of the hierarchic entities to combat various noxious agents can explain the differences in the manifestations of allergic processes taking place at the cellular or tissular levels as compared to those in the blood, which is at the systemic level. At any level, the mobilization of lytic enzymes able to break down the allergic antigen-antibody complex can be so intense as to bring rapid death of the entity or can be slow and prolonged. However, at the systemic level, as in the circulating blood, the products resulting from exaggerated lysis are more rapidly and completely disposed of than in cytoplasm or interstitial fluids. In the latter, they will be present for a long time and their noxious influence will persist. If the lytic products appear in moderate amounts in blood, the organism may be able to dispose of them without any clinical manifestations.

For these reasons, the presence of antigens in the blood when coagulant antibodies start to appear will not induce serious manifestations and will even prevent them. As coagulant antibodies appear gradually in the blood, only small amounts of antigen-antibody complex will be produced at any one time. Although highly noxious in large amounts, the complexes can be resolved through lytic processes if formed gradually, and consequently will not provoke clinical manifestations.

At the tissular and cellular levels, a similar progressive appearance of antigen-coagulant-antibody complex cannot be resolved in the same way. The lytic reactions which break down this complex cannot occur with the efficiency noted in the blood. The complexes and the products of lysis will progressively accumulate and the consequent manifestations will become more and more intensive. It is for this reason that long-lasting allergic manifestations correspond to serious local conditions. Even if the antigen-antibody complexes are produced at a moderate rate, when antibodies appear and the antigen is present, they will induce little or no systemic manifestations. On the contrary, serious allergic manifestations will arise if the complexes are formed at the cellular, tissular or even organic levels. Because the defense processes at these levels cannot resolve them at the

same rate as they appear, as defense processes in the blood can do, severe local manifestations result. This may lead to necrosis and even rejection of altered cells or tissues. These represent the very important differences which exist between allergic processes which occur in the blood and those which occur at the different levels following the appearance of allergic antibodies while the antigen is still present.

The fact that there will be no reaction when small amounts of the allergic complex are progressively formed, as in cases in which antigens are present in the blood at the moment of appearance of the allergic antibodies, is confirmed indirectly by the possibility of preventing severe systemic manifestations through skeptophylactic or desensitization procedures. The introduction of very small amounts of antigen thus produces only small amounts of complex at any one time, avoiding clinical manifestations. With progressive doses however, the antigens will fix circulating antibodies in sufficient proportion to prevent the formation of important amounts of the same complexes after further administration of the antigen. The presence of the second phase of the diphasic phenomenon, with the exaggeration of constituents antagonistic to those present in the first phase, will also act to prevent the occurrence of an intensive first phase when the antigen appears anew.

The situation changes entirely when antibodies appear and the antigen no longer is present. They can then accumulate in the blood in large amounts. Thereafter, sudden appearance of the antigen in sufficient quantity will form a large amount of the allergic complex and the subsequent reaction can be so violent as to kill the subject. This occurs in anaphylactic shock. When the antigen is limited to other levels, important local changes can be induced.

The neutralizing immune antibodies, if manifestations already exist, will prevent new ones from appearing and this will permit healing processes to take place without further interference. The antibodies will prevent manifestations at the respective level if the antigen appears again.

Affinity of Antigens

In the defense processes, another factor intervenes to produce differences between responses at different levels—the special affinity of antigens for various cells, tissues or organs. This affinity will determine not only the level but also the individual entities where manifestations will occur. It has to be emphasized that the independence of the levels or of groups of entities in an organism goes so far as to allow the defense processes to progress to different stages. While defense processes at the tissular level, for instance,

cannot go beyond the stage of prolonged lipidic response, those at the organic or systemic level can arrive at the allergic stage. We will see below the importance of this unequal response of the different levels.

The unequal capacity of different tissues to manufacture allergic antibodies could be postulated to explain the propensity for local allergic conditions. The ectodermic system appears especially inclined to allergic responses, as seen for the skin. We tried to relate this to the natural richness of these organs in sterols. This would explain the fact that the brain, which is richest in sterols, seems to show the earliest allergic manifestations, which could be interpreted as resulting from early or more constant appearance of coagulant antibodies.

Besides these differences in the responses of various entities, an important factor intervenes in the induction of localized allergic manifestations. It corresponds to unequal affinity of the antigen itself for various entities. This would localize the antigen in cells, tissues or organs so that when coagulated antibodies do appear, the noxious allergic complex will be formed locally in the same entities. It seems that this localization of the antigen, such as upon nerves, kidney, lung, etc., is more important than the capacity to produce antibodies in determining predilection of pathological processes for specific cells, tissues or organs.

One of the most interesting aspects of the defense mechanism is the relationship between successive steps. We could show, generally, that an intensive response in one step represents a favorable condition for appearance of an intensive response in the next step. It is a known fact that manufacture of immune antibodies is influenced by an inflammatory process. This is the reason for the customary injection of tapioca, for instance, in horses during their immunization for the production of therapeutic sera. We could show that injections of lipids, lipid acids or insaponifiable fraction of placenta, or of organs of animals of the same species for instance, manifestly hasten the appearance of the next step in the defense against the microbe.

It seems clear that under the influence of the lipids used, the agglutinins appear in blood earlier and their amount increases more rapidly than in the control animals.

Antigenic Factors

The intervention of different mechanisms in the defense has led to the supposition that each one would be induced by relatively specific factors present either in the antigen itself or appearing during the defense processes.

An analysis of this aspect of the problem of the defense has brought further interesting information.

The intervention of the first mechanism, that of hydrolytic enzymes acting through a process similar to digestion, would have as aim to break down the antigen itself as well as the groups resulting from the bond between antigen and body constituents, especially proteins. By analogy with the process of digestion, the factor present in the body which would induce this response would correspond to abnormally low number of micelles. The low number of micelles present is revealed by a cryoscopic index near zero. The digestive defense mechanism would thus intend to lower this cryoscopic index back to its normal values or even below them.

The second mechanism, that of the lipidic intervention, would have two aims. One, to act against free lipids either present in the antigen or resulting from the hydrolytic action upon fats, and second, to bind hydrosoluble constituents into complexes with a lower hydrosolubility, and consequently with lower diffusion capacity through the aqueous media of the organism. This concerns the antigen as well as the products resulting from the lytic intervention. The bond would take place through the active polar part of the lipid molecules.

The third mechanism is characterized by the intervention of the allergic antibodies with the aim of binding the antigen in higher complexes. The lipido-proteic antibodies will oppose a lipido-proteic fraction present in the antigen itself or resulting from the bond between lipids liberated in the second mechanism and proteins of the antigen or of the body. The coagulant effect would result from the bond through the polar and nonpolar groups of the lipido-proteic antibodies and those of the lipido-proteic antigenic factors.

For the fourth mechanism, characterized by the protective antibodies, the antigenic factor would be represented by the proteic constituents of the antigen, which leads to an antireplication in the specific antibodies.

It should be noted that in the complex defense mechanism the results of the intervention of a defense process represent antigenic factors for the next step. The presence of products of the enzymatic digestion leads to the intervention of the lipidic phase, largely aimed to immobilize and inactivate them; the bond between lipids and antigen leads to the appearance of the allergic lipido-proteic antibodies. Possibly, the occurring lipido-proteic complexes would intervene, facilitating the appearance of the protective antibodies. The idea that successive antigenic factors would induce the appearance of different steps in the defense mechanism, has led to a series of studies with the aim to obtain desired reactions through the use of such

antigenic factors. We will describe here very briefly several such applications which were interesting also because of the practical results obtained.

Hydrolysis Products

We tried thus to utilize the products resulting from the breaking down of body constituents or of other materials in order to induce through their administration, the appearance of the second defense mechanism. Applying the dualistic concept, we separated thus in the products of hydrolysis of different materials, those with an acid character from the group with basic and alcoholic characters. Various materials were thus hydrolyzed using KOH, NaOH or ammonia. The soluble part, separated, was treated with an acid and a precipitate obtained. After washing it, this precipitate was redissolved by alkalizing to a pH still below neutrality. This has represented the "acid fraction." Besides acid lipids, this fraction contains also acid protein groups and even humic acids.

The part which remained insoluble after treatment with KOH (separated from the soluble part) was treated with an acid. The part which became soluble was then separated, reprecipitated by alkali, and partially redissolved by bringing the pH, through acidification, near 7. This represents the "alkaline fraction." With different degrees of chemical hydrolysis, various fractions—more or less broken down—are obtained for both the acid and alkaline fractions. The degree of this "digestion" has appeared highly important. The amount of the products obtained decreases for an insufficient hydrolysis as well as for a too highly pushed hydrolysis.

According to the mechanism mentioned above it was expected that these fractions, resulting from the breaking down of body constituents or of the antigen and corresponding to the effect of the first enzymatic defense mechanism, would induce the second step of the defense mechanism. This would correspond in part to the intervention of the properdin system and of the lipidic defense. It has as characteristic the fact that it would appear only within a certain time. The following experiment illustrates this clearly. The "acid fractions" of human blood, hydrolyzed by KOH was obtained and then injected intraperitoneally to mice. At different intervals following this injection the mice were inoculated with 3,000,000 microbes of a fresh culture of *Bac. proteus*. In controls this inoculation would result in a 100% lethal infection. No protection was seen to appear in the 16 hours following the injection of the "acid fraction." At the 16th hour, $\frac{1}{20}$ were protected. This protection increased with time to be complete after 22 hours, when all the animals survived. This protection was still present after a few days.

The inoculation of the nontreated blood in the same proportion was

seen incapable of conferring the same degree of defense, a fact which indicates the importance of the breaking down process in this "24 hours" defense. These results are similar to those obtained by I. A. Parfentjev with malucidin, a product of hydrolysis of yeast.

Another application of the same concept was in the use of the lipido-proteic complexes.

In a group of research studies, we utilized the products resulting from the bond between an antigen and a lipid, with the intent to obtain a lipido-proteic antigen and through it, a lipido-proteic defense response. Often the mixture of the antigen with the lipidic preparations appeared sufficient.

Fatty acids, such as oleic, linoleic, arachidonic or eleostearic, acting directly upon the killed typhoid microbes were usually seen to enhance the production of agglutinins and of specific immune antibodies. The same effect was produced by lipoacids of the same species as the test animal. Lipoacids of guinea pigs were especially active in promoting the appearance of agglutinins but less potent in inducing the appearance of immune antibodies. The lipoacid fraction of bacteria such as *B. subtilis*, *coli*, diphtheria, acting in vitro upon typhoid killed microbes, led to the appearance of antibodies against typhoid microbes but produced almost no antibodies against those microbes from which the fatty acids were obtained. The lipoacid fraction of tubercle bacilli bound to killed typhoid microbes was seen to induce agglutinins but seemed to reduce and even prevent the appearance of immune antibodies. The same influence was seen with the lipids obtained from the seeds of *Bixa orellana* but was less accentuated for the lipids from fish and squid. Butanol and especially heptanol were seen to retard the appearance of all antibodies, allergic and immune.

Allergic Precipitates

The injection of killed typhoid microbes agglutinated by a specific serum was followed by rapid production of immune antisera. The serum of rabbits injected with these mixtures prevents a lethal condition induced in mice by intraperitoneal injection of living microbes in much smaller doses than serum obtained with untreated microbes.

On the other hand, the injection of the same killed typhoid microbes, mixed together with a flocculate obtained, for instance, from egg protein, and an antiegg precipitant—guinea pig serum—produces a much less rapid appearance of antityphoid immune antibodies than injection of microbes alone.

Another form of lipido-proteic complex, utilized as agent with the aim to induce not a lipido-proteic response but a higher one in the defense

process, was that of allergic precipitates. Through a blender, we obtained from rat and mouse tumors homogenates in which it was no longer possible to see cells. After centrifugation the supernatant fluid was separated, and used as antigen. Part of it was inoculated to guinea pigs, twice at 3-day intervals. The amount of appearing precipitines was determined periodically and the animal bled when the serum had a sufficiently high titre. Using the same antigen and the obtained sera properly diluted, flocculates were obtained. The precipitate separated was injected to animals having the tumor grafted. In a high proportion of cases—in more than 70% in some experiments—the tumors started to show changes 24 hours following the injection of the precipitate, to ulcerate or disappear in the subsequent days. Similar research, using pooled human tumors, is in progress.

Intermediary Lysates and Antigens

Of interest was a special use of the intermediary lysates in order to obtain changes in the antigens, which would facilitate the defense mechanism. Microbes, tissues or other products, serving as antigens were injected, mixed with intermediary lysates from blood or other sources. This was seen to result in a more specific second day defense response. Mice injected with such a mixture of blood intermediary acid fraction plus killed microbes showed resistance to the inoculation, 24 hours later, of the same living microbes in doses otherwise lethal. The protection obtained has a marked degree of specificity.

In experiments now in course, we utilize blended tumors mixed with the intermediary acid lysate fraction, to induce a defense in animals having the same tumor grafted.

The discussion above concerns what could be called the immunological part of the defense reaction. It has to be coupled with many other processes or phenomena which can be systematized as endocrine, vegetative, central nervous or even psychological responses. Some of them could be indirectly related to the intervention of lipids, and possibly involved through them in the immunological responses.

This concept of immunological defense, even under its incomplete aspect has helped us to understand a number of important pathogenic problems, including two which have been of particular interest to us: infectious disease and cancer. Our study of the infectious diseases under this aspect was reported in a preliminary communication in 1919. (37) In 1942, this part of the research was presented at the Congress of Medicine in Mexico and published in the journal "Pasteur." (38)

INFECTIOUS DISEASES

Toxic and Allergic Conditions

In infectious disease the antigen is a micro-organism which may be a virus, microbe, protozoa, mycet, etc., or even a product elaborated by a micro-organism. The response of an organism to the presence of an infectious antigen tends to follow the same successive stages previously outlined. If the means at the immediate disposal of the organism are qualitatively and quantitatively sufficient to neutralize the antigen, the entire process will be resolved asymptotically. Otherwise, the first stage of the defense reaction, the primary toxic diphasic phenomenon, will be set into motion. According to the qualitative effectiveness of this response, manifestations will vary from simple subclinical changes to clinical reactions. If the second phase of the diphasic response cannot take place, a prolonged form of the first phase will result. It corresponds to shock, which is encountered only in very severe infections. The rapidly lethal condition resulting from transfusion of massively infected blood is an example.

The second phase brings chill and fever. If the second phase response is qualitatively insufficient, the prolonged form ensues, bringing fever, the usual manifestation of many infectious diseases. The fever persists as long as the nonneutralized antigen is present. In this stage of the defense reaction against a micro-organism or its toxins, the symptoms, although resulting from the response of the organism, are still directly related to the presence of the antigen in sufficient quantity. The quantity necessary to induce the clinical manifestations can be reached within a short time after the penetration of the antigen into the organism. The toxic reaction thus can appear in a few hours. Consequently, there is no specific obligatory incubation time. The manifestations will disappear when the amount of antigen is decreased sufficiently. For some microbes, antibiotics have such action, resulting in a decrease in the amount of the antigen present, and consequently in the disappearance of the clinical manifestations. A similar decrease in the amount of the free antigen present can be obtained by its neutralization through specific immune sera, if available. Consequently, such sera have curative effects in infectious diseases characterized by a primary toxic pathogenesis.

Allergic antibodies will appear after an obligatory incubation period of 6 or more days. If the antigen is still present, it may be destroyed by the new defensive antiheterogeneous responses mobilized against the resulting allergic complex. In this case, the appearance of the allergic antibodies re-

sults in a kind of clinical crisis which can lead to the cessation of the disease. However, if this effect does not occur, the appearance of allergic antibodies will cause an increase in symptoms or in their gravity.

In cases asymptomatic prior to the appearance of the allergic antibodies because of low direct toxicity or insufficient quantity of the antigen, the disease will become clinically apparent only with the appearance of the allergic manifestations. The clinical condition thus will have an obligatory incubation of 6 or more days, since this represents the time necessary for the coagulant antibodies to be produced. Since the manifestations in such cases are due to the allergic complex and not to the direct action of antigen, they will be nonexistent or minimal during the incubation time. Due to the allergic complex, the condition will not respond to specific immune sera able to neutralize the antigen but ineffective against the allergic complex. Specific immune sera are not curative for these infectious conditions of allergic pathogenesis. As already noted, only when administered before allergic antibodies have appeared, during their incubation period, do these sera have a marked preventive effect.

Thus the pathogenesis of an infectious disease can be toxic or allergic in nature. The two pathogenic mechanisms can be identified easily through incubation time of major clinical manifestations. *An infectious disease which appears shortly after the entrance of the antigen without an obligatory incubation has to be considered, according to our concept, to be of toxic pathogenesis while one which appears after an incubation time obligatory greater than 5 or 6 days has to be considered allergic.*

Applying this concept, we have separated the clinical infectious diseases into two groups, toxic and allergic, using incubation time as the criterion. We wish to note here the great similarity in the incubation time for the diseases in each group. Most of the allergic group have an obligatory incubation time ranging from 6 to 14 days, which coincides with the usual time needed for the appearance of the allergic antibodies. The incubation time is independent of the fundamental nature of the etiological agent—virus, microbe, protozoa, etc.—or of the nature of their products—exotoxins, endotoxins, etc. This indicates that the principal factor in the incubation time is the allergic pathogenic mechanism itself.

Based upon the criterion of obligatory incubation time, the following diseases with brief incubation time have been considered as having a toxic pathogenic mechanism: diphtheria, botulism, anthrax (*Bac. anthracis*), meningococcal infections, cholera, some streptococcal infections, dysentery (especially Shiga Kruse bac.), plague, scarlet fever, pneumonia, etc. In the allergic group, with an obligatory incubation time above 6 days, we find:

typhoid, typhus, tetanus, pertussis, rabies, measles, poliomyelitis, glanders, etc. (TABLE XII) In both groups, there are varied etiological agents. Thus, in the allergic group, for example, the antigens include a microbe with an exotoxin (tetanus) with an endotoxin (typhoid), a rickettsia (typhus), and a virus (rabies).

TABLE XII
INFECTIOUS DISEASES

Incubation

<i>Low</i>	<i>Obligatory above 6 days</i>
Dyphtheria	Typhoid
Anthrax	Tetanus
Botulism	Pertussis
Gaseous Gangrene	Glander
Plague	Tularemia
Erysipelas	Leprosis
Dysentery	Typhus
Meningococcic Inf.	Rabies
Cholera	Measles
Pneumococcus Inf.	Mumps
	Poliomyelitis
	Smallpox
	Chickenpox
	Recurrent fever

The concept of toxic and allergic pathogenesis for these diseases is impressively confirmed when we consider the effects of specific immune sera upon their evolution. The specific sera demonstrate curative properties for all diseases in the first group with brief incubation time, considered in our concept because of this incubating time as toxic. Not one of the conditions of the second group, considered as allergic on the basis of their incubation time alone, can be cured by immune sera. Still more impressive is the fact that, in spite of the lack of curative effect, the same sera have a marked preventive effect upon the same allergic conditions if administered before the onset of the symptoms, that is, during the incubation period. This confirms our explanation that the therapeutic inefficiency of the sera in the second group is due to the allergic pathogenesis of the disease and not to a lack of active antibodies. Moreover, the same sera have a curative action upon infections with brief incubation periods induced experimentally in animals with the same agent. The concept has been confirmed in most of the infectious diseases and we will discuss some of these diseases briefly.

Before discussing this aspect of infectious diseases in more detail, we want to mention another occurrence which can be interpreted also through

the concept of allergic conditions. It concerns a kind of recurrence of symptoms seen often around the 7th day after the beginning of the clinical condition in infectious diseases which, by themselves, have allergic pathogenesis such as typhoid, mumps, measles, pertussis, etc.

While in these cases the condition itself can be considered an allergic manifestation against the infectious agent as antigen, a 7th day exacerbation in the course of the clinical condition can be interpreted as a second allergic reaction. This time a new antigen has to be considered. This appears to occur with the first allergic manifestation, the new reaction appearing 7 days later. The complex antigen-coagulant-antibodies responsible for the clinical manifestations of the allergic condition could represent this secondary antigen. Besides the antiheterogeneous reaction—enzymatic and lipidic—which determine the symptoms of the condition, this complex induces the appearance of a new group of coagulant antibodies against it. Around the 7th day after the beginning of the clinical condition when these new coagulant antibodies against this secondary antigen appear, they induce the exacerbation seen.

The existence of these secondary allergic reactions toward secondary antigens, often themselves of allergic nature, explains many of the tardive manifestations seen in the course of infectious conditions.

Pneumococcic Pneumonia

This disease, which appears after a very short incubation period, has the characteristics of a primary or toxic condition, with chill marking the beginning of the clinical manifestations. Antipneumococcic immune sera, corresponding to the type or even to the subgroup of the etiologic microbe are curative when administered in time and in adequate doses. In the natural evolution of the disease, a crisis usually appears on the 8th day. This corresponds to a marked aggravation of symptoms which can be so intense as to lead to death. The term "crisis" indicates this characteristic exaggeration of the manifestations. The coincidence between appearance of the crisis around the 8th day and the moment when allergic manifestations generally occur has suggested an allergic nature for this crisis.

Usually, the course of the disease changes suddenly after the crisis. Most of the marked manifestations disappear in a short time. This allergic crisis, with an initial increase in the severity of the condition, is not seen in patients who have received specific serum which has acted to prevent the crisis as allergic reaction. In pneumonia the crisis has its beneficial effect, a fact which accords with the concept that allergic intervention provides a new opportunity to resolve the intervention of the noxious agent. As we

have seen, the allergic stage represents a second, more complex method of combatting antigens. In the case of pneumococcic pneumonia, this allergic defense effort is often successful. The evolution of the disease is stopped.

Diphtheria

We considered diphtheria, because of its characteristic short incubation time, to be a typical primary-toxic disease. This is also confirmed by the curative effect of its immune serum. However, the disease has a manifestation in which we recognize an allergic nature: diphtheria paralysis. With a usual obligatory incubation period of about 8 days, and always of more than 6 days, diphtheria paralysis is a typical allergic condition. Once present, it resists diphtheria immune serum, yet it can be efficiently prevented by the same serum. In animals such as guinea pigs and hamsters, such paralysis can be induced and its allergic character clearly recognized. The heating of toxin at 56°C reduces its direct toxicity without impairing its antigenic properties. Administration of even huge amounts of heated toxin does not produce any immediate toxic effect. Yet the heated toxin, even though it has lost its toxic effect, induces paralysis.

Classically, this paralysis has been related to a hypothetical thermostabile fraction of the toxin, with a high incubation time. This view does not agree with the results of our experiments. When different amounts of the same heated toxin are injected in guinea pigs of the same sex, age and weight, the incubation time for paralysis, although always above 6 days, changes, becoming paradoxically longer when higher doses are used. With great amounts of the heated toxin, corresponding to 20,000 lethal doses of the nonheated toxin, incubation time becomes as long as 14-17 days in contrast to 8-9 days for relatively small amounts. TABLE XIII shows this relationship.

TABLE XIII
Changes in the incubation time of paralysis induced
by different amounts of heated diphtheria toxin

<i>Amount used</i>	<i>Incubation time— average of 4 animals</i>
.5 LD	8.33 days *
1 LD	8.25
5 LD	8.00
20 LD	8.25
100 LD	9.75
1000 LD	11.00
5000 LD	13.75
20000 LD	15.75

* One in four animals did not show paralysis.

If the paralysis were induced by direct action of a thermostabile fraction of the toxin, then higher doses of the fraction should reduce, or at least, not increase the incubation time. This paradoxical fact can be explained simply through the mechanism of allergic pathogenesis. It is a fact common to immunological reactions that an organism has greater difficulty in manufacturing any antibody when very large amounts of antigen are present than when smaller amounts are involved. This difficulty is translated into a longer time necessary for the appearance of the antibodies. As seen in our experiments, in the case of an allergic reaction, this difficulty in the manufacture of coagulant antibodies would result in a longer incubation time.

The localization of the allergic manifestation as paralysis can be explained in part through the affinity of toxin as antigen for nerves and in part through the participation of the nerves in the allergic reaction. The levels at which the diphtheria toxin acts seem to be tissular, organic and systemic, with preference for the adrenals, inducing characteristic suprarrenalitis. When coagulant antibodies appear, no manifest systemic allergic reaction will occur with the antigen still present in the blood. The allergy will be manifest, however, at the lower tissue level and especially in the nearby nerves. Antigen must be present in the nerve at the moment of appearance of the coagulant antibodies if paralysis is to occur. This can be demonstrated by using sensitizing and triggering injections of toxin in animals.

We sensitized guinea pigs to heated and unheated toxin by injecting relatively small amounts intravenously. On the sixth or seventh day, another small quantity of the same toxin was injected, this time near the sciatic nerve. The total amount of toxin was far below the lethal dose. Two or three days later, paralysis developed in the injected limb in a high proportion of animals while no such paralysis could be observed in animals injected only intravenously or with the same total amount of toxin at once in the limb. In other experiments, the daily injection of small amounts of toxin, whether heated or nonheated, near the sciatic nerve, induced paralysis although the total quantity of toxin was much lower than that which ordinarily would induce paralysis in any similar animal. Paralysis appeared in these cases after an incubation period of about 12 days. The animals sensitized by one or more injections of heated toxin responded to the nonheated as triggering injections and vice versa, indicating that antigenic properties were responsible for the paralytic allergic manifestation.

In humans, anti-diphtheria serum, effective against toxic manifestations, had no effect upon paralysis once it had appeared but is very effective in

preventing it. The same was true in animal experiments. Injected 24 hours before the appearance of paralysis, the serum had a consistent preventive action. This fact confirms again the allergic pathogenesis of the paralysis.

In another experiment, we showed that administration of cortisone, with its anti-allergic action, also reduces the incidence of paralysis without having the same effect upon the direct toxic action. It can be noted, too, that among small laboratory animals, diphtheria paralysis can be induced readily in guinea pigs, less readily in hamsters, and not at all in adult rats and mice. In addition to the sensitivity of guinea pigs to diphtheria toxin, this can be related to the great capacity of these animals in general to produce allergic antibodies and thus to be subject to anaphylactic reaction. Based on these considerations, we can classify diphtheria paralysis as a typical localized allergic reaction.

Typhoid

Typhoid, as seen in humans, is an allergic condition with an incubation period obligatory longer than 6 days. However, in experimental animals the same microbe induces a condition with a short incubation period, a fact which indicates a primary toxic pathogenesis. This difference can explain the striking difference in results with immune sera. The literature emphasizes great efficacy in experimental animals for various immune sera prepared against this microbe and its endotoxin (Chantemesse, Besredka, Kitasato, Wassermann, etc.), but no efficacy in the human disease.

In our experiments, when a sufficient amount of microbes, alive or dead, was injected at once, a primary-toxic condition was induced in guinea pigs. The incubation period was brief. With the same microbe, alive or dead, we were able to obtain the allergic form in guinea pigs with repeated, daily injections of small amounts. The allergic form similar to that seen in humans was induced. After about 12 days, temperature started to rise and usually remained high for more than two weeks, even with the dead microbe if the injections were continued. If living microbes were used, the condition continued even without new injections. We even obtained positive hemoculture at this time. Under similar conditions, the same allergic form of typhoid also was induced in rabbits although much less consistently than in guinea pigs. An antityphoid serum obtained from rabbits showed activity against the toxic form of infection induced in guinea pigs. It was entirely ineffective against the allergic form when that was already present, although the total amount of microbes injected over a period of many days was smaller than was used to induce the toxic form. Injected before the

8th day, the same serum prevented the appearance of the allergic form of the experimental disease.

Tetanus

In the light of our concept, we studied tetanus pathogenesis in an effort to explain the classically emphasized separation between the so-called small and big animal disease. (39) In mice, tetanus has a short incubation period and is manifested by localized contractions, while the disease of so-called "big animals" starts with trismus after an incubation period of more than 6 days. Based upon incubation times, we considered tetanus to be the toxic form in small animals, the allergic form in large animals.

We could, in fact, induce a condition in mice manifested by trismus and epistonus, and having an incubation period longer than 8 days, by daily repeated intravenous injections of small amounts of toxin. The special affinity of this toxin for the nervous system, and the strong bond between nervous tissue and toxin, limited the response to the antitetanic serum even of the primary form. If injected in time, however, the antitetanic serum controlled this primary form. The same serum appears to be highly effective in the prevention of the condition in animals which have been prepared for the allergic form, provided it is administered before the allergic manifestations have appeared. The same serum is totally inactive once the allergic condition is present.

Rabies

Under all circumstances, rabies needs an incubation time of more than 5 days. From our point of view, therefore, it has to be considered an allergic condition. When the rabies virus was passed repeatedly through the brains of rabbits, incubation time became continuously shorter and ultimately was fixed at 6 or even 5 days. Classically, this progressively shortened incubation time is interpreted as being due to progressively increased virulence of the virus after these passages. In the light of our concept of the pathogenesis of infectious disease, a reduction of incubation time is the result of increased virulence only in cases of primary direct toxic pathogenesis. In the allergic condition, which has an entirely different pathogenic mechanism with the incubation period related to the time necessary for the body to produce coagulant antibodies, a shorter incubation would correspond to a different change. It results from a greater facility of the organism for manufacturing antibodies against the infectious agent. In the case of rabies, a short incubation period of 5 days for a "fixed virus" would mean that the organism is able to manufacture allergic antibodies more easily,

and consequently earlier. Apparently, antibody production is more difficult for the "street virus" which has a longer incubation time. The fixed virus consequently appears to be not only a brain-adapted virus, but also a weaker antigen, against which the body and especially the nervous system is more easily able to manufacture allergic antibodies.

The possibility of using the fixed virus as a vaccine in an individual already infected with street virus can be explained by differences in the relationship between the organism and the two viruses. Usually the street virus has a much longer incubation time, indicating that the body needs much more time to manufacture the allergic antibodies. The same as the animal is able to make allergic antibodies in a short time against the fixed virus, the vaccinated individual will be able to manufacture more rapidly also the protective neutralizing antibodies against the same changed fixed virus. The neutralizing antibodies will thus appear earlier and act against the "street virus" before the organism in general and the nervous system in particular has made allergic antibodies against it.

It is possible, however, that an additional factor may intervene in this case. In vaccine, we use an allergic complex as it is present in the nervous system. This corresponds to a further step in the general process of immunity and its presence could shorten still more the time necessary for the appearance of protective neutralizing antibodies.

The concept of rabies, clinical and experimental, as an allergic condition has recently received confirmation through the results obtained with a specific antirabies serum (Koprowski). With no curative capacity, this serum is able to prevent the disease if it is injected before the appearance of the clinical condition, even if only shortly before. It helps in cases where no more time is left for active immunity to be established by the body itself as a response to the vaccine. This passive immunity is consequently indicated for the case in which vaccination starts late. The serum, with no curative effect once the clinical condition has started, has a preventive effect, a fact which accords with the concept of rabies as a condition with allergic pathogenesis.

Syphilis and Tuberculosis

Syphilitic chancre has the characteristics of an allergic condition. The first lesion, often a small blister on a nonindurated base, shows a minimal reaction in spite of its richness in treponemas. It is only after an incubation of about 9 days that the intensive reaction appears, with the characteristic induration. Because of this, the chancre can be considered to be a specific allergic manifestation. The positive lutein reaction also corresponds

to an allergic response. The appearance of secondary manifestations also can be indicative of allergic pathogenesis, but with another antigen than the treponema involved.

Several possible antigens have to be considered. One would consist of constituents of the microbe itself against which the body needs almost one month to manufacture specific coagulant antibodies. Another antigen would correspond to constituents of the body itself becoming heterogeneous under the influence of the treponema. A lipido-proteinic antigen seems plausible. Complement fixation, flocculation, and other diagnostic tests for syphilis use antigens which are not directly obtained from the microbes but usually correspond to lipido-proteinic fractions of organs, such as heart. In the original reaction of Wassermann, the antigen was an extract from organs rich in treponema, such as the liver of stillborn infants with heredosyphilis. This would favor the hypothesis that a secondary antigen is involved and that it has its origin in the body constituents heterogenized through the influence of the spirochetes. A similar antigen would account for the pathogenesis of the secondary manifestations. By extending this concept, the tertiary lesions and parasymphilitic manifestations can also be seen to be of similar allergic pathogenesis, with other newly formed antigens involved. Secondary antigens would conceivably develop in tuberculosis as well. While the primary tuberculous chancre can be seen as an allergic manifestation having the lipido-protein of the microbe as antigen, the cavern formation can be attributed to a secondary antigen.

It appears highly probable that it is these "secondary" antigens, together with the inability of the organism to manufacture efficient immune antibodies, that keep the defense in the allergic stage and impart to both tuberculosis and syphilis not only their chronic character but also their clinical gravity. The allergic pathogenesis explains also the inefficiency of all the tentatives to obtain sera against these conditions.

Streptococcal Infections

Erysipelas and many other streptococcal infections appear as primary toxic diseases with a short incubation. Active immune sera in sufficient amounts injected in time give good results. Often a marked change in the symptoms is seen toward the 8th day, a fact which could be considered to indicate passage into the allergic phase. Many other manifestations of streptococcal infections, such as those seen in rheumatic fever, can be considered allergic.

The glomerulonephritis which appears as a complication of scarlet fever or of pharyngeal streptococcal infection is especially interesting. While a

change in general symptoms in these infections is seen toward the 8th day, this complication usually appears toward the 24th day. The intervention of a secondary antigen resulting from the bond between lipids and the renal tissues can be hypothecated in the light of studies concerning immunological defense processes against tissues, which we present in the following pages.

We do not want to leave the problem of infectious diseases without a few more words about the use of lipids in the defense mechanism against microbes. The fact that lipids liberated in the first defense responses are bound to microbes and intervene in this complex form to promote the appearance of higher defense processes has led us to use similar bonds in order to stimulate this defense. We have seen above how lipids other than those offered by the infected organism can be used. The injection of killed microbes treated with lipoacid from heterogeneous sources, such as from species naturally refractory to the microbe, has enhanced the defense mechanism. Microbes treated with lipoacids of the tubercle bacilli or of *Bixa orellana* were seen to induce a strong specific allergic response.

Interesting results were obtained through the use of insaponifiable fractions bound to the microbes. The fractions obtained from refractory species appeared to be most effective in enhancing the defense mechanism in general. The insaponifiable fractions obtained from the entire body of rats, animals refractory to most infections, gave the best results for most of the infections studied.

In these investigations, in addition to using killed microbes treated with lipids *in vitro*, we employed another method to treat the microbes. Lipoids were added to the media in which the organisms were grown. Some of the lipoids were seen to increase, and others to decrease, microbial virulence. Killed and used as vaccines in cases of resistant infections, these lipid-treated microbes were seen to induce more effective immunization.

Experiments in progress indicate the possibility of using such microbes—and even viruses so treated—to obtain long-lasting immunity. Microbes with very reduced virulence are used as live vaccines. Their capacity to induce effective defense responses in a short time also has led to their use as “late” vaccines, *i.e.*, vaccines which can be administered during the incubation time of an infection. As these studies are still in progress an evaluation of the results is not yet possible.

An interesting aspect of the influence exerted by lipids upon microorganisms is their use in producing qualitative changes in antibiotics. Preliminary research shows that the addition of lipids of the microbes against

which more active antibiotics are sought seems to alter the antibiotics so that they have a higher degree of specificity against these microbes.

IMMUNOLOGICAL DEFENSE AGAINST CELLS AND TISSUES

Heterogenization of the Transplants

It is known that the introduction in a normal subject of cells or tissues from an animal of another species or even a transplant from the same species will induce the appearance of defense processes. These differ with the degree of heterogeneity of the transplant. Experimentally, we can vary this degree of heterogeneity of transplanted cells and study the different responses in the frame of the normal and abnormal defense mechanism.

For the highly heterogeneous transplant, such as cells or tissue of a strange species, a primary response occurs, with liberation of hydrolytic enzymes and lipids. If sufficiently strong, this response will destroy and eliminate the transplant. If the transplant is moderately heterogeneous, such as one from an individual of the same species, the primary reaction is milder so that the transplanted tissue survives this attack. It will, however, be killed and rejected with the appearance of the second defense stage, *i.e.*, that of the allergic reaction. The damage to the transplant can be attributed to the antiheterogeneous reaction, which this time appears to be directed toward the product resulting from the bond between the transplant and tissue allergic antibodies.

For a still less heterogeneous transplant, such as one from young animals of the same species, the two defense responses are mild. However, the transplant is often destroyed through a later intervention of immune antibodies. This is seen to occur after some months for organs or for cell transplants such as bone marrow cells for the treatment of severe radiation damage. In these cases, the defense mechanism which intervenes months after grafting can be correlated to the immune stage. An autograft, which is a perfectly homologous transplant, usually will survive. The fate of a transplant thus appears to be determined by its heterogeneity. This heterogeneity, however, does not result only from the differences which exist between donor and receiver. Even an autotransplant can be heterogenized by surgical manipulation, heat or other treatment, or by changing its organizational relationship to other entities, to such a degree as to be destroyed by an immune, allergic or even a primary defense response.

The heterogeneity of the transplant—intrinsic or induced by the appli-

cation of external agents—represents only one factor which determines the nature of the defense processes. Another factor corresponds to the changes in the antigen or constituents induced by the intervention of primary, allergic or even protective immunological reactions. The study of the defense reaction against the organism's own tissues or cells heterogenized by previous immunological responses is of special interest, in view of the role of such heterogenized entities in a more complex defense mechanism. The organism often heterogenizes its own entities through the agents used in the defense against foreign entities. Primary, allergic and even immune reactions induce various degrees of heterogenization of the organism's own constituents at various levels of the organization.

Through the intervention of hydrolytic enzymes, lipids, allergic antibodies or even neutralizing antibodies, different changes in an organism's own entities can be induced. From these, the heterogenization of body entities by lipids was studied in particular. The heterogeneous effect of lipoacids could be shown in many experiments, as in the following: Suspensions of cells of different organs of guinea pigs, in a concentration of 1 gram of cells to 10 cc. of saline, were prepared. At the same time lipoacid suspensions in saline were obtained starting from 2% solutions of different lipoacids in alcohol. Four weekly administrations to guinea pigs of the separate cell suspensions or of the lipoacid suspensions were not followed in most of the animals by any serious manifestations. A heterogenization of the cells was obtained through the action of the lipoacid suspension upon the cells. While one single injection of the so-treated cells showed no noxious manifestations, consecutive injections at weekly intervals were seen to induce, in less than a month, important changes generally concerning the respective organs from which the cells derived.

The lipoacid-cell complex acts as an antigen, with the type of cell determining the organ where the abnormal changes will occur, and the lipid determining the character of the occurring reaction. Depending upon the lipoacid, the effect will vary from minimal tissular lesions all the way to massive degenerative changes leading to death.

The degree of heterogeneity of the lipoacid appears to be one factor which determines the stage of defense induced. Oleic and linoleic acids, and the lipoacids from human placenta, cow liver or total body of guinea pigs had a slighter effect in inducing organ lesions than the lipoacids obtained from *Bixa orellana* and especially from the tubercle bacilli which led to serious damage in the respective organs. Tuberculin acting upon the cells had the same effect as lipids obtained from tubercle bacilli.

Through variations in the nature of the autogenous factors—hydrolytic

enzymes, lipids, allergic antibodies or even immune antibodies—a graduated series of changes in an organism's own entities can be induced. Of the factors which intervene in the heterogenization of such entities, we have studied the lipids in particular. An antigenic role for lipoacids could be shown in many experiments. For example, suspensions of red cells or cells of different tissues of guinea pigs in a concentration of 1 gram of cells to 10 cc. of saline were prepared. At the same time lipoacid preparations were obtained in the following manner. 5 cc. of a 2% solution in alcohol of different lipoacids or mixtures of lipoacids were added to 110 cc. of water and the preparation boiled under low pressure until reduced to 100 cc.

The cell suspensions were administered to guinea pigs in four injections at weekly intervals with no serious manifestations. The same was done for the lipoacids above. A preparation was obtained through the action of the lipoacids upon the cell suspension in the following manner. 5 cc. of the colloidal lipoacid aqueous suspension were added to 5 cc. of the suspension of cells of different tissues. To 5 cc. of red cells, only 1 cc. of the lipidic suspension was added. The mixture in each case was incubated for two hours at 37°C and centrifuged. The cellular residues, separated from the supernatant fluid, were resuspended in saline and kept frozen. While one injection of the so-treated cells showed no noxious manifestations, consecutive injections at weekly intervals were seen to induce, in less than a month, manifest changes in the respective organs. With the red cells, a marked anemia was induced. Oleic and linoleic acids, and the lipoacids from human placenta, cow liver or total body of guinea pigs had only a slight effect in inducing organ lesions. The lipoacids obtained from *Bixa orellana* and especially from the tubercle bacilli led to serious damage in the respective organs and resulted in death usually in less than 3 weeks. Tuberculin in these cases had the same effect as lipids obtained from tubercle bacilli.

The degree of heterogeneity of the lipoacid appears to be the factor which determines the stage of defense induced. The lipoacid-cell complex acts as an antigen, with the type of cell determining the organ where the abnormal changes occurs, and the lipid determining the character of the occurring reaction. Depending upon the lipoacid, the effect will vary from minimal tissular lesions all the way to massive degenerative changes leading to death.

The intervention of a bond between cells and lipids appears evident when acid lipid preparations are injected repeatedly at weekly intervals in the same organ. Lesions are obtained which are similar to but less intensive than those produced by the cell-lipoacid complexes.

It was highly interesting to note the differences in lesions depending on the origin of the cells injected. Zones of necrosis, often with subacute cellular degeneration and even with inflammatory processes, were induced by not too heterogeneous fatty acids. Acute glomerulonephritis, liver degeneration, pneumonia, enteritis or encephalitis resulted from repeated injections of cells from kidney, liver, lungs, intestines and brain treated in vitro with bixin, lipoacids of tubercle bacilli, lipoacids of fish or even fatty acid mixtures of cod liver oil.

Against tissue transplants, injections of the host with lipoids with negative character—such as fatty acids, mixture of lipoacids of different origins, and lipids with SH or SeH as polar groups—have exaggerated all phases of defense processes. Skin transplants between siblings, which usually give a high percentage of accepted grafts, were rejected completely after treatment with some of these agents. The degree of heterogeneity of the agents appeared particularly interesting. With lipoacids of the same species, very high doses were required to induce only minimal changes. On the other hand, preparations of lipoacids of fish, mollusk, molds and microbes produced marked effects. Transplants treated with these preparations were rejected or absorbed after eight or more days. Seldom was an immediate rejection seen.

Even more interesting were the results obtained by direct action of the lipids upon transplants, achieving a bond between them. For these experiments, the agents were used in oil solutions as well as in saline suspensions. Transplants were dipped into different preparations. Even autografts if treated with lipoacids of the same species often were rejected. This took place even after more than three weeks. When more heterogeneous lipoacids were used, such as those obtained from other species, autografts were rejected as completely as transplants of the same species, *i.e.*, around the eighth day. This also occurred with relatively heterogeneous agents, such as the lipoids of microbes, especially those of the tubercle bacilli. With still more heterogeneous agents, such as lipoids with SH or SeH polar groups, the treated transplants were rejected through an immediate direct inflammatory reaction.

The influence exerted by injections of the opposite group of lipoids with positive character was in the opposite direction. The percentage of accepted transplants was increased.

By dipping skin transplants of animals of the same species in preparations of the insaponifiable fractions of the species, the percentage of persistent grafts was highly increased. In some experiments all the transplants between siblings were positive. Even between different strains of mice,

such positive results were obtained. The treatment of transplants with butanol alone was not effective. Adding butanol to the preparation of insaponifiable fractions, however, enhanced the effect of the latter.

The most interesting results were obtained by cross-treatment—in which the transplant was treated with the insaponifiable fraction of the strain of the host and the host with the insaponifiable fraction of the donor. An unusual number of positive grafts were obtained between strains of mice and, in exceptional cases, even between species when a mixture of the two preparations of insaponifiable fractions of the donor and host was used for the treatment of both transplant and host.

Even more interesting results were obtained when, in addition to these treatments of transplant and host, another treatment—that of the “bed” of the transplant—was added. The wound receiving the transplant was soaked with the mixture of insaponifiable fractions. Often after the graft, treatment with the fractions was continued through small injections into the bed of the transplant. Injections into the transplant itself, if possible, increased the number of positive results.

Before pursuing further the study of these interesting problems, an analysis of another aspect of the response to heterogenized material has appeared necessary. It concerns the intervention of different levels of the organization in the defense mechanism. This was seen to vary according to the degree of heterogeneity of the transplant. The defense processes thus can be limited to the heterogenized entity or to entities of the same level, or they can extend far into the hierarchic organization. With a highly heterogenized material, a broad hierarchic reaction occurs with several superior levels intervening. In these cases primary enzymatic or prolonged processes involve the tissular, organic and systemic levels. With less heterogenization, the ensuing primary reaction is not strong enough to destroy and eliminate the heterogenized entities and an allergic reaction takes place. This involves other levels such as tissular and even organic. With still less intensive heterogenization, the defense remains localized at the affected level itself and is weaker. With the defense inefficient in its primary or allergic stages, a protective stage becomes necessary in order to take care of the heterogenized entities.

The analysis of many conditions indicates the importance of the different factors for the development of the clinical manifestations.

Seventh Day Manifestations in Trauma

We have studied these defense reactions for trauma, the degree of intensity of the trauma indicating the extent of the exogenous heterogeniza-

tion. Very intensive trauma can produce a lethal superacute shock which corresponds, as we shall see below, to a generalized primary response. A less intensive trauma may induce a tissular necrosis with consecutive sloughing as a localized primary defense. A still less intensive trauma may induce an allergic tissular response. The importance of these changes for clinical manifestations is such that it appears necessary to emphasize them. After surgery, for instance, a slight temperature elevation is often observed between the 7th and 9th day. This has to be interpreted as an allergic reaction. When intensive enough, this allergic response with the ensuing lytic action passes from the tissular level to the higher level of the blood vessels. Along with inflammation and pain, local hemorrhages often appear. Severe hemorrhages occur at this time after various traumatic incidents. The most disturbing complications for plastic surgery of the nose, for instance, are the severe "7th day hemorrhages." The fact that they start at this critical moment indicates their allergic pathogenesis. The study of these allergic changes has shown that they occur in the evolution of all traumatic lesions. They can occur and remain clinically inapparent and uneventful, as seen in the following experiment.

In groups of rats of the same sex and age kept under similar conditions, parallel skin incisions 3 cm. long at $\frac{1}{2}$ cm. intervals were made. The lesions were excised at different times and chloride content determined. Fig. 78 shows the curve of average values of the total chloride content of these skin wounds in groups of six animals for each day. It can be seen that intensive local chloride retention occurs with the first defense reaction, with values as much as four times greater than those of normal tissues. On the third day, chloride content falls. It goes below normal tissue values after the fifth day during the healing process. However, in an otherwise regular curve, there is a distinct temporary increase in chloride content on the 8th day. Its occurrence at this time, when coagulant antibodies appear, indicates its allergic nature.

The same allergic pathogenesis explains the exacerbation of symptoms seen about the 7th day in many conditions. In patients who have suffered a myocardial infarct, for example, recurrence of pain is often seen the 7th-8th day after the infarct.

Part of the effects of chemical, physical and hormonal agents could be interpreted in terms of influence exerted upon the different factors which intervene in the defense mechanism. Some agents such as opium derivatives were seen to affect the liberation of hydrolytic enzymes while others interfere with the manufacture of allergic or immune antibodies. The influence exerted by radiation upon the defense mechanism can be related to its

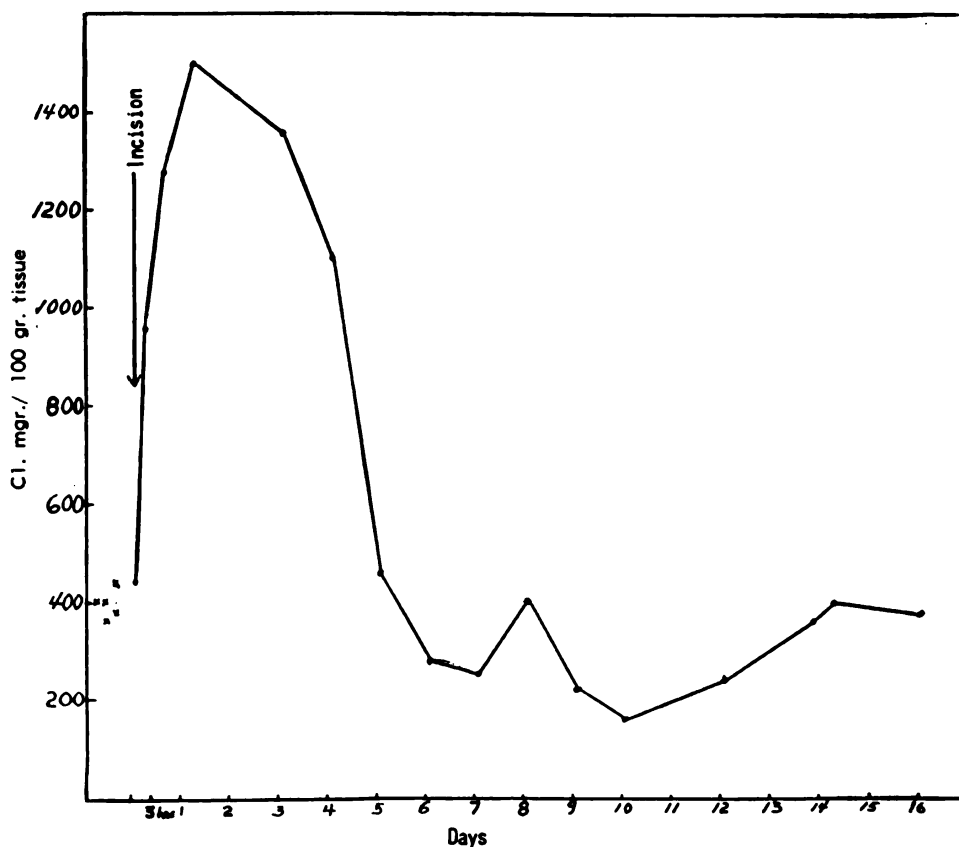


FIG. 78. *Wound chloride curve.* The curve of the amount of the chlorides present in skin wounds in rats corresponds to the average value obtained in 6 rats for each figure. A first phase, with high values corresponds to the offbalance D. This is followed by a second phase characterized by an offbalance A. A variation in the curve corresponding to the 8th day is constantly seen as corresponding to an allergic reaction. The values represent mgs. of chlorine per 100 gr. of weight of the wet material.

effect upon granulocytes and lymphocytes while neoglucogenic corticoids affect the connective tissue and lymphocytes.

Research in all these directions is still in progress and the results will be communicated in further publications.

For the time being, they have brought more information and suggestions of research in the special case of the immunological problem of cancer.

IMMUNOLOGICAL PROBLEMS IN CANCER

We used the data obtained from the analysis of the defense process against cells and tissues in the study of the immunological problem of cancer. The different cancerous hierarchic entities, as defined previously may be con-

sidered to correspond, up to a certain point, to heterogeneous entities—the grafted tumors to transplants and the spontaneous tumors to heterogenized entities of the individual.

We tried, in a first series of experiments, to follow the intervention of the different mechanisms of defense on grafted tumors in animals, employing transplants of various degrees of heterogeneity. Different types of tumors were used. Highly heterogeneous tumors obtained from species other than the host would not grow when transplanted. The death of the transplant, even its rejection if mechanically possible, occurs in a short time. The necrosis of the transplant and the relatively wide inflammatory process that develops around it immediately after the graft indicate the intervention of the first stage of the defense reaction from the cellular to the organic level.

With a second group of tumors, usually from the same species or even moderately heterogeneous, the grafts take and the tumors grow for a time. Often, around the 8th to the 15th day, the transplant starts to show profound changes. The changes affect the entire tumor which involutes rapidly and is often expelled. That this is due to allergic reaction could be shown by the following experiment. Fragments of the same kind of tumor which had been obtained from different animals were transplanted at 2 to 3 day intervals in the same host. In spite of the different ages of the transplants, the death and rejection of all occurred at short intervals and in the same manner, indicating the intervention of a mechanism taking place in the host and relatively independent of the evolution of the transplant itself. Such a mechanism would be the intervention of allergic antibodies.

In a third group of grafts of low heterogeneity, the tumors continue to evolve for an even longer period of time, and it is only in a few animals that these tumors are entirely rejected. This change, which consists of cytolysis of the tumor, takes a certain time to be completed, which indicates that it probably results from the intervention of protective antibodies. The first and the second defense mechanisms appeared to be inadequate to conquer the tumor and it was the third stage, with formation of protective antibodies, which apparently was able to accomplish it. This mechanism is confirmed by the fact that later grafts are negative from the time they are transplanted, through cytolytic changes in the tumor and not through an intensive inflammatory process as seen in the primary reaction. The immunological nature of the defense in these cases could be seen also through the passive immunity which could be induced in other animals with the serum of the host.

Grafts in Humans

The grafting of cancerous cells in normal humans usually leads to the appearance of a growing tumor which (315) after a period of days, almost always suffers the same fate as a moderately heterogeneous transplant: death followed by resorption or expulsion. The time when this process occurs indicates the allergic nature of the defense mechanism. It is highly probable that, without the intervention of this efficient allergic defense, the cancerous process would have continued to evolve.

Such continued growth occurs if grafts are made in subjects already having their own cancerous process. This would indicate that the allergic defense mechanism against the graft is no longer operating in these cases. The fact that a cancerous subject accepts a new tumor graft while the normal one rejects it indicates that defense processes are different for the normal and this cancerous subject. The inability of these subjects to reject a grafted tumor through an allergic response appears to be the major immunological difference between the normal and the cancerous subject. Still more important is the fact that in cancer patients, the anomaly would correspond to a *loss* of the capacity to reject the grafted tumor which the normal subject seems to have.

In trying to determine the nature of the immunological anomaly in the evolution of a spontaneous cancer in patients, we have to relate it to this loss of the defense processes as seen above.

In studying this occurrence in general, a loss of defense against an antigen can be conceived to occur for any of the three different mechanisms involved in defense: primary, allergic or protective. In cases when this takes place, the loss of the protective stage will take place first. The allergic defense will be affected next and finally, the primary response. This explains why the inability of an individual to achieve one stage of the defense leaves the defense resting in the immediately previous stage. The inability to manufacture protective globulinic antibodies, for instance, will leave an individual in the allergic stage which, in the development of defense, precedes manufacture of the immune antibodies. This results in a potential allergic condition if the antigen is absent or an actual allergic condition if the antigen is present. We have seen that this occurs in most of the chronic infectious conditions. Similarly, with the inability of an organism to manufacture coagulant antibodies, the defense remains in the previous defense stage, the primary lipidic one.

Before going further, we have to discuss a factor believed by many authors to be involved also in the defense mechanism against cancer. A few

years ago, the defense mechanism in general had been related to the properdin system. However, when considered in terms of the systematization of the defense processes, properdin has to be regarded as a nonspecific direct antioxious reaction. It appears to be involved in the antiheterogeneous defense response, appearing after the enzymatic hydrolytic attack and at the beginning of the prolonged lipidic intervention.

The decrease in the properdin content of the blood of subjects with cancer has caused various authors to try to explain through it the differences in the reaction of cancerous and normal subjects toward a new transplant. The analysis of the conditions under which this occurs, however, has shown us that the anomaly does not reside in the antiheterogeneous processes of defense, which are the same against antigen and allergic complex, but in the allergic reaction itself. From the immunological point of view, the difference between a normal subject and one with invasive cancer resides in the loss of capacity to induce the second type of defense, the allergic, toward the cancerous tissue. Corresponding to an inability to manufacture coagulant antibodies, this deficiency would explain the lack of respective antiheterogeneous reaction toward the antigen-coagulant-antibodies complex and consequently the low blood content of properdin seen in these cases.

Failure of the allergic defense mechanism specifically against cancer entities need not mean general failure of allergic defense. The failure may be limited to inability to manufacture allergic antibodies against a specific antigen. We have seen, especially for the infectious diseases, that primary and allergic processes can occur with great intensity and still not be qualitatively efficient. The agent, the microbe, for instance, can still remain present despite even violent allergic reactions. The mere presence of defense processes does not implicitly mean successful defense; they may be qualitatively insufficient.

In cancer, if the allergic defense is insufficient, two eventualities have to be considered: either the organism in general cannot pass into the allergic stage of defense and therefore is unable to manufacture allergic antibodies, or this response is only qualitatively insufficient. In the latter case, the general and even local reactions could be quite intensive but still be ineffective. This seems to occur only in certain forms of cancer such as those with a high inflammatory process; for instance, in the inflammatory form of breast carcinoma. As this cancer starts and evolves as an acute mastitis, very intensive defensive processes, apparently only of the primary stage, occur. But they are unable to check the disease which usually evolves even more rapidly in these cases. This is also true for other cancers where fever is

present, indicating a prolonged primary, toxic stage. The lack of local reaction seen at the site of the growing transplant in the cancerous subject at the time when the normal individual kills or rejects the transplant points to the fact that the anomaly resides in qualitative inability to manufacture allergic antibodies.

The next problem was to investigate the reason for the failure of allergic defense against the tumors. We could show that the cancerous subject has not lost the capacity in general to manufacture coagulant antibodies. Even subjects with very widely spread cancer were able to respond with a local skin allergic reaction to a second injection of an antigen (proteins from mollusks) made more than ten days after a first preparatory one. (*Note 7*) Their inability to fight transplanted cancer cells through a similar allergic reaction indicates that the loss of this capacity is not general but relatively specific toward the cancerous cells. The lack of an intensive inflammatory process, as well as the existence of high amounts of lipids in the cancerous tissue, also would indicate indirectly an inability of the cancerous subject to resolve the existing immunological problem of fighting cancer through an allergic reaction. The presence of large amounts of lipids indicates that the defense mechanism has been arrested in the stage of pronounced lipidic predominance. Abnormal amounts of lipids thus could represent an indirect means of recognizing the failure of an allergic response to cancerous entities.

The next problem was to try to determine where in the organization the failure occurs. The different levels of the organization are independent to a certain degree and passage of an abnormality from one level to another induces hierarchic progression of the condition. This has posed the problem of the progressive loss at the different levels of the natural capacity to defend against cancer. Recently many investigators have shown that cancer cells pass into the lymphatic system and into the general circulation in a much higher proportion than had been suspected before. Malignant cells in the circulation are destroyed, however, by the defense means which are not lost at this level. The same patient thus may still have an actively growing cancer at the tissular level, indicating that this defense process, although successful for the higher levels of the organization, does not intervene at this lower level.

The hierarchic progression of cancer can be seen as a progressive loss of the immunological defense capacity. While the organism conserves the capacity to fight at a higher level, a lower hierarchic entity no longer opposes the cancerous condition. It is not the absence of cancerous cells in blood or organs which explains the lack of an explosive spread of the dis-

ease, but the presence of efficient defense means at these levels which keeps a cancer still localized.

Metastases

The relative independence in the loss of the defense capacity of different entities would explain one of the most baffling problems of cancer—why certain cancers tend to metastasize to certain organs or tissues. Some cancers show bone metastases, others spread to many organs, while still others spread only to certain specific organs. This can be explained by a loss of the defense capacity at the organ level. While some organs lose, others still maintain their allergic defense capacity. The circulating cancer cells will induce multiple metastases in the first but will not be able to take hold in the latter.

A similar mechanism can also explain the persistence of inactive cancer cells for years after an operation. The defense mechanism, while it is not able to affect the cells and destroy them, is still sufficiently active at the tissular level to prevent the condition from progressing at this level. The cancer cells will start to invade this level only when the tissular level is unable to defend itself further through an allergic response against the invading cells. By losing its allergic response capacity, the tissular level will even exaggerate the corresponding lower primary stage of defense, that is, the prolonged lipidic phase with the consequent changes which this brings on. Among them would be the appearance of pain.

Under these circumstances, the general immunological condition favorable to the hierarchically progressive development of cancer has to be regarded as the loss of the capacity of the different levels for an effective allergic response toward cancerous entities. The immunological problem of cancer consequently appears in a special light, different from all the other known conditions where an unsuccessful immunological response is present. In the other conditions, the problem of the inability to conquer an antigen is one involving the incapacity to mobilize or develop an effective immunological response. In cancer, the body appears to have lost a previously existing capacity that was present before the disease appeared. In other diseases, the immunological problem is to create a new and favorable condition in the fight against an antigen, by developing means which do not exist in the normal individual. In cancer, the immunological problem would be to prevent the loss of a property possessed by normal subjects or, if already lost, to find some means to regain it.

These considerations and the study of the different factors involved in the development of the progressive defense stage has led us again to the

role of the lipids in these processes. The appearance of a stage in the defense mechanism seems to be strongly related to the fulfillment of the qualitative requirement for the previous stage. Deficiency of essential factors in one stage represents an impediment for the next stage. In the case of cancer, failure of the specific allergic phase thus could be traced to a qualitatively inadequate preceding lipidic phase. A level is unable to surmount an allergic defense because the lipids which can mobilize are qualitatively inadequate. Even abnormal richness in lipids thus could be interpreted as resulting from their qualitative inadequacy. This very excess indicates their importance.

Immunological Therapeutic Approach

The fact that effective defense resources are present at a higher level does not mean that they inevitably will act at a lower level.

This view of the abnormal immunological processes in cancer has pointed the way for some new therapeutic approaches. From the therapeutic point of view, the problem becomes one of how to induce the body to regain, at the necessary level, the lost immunological capacity, and through a specific allergic defense, to combat the cancerous entities. Furthermore, since this specific allergic defense capacity is lost independently by the various levels of organization, the immediate problem would be how it could be recovered for the particular level where the loss occurs. The existence of adequate defense capacity at a higher level, such as the systemic, does not provide a solution for cancer present at lower levels such as the tissular, because of the independence which exists between levels. Only the manufacture of coagulant or immune antibodies against cancer at the proper level would put the individual in a sufficiently active defense phase to enable him to resolve the condition at that level.

The problem of immunity at the proper level thus appears to be critical for any immunological attack against cancer. It is evident in other conditions as well and has inspired the use of local vaccination in localized infectious conditions. (307, 308)

The study of immunity against viruses has permitted us to recognize the importance of immunity at different levels. Virus infection is a typical cellular condition, the virus multiplying only within a cell. Theoretically, an immunity at all levels can be induced for viruses. According to the view discussed above, however, a systemic immunity with circulating antibodies will not insure a cellular defense. It would intervene only when the virus is passing through the systemic level and its activity would last only during the time when circulating antibodies are present. During this time, the

virus will be prevented from reaching the cells. Once the circulating antibodies are no longer present, the cells cease to be protected. For an efficient defense against viruses an immunity within the cell appears thus to be indispensable. The use of dead virus vaccine will induce only systemic immunity, which can be recognized through the circulating antibodies. It is unlikely that the killed virus enters the cells. It does not affect them, and consequently does not induce cellular immunity. Even a mild cellular infection with living virus will give the necessary long-lasting cellular immunity. This would explain the need for living and not killed vaccines for viral infections, as first postulated by Pasteur.

A similar level immunity can explain the differences seen between the immunity resulting from the use of microbial vaccines and that produced by natural disease. Typhoid infection gives lifelong immunity; the vaccination, only relative and temporary immunity. An explanation can be found in the fact that, in the disease, along with the septicemia, manifest changes occur in organs and tissues. Spleen and lymphatic tissues are highly affected in typhoid and it is possible that the development of the defense at their level would explain the lifelong immunity that follows the natural infection.

In cancer, the problem would be to induce not a systemic defense, which is still present for invasive cancer, but an effective tissue or even cellular defense. Immunological treatment of cancer would have to make tissular and possibly cellular levels regain their capacity to defend themselves through efficient allergic responses. The immunological prevention of cancer would lie not in the creation of this defense or in increasing it quantitatively but enhancing it qualitatively. A successful allergic defense at this level apparently would have a preventive and even curative effect. The use of lipids in the induction of the defense mechanism against tissues has an interesting application in cancer. A systemic treatment with lipids or lipoids can change the defense response so that it can be effective at a specific level where it is otherwise inadequate. For invasive cancer, the lipid activity must be induced at the cell level. The active lipoids for this purpose are those with a high affinity for the cancerous cell.

As abnormal cells in general show similar capacity to bind the lipoids administered, this general affinity becomes a handicap if abnormal entities other than cancerous cells are present. These considerations have led us to attempt to use methods which will insure the activity of lipids at the cell level.

In one of these methods, the chosen lipoids are brought directly into contact with cancerous cells through local injections into the tumors. Single injections produce only limited changes in tumors. Local injections re-

peated so as to insure the presence of the lipoids once, and then again 15 days later, are required to induce an effective response. The lipoids or lipids are so chosen that, when bound to body constituents they will induce allergic or immune defense responses. The acid lipids of tubercle bacilli, bixine or guinea pigs are especially prone to induce allergic reactions, while the lipids of microbes—such as coli, typhoid or diphtheria—produce immune responses.

In another method, lipids chosen were bound to cancerous entities in vitro. Cancerous cells were obtained and treated in vitro with lipids under whose influence the body is able to manufacture allergic or immune antibodies. Colloidal suspensions of the lipids or lipoids were prepared as mentioned above, mixed with suspensions of cancerous cells, kept at 37°C for a few hours, then separated from the non-fixed lipids and injected into patients. In order to obtain good results it was necessary to inject this material at least twice, at an interval longer than two weeks, in order to insure an allergic reaction against the cell-lipid preparation. While a single injection produced good results only in a very small number of cases, repeated injections were manifestly more effective. When cancerous tumor cells could be obtained through biopsy from the patient, we used them for the in vitro treatment with lipoacids. When biopsy material was not available, we used cancerous cells of similar origin as the tumor of the subject, preferably pooled.

The condition for success of these methods has appeared to be the presence of the cell-lipid complex at the moment of appearance of antibodies. This is assured only by the repetition of the injection. Another interesting aspect of the immunological problem in cancer, related to loss of the natural defense mechanism, is the loss by cancer entities of their capacity to utilize certain elements known to intervene in the defense mechanism. The role of magnesium in the properdin system, copper in cytochrome oxidase, of calcium in general defense, suggests a correlation between their deficient utilization in cancer and the loss of the defense. We will discuss this problem below, after reviewing the pharmacological aspect of these elements.

CHAPTER 8

THE CORRELATION BETWEEN THE BASIC CONCEPTS

THERE IS A CLEAR interrelationship between the four basic concepts previously discussed which permits us to consider them together and to establish a unified viewpoint. For all four can be seen to represent different parts of the same fundamental problem in biology: the manner in which an entity resolves energetic differences between itself and the environment.

We have seen that, in the framework of fundamental laws governing nature, matter can be considered to correspond to islets of heterotropy opposing the homotropic trend of evolution. Conservation of an existing entity appears to be the principal means by which heterotropy can be achieved. And heterotropy is fulfilled, specifically, through maintenance of the constants of entities as values different from those of the environment.

Hierarchic Organization

The continuous tendency of nature to progress toward maximum homotropy has made the conservation of existing entities a persistently acute problem. The problem posed by the progressively changing environment cannot be solved through changes within entities themselves. Any "adaptation" of the entity itself would affect its constants and, consequently, would be contrary to the fundamental purpose of heterotropy. Nature has resolved the problem in an entirely different way. Since the entity itself must remain unchanged, and yet the influence of the environment must be contered, nature has made use of hierarchic organization. Secondary parts, reproducing the immediate environment, are joined to existing entities, often surrounding them and acting as buffers against environmental influences. Through these added secondary parts, hierarchic entities are organized so

that they reproduce the characteristics of the environment present at the time of their formation. Through this means successively repeated many times, an entity can be kept unchanged, in a medium similar to the original one, despite continuing changes in the environment.

Hierarchic organization thus represents the main mechanism through which the heterotropic achievements, represented by entities, counteract the influence exerted by the homotropic force. Conceptually, hierarchic organization can be seen to represent a form of defense developed in time by entities against a specific factor, progressive homotropic changes in the environment. The successive steps of the hierarchic organization respectively the hierarchic entities, reproduce in short, the evolution of the relationship which has been developed between the entity and the changing world. Hierarchic organization condenses the phylogenetic evolution of this specific part of the defense between the entity and the changing environment. Through this view, we can integrate organization in the general defense, the hierarchic organization being part of the mechanism used against progressing homotropy.

Constituents

In the same manner, we can further integrate into the same defense mechanism the various constituents which form the secondary parts of the hierarchic entities. We have thus tried to correlate these constituents more directly to the successive environments in which entities evolved. We have seen above, how this applies to elements which are common to, and predominant in, both the entities and the environments which correspond to the media in which these entities evolved. Through the correlation between elements which enter into hierarchic organization at various levels, and their positions in the periodic chart, the successive phylogenetic passage from one environment to another has a specific meaning. In media formed by elements with lower atomic weight, the influence exerted by progressive homotropy is less manifest. The changes in the elements as body constituents can be thus also integrated in the same defense mechanism.

Besides the elements, other constituents can be similarly integrated into the defense against the changes of the environment. In the immediate defense process against noxious agents, we have seen the successive intervention of different constituents—enzymes, lipids, lipido-proteins and proteins, in that order. The high degree of individuality and independence of the entities in the hierarchic organization has permitted us to conceive of these constituents as participating with a certain independence for each entity. The presence of all these constituents in each higher biological

entity, which is part of the complex organism, suggests that these constituents entered into the formation of these entities as the result of their intervention in the defense mechanism. Thus, it can be conceived that, in its phylogenetic development, each entity has passed through a succession of defense phases in which specific groups of constituents—enzymatic, lipidic, lipido-proteic and proteic—have been predominant. In actual organization, while all higher entities contain fundamentally the same constituents, different substances are predominant at different levels. This can be explained by the predominance of a particular defense mechanism at a particular level. According to this view, this defense is principally in the first stage, that is, of enzymatic nature, for most endodermic formations. It is in the prolonged lipidic stage for ectodermic formations, lipido-proteic for the reticuloendothelial system, and proteinic for cells. Through these correlations, constituents can be more completely integrated in defense.

The kind of special defense developed for the different levels of organization, through predominant specific constituents, has not been followed by a total discard of the other constituents, which do not have such roles. Instead, the latter have been retained in the entities in smaller amounts and in inactive forms. This confers upon the entity the capacity to mobilize these constituents and use them when the need to respond to an acute emergency arises. Pre-ferments and even ferments in mitochondria; fatty acids and anti-fatty acids bound as esters; lipido-proteins and proteins in various combinations—all these are inactive constituents which can be changed easily into active agents. When fighting a new noxious intervention, an entity will resort to liberating or activating these constituents kept in reserve. Each entity and level of organization does this independently of other entities and levels, yet constituents activated at one level can act at other levels, too. The success or failure of defense especially in its first stages, depends not only on the intrinsic value of the constituents available, but also on the capacity of the afflicted entity to utilize these means by activating them. Although activation processes become strikingly evident in abnormal conditions similar processes seem to be important even in the maintenance of existing entities.

Dualism, as we have seen, characterizes both normal and abnormal physiology. That which is considered "normal" is the result of an alternating intervention of two groups of opposite constituents, producing an oscillatory movement and a dynamic balance. The dualism seen in abnormalities, when one or the other opposed factor is persistently predominant, is related to hierarchic organization and the defense mechanism.

Dualism results from the intervention of two fundamental forces in

nature—homotropy and heterotropy. Even the simplest analyses make evident either the homo- or the heterotropic character for many manifestations and processes. For instance, an ulceration or an enzymatic hydrolysis of a protein has to be interpreted as an homotropic effect while a growing tumoral mass or the synthesis of a protein can be seen as an heterotropic one. For other manifestations, this character appears less immediately evident and it is through further analysis that it can be recognized. Dualism, like the other concepts, thus can be integrated in the defense of entities against an environment progressively changing toward maximum homotropy.

We have used this conceptual fundamental view in studying many problems in biology. It has aided us to formulate helpful working hypotheses. Despite its shortcomings, when applied to particular situations, this basic concept has served as a guide in correlating specific problems with the fundamental laws governing nature. It has also engendered helpful new interpretations of available data. Through the relationship of the four concepts discussed above and the fundamental defense mechanism, we have been able to analyze many problems without reverting to empiricism. Certain of these problems, to whose better understanding this approach appears to have contributed, are discussed in the pages that follow.

CHAPTER 9

SHOCK

IN SPITE OF THE PROGRESS realized in the last decade, shock remains one of the most challenging problems in medicine. That lipids have a critical role in shock pathogenesis seems clear from a long-term study which began with an investigation of the activity of fatty acids in the induction of the abnormally dark color of blood seen in shock. The results of this study will be discussed here not only because of the intrinsic interest of the problem of shock itself but also because shock often represents the terminal phase of cancer as it does of many other diseases. In this presentation, we will try to remain as much as possible within the framework of our direct contribution to an understanding of shock. A portion of these researches was published in 1943. (40)

In studying the very complex phenomenon of shock, one has to consider a series of well-defined problems. Shock has been related not only to a large number of causes but also to a series of very varied clinical manifestations. An initial problem was to determine whether there is any common relationship between the different types—between the shock, for instance, which kills a subject within a few minutes after a severe sudden trauma, and the shock that kills in days through profound systemic metabolic impairments. What is common to, and what is different between them, from the point of view of pathogenesis? What constituents intervene and how, in shock? These and many other problems have been approached systematically.

Types of Shock—As a starting point, we attempted to classify the types of shock and found an interesting relationship according to the time of their appearance, that is, the interval between application of the noxious stimulus and onset of manifestations. Three types could be identified with this criterion.

There is an immediate type of shock which appears within a few minutes after the application of the noxious agent. It is induced experimentally in animals by intravenous injection of a noxious substance, by scalding the animal in hot water, or by strong mechanical trauma. It has predominant central nervous system manifestations, including exophthalmia and paralysis of the posterior limbs, followed by clonic convulsive movements, and usually is terminated by death. A similar *superacute* type of shock is occasionally seen in humans following transfusions of blood with an incompatible group. It also may be seen following very severe trauma. In the case of bullet wounds, for example, large calibre bullets may bring rapid death. Neither immediate hemorrhage nor any organ impairment is sufficient, in itself, to account for the speed of death in many of these cases. However, it can be explained by the rapid and intensive participation of the central nervous system in this superacute type of shock. Sometimes such shock is not lethal in animals or humans and is followed by a period of prostration and ultimate but slow recovery. We called this type of shock the "superacute."

In a second type of shock, more frequently encountered in humans, the manifestations appear after a certain period of time. Such shock often is seen after direct transfusions, when the rate of injection has been too rapid or when the syringe and tubes have not been well coated with oil or paraffin, or when there has been a subgroup incompatibility between donor and receiver. The patient usually experiences a severe chill within 30 minutes. The chill is succeeded by a rise in temperature which usually lasts 15 to 60 minutes or more. The patient next experiences diaphoresis, after which the episode usually is concluded. In some cases the symptomatology is different. At about the same time—30 minutes—after transfusion, for instance, hypotension with hypothermia, cold and clammy perspiration, and intensive dyspnea are noted. In these cases death can follow in a short time. The same reaction is sometimes seen to occur, usually also in about 30 minutes, after the release of a tourniquet. We have employed the term "*acute shock*" to describe this second type characterized by its appearance at approximately 30 minutes after the noxious intervention.

A third form, the "*state of shock*," is considerably slower in onset and persists much longer. Characterized by hypotension, impairment of circulation, cold and clammy perspiration and marked enophthalmia, it may lead to death after several days during which the condition progressively increases in severity. It can, however, also end in recovery. This is the form

most often encountered in clinical medicine, in cancer and many terminal conditions.

The next problem was: could a common pathogenic mechanism be recognized despite the greatly varied manifestations of these three forms of shock?

Shock Mechanism

We saw one primary correlation between the three clinical types of shock in the fact that sometimes one type is followed by another. Superacute shock, if not lethal, may be followed by acute shock which, in turn, can change into a state of shock.

But it was the chemical analysis of blood, organs and entire bodies of animals killed by any of the three types of shock which indicated the possibility of a mechanism common to all three. A low antitryptic power of the blood, and the presence of substances resulting from protein hydrolysis were found to characterize all 3 types of shock. Additionally, an increase in the amount of free fatty acids, and the presence of abnormal members, occurred in all three types.

Fatty acids were studied from the point of view of the reciprocal position of their double bonds, through the oxidative fission method mentioned previously. The appearance of oxalic acid following oxidative fission indicates the presence of conjugated double bonds. The oxalic acid index obtained indicates the proportion of these conjugated double bonds. In normal rats, this oxalic acid index usually is zero in the total amount of fatty acids; in normal mice, values below 1 are seen. In all animals in shock, even in cases of superacute shock followed by sudden death, the oxalic acid index is invariably much higher. Furthermore, the death of an animal in acute shock or state of shock appears to be related to the presence of a critical oxalic acid index, indicating a concentration of abnormal fatty acids incompatible with life. Whether it appears in a relatively short time as in acute shock, or many days after the noxious intervention as in the state of shock, the oxalic acid index found in dying animals is between 14 and 17. Such high values are not found in superacute shock but the oxalic acid still is markedly increased. Thus, the presence of hydrolytic processes together with abnormal fatty acids appears to be a common pathogenic factor for the different forms of shock.

Pathological Changes

The three types of shock—because of the presence in all of hydrolytic processes and abnormal fatty acids—could be related to the first phase of

the immediate diphasic defense phenomenon or its prolonged form. The next problem was to determine what other factors might influence the development of differing manifestations so as to make shock appear in three forms.

The study of pathological changes characterizing each of these forms was undertaken. We found cellular vacuolation a characteristic lesion in animals in superacute shock. Vacuoles are present in the parenchymal cells of the liver, to a lesser extent in the alveolar cells of the lung, and to a still lesser extent in kidney cells. Of special interest was the fact that these vacuoles are often seen in the cytoplasm and even in the nuclei of brain cells. These findings explain the predominance of the neurological symptoms in this form. In a publication in 1943, we described this vacuolation as a characteristic of the superacute shock. The fact that the characteristic pathological change encountered in superacute shock is the presence of vacuoles in different cells suggests that this form of shock occurs principally at the cellular level.

In the acute type of shock, which usually appears half an hour after noxious intervention, there may be some evidence of cellular vacuolization, but the principal changes are at the tissular level. The changes are largely localized in the immediate areas damaged by the noxious agent and are manifested by vascular and interstitial pathology such as marked edema or capillary hemorrhage. Splanchnic vasodilatation and petechiae at the surface of pleura or peritoneum appear when the noxious agent acts indirectly in the blood or is applied directly to it through intravenous injection. The degree of generalized vascular damage corresponds to the degree of direct participation of the blood. We have discussed previously, in the chapter on defense, the changes occurring in the blood which characterize hemoshock. The characteristic leucolysis, which is followed by hydrolytic digestion, explains the high degree of breakdown of blood constituents and vessels observed in this kind of shock. While the participation of the cellular level—and especially of the central nervous system—characterizes superacute shock, participation of the tissular level leads to the acute form.

We consider pathologically characteristic of the state of shock—in addition to the changes seen in blood, such as hemoconcentration, dark color, tendency to form sludges, etc.—two other specific manifestations; milliar lesions in the gastric mucosa leading to hemorrhage and ulceration, and a manifest fluid accumulation in the first portion of the small intestine. Since the various changes in the state of shock affect the blood and two organs, the stomach and duodenum, they can be considered to involve the organic and systemic levels.

This analysis has permitted us to continue to develop the hypothesis that all three forms of shock stem from the same fundamental mechanism—the appearance of abnormal fatty acids as part of the first phase of the diphasic defense reaction. The differences in manifestations between the forms of shock are due to the level at which the mechanism operates, cellular for superacute shock, tissular for acute, and organic and systemic for the state of shock.

The study of a special condition, hemoglobinuria “a frigore,” or paroxystic hemoglobinuria, has helped us to understand the time factor in shock. In this condition, immersion of the hand in ice water, for instance, induces hemoglobinuria and violent chill about half an hour later. We have been able to demonstrate that in the development of such a manifestation, two or often even three hemoshocks occur, each one characterized by a diphasic phenomenon. The first shock appears within ten minutes after immersion of the hand in icy water. Usually the first sensation and chill are very slight and while a reduced hemoglobinemia is present, hemoglobinuria is almost nil. It is the second hemoshock, appearing approximately 30 minutes later, which is usually very intensive with manifest hemoglobinuria. The third shock, which appears about two hours after immersion in ice water, is usually clinically inapparent and is revealed only by blood analysis.

The study of this condition has indicated that in the appearance of the three episodes of hemoglobinuria, besides the changes in the red cells under the influence of cold, which are characteristic for the condition as seen in the Donath-Landsteiner test, the important factor is the leucolysis occurring as part of the hemoshock. The subsequent hemolysis leads to free hemoglobin in the blood which, if in sufficient amount, passes into the urine. The changes induced in leucolysis will determine the degree of consequent hemolysis. The suppression of leucolysis by administration of morphine or other opium derivatives prevents any manifestation, while physical exercise undertaken following the immersion of the hand in icy water induces, in addition to a very intensive leucolysis, exceptionally intensive clinical manifestations. The time when the three hemoshocks appear also marks the time when the three forms of pathogenic shock—superacute, acute and state of shock—are seen. The intervention of three different noxious heterogenized constituents appears plausible. (*Note 1*)

Fatty Acids and Sodium Chloride in Shock

We noted that in all three types of shock, abnormal fatty acids can be found. A study of the role of these fatty acids permitted us to further un-

derstand the mechanism involved in these three types of shock. Since these same fatty acids have been seen to figure in abnormal metabolism of sodium chloride, the next logical step was to investigate the correlation between the latter and shock. Following this line, efforts were made to see if the differences between NaCl metabolism at different levels of organization would help explain the peculiarities of the different types of shock.

As we have noted, when abnormal fatty acids impair sodium chloride metabolism, two processes occur. First, there is abnormal fixation of chloride ions by abnormal fatty acids; then, sodium ions, freed following this chloride fixation, become bound to carbonate ions, resulting in alkaline substances. The pathological nature of chloride fixation results principally from the fact that the binding taking place at the conjugated double bonds is abnormally strong. Occurring in two steps, with a displacement of the double bond in the first, the bond between the conjugated fatty acids and chloride ions appear nonreversible. (*Note 8, Chapter 6*)

The great inequality in the ability of chlorides and sodium ions to pass through membranes can serve to separate, anatomically, the fixed chlorides from the free remaining cations. When this occurs, two distinct processes can be recognized, one involving the binding of chloride ions by abnormal fatty acids, the other involving the binding of carbonate ions by sodium ions and the resulting appearance of alkaline compounds. In the cells, the two processes take place separately, the sodium alkaline compound inducing the appearance of vacuoles. In tissues, the chloride fixation takes place predominantly in the cell, while the binding of carbonate occurs in the interstitial spaces. This leads to a localized intercellular alkalosis with consequent edema.

The same mechanism is involved in the changes associated with the state of shock, except that these processes occur at the systemic level. It is the part played by the sodium chloride of the blood in normal physiology, especially in the process of digestion, which explains the abnormal changes seen as characteristic of the pathological manifestations in the state of shock.

Normally, chloride ions are excreted into the stomach, where they are bound to hydrogen to form hydrochloric acid. An almost equal amount of sodium ions, bound to carbonate ions, is eliminated in a second step into the intestines via the pancreatic and intestinal secretions. The chloride and sodium ions are later liberated to form sodium chloride which is entirely reabsorbed in the distal portion of the intestinal tract, the colon. The sodium and chloride ions are not simultaneously secreted in the digestive tract. The interval between the excretion of chloride ions into the stomach

and of sodium ions into the intestines accounts for the physiological "alkaline tide" associated with digestion.

When chloride ions are pathologically fixed to abnormal fatty acids in the blood, they can no longer be dissociated and secreted by the stomach in the form of hydrochloric acid. Instead, they remain bound to the fatty acids and accumulate in this form within the gastric mucosa. The multiple milliar gastric mucosal ulcerations in the state of shock results from the intervention of these abnormal fatty acids brought into the mucous membrane by the chloride ions to which they are bound. The ulcerations are caused by the catabolic action of fatty acids. Thus, the first phase of abnormal sodium chloride metabolism leads to the characteristic multiple gastric ulcerations.

The second phase is related to the metabolism of sodium. The sodium ions are secreted as carbonates by the pancreas and intestinal mucosa in the first part of the small intestine. In the state of shock, because they do not encounter the chlorides normally coming from the stomach, they remain as carbonates. As sodium carbonate is accumulated in the first portion of the small intestine, a local alkalosis occurs, leading in turn to an important local retention of water. It should be noted that this is a very different situation from achlorhydria or hypochlorhydria in which, while the chloride ions are not secreted into the stomach, no excesses of sodium ions appear in the blood or in the intestines, and consequently no local alkalosis or fluid accumulation occurs.

The difference between the systemic and tissue processes in shock lies in the localization of the abnormal sodium chloride metabolism. In tissue anomaly, the separation of sodium chloride takes place between the cells and the pericellular structures. At the systemic level, it occurs between the stomach and intestines, with the blood serving as intermediary. This mechanism explains the larger amounts of water which distend the upper parts of the intestine, as observed in autopsies of animals which have died in this form of shock.

The close similarity between the abnormal processes that take place in sodium chloride metabolism at the tissue and systemic levels provides the basis for another working hypothesis concerning the mechanism in super-acute shock. We have seen that the production of vacuoles in cells characterizes this latter form of shock. The unequal cellular permeability for chlorides and sodium in their dissociated form is known. Chloride ions can circulate much more easily between cells and the pericellular spaces than can sodium ions. An initial effect of the intervention of abnormal fatty acids in cellular pathology is the fixation of chlorides. At the same time, an

increased permeability in membranes occurs. This would permit more sodium ions to pass through cell membranes and to accumulate intracellularly, inducing a liberation of potassium, the cellular cation. As the chloride ions are bound to fatty acids in the cells, the sodium ions in the cells liberate potassium and join it to form alkaline compounds. Isolated in vacuoles, these compounds also accumulate water.

Thus, we have a concept of single pathogenesis for all three forms of shock based upon abnormal sodium chloride and water metabolism, with the abnormality taking place at different levels of the organization, cellular for superacute shock, tissular for the acute form, and systemic for the state of shock. The displacement of potassium by sodium in cellular physiology contributes to the increase in serum potassium found in all forms of shock.

Water Metabolism

The localized retention of water, prompted by the alkaline sodium compounds which result from abnormal sodium chloride metabolism, occurs in the cells, tissues or intestines in the different types of shock. Many of the differences in manifestations between the three forms of shock can be explained in terms of localization of this abnormal water metabolism. The sensitivity of the cells of the nervous system to intracellular changes explains the predominance and severity of the nervous system manifestations in superacute shock. Abnormal tissue water metabolism explains not only the predominantly local character of the manifestations seen in acute shock, but also the hemoconcentration values in these cases. As often seen in burns, important amounts of water are driven out of the blood into the damaged tissues.

The abnormal water metabolism however, appears to be the principal manifestation in the state of shock. Upper intestinal water accumulation, rather than a general unlocalized fluid loss, can be demonstrated in the pathogenesis of this form of shock. In opposition to the local lesion with a high retention of water, the general subcutaneous tissues sustain a loss of water rather than an accumulation during shock. This would not occur if there were a general increased permeability of all capillaries, allowing water to pass freely. The role of water accumulation in the first portions of the intestine due to the abnormal loss of systemic water was demonstrated in animal experiments. When the small intestinal tract had previously been removed, and a state of shock was later induced by trauma, no hemoconcentration occurred.

It is the participation of one or another of the three principal levels of the organization—cellular, tissular or systemic—which explains why the

same pathogenic process, abnormal sodium chloride and consequent abnormal water metabolism, produces such different manifestations in the various types of shock. It must not be forgotten however, that in the last analysis, the abnormalities in sodium chloride and water metabolism result from the intervention of abnormal fatty acids. Fatty acid intervention, together with the abnormal sodium chloride and water metabolism confirm the unitary pathogenesis of the three forms of shock.

Other Changes

Other changes associated with shock also can be related to the influence exercised by abnormal fatty acids. The appearance of rouleaux of red cells may be easily explained by fatty acid intervention. It is the replacement of the nonpolarity normally present at the surface of the red cells by a dipolarity which results in the formation of the rouleaux. This can be induced by fatty acids *in vitro*. Sludge formation would represent a still more advanced step in this same process and would appear to result from a polypolarity at the surface of the red cells. Sludge formations have been induced *in vitro* by fatty acids added in larger amounts to plasma. (*Note 2*) They contribute to the circulatory impairment considered to be an important factor in the tissular respiratory troubles seen in shock.

We have noted that the richness in free fatty acids interferes with the ability of the red cells to keep oxygen fixed, a fact which would impair its transport. This, together with hemoconcentration and circulatory impairment, has been found to account for the black color of the blood in shock. (*Note 3*) The clinical manifestations are characteristic of offbalance D.

Experimentally Induced Shock

The hypothesis that the three types of shock are caused by the intervention of the same factor—abnormal fatty acids—has been further confirmed experimentally. The cellular changes that characterize superacute shock can be induced by the rapid introduction into the blood stream of even minimal amounts of fatty acids in preparations in which they are bound to plasma constituents.

Pooled heparinized plasma of mice was treated by stirring it in a nitrogen atmosphere for one hour with a preparation of conjugated trienic fatty acids. The nonbound fatty acids were separated through short centrifugation. The plasma was injected intravenously in mice. For control, plasma treated under the same conditions with stearic acid was used. While control animals did not show any apparent discomfort, the mice injected with the plasma treated with conjugated fatty acids died immediately, in most

cases even during the injection itself. With such preparations, superacute shock was induced in what we consider a direct way, the sudden death contrasting with the cases of hemoshock where death occurs usually after an interval of a few minutes. This characteristic of direct immediate death is consistent with the pathogenic role of fatty acids in superacute shock.

The tissue changes that characterize the acute type of shock also may be induced by local administration of abnormal fatty acids with the condition that sufficient amounts are used. (*Note 4*) The systemic changes that typify the state of shock can also be produced by prolonged absorption of fatty acids, as when they are repeatedly introduced intraperitoneally. (*Note 5*)

The relationship between shock and lipids can be further seen in the antagonistic effect exercised upon shock induced with standardized trauma by two groups of lipids with positive and negative characters. We have utilized the Noble-Collipp drum on a large scale to induce shock in rats. In some groups of animals shock induction was constant; in other groups under the same conditions, shock could be induced only in some animals. Nevertheless, it was still possible to recognize opposite effects induced by the administration of the two groups of lipids. In some animals even apparently little influenced by the trauma, the injection of a mixture of conjugated fatty acids immediately after trauma brought death within a short time. In no other animals, traumatized under the same conditions, have we seen death occurring within the same short interval of time. This also applies to animals injected before trauma. In these cases, the animals died even during the trauma, that is, in the drum. (*Note 6*)

Conversely, the administration of sterols, especially preparations of the insaponifiable fraction of human placenta, before induction of trauma prevented lethal shock almost without exception, whereas under the same conditions the same trauma produced death in a high proportion of the controls. Even when injected immediately after trauma, this sterol preparation prevented the development of lethal shock in a high proportion of cases. (*Note 7*)

The different forms of shock, although resulting from the same fundamental abnormal process, appear to respond differently to therapeutic agents—again because of the localization of the abnormal processes at different levels. Adrenalin and related compounds, when administered in time, are able to control superacute shock, but they are almost entirely without influence upon the other forms. While acute shock can be influenced by the administration of a large amount of sterols and butanol, superacute shock is unaffected, possibly also because of the slow absorption of

the sterols. None of these agents is of significance in the treatment of the state of shock which is only mildly influenced by butanol and certain cortical hormones such as hydrocortisone, especially when introduced directly in the circulation.

In order to act upon the fatty acids and sodium which produce the abnormal water metabolism, we have utilized glycerophosphoric acid administered in large amounts parenterally. Diluted with saline, it was usually injected intravenously. The good results obtained are discussed later.

The use of heptanol and of polyunsaturated alcohols has also led to interesting results. It was however with preparations having several of these agents, working at different levels of the organization, that the best results were obtained.

The measurement of the chloride index and of the surface tension of the urine have represented valuable means to judge the changes occurring in shock, in their clinical evolution and especially in the action of the agents in relationship to the occurring recovery.

The study of shock has contributed to the knowledge of the therapeutic problems of cancer and other conditions. The cause of death, when a predominance of fatty acids occurs as a systemic manifestation, corresponds to the state of shock. The possibility of successfully influencing this form of shock would furnish a valuable tool for the treatment of all severe manifestations related to predominance of fatty acids.

CHAPTER 10

RADIATION

THE STUDY OF THE effects produced by irradiation upon all biological entities has resulted in the accumulation of a large amount of data. Being unsystematized, this information has helped but little to resolve the many physiological and therapeutic problems connected with radiation. New light on these problems can be provided by relating them to the basic concepts we have been discussing.

Other factors also have led us to study the problem of radiation. Its widespread use for the treatment of cancerous lesions with indisputable success in many cases, and the fact that some of radiation's effects appear to be quite similar to those induced by the administration of different lipids, led us to investigate the mechanism through which radiation works and, especially, the possible relationship between radiation and lipids. We will discuss here briefly, some of the results of this investigation.

Irradiation of Lipids

We began by trying to determine the effects of radiation upon normal lipids in vitro. As always, we tried to guide the research by theoretical considerations. Investigation of in vivo and in vitro effects of radiation upon proteins in general showed that histones, protamines and alkaline amino acids are most sensitive. These constituents of complex protein molecules have positive electrical character. This relationship between sensitivity to radiation and positive electrical character provided a clue as to where to look in fatty acid molecules for changes induced by radiation. Several positive centers are present in the energetic structure of fatty acid molecules. One is represented by the carbon of the carboxyl. Its positive character is due to its bond to two oxygen atoms. This would explain the exaggerated ionization which takes place at the level of this carboxyl group.

Other positive centers also can be recognized. We have mentioned previously that the positive character of carbon propagates through the chain in an induction effect that causes alternate odd carbons to be positively charged, although the strength of the positive character decreases rapidly with distance from the carboxyl. Since a double bond greatly enhances the energetic character of the carbons linked by it, induction will result in a center in which a more intensive positive carbon is present. Study of the reactions that take place at the double bond in a fatty acid molecule confirms this view, since an electrophilic character predominates

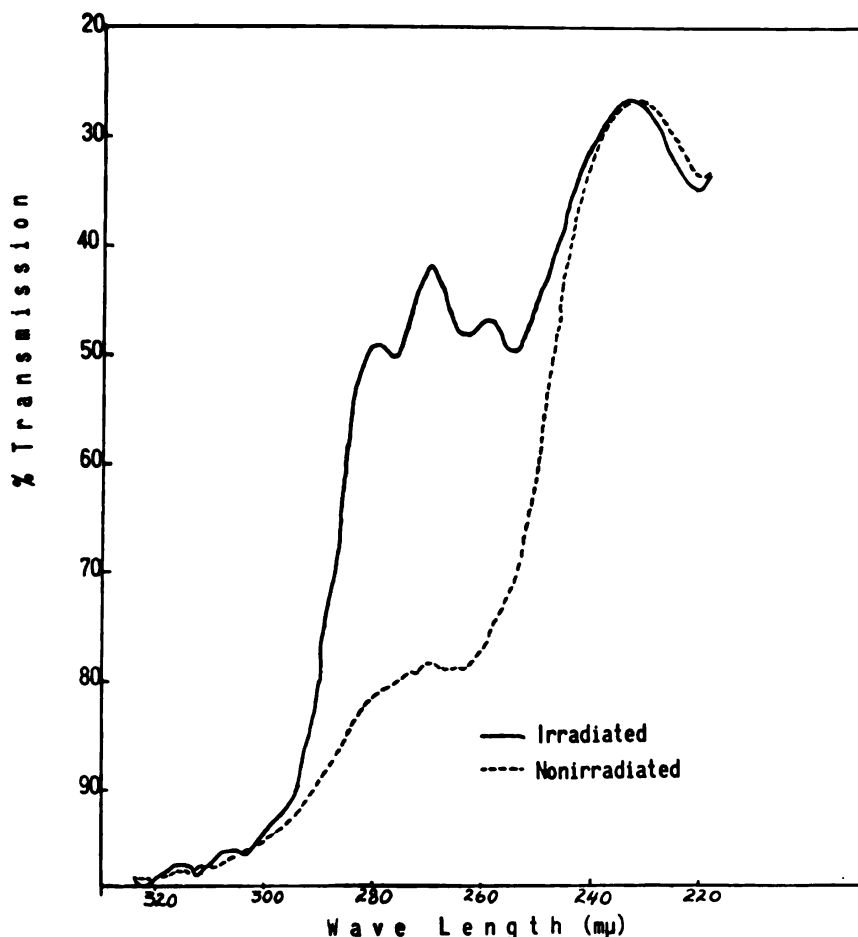


FIG. 79. *Irradiation and conjugation in vitro*. Spectral analyses in ultraviolet of samples of commercially available linoleic acid (with small amounts of linolenic acid present) irradiated with gamma rays from 80 mgr of platinum filtered radium/10 cc, for 6 days at room temperature. For the analyses, dilutions of 0.002% in alcohol, with alcohol as reference, were used. The absorption spectra of the irradiated (—) linoleic acid compared with the nonirradiated (....) shows the appearance of conjugated trienes recognized through the characteristic peaks.

at this point. When treated with sodamine, carbons forming double bonds combine selectively with it, indicating the positive electrostatic character of this formation. Consequently, we thought that the effect of irradiation would be most likely to occur here. This has been confirmed experimentally. We could demonstrate that radiations cause changes especially in the reciprocal position of the double bonds in the molecule.

The results of this research were originally presented before the Fifth International Congress of Radiology in London in July 1951. We will limit ourselves here to a short resume of the procedures and findings:

Irradiation in Vitro

a) Radiation of polyunsaturated fatty acids in vitro induces a conjugation of their double bonds, which increases quantitatively with the intensity of the radiation. This has been shown by spectral analysis and by the oxidative fission method. (*Note 1*) Samples of commercially available linoleic acid which, through analysis, have been found to contain variable amounts of linolenic acid, or cottonseed oil were treated with radiations of different sources, such as radium in platinum needles for gamma radiation, in monel metal for beta radiation, thorium X for alpha radiation and X rays. Table XIV shows the results of analysis of the oxalic index. Figs. 79 and 80 show the direct spectral analysis of the samples before and after irradiation as well as the result of their chemical conjugation.

Comparison of direct spectral analyses shows the appearance of an important amount of conjugated trienes in the irradiated samples. Analysis after chemical conjugation of irradiated and control samples shows a greater amount of trienes in the irradiated sample indicating that a process of desaturation also has taken place through irradiation.

A direct relationship was observed between conjugation and amount of radiation. (TABLE XV) The quantity of conjugated isomers, determined by spectral analyses and measured by the oxalic index was seen to increase as radiation was increased either by prolonging exposure time or increasing the amount of radium used.

b) Irradiation of fatty acids appears to induce the appearance of conjugated trienes. When a mixture of polyunsaturated fatty acids, such as those found in cod liver oil, was exposed to a radiation source consisting of platinum filtered radium, the changes were limited to the appearance of conjugated trienes. Conjugated dienes were seen in only some experiments and then only in small amounts. The presence of conjugated members was recognized through their characteristic absorption peaks in ultra-violet anal-

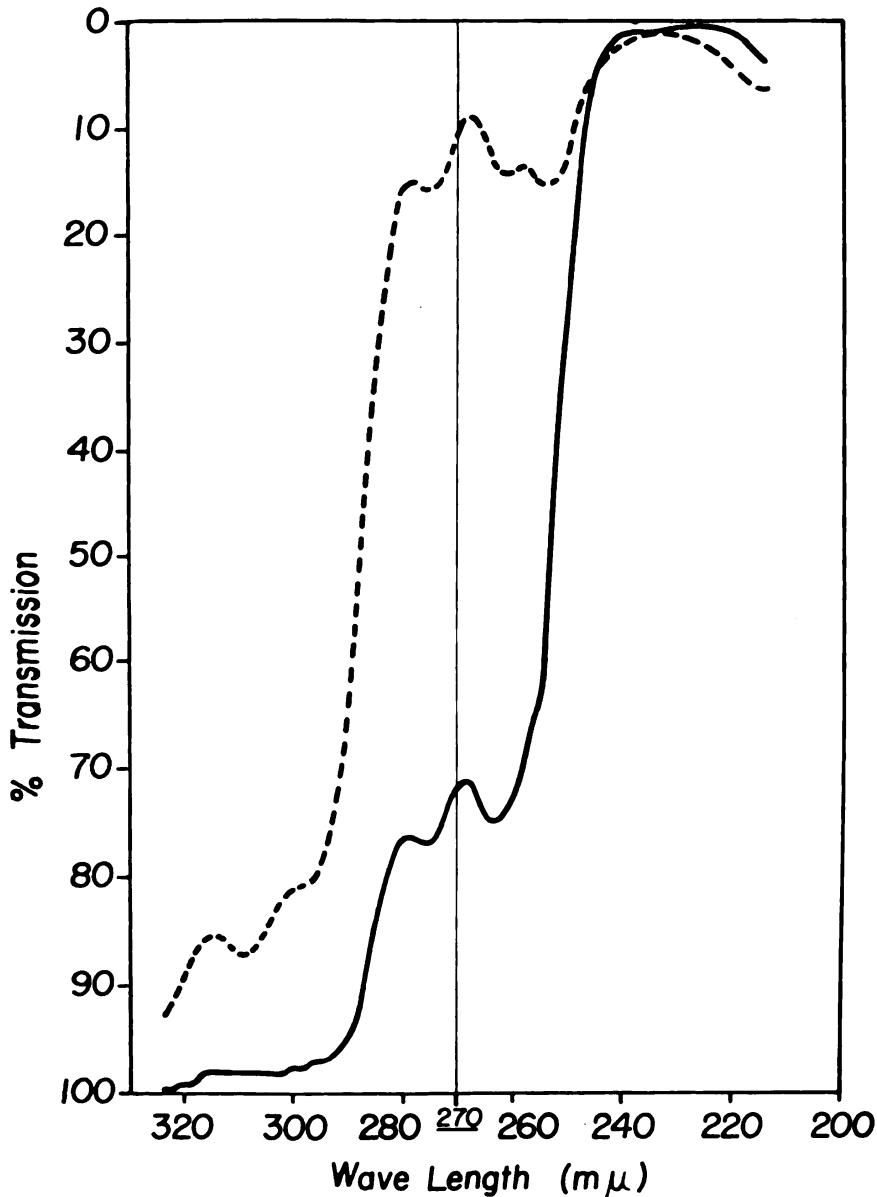


FIG. 80. *Irradiation and desaturation.* Spectral analyses in ultraviolet (0.002% in ethyl alcohol with alcohol as reference) of untreated sample (—) and of the radiated sample (. . .) both after alkaline isomerization. They show that the irradiation has induced also an increase in the amount of trienes present, which indicates that a desaturation also occurred.

ysis. When the same mixture of fatty acids was treated by the usual chemical methods employed to produce conjugation, *i.e.*, with potassium hydroxide in ethylene glycol or glycerol (41), the spectral analysis showed that the preparation contained fatty acids having between 2 and 6

TABLE XIV

Fatty Acid	Type of Radiation	Source of Radiation	Exposure Time (Days)	Oxalic Acid mg/g Fatty Acid
Linoleic acid	—	—	—	0
" "	gamma	50 mg Radium	6	8.3
" "	gamma	120 mg Radium	8	9.9
" "	gamma	120 mg Radium	15	13.3
" "	beta	25 mg Radium in Monel metal	4	9.85
" "	alpha	150 uc Thorium X	7	4.3
" "	x-ray	5000r daily—deep therapy machine	27	6.8
" "	x-ray	5000r daily—deep therapy machine	53	12.4
Cottonseed oil	—	—	—	0
" "	gamma	80 mg Radium	5	5.2
" "	gamma	80 mg Radium	8	8.0

double bonds. Figure 81 shows the curves of spectral analysis for such an experiment in which 3 cc. of a cod liver oil fatty acid preparation were treated for six days with 100 milligrams of radium filtered through platinum. In curve "a," of the untreated sample, it can be seen that there is no absorption due to the presence of conjugated members. Curve "b," for the irradiated fraction, shows the typical conjugated trienes, while Fig. 82 shows the result of the chemical conjugation of the nonirradiated preparation with members having from 2 to 6 double bonds.

TABLE XV

EFFECTS OF IRRADIATION UPON THE QUANTITY OF OXALIC ACID
PRESENT AFTER OXIDATIVE FISSION

Fatty Acid	Source of Radiation	Exposure time: Days	Oxalic Acid mg/g Fatty Acids
	0	0	0
Linoleic Acid 10 cc.	120 mg Ra	4	4.5
	"	6	6.2
	"	8	9.9
	"	15	13.3
	"	20	14.4
10 cc.	150 mg Ra	6	8.2
	"	15	16.3

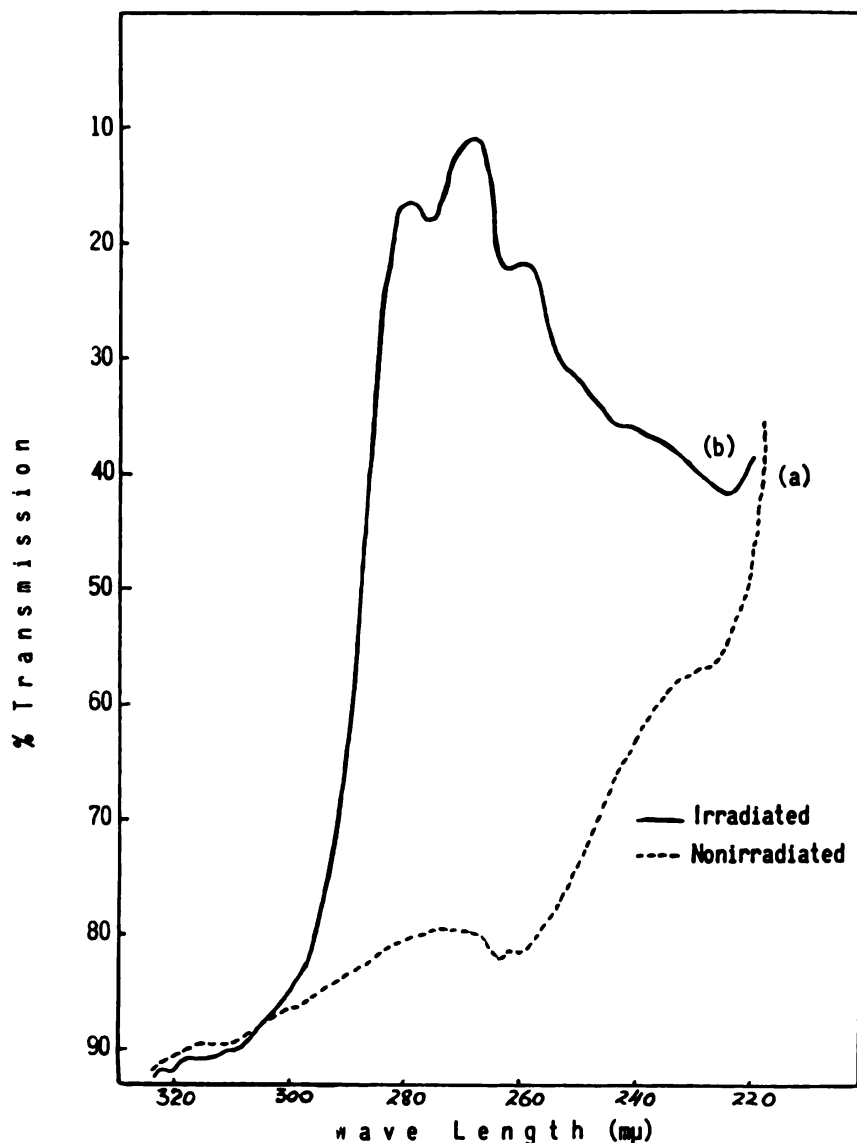


FIG. 81. Spectral analysis (0.002% in alcohol) of a mixture of *fatty acids from cod liver oil*, untreated (...) (a) and irradiated (b) (—) with 100 mg platinum filtered radium/3 cc, at room temperature for 6 days. The analysis shows that the conjugation which takes place leads to the appearance only of conjugated trienes, in spite of the presence of di-, tri-, tetra-, penta- and hexaenic unsaturated fatty acids as shown by the absorption spectrum of the same mixture after chemical conjugation with potassium hydroxide in ethylene glycol. (c) as seen in Fig. 82.

c) The changes induced in fatty acids are essentially the same regardless of radioactive source. Thus the effect upon a linoleic acid preparation containing some linolenic acid was the same with alpha particles of Thorium X, beta rays from radium in monel metal, gamma radiation from platinum

filtered radium, and X-rays generated by a 400 kw. therapy unit. Figures 83 and 84 and Table XIV show these results.

Irradiation in vivo

d) Irradiation of the body of normal animals killed by decapitation, under ether anaesthesia, produces small amounts of conjugated fatty acids. In early experiments, different organs obtained from slaughterhouses were irradiated and fatty acids examined. In general, even after intensive radia-

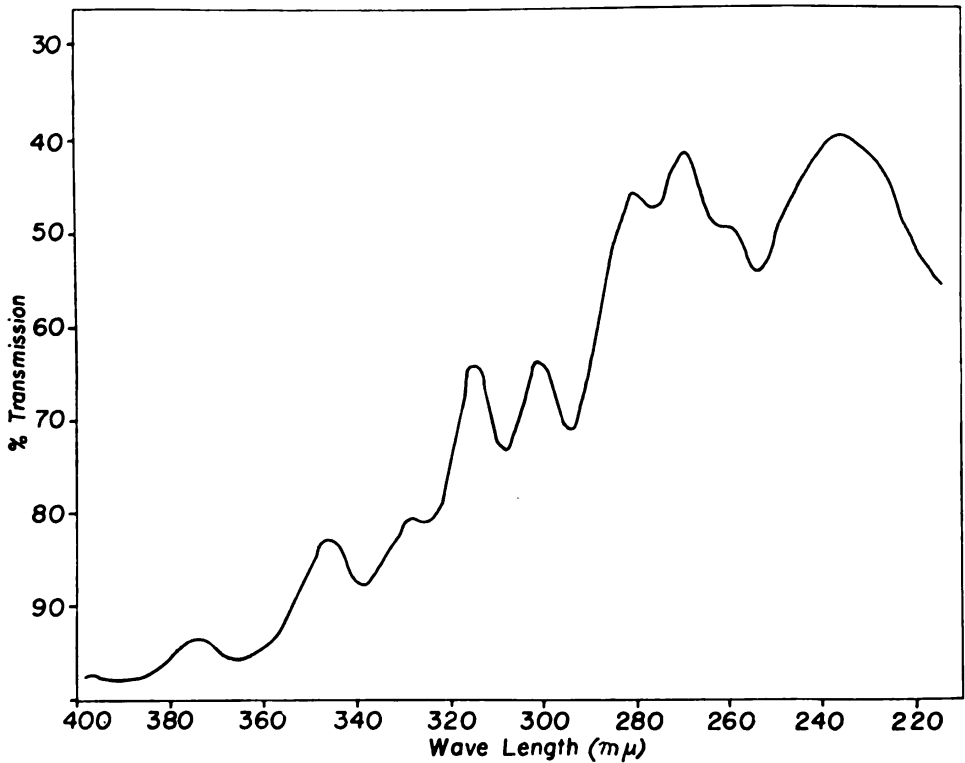


FIG. 82. Curve of spectral analysis of the cod liver oil fatty acids after chemical conjugation, shows the presence of di-, tri-, tetra-, penta-, and hexaenic members.

tion, corresponding to 4,000 r. in one treatment, the oxalic index of fatty acids was never found to be above 1, corresponding to 1 mg. of oxalic acid obtained from one gram of fatty acids.

e) On the other hand, the amount of conjugated fatty acids in the bodies of living animals receiving radiation increases significantly. The following experiment is illustrative. Eighty rats of the same sex, age and weight (about 180 gms.), separated into several groups, were given 1500 r., delivered by a therapy unit with no filter. Four control animals were killed

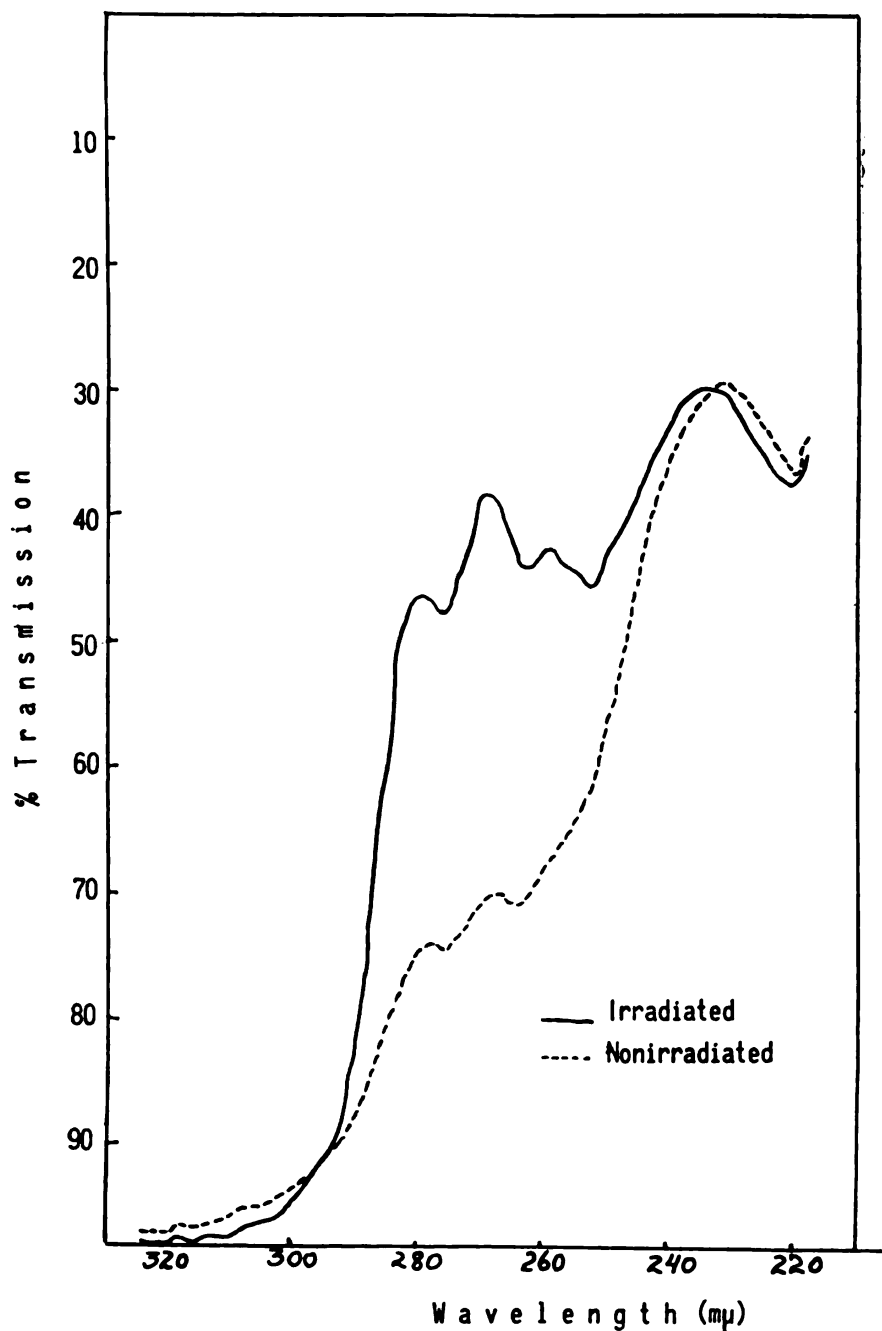


FIG. 83. Absorption spectra (0.002% in ethyl alcohol/ethyl alcohol) in ultraviolet of commercially available linoleic acid (with small amount of linolenic acid) non-irradiated (....) and irradiated (—) with beta particles from 25 mg monel metal filtered radium/10 cc at 37°C for four hours. Some conjugation occurs in the control when kept in the incubator.

before exposure. Groups of four treated animals were sacrificed periodically, starting immediately after irradiation, at 2, 6 and 24 hours after irradiation, and each day thereafter until all animals died or had been killed.

During this time, nontreated control animals, kept under the same conditions, were also sacrificed. The quantity of conjugated fatty acids

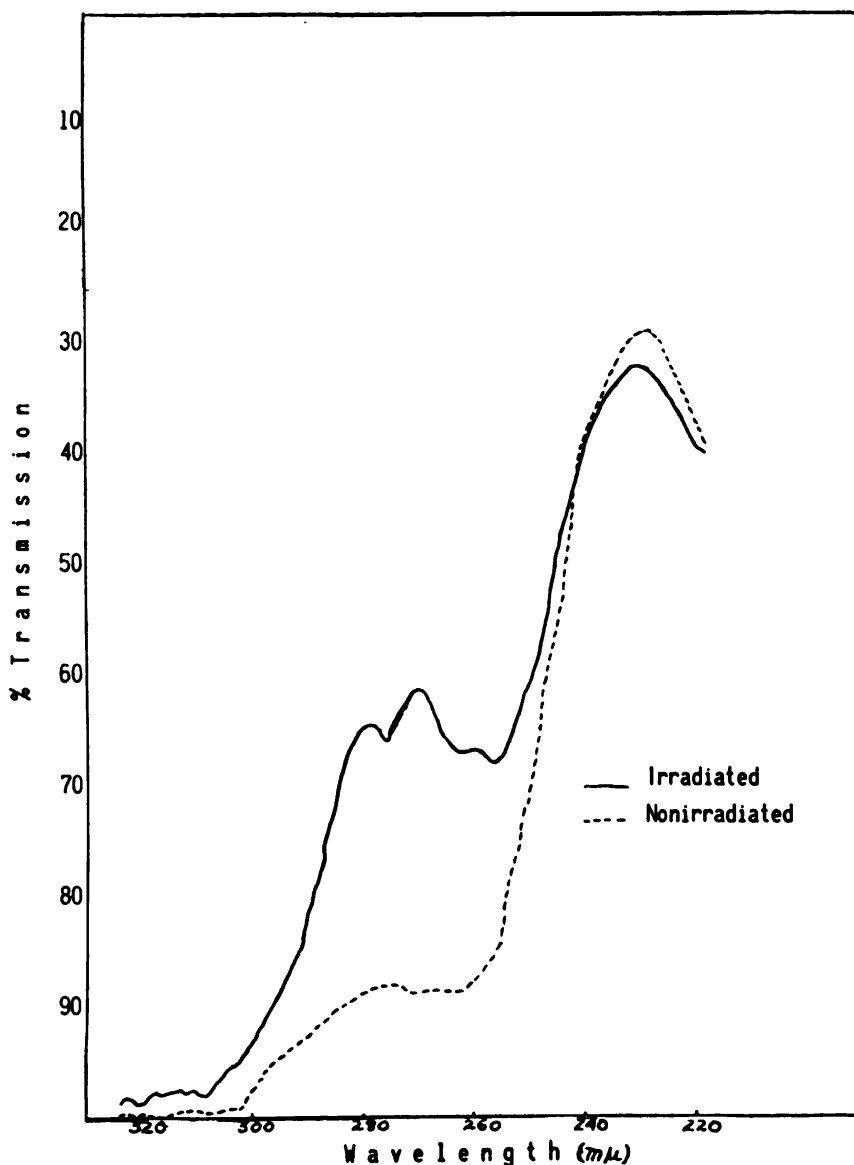


FIG. 84. Absorption spectrum of the same material as in Fig. 83, non-irradiated (....) and irradiated with *alpha* particles from 150 mc Thorium X/10 cc at room temperature for 7 days. (—)

found in the entire body of each individual animal at the time of death was determined by means of the oxalic acid index method.

The oxalic acid index for fatty acids in the bodies of untreated control animals was usually zero. Occasionally there was a variation from 0 but it was always below 0.6. Irradiated animals killed within the first two days showed an irregular increase in conjugated fatty acids, with oxalic acid index values of between 0.6 and 5.1. Three days after irradiation, the oxalic acid index was above 3 in all the dead or sacrificed animals. The index rose

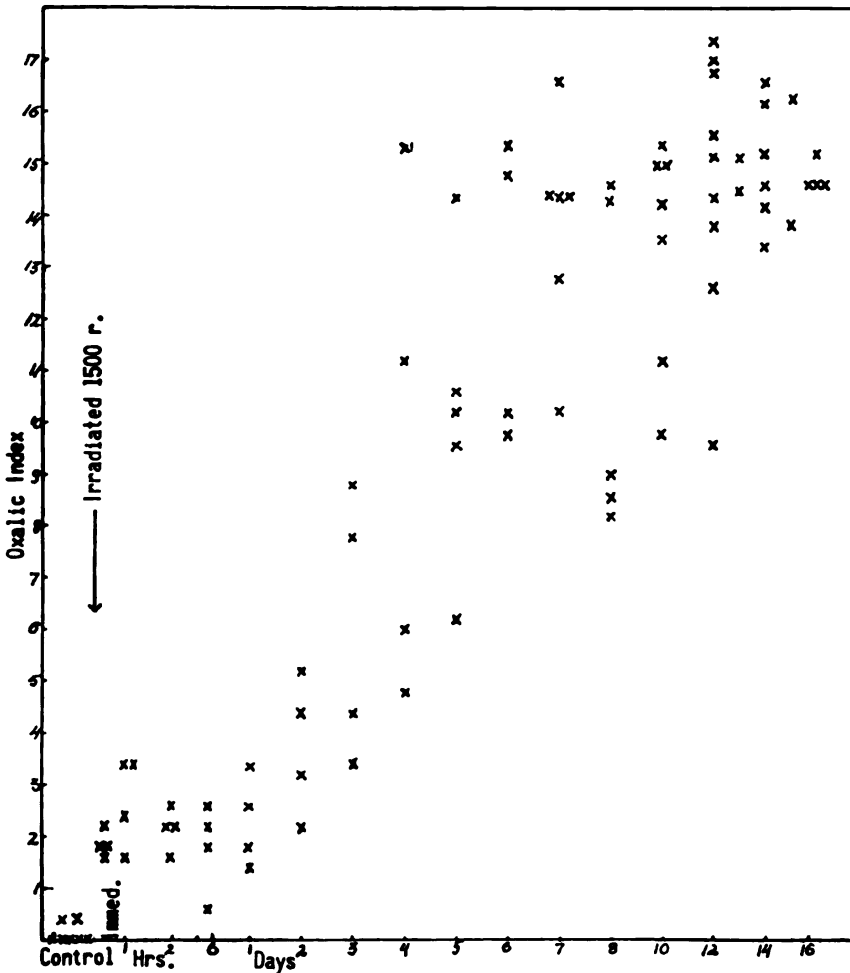


FIG. 85. Fatty acid conjugation induced by irradiation *in vivo*. Changes in the oxalic index of total fatty acids of rats irradiated with a lethal dose (1500r). Sacrificed at different intervals, the oxalic index of their fatty acid shows progressively increasing values. The animals die when the index has arrived at a critical value between 14 and 17.

even in animals which showed no visible ill effects at the time they were killed.

The index increased continuously with the passage of time until the animals died. By the fifth day, it was above 6 for all animals and, by the seventh day, with few exceptions, it was around 10. After the twelfth day, it had risen above 12 in most of the animals. In all animals which were

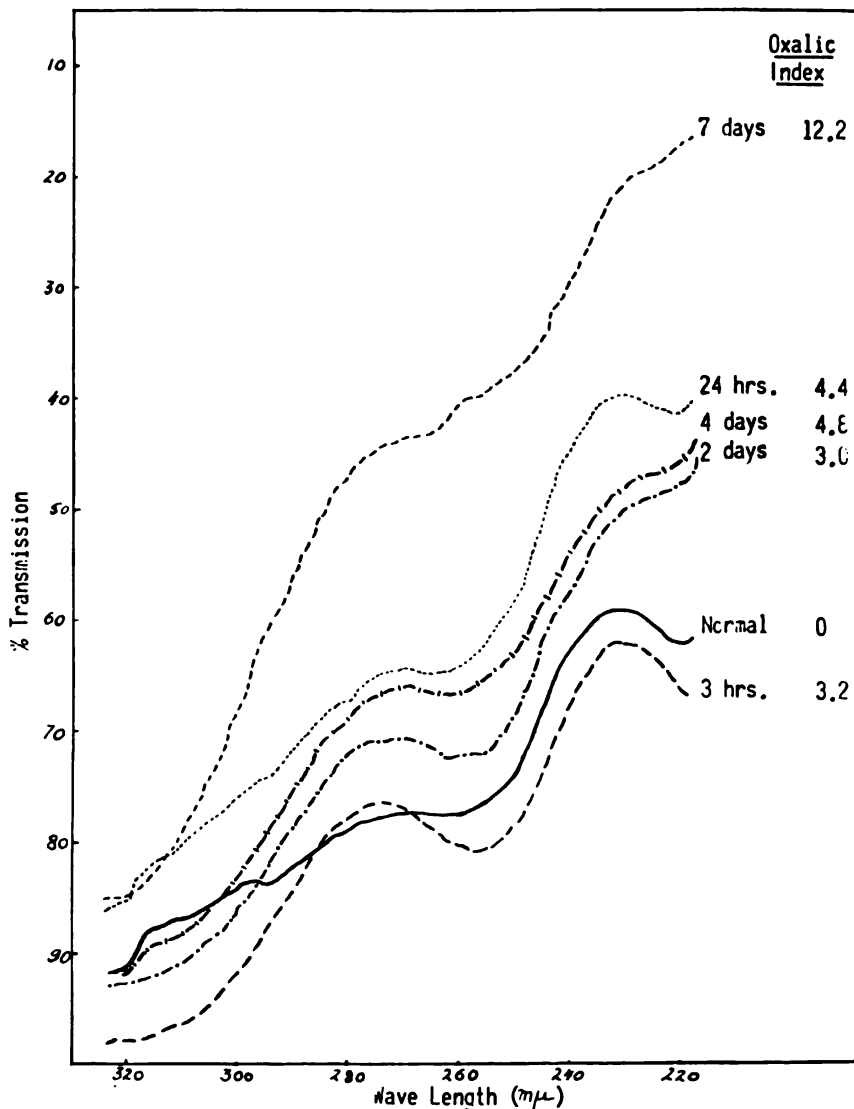


FIG. 86. Spectral analysis (.01 in ethyl alcohol) of the total fatty acids obtained from the body of rats irradiated with 1500r shows changes more manifest around 270 $m\mu$. The oxalic index of the preparation is indicated and shows a parallel increase with the changes in the curve.

sacrificed after the 13th day or which had died at any time, the index showed values between 14 and 17. (Note 2) Figure 85 shows these results in the group of rats described in this experiment. These changes were observed when the same procedure was repeated in other groups of animals. These experiments clearly indicated that the quantity of conjugated fatty acids progressively increases in the days following the exposure in animals

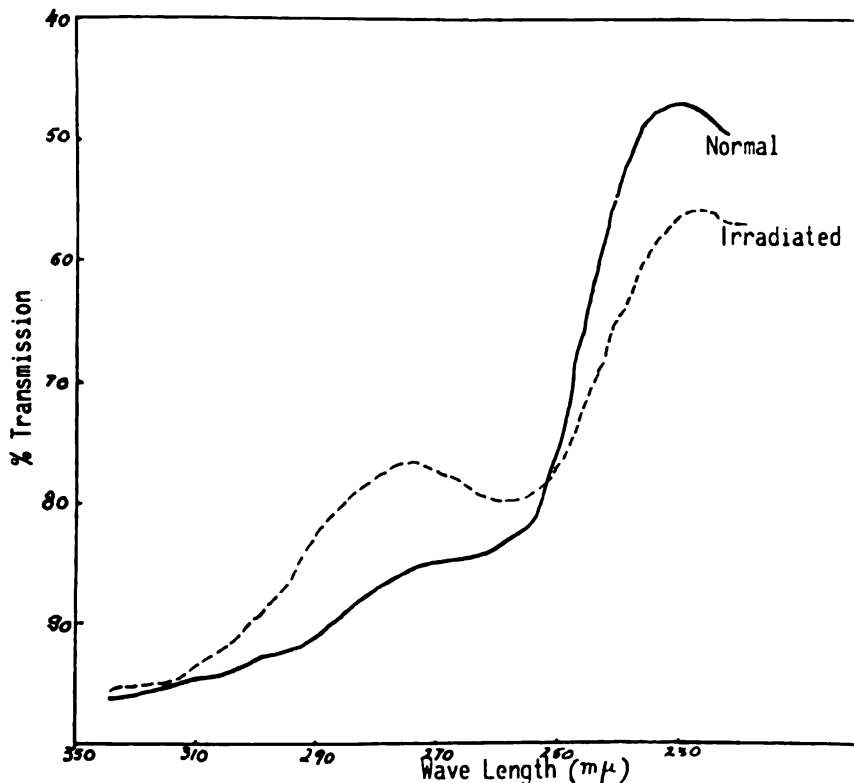


FIG. 87. Spectral analysis (.01 in ethyl alcohol) of the fatty acids of the total body of a mouse irradiated with 1500r, shows an increase in fatty acids with the absorption corresponding to 270 mμ., as compared with the control.

treated with one lethal dose of X-ray. Death occurred when the amount of conjugated fatty acid reached a critical level equivalent to an oxalic acid index value between 14 and 17. The spectral analysis of fatty acids of animals treated with radiation showed changes corresponding to the presence of conjugated isomers. These appear in the samples of fatty acids obtained from the entire body of these animals. (Figs. 86 and 87) Still more evident were the conjugated trienes in the fatty acids of organs. Figures 88, 89 and 90 show the difference in such analyses as compared to corresponding un-

treated controls. The presence of conjugated trienes appears clearly in the characteristic peaks.

The concept of a critical value for the oxalic index is supported by other studies in which the same value is found in animals dying after adrenalectomy or after thermal, chemical or traumatic states of shock. Even in animals dying in superacute shock, within 3 to 5 minutes after being severely scalded in hot water, the level of conjugated fatty acids is higher than in controls.

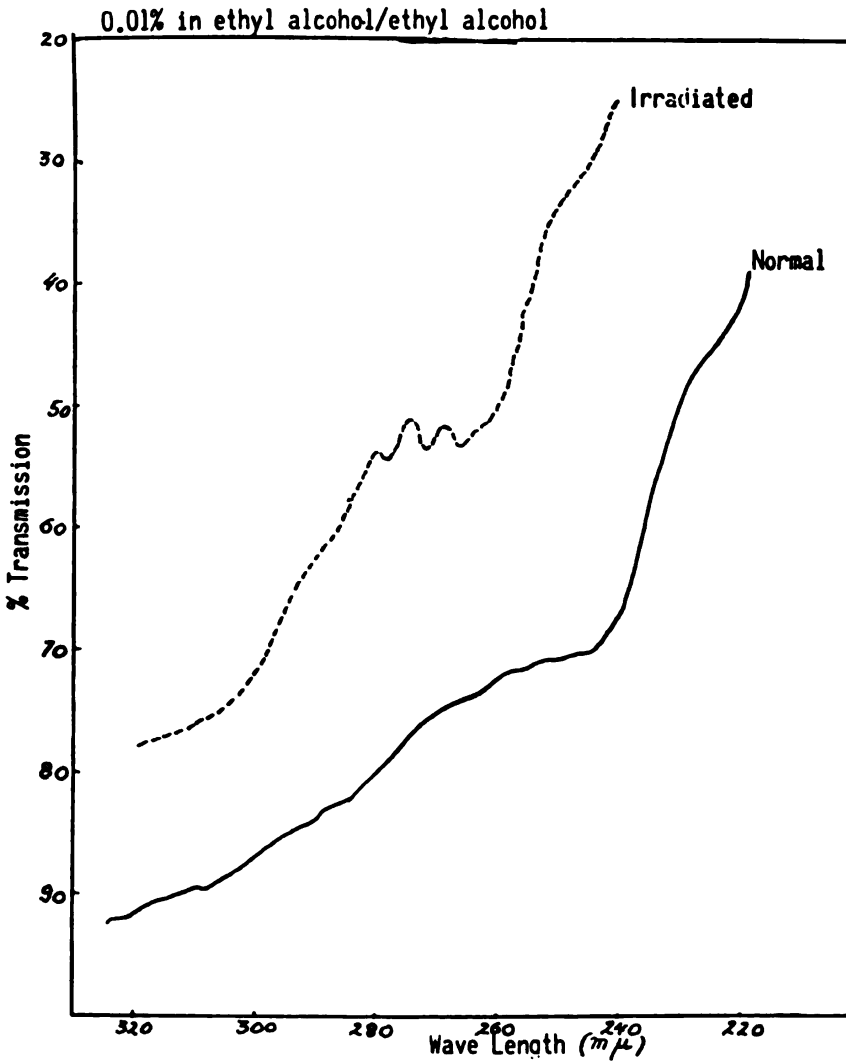


FIG. 88. Spectral analyses (.01 in ethyl alcohol) of the fatty acids of the kidney of a normal rat and of a rat irradiated 6 days previously with 1500r. The peaks characteristic for conjugated trienes are seen.

When the irradiated dose was not a lethal one, that is, below 600 r. in our experiments, the oxalic index increased at first but decreased after about two to three weeks. It never reached the critical value of 14-17. (Fig. 91, Note 3)

Local Effects

f) We completed the studies of the effects of radiation upon fatty acids *in vivo* by considering them at the local tissue level. The first requirement

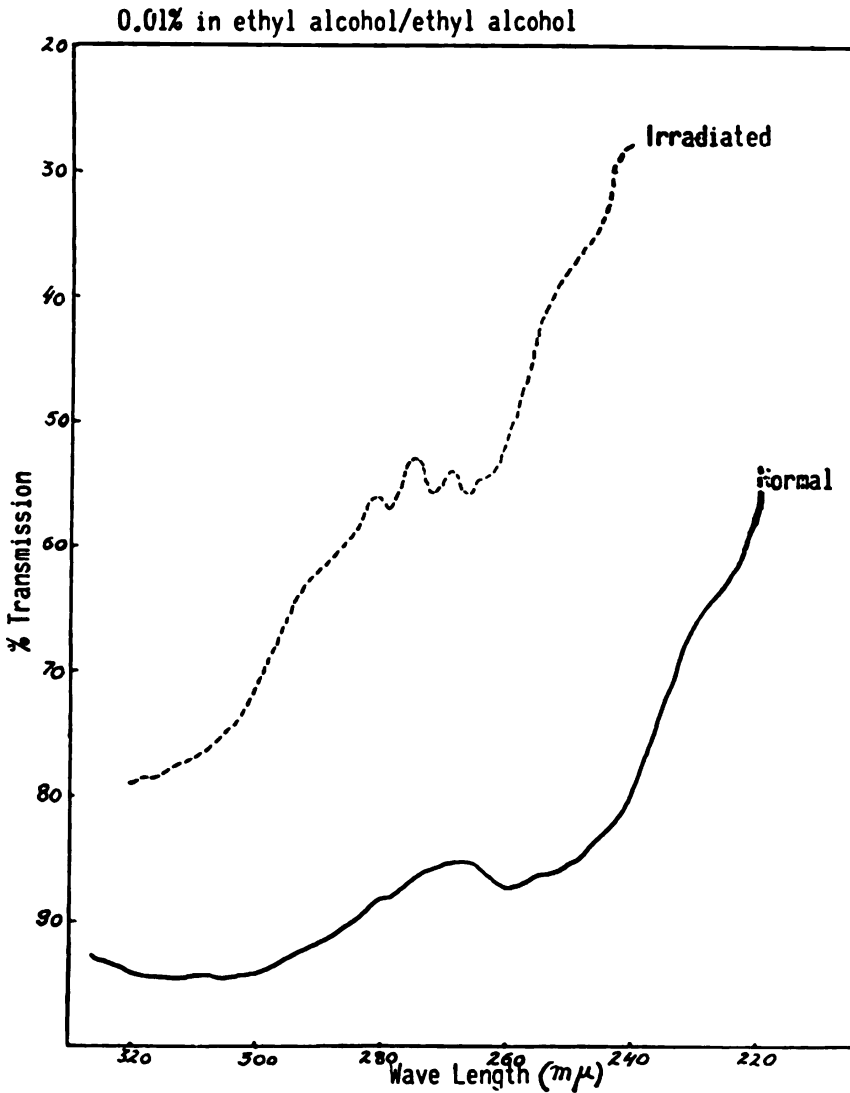


FIG. 89. The spectral analyses (.01 in ethyl alcohol) of the fatty acids of the liver of a normal rat and of a rat irradiated 6 days previously with 1500r shows the appearance of the characteristic peaks of conjugated trienes.

was to establish a radiation procedure which would produce a standardized lesion. When radiations were applied directly to the skin of animals, the individual differences in response were quite marked. These could be explained in part on the basis of age and particularly of sex, the difference

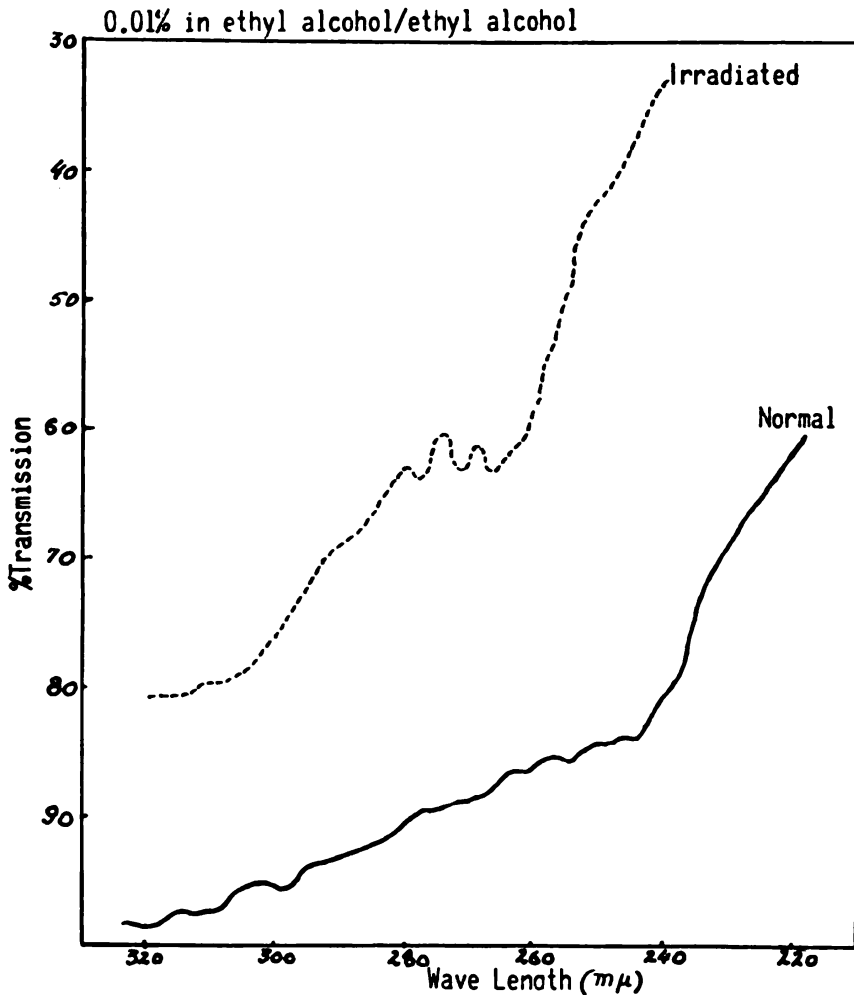


FIG. 90. Shows the spectral analyses (0.1 in ethyl alcohol) of the fatty acids of the lung of a normal rat and of a rat irradiated with 1500r 6 days previously. Peaks corresponding to conjugated trienes are present.

between the skin of male and female rats being manifest. However, there were also pronounced individual differences in animals of the same sex, age and weight living under the same conditions, so that even when the experimental procedure was carefully controlled, the same amount of radiation caused reactions that varied widely from slight erythema to ulceration.

The problem of variability was satisfactorily resolved by radiating abnormal tissues, such as those of a wound, instead of normal tissues. Standardized lesions were first produced and then irradiated. We used the following technique: an area of the skin on the back of male rats weighing around 200 grams was epilated and, under ether anaesthesia, a 2 cm. long incision

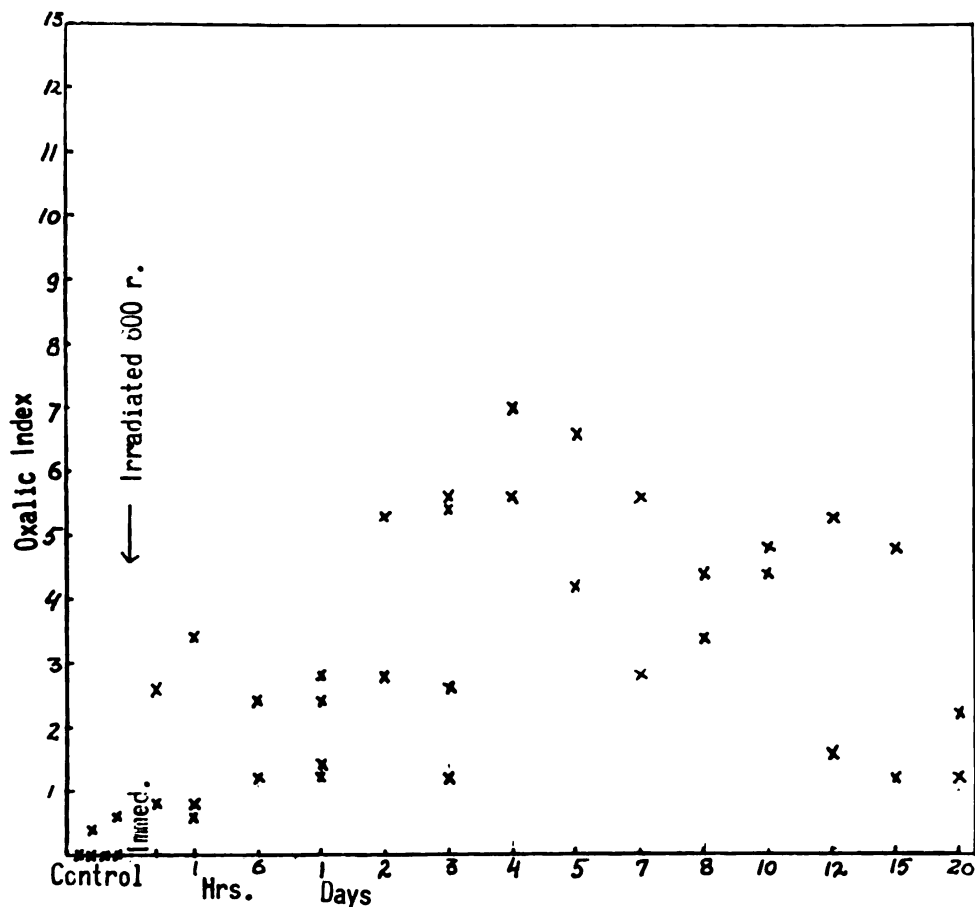


FIG. 91. *Fatty acid conjugation and irradiation in vivo.* The changes in the oxalic index of total fatty acids of rats submitted to sublethal irradiation (600r.). Only a temporary increase in the oxalic index of the fatty acids of the animals is seen, the amounts not reaching the critical values.

was made, penetrating the skin and subcutaneous tissues down to the dorsal aponeurosis. A needle containing radium was then placed between the lips of the cutaneous wound. A thread passed through the hole at one end of the needle was used to fix it to the skin. Two retaining sutures were also used to maintain the radium needle between the lips of the wound. The needle was left in place for the desired length of time and then easily

removed with the help of the thread passed through the hole of the needle. The retaining sutures were also removed and the wound left open and undressed.

The length of time that the needle was left in place varied with the amount of radium, the nature of the filtering metal, and the radiation burn desired. We found that 10 mg. of platinum filtered radium had to be left in place for about 90 hours in order to produce a standardized ulceration that would last about four weeks before healing. The same effect was obtained when 25 mg. of monel metal filtered radium was kept between the lips of the wound for only two hours. When monel metal needles were used for only one hour, too great differences appeared between the ulcerations obtained and the time necessary for their healing. A two-hour exposure caused an ulceration which usually required 4 to 5 weeks to heal in control animals. If the needle was left in place for 3 hours, the ulcerations were quite uniform but they required over two months to heal and more than half of the wounds never healed. Failure to heal and more extensive necrosis resulted for periods of exposure beyond 3 hours.

Therefore, we utilized 10 mg. of radium in platinum for 90 hours in one group of experiments, and 25 mg. of radium in monel metal for 2 hours in another group, in order to produce standardized ulcerations that would generally heal spontaneously after 4 to 5 weeks. This technique has been used in several hundred animals for various experiments. The fatty acids of these standardized radiation lesions were studied.

Days after irradiation, the ulcerated lesions were removed along with about one cm. of surrounding tissue and submitted to analyses. It was always necessary to use as many as 5 or 6 lesions to obtain the quantity of fatty acids needed for an oxalic index determination. The lesions were found abnormally rich in conjugated fatty acids. Commonly, indices as high as 40—and in exceptional cases as high as 65—were found (TABLE XVI) in comparison with 0 or 0.3 for normal skin with its subcutaneous tissues.

Lipids and Radiation Burns

g) The appearance of conjugated fatty acids as an effect of radiation has posed the problem of the role of these abnormal fatty acids as intermediary agents in the biological changes induced by radiation. In trying to solve it, we compared the effects obtained by administration of conjugated fatty acids with those of radiation at different levels of organization. This study was facilitated by considering the changes which take place in

TABLE XVI
OXALIC INDEX OF FATTY ACIDS OF RADIATION BURNS

	Elapsed Time	Average
Normal Skin		0.1
Non-treated wound	24 hours	2.2
	48 hours	3.9
	72 hours	2.3
	6 days	1.8
Wound with 25 mg. radium in	2 hours	1.2
	24 hours	6.1
monel metal for 2 hours	48 hours	13.9
	4 days	19.1
	1 week	31.0
	2 weeks	46.0
	3 weeks	49.4

the cellular cytoplasm and nuclei as induced by various substances designated as radiomimetic agents.

It could be seen that apparently all agents which induce radiomimetic effects are lipoids with negative polar groups. The effects of higher polyunsaturated fatty acids, and especially the conjugated isomers, appear to be the same as those of known radiomimetic agents. The similarity between the effects of these fatty acids and those of radiation makes it logical to consider that at least some of the radiation-induced changes result from the intervention of these abnormal fatty acids.

We have seen that the changes induced by fatty acids upon cell metabolism are in large part due to an increase in cell membrane permeability. A similar change of cell membrane permeability could be recognized among the effects of radiation. Following radiation, it could be seen that sodium of the interstitial fluids penetrates into the cells more readily. This was observed when radioactive sodium was used. (42) The cellular vacuolization seen to follow radiation, especially higher doses, represents a corollary of the abnormal penetration of sodium into the cells which partly results from the increase in membrane permeability.

h) At the tissular level, the influence exercised by radiation upon pain was seen to greatly resemble that induced by administration of fatty acids. Radiation efficiently relieves pain that has an acid pattern but it may increase pain of an alkaline pattern. Furthermore, pain which appears following radiation has an alkaline pattern and consequently is increased by further radiation, or administration of unsaturated fatty acids. (*Note 4*)

i) At the tissular level, it could be seen that the area of ulceration of the standard lesions obtained through irradiation of skin wounds was

increased by the administration of polyunsaturated fatty acids in general. In some cases the ulceration doubled in size as compared to controls. The administration of fatty acids also markedly delayed wound healing. When the quantity of fatty acids administered was great enough, the wounds did not heal at all. Six daily subcutaneous injections, each of 1 cc. of a 10% oily solution of cod liver oil fatty acids, prevented healing. (*Fig. 92*) The area of ulceration was even greater when only $\frac{1}{4}$ cc. of a 10% solution of the conjugated fatty acid isomers, obtained through an in-vitro conjugation of the preparation of cod liver oil fatty acids, was administered under the same conditions. This showed that conjugated fatty acid isomers had a more manifest effect upon radiation wounds than the unconjugated acids obtained from the same source.

j) We followed effects of intensive radio and radium therapy in humans at organic levels. In cases with radiation-induced proctitis, mucositis, or epidermitis, the changes observed were seen to correspond to the pattern encountered with fatty acid predominance, and especially to the pattern induced by abnormal fatty acids. The appearance of oxidizing substances in the urine is frequently observed in patients with radiation burns after extensive X-ray therapy. They were almost consistently seen in those cases in which radiation lesions were produced. The administration of fatty acids, and particularly of conjugated fatty acids, to these patients increased the intensity of the lesions.

k) Systemic changes induced by intensive radiotherapy were also analyzed. Here again, the changes followed the pattern observed when there is a predominance of fatty acids, particularly of abnormal fatty acids. The appearance of oxidizing substances in the urine was frequently noted after intensive X-ray therapy and, as mentioned previously, was consistently observed in those cases in which a radiation lesion was produced. Other systemic effects of intensive radiotherapy were seen to include an increase in urinary excretion of surface active substances, an increase of potassium in serum, a retention of chlorides and water, and particularly, an increase in the sulfhydryl index indicating an exaggerated excretion of this group. These changes following intensive radiation are, as previously noted, similar to those seen when a predominant intervention of fatty acids occurs.

Certain of these changes appear to have prognostic importance for radiation therapy. For example, in several cases with very low urinary surface tension, high retention of chlorides and absence of urinary peroxides. The continuation of irradiation led to death. (*Note 4*) This is consistent with the findings in animals that lethal effects of irradiation are directly re-

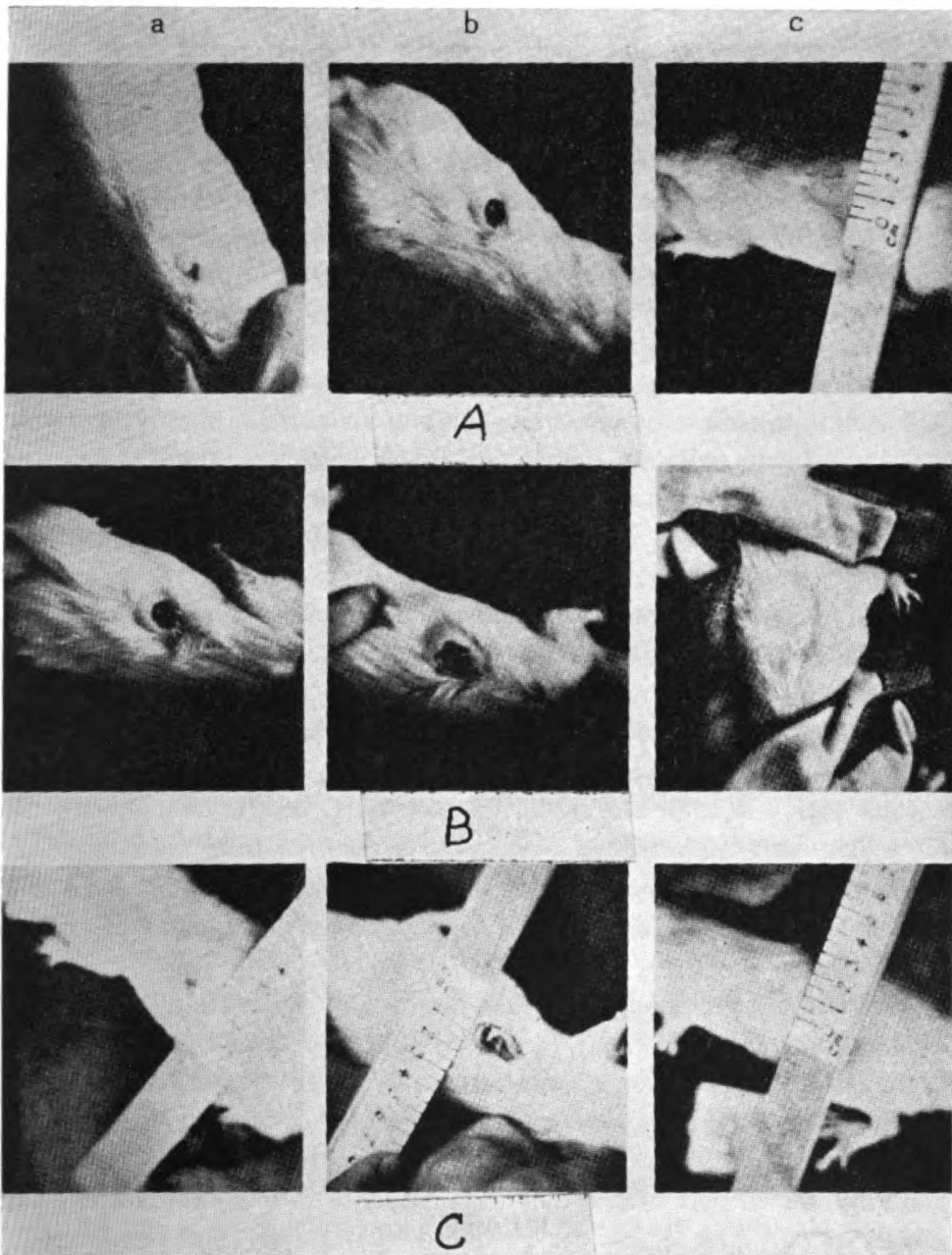


FIG. 92. *Lipids and radiation wounds.* Radiation wounds 5 weeks after exposure to 10 mgr. radium in platinum—for 96 hours. (a) Untreated controls; (b) treated daily with 1 cc of a cod liver oil fatty acids 10% solution; (c) treated daily with 0.5 cc of a 10% solution of unsaponifiable lipid fraction extracted from human placenta. The treatment with fatty acids results in larger lesions than in controls, with no tendency to heal. The treatment with the unsaponifiable fraction leads to a healing of the lesion in around three weeks.

lated to the appearance of large amounts of surface active substances in the urine.

ROLE OF ANTI-FATTY-ACIDS

The study of the biological effects of radiation also has revealed an important role for anti-fatty-acid agents. The intervention of these substances in the physiopathological processes that occur in the organism under the influence of radiation can be considered to be reactional. They correspond to a response of the organism to changes induced by radiation upon the constituents such as fatty acids.

This antagonism is clearly shown in experiments with animals. The administration of sterol preparations not only reduces the size of ulceration in standard skin radiation lesions but also significantly improves the rate of healing. Insaponifiable fraction preparations from human placenta, beef liver, spleen or blood, as well as from butter, produce such favorable effects. (*Fig. 92*)

If sterols are administered 24 hours after the radium is inserted (or later), the influence upon the dimensions of the ulcer that develops is reduced and is further reduced with increased delay. In some of the animals treated with 1 cc. of a 5% oily solution of the insaponifiable fraction of human placenta in sesame oil for seven days a week, healing with a normal scar was complete within two weeks. Controls, treated with the oil vehicle only, required an average of more than four weeks to heal. Similar effects were obtained with the administration of 1 cc. of a 7% solution of butanol in saline twice a day, beginning with the day of radium application.

The use of small amounts of radiation has, in general, a different effect to that of intensive radiation from this point of view. This can be attributed to the reactive intervention of anti-fatty acids. An exaggerated scar-forming effect, prolonged fibroblastic reaction, exaggerated connective tissue formation, and vascular sclerosis and thrombosis resulting from endothelial proliferation are all part of this long-term response to moderate amounts of radiation. The same effects are produced by anti-fatty acid preparations. All the manifestations are opposite to those obtained with high doses of radiation or fatty acids.

From a clinical point of view, the administration of the insaponifiable fraction preparation had a beneficial radiation effect. Even in lesions that had persisted for years, the pain was observed to disappear after a few days with t.i.d. doses as low as 1 cc. of a 5% solution of the insaponifiable

fraction of placenta in oil. In several cases, chronic lesions three to five years old healed in only a few months of treatment.

1) The opposite clinical response to high or low doses was frequently observed in the systemic changes in patients receiving X-ray therapy. While high doses led to a manifest lowering of the surface tension of urine and an increase of the sulfhydryl index, together with the other changes corresponding to offbalance D for small doses of radiation, certain opposite effects related to a predominance of sterols were noted. Of particular interest was the absence of oxidizing substances in the urine, and the changes in urinary surface tension. In all cases treated, a first reaction to radiation was a higher sulfhydryl index and low surface tension corresponding to a fatty acid predominance. When small or moderate amounts of radiation were used, this reaction was very slight and rapidly disappeared in favor of a second change corresponding to a predominance of sterols with high urinary surface tension, for instance. It is interesting to note at this point that this secondary response has been observed especially in those patients for whom radiation also has had a limited therapeutic effect. As we will see, the dualistic interpretation of data furnished by urinary analysis in patients undergoing radiation therapy can be used to guide this therapy.

Role of Adrenals

m) The study of the systemic secondary anti-fatty acid response to radiation has led to an evaluation of the intervention of the different anti-fatty acid agents and to the role of the adrenals. It is known that adrenal hormones have a peculiar effect upon the lymphatic system. They induce a shrinkage of the thymus, spleen, and lymph nodes, along with blood lymphopenia. Since similar effects are produced by irradiation, the problem of the part played by an intervention of these adrenal hormones in the radiation response is of interest.

When the adrenals were removed, shrinkage of the thymus and spleen and lymphopenia still occurred after radiation, but was markedly reduced as compared to nonadrenalectomized irradiated controls. Since shielding of the adrenals during irradiation does not alter the effect upon the lymphocytes and lymphatic organs, the role of the adrenals appears to be an indirect one. Adrenal hormonal secretion appears thus to be a response to the systemic changes induced by irradiation. Adrenalectomy would eliminate this secretion and thereby diminish the degree of lymphopenia and the involution of lymphatic organs. However, the secretion does not result directly as an effect of irradiation of the adrenals since shielding does not influence it. Another factor seems to intervene to stimulate adrenal hor-

monal secretion. The differences between the effects seen in adrenalectomized and nonadrenalectomized irradiated animals corresponds thus to the adrenal response to the systemic changes.

In experiments on rats, we have shown that polyunsaturated, and especially conjugated, fatty acids induce changes in the number of lymphocytes a short time after their administration, and that this is followed by involution of the thymus, spleen and lymph nodes. This seems to occur through the intervention of the adrenals since it takes place to a greatly reduced degree when the same amounts of fatty acids are administered to adrenalectomized animals. The abnormal fatty acids seem to influence the adrenals and their response elicits lymphopenia and involution of lymphatic organs. However, this indirect action through the adrenal glands is only part of the story. Large doses of the same fatty acids will directly induce a certain amount of lymphopenia and involution of the lymphopoietic organs since these changes also occur when these fatty acids are administered in large doses to adrenalectomized animals.

n) All of this research indicates that two of the mechanisms through which radiation acts upon the organism involve changes in lipids. In one, the action is directly through fatty acids; in the other, as a response to these fatty acids, anti-fatty-acid agents intervene. The role of the adrenals appears to be still more interesting considering the nature of the fatty acids produced by radiation. As seen above, the conjugated trienes appear almost specifically as a result of irradiation of mixtures of fatty acids. It was also seen that the corticoids intervene specifically against these conjugated fatty acids. This correlation seems to represent the link between radiation, conjugated fatty acids and the adrenal response. (Ch. 6, Note 17)

Direct Action of Radiation

o) In spite of the importance of fatty acids and anti-fatty acids, they represent only one part of the mechanism through which radiation acts. The direct and indirect action of radiation on other constituents also must be considered. The influence exercised upon these constituents can be largely related to various changes. There is a quantitative relationship, for instance, between induction of mutations and the direct impact of radiation on proteins. Changes in fatty acids also are the result of such a direct impact. It appeared interesting to ascertain how much and which of the pathological changes that follow irradiation are due to the direct impact upon lipids and how much to the impact on the other constituents.

The three kinds of biological activity of radiation—through other constituents, through changed fatty acids, and reactional through anti-fatty

acids—could be studied at different levels of the organization. We note here a few of the results of these studies.

Below the cellular level, the influence of lipids seems to decrease, causing the direct effect of the radiation on other constituents to appear predominant. For nucleo-proteins and below them, only this last effect seems to occur, the changes induced apparently affecting histones and alkaline amino acids. The close mathematical relationship between the amount of radiation and mutation would seem to indicate that, even at the gene level, only the effect upon constituents has to be considered.

The introduction of anti-fatty acids into the medium in which tetrahymena or suspended cells (as from ascites tumors) were irradiated, served to distinguish the direct effects from those induced through fatty acids. In the presence of anti-fatty acids, vacuolization and even changes in the nuclei seen in the irradiated controls are prevented. The fact that these changes, which characterize the radiomimetic effects, were reduced by anti-fatty acids, indicates the role of fatty acid changes in the pathogenesis of these effects. Among other agents tested, the insaponifiable fraction of organs, and especially of placenta, appeared to be most effective in preventing radiomimetic effects. The high alcohols or glycerol also showed such influence, but to a lesser extent. In complex organisms, the difference of the effect of radiation on fatty acids and on other constituents is increased at the higher levels. At the systemic level, this effect is almost limited to the fatty acids.

The introduction of polyunsaturated fatty acids to the medium greatly increase the toxic effects of radiation, as compared to controls exposed to radiation or fatty acids alone. The proportion of mutations was not changed, however.

The ultimate effect of radiation at different levels depends upon the relationship between three factors: changed fatty acids, other changed constituents, and the intervention of adrenals. The effect of the adrenals is progressively more manifest at the higher levels of the organization. At lower levels, the direct intervention of the abnormal lipids becomes more important than the adrenal response, the latter being less able to act at these levels. At the cellular level, the influence of lipids is still predominant. At the tissular level, the direct lipid effect is still striking, while the influence of the adrenal response is limited to the connective tissue. Although the effect upon the lymphatic constituents (as part of the adrenal response) is important at the organic level, the steroid response becomes more important at the systemic level.

p) On the other hand, it appears possible to vary the amount of the

lipidic effect by changing the nature of the radiation. The use of more penetrating rays or of different corpuscles has to be investigated in terms of the relationship between influence upon fatty acids and the effect on other constituents. It could be seen that, in corresponding dosages, the less penetrating radiations had a greater influence upon fatty acids than the more penetrating. The fact explains the reduction of radiation burns directly related to the intervention of fatty acids. Similarly, in a systemic procedure, such as teleradiotherapy, the effect on other constituents is reduced as compared with the direct influence exerted upon the fatty acids.

It is possible that radiations using neutrons would induce an increased direct impact on other constituents without a correspondingly increased effect upon the systemic fatty acids. The skin effect, which is minimal with these radiations, would indicate little intervention of fatty acids.

The unequal part played by lipids at the different levels can be utilized to obtain variations in radiation effects. If effects upon the lowest levels of the hierarchic organization, such as upon histones and basic amino acids, are desired, radiation could very well be the tool to be chosen, because of the small amounts of lipids present at these levels. If the influence could be limited to such action, radiation could be considered ideal for such therapeutic effects. Unfortunately, this is not possible even when very penetrating radiation is used, and the effect of radiation upon lipids still constitutes one of the principal factors which must be considered when radiation is used as a therapeutic weapon.

Thus radiation is not the ideal means for affecting the subchromosomal level, in spite of the fact that it may, through its effect upon proteins, have a profound influence below this level. Its ability to cause a conjugation of fatty acids represents the serious obstacle to its use. In view of this, the effect of radiation upon lipids actually can be considered as an undesirable epiphenomenon whenever the purpose of the therapy is to achieve a local effect at the lower levels. Frequently, the changes which require discontinuation of radiation therapy can be recognized to correspond to abnormal local or systemic metabolism produced by the abnormal fatty acids.

It must, however, be recognized that the appearance of abnormal fatty acids has some advantages even upon protein effects, since indirectly they can make local tissues more sensitive to radiation. We have previously noted that abnormal fatty acids cause changes in the tissue and cellular metabolism which lead to local alkalosis. This local pH change may have favorable results by acting upon the amphoteric proteins and by increasing the positively charged members which apparently are the only ones sensi-

tive to radiation. Indirectly, the intervention of the abnormal fatty acids will thus increase the sensitivity of tissues to radiation.

Before going further, we wanted to emphasize an aspect of the off-balance D for which the study of shock and radiation brought an important contribution. A separation can be made between two phases of offbalance D, one in which oxygen is principally fixed and another in which chlorine is fixed. The first phase, "oxygen," has as characteristic the appearance of peroxides in the urine, and clinically has little noxious manifestation. The other phase, "chlorides," with fixation of this ion leads the serious manifestations as seen, for instance, in shock. For this reason, in radiation the disappearance of urinary peroxides with persisting offbalance D, as seen in the other patterns, will indicate a passage from phase "oxygen" into phase "chlorides," which corresponds to the appearance of a serious condition. (See also Note 4, Chapter 10)

Radio-Therapy

The above considerations appear important in the radiotherapy of tumors. The tissular and systemic changes related to the intervention of fatty acids, especially when these changes are sufficiently intense, in themselves can act upon tumors. However, when abnormally intense, they can constitute a serious limitation for continuation of radiation. The manifestations that result from the pathogenic effect of abnormal fatty acids, if intense, can prevent the use of large doses of radiation which would otherwise be necessary to influence a tumor through a direct effect upon the lower levels of the biological organization, histones, nucleo-proteins and even genes. Consequently, the appearance of abnormal fatty acids, which represent an important factor in the biological effect of radiation, can be considered as a favorable effect when we seek to bring about systemic changes and influence pain and metabolism, particularly at higher levels. At the same time, they can also represent a principal obstacle to the more effective use of this same therapeutic agent when one wants to obtain an effect at lower levels.

As for the effects obtained through the influence exerted by fatty acids, they can be decreased by changing the antagonistic relationship between the abnormal lipids and the defense mechanism of the adrenals. With small amounts of radiation separated by long intervals, the intervention of the adrenals, as long as they function normally, can overcome the effect of the fatty acids. With higher doses applied more often, the fate of the irradiated individual depends upon whatever antagonistic factor predominates. With high doses or with a relative adrenal insufficiency, the direct effect of

the abnormal fatty acids can become predominant. In that case, the type D offbalance will be more pronounced. It is in such offbalance that subjects die from too intensive radiation. These factors can be of major significance in the intervention against accidental radiation as well as in guiding the therapeutic use of radiation.

Because of the intervention of abnormal fatty acids, systemic radiation does not seem to be the best procedure unless a very intense systemic effect is sought. If this effect is desired, it can be obtained through a method other than radiation. Furthermore, as we have noted above, the conjugating effect of radiation upon fatty acids is almost entirely limited to the production of trienes and dienes. The biological effects of such conjugated fatty acids are more apparent at the tissue level and above it. The energetic value of conjugated trienes and dienes seems to be too meager to permit them to act intensively at levels lower than the cells or nuclei.

In order to have a manifest fatty acid effect, it appears necessary to have an adequate application of radiation. Since an exaggerated systemic action of the abnormal fatty acids may even induce lethal effects, radiation does not appear to be the therapeutic method of choice for an influence exercised through fatty acids. Radiation, however, is more compatible even with a desired localized effect through the limitation of the field in which the changes in fatty acids are induced. In this case, fatty acids may intervene with a lower systemic influence. This accounts for the analgesic action of radiation which probably is related to an effect exercised by local fatty acids. Even here, however, the appearance of an alkaline pattern of pain can lead to undesired changes. In this case, radiation will increase the intensity of pain. This fact reduces the indications for use of radiation even at the tissue level.

Biologically-Guided Radio-Therapy

The knowledge of the important roles played by abnormal fatty acids and anti-fatty acids in the biological effects of radiation has suggested a biological guide for radiotherapy. Urinalysis, by reflecting various systemic changes, can serve as a valuable indication of manifestations and processes present in subjects undergoing radiation. The persistence of a pattern related to predominance of fatty acids indicates that the patient has passed into an imbalance that can only be increased by further irradiation and, if it becomes sufficiently intense, may even prove to be lethal, causing the patient to die with symptoms of severe shock. In contrast, a pattern corresponding to the predominance of sterols could be considered as being consistent with a preponderant reactive response, which would indicate that

higher amounts of radiation could be used without danger. From a practical point of view, the information given by the urinary surface tension has appeared very valuable. The moment when, and the amount of, irradiation to be given can be determined by these analyses. A low surface tension would contraindicate administration of radiation while high values would indicate that radiation should be increased.

The administration of lipids or lipid-like substances would represent a method of controlling undesirable processes and allowing more effective use of radiation. If the reactive intervention of adrenals appears too strong, a lipid with negative character could be added to counteract this and, consequently, could increase the desirable effect of the radiation. Subjects receiving fatty acids or sulfur preparations along with radiation have shown intensive local effects with very small doses of radiation. Epidermitis and mucositis were seen in such patients even with doses as low as 600 r. The same intensive effect could be seen in the tumors. The use of lipoids appears indicated when an intensive effect through fatty acids is sought, as in lymphatic tumors. On the other hand, if the effect of fatty acids is higher than can be accepted, and represents a handicap for the desired effect on proteins, then adrenal hormones or other anti-fatty acids must be added. By reducing the effect of abnormal fatty acids, it becomes possible to obtain a more intense impact on proteins and, at the same time, to avoid the otherwise inherent undesired side effects. The choice of the anti-fatty-acid agent must be guided by the level at which the effects of the abnormal fatty acids would make themselves felt. While corticoids act especially upon systemic and organic levels, sterols and other positive lipoids act upon the lower levels. Butanol and similar agents are effective upon local changes, such as pain.

The guidance of radiation therapy, as an example of how this new view may be used to improve therapeutic approaches, will be discussed later.

CHAPTER 11

PROBLEMS IN CANCER

NEW INSIGHTS INTO many pathological problems—and those of cancer in particular—are offered by the concepts we have been discussing. Let us take, for instance, the problem of just what cancer is. Classically, one is entitled to speak of a condition as cancerous when cells with cancerous character are present in the body. Whether, on the one hand, only cancer-in-situ cells are identified or, on the other hand, the patient is dying and has almost no organ or function left untouched—the condition is considered cancerous. Yet, so long as the concept of cancer is associated implicitly with the concept of malignancy, to consider clinically healthy individuals to be cancerous only because of the presence of cells with cancerous nuclear characters, when most of them will never show further development of the disease, is entirely confusing. It is essential to separate the two concepts, the presence of cancerous entities and actual malignancy.

The fact that the hierarchic levels of the organism participate in the various manifestations of cancer puts the problem in its true light. A cancerous condition does not implicitly mean malignancy when it involves only the presence of an entity with cancerous character. Other attributes must be considered. In the hierarchic progression of cancer, malignancy begins to be manifested when the cellular level participates and induces invasive cancer. With malignancy an attribute of only some of its phases, cancer can be seen to embrace many changes, beginning with those of the lowest hierarchic entities and terminating with the systemic lethal condition.

The plurality of phases of cancer, with the broad variations in time and other factors which determine the passage from one phase to the other, logically raises several immediate questions.

In view of the multiple phases, one cannot speak of pathogenesis of cancer in general, but rather of pathogenesis of the different phases. Con-

sequently, even postulating the existence of some specific original cancerous change, such a change would not, alone, induce the entire disease and determine the passage through successive phases. Different pathogenic factors must be considered to intervene in order to have cancer pass from one phase into another. The evolution of the cancerous condition has to be related to these different factors, some of them possibly more important than the original specific change. The passage of a cancer from the non-invasive to invasive phase, or from tissue to systemic, is surely more important than the appearance of a low level cancerous entity. An original change at a lower level appears, in fact, to be of very little importance, not only because of its ubiquity but also because it is not implicitly related to malignancy. From this point of view, then, cancer no longer can be defined as some single specific change in a cell, nucleus, chromosome, gene or other biological entity.

Carcinogenesis has to be conceived of in an entirely new way, in terms of plural factors and their relative values. Accepting the phases above invasive cancer as the only ones which correspond to clinical malignancy, they have to be regarded as the end result of a series of cancerous changes developed at progressive levels, with the intervention of many factors, not just one.

Diagnostic Tests

This view puts the problem of diagnosis of cancer in a new light. The recognition of a cancerous condition by itself, although important, has little clinical meaning. The presence of "cells with cancerous characteristics" in the prostate of almost all men 40 years of age and older, and in the thyroid, lung and stomach in a high proportion of the population, has failed to produce a general feeling of despair only because such findings are commonplace. While they still mean cancer, they do not implicitly indicate malignant disease. It appears very clear that a diagnosis of cancer is incomplete without immediate qualification as to its phase. We can no longer speak of cancer with any degree of practical meaning unless we add a descriptive adjective—noninvasive, invasive, tissular, organic or systemic.

And the search for a test to detect cancer will have no meaning as long as we have not defined in advance the information we want. A test, biochemical or immunological, which indicates the existence even of a specific anomaly in the noninvasive phase or before, while interesting, will have little significance since this anomaly exists in so many subjects and for most does not go beyond the noninvasive phase. The test will not indicate malig-

nant cancer in the clinically frightening sense. On the other hand, the processes which are added to a noninvasive phase form of cancer and turn it into the invasive, tissue, organic or systemic phase, have no character of specificity. Similar growth changes, or the appearance of lipidic predominance, which represent added factors are seen in many other conditions. By using them for diagnostic purposes we will not recognize the cancerous condition but only nonspecific intervening factors. While these factors are responsible for the changes, malignancy develops only when, and because, these factors operate on already abnormal entities, *i.e.*, cancerous entities. This explains the nonspecificity of many proposed tests and the misleading positive results obtained in conditions such as pregnancy where one of these added factors, (active growth processes) is always present.

A test for cancer, to have clinical value, would have to indicate two things: one, the specific early change which is widely distributed but represents the essential condition for the potential development of malignancy; and, two, the concomitant presence and concomitant operation of the nonspecific factors which can cause the actual development of malignancy. This kind of diagnostic test undoubtedly will come from further systematized study of biochemical changes induced by the simultaneous action of the two groups of factors.

Immunological studies represent an approach of value for diagnosis. The different phases of cancer can be interpreted, in the final analysis, to correspond largely to the intervention of the defense mechanism at different stages at the different levels. As mentioned above, a change in a phase results also from a change in the defense stage at the respective level. We have seen that the immunological aspect of cancer cannot be understood without accepting a relative independence of the levels in their different stages of defense. This view explains some seemingly paradoxical occurrences.

Cancerous cells are frequently found circulating in the blood yet this does not indicate generalized cancer. While the organism defends itself successfully at the systemic level against cancerous cells, the cancer can still progress at the lower level of the tissues. The loss at this low level of an effective defense, principally primary or allergic, which is still persistent at the systemic level, explains why the cancerous cells invade the tissues. A test indicating the presence or absence of any immunological reaction would consequently have value only when related to hierarchic levels. It must furnish indications only of what is happening at a specific level. The nature of the immunological reaction in cancer is also different from the reaction in other conditions. Defense capacity—natural defense capacity—

at different levels is lost as the respective level participates in the disease. This is in distinction to the immunological processes in other conditions in which the normal individual lacks specific immune bodies. An immunological test for cancer would have to reveal the loss of a previously existing defense mechanism rather than the appearance of an immunological response. This loss can be revealed in different ways. In one, the response to a cancerous antigen is investigated, and its lack would indicate the existence of a cancerous condition at this level.

In a study now in progress, we utilize pooled human tumoral tissues as antigen, and try to see if an allergic reaction can be induced with it, in two administrations, sensitizing and trigger. Two intradermic injections at the same site are made 12 days apart. They induce an allergic reaction in normal individuals, but are without effect in patients with active malignancy. If the effect is negative, a third injection is given 15 days later. A similar test is made for the conjunctiva, with sensitizing and trigger instillations of a similar antigen. No allergic reaction indicates a positive result, while a reaction is considered to be normal.

Another test which we are studying is based on the same lack of efficient defense mechanism at the tissue level. Such a lack of defense would permit a cancerous antigen to be present without the body offering a sufficiently effective defense against it. The presence of such an antigen in the tissues is revealed by inducing an allergic reaction, through the administration of specific coagulant antibodies. Sera of guinea pigs injected with pooled human tumors and having a high precipitin content are used in intradermic injections or in eye instillation. An immediate reaction indicates a positive result. As control, we use normal guinea pig sera. The studies are now in progress and the diagnostic value of these tests will be reported in a later publication.

Circulating Cancer Cells and Surgery

These immunological considerations have appeared important in considering a problem related to the use of surgery in cancer. The existence of a veritable flow of cancerous cells in the general circulation, largely induced by the manipulations inherent in operative procedures, has produced grave doubts as to the value of the measures taken by surgeons to prevent local spread of cancerous cells through the surgical act itself. Paradoxically, however, these precautions have been followed by good clinical results. Analysis from the point of view of the defense mechanism involved can clearly explain this situation. In the invasive phase, the systemic defense mechanism is still adequate to insure destruction of cancer-

ous cells which get into the blood. This is not true at the level of the interstitial formations, that is, at the tissular level, where such defense means are failing. The real danger during surgery consequently is not so much the presence of cancer cells in the blood, since the blood can still take care of them, but the spread of these cells at the tissular level where the defense capacity has been lost, and where a cancerous cell consequently has every chance not only to remain alive but also to grow.

The independence of the defense mechanism at different levels also must be taken into account in explaining the differences in the events which follow the appearance of a spontaneous tumor and those which occur after experimental tumor transplantation.

EXPERIMENTAL CARCINOGENESIS

The problem of carcinogenesis appears in a new light when cancer is considered under the concepts presented above. Classically, the experimental induction of cancer is judged successful only if the result is a tumor in the invasive phase, that is, with abnormal cells invading normal surrounding tissues. This is considered to correspond to a fundamental specific change which transforms the normal cells into cancerous ones. The entire disease is held to stem from the relationship between these abnormal cells and the organism. (290, 291, 303) To these simple views of the abnormality, we have proposed another one.

In our view cancer represents a hierarchically organized condition. Its invasive form is only one phase in a long series of changes which transforms successive hierarchic entities into cancerous entities. Carcinogenesis, thus, is not simply a change of a normal cell into a cancerous one but a step by step progressive hierarchic development. A cell is cancerous only if it has a cancerous nucleus just as a nucleus is cancerous only if it is formed by cancerous chromosomes which, in turn, are cancerous if they have cancerous genes. With the same reasoning, it is possible to go far down in the organization, below genes even to nucleo-proteins or still lower to histones or even alkaline amino acids, to find that the first changes, which can be considered to be specific for cancer, take place at the bottom of the organization of the biological realm. In other words, a cell becomes cancerous after specific cancerous changes have occurred in all the hierarchically inferior entities that compose it. Thus, a successful experimentally induced cancer, *i.e.*, one that is already in the invasive phase, means that changes would have affected the entire series of hierarchic entities, including the cells, whose participation results in the invasive character. Seen under this

aspect, carcinogenesis no longer can be accepted as a simple process occurring in the cells, but must be regarded as a succession of organized processes.

This becomes still more interesting when it is realized that changes in the constituents at the lowest levels of the organization can occur on a statistical basis, that is, independently of the direct intervention of external agents. As these changes have to be developed for many successive hierarchic entities, it takes a certain time for them to be realized. This would explain why most cancers appear after a certain age. Cells with cancerous nuclei, *i.e.*, in the noninvasive phase, frequently are present, in older people, in many organs without producing clinical manifestations. Conceptually, in order for an agent to be considered a successful carcinogen, it must act upon these noninvasive entities to such an extent as to change them into invasive ones. It can thus act upon entities which have already progressed, by themselves, far enough in the hierarchic development of a cancerous process and have arrived at the noninvasive phase without any manifestation. The excessive length of time necessary, even for the most active agents, to induce invasive cancer would suggest, however, that more than a simple passage from an already existing noninvasive cancer into an invasive one is involved. A plurality of changes must be induced, some or all at levels below the cell.

We are inclined to favor this last hypothesis which obliges us to consider that a carcinogen induces changes at different levels of the organization. It is supported by a series of facts. In addition to having the capacity to induce invasive tumors, carcinogenic agents also induce precancerous lesions which correspond to cancerous entities below the invasive phase. Cells with abnormal nuclei or with only abnormal chromosomes are almost constantly seen in induced carcinogenesis. Even agents which produce a high proportion of invasive cancer consistently induce such changes at lower levels as well. For carcinogens which induce a low proportion of invasive cancers, the effects often appear to stop at lower levels. Such activity at subnuclear levels of the organization is seen in the capacity of most of the carcinogens to induce mutations and monstrosities.

In the concept of hierarchic organization, mutations are considered to result from changes taking place at the gene level, with lower levels left unaffected. Monstrosities result from changes at the chromosome level. Comparison of carcinogenesis with mutations and monstrosities has led us to consider that cancerous changes begin at levels much below those involved in mutations and monstrosities, possibly at the nucleo-protein level or, even below. The complex cancerous condition to which the invasive

form corresponds can thus be seen to be the result of a series of anomalies which have taken place at different levels below the tissular. Carcinogenesis at the invasive phase is conditioned by the existence of changes at all the lower hierarchic levels. While they can appear as the result of the development of the organization, conceivably these changes can be hastened or even induced by the carcinogens.

The concept of multiple changes in carcinogenesis has caused us to search for multiple factors in carcinogens themselves. The possibility that such factors might be found was suggested by the existence of so-called co-carcinogenic agents. These are substances without carcinogenic activity of their own but capable of inducing such activity in cases in which some carcinogens are administered in doses too small to induce invasive cancers by themselves. This peculiar intervention of co-carcinogens can be explained through the multiple factors in carcinogenesis.

It can be conceived that the factors present in a carcinogen do not have equal activity. The differences appear evident when the carcinogen is administered in very small amounts. While some factors still have sufficient potency in these small amounts to accomplish their part in the complex process of carcinogenesis, others are quantitatively insufficient and do not induce changes. The total effect is an incomplete set of changes. Under these circumstances the addition of a co-carcinogen can replace the action of the quantitatively inadequate factors, and consequently complete the plural action necessary to produce an invasive cancer. Because any one co-carcinogen can replace only certain factors, co-carcinogen activity has a certain specificity.

With the hypothesis of multiple actions in the same carcinogen, the next step was to try to recognize them. A study, identifying different active energetic centers in the structures of carcinogens, has substantiated the hypothesis.

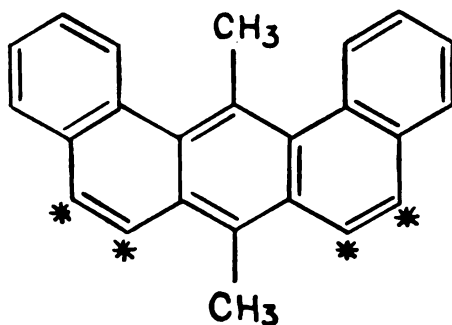
We attempted, as a first step to systematize the analysis of such energetic centers in carcinogens. A short resume of this study is presented here.

Energetic Factors

A well known and generally accepted concept tries to correlate carcinogenic activity with the presence of one energetic factor, identified as a "condensation of electrons," at certain regions of a molecule and revealed by the physicomathematical approach offered by Pulman and Dawdel.

Studies of the role of electron distribution in carcinogenesis were started by Otto Schmidt (43), which showed that an electron density exceeding $0.44e/a^2$ in the meso region of the molecule appears necessary to confer

carcinogenic properties. This concept was partially modified and amplified by Pulman, Dawdel and their co-workers (44) who have shown, by quantum analysis of various carcinogens, that the density of the π electrons is increased in certain preferred regions of the molecules, the *K* regions. They showed that, when electron densities exceed $1.292e$ at these regions, the substances have carcinogenic properties. Figure 95 shows such a *K* region.



9:10 Dimethyl 1:2:7:8 Dibenzanthracene

FIG. 95. The regions *K* in carcinogenic molecules.

From our point of view, a tentatively interesting aspect of this condensation of π electrons lies in two facts: the presence in some carcinogen molecules of more than one such *K* region, and the presence of different values for these *K* regions in different molecules. It would be the presence of more than one *K* region in the same molecule which would result in intervention in more than one process and thus contribute to plural activity.

Further analyses, however, suggested that the condensation of π electrons in *K* regions would represent only one of the factors that would induce activity in these agents. We have identified another energetic factor in the presence of two atoms having the same electrical sign and being bound together within the molecule.

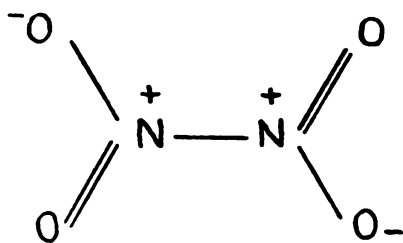
Twin Formation

We have considered the existence and importance of these "twin formations" as indications of energetic activity in the course of studies on electronic molecular arrangements. In a molecule, an alternation of successive atoms results in part from the alternating polarity of these atoms within a molecule and in part from the opposite characters conferred upon the

two carbon atoms when they form acetic acid, an important precursor in biological syntheses. It is through alternate polarity that an induction effect of an energetic center in the molecule propagates itself along the chain. The presence of any energetic center in the molecule represented by polar groups or a lateral chain, for instance, will enhance this alternate polarity. When one or more such inductive effects are propagated through the chain, two adjacent atoms may be found to possess the same electrical sign for their charge or ionoid character. The twin formation which results represents a center of increased molecular reactivity. This reactivity can be so intense as to lead to breaking down of the molecule, something which occurs often in inorganic substances. This has led Pauling to believe that this condition, called "adjacent charge rule," cannot exist.

"Pauling has pointed out that the mutual potential energy of two electrical charges of the same sign is so high that a canonical structure having net residual charges of the same sign on any adjacent atoms would have too high an energy level to contribute appreciably to the real molecular structure." So notes William A. Waters in "Physical Aspects of Organic Chemistry." (45)

The form suggested for nitrogen peroxide (N_2O_4), (*Fig. 96*) would appear to be impossible because of the high energy developed at the two positive nitrogens.

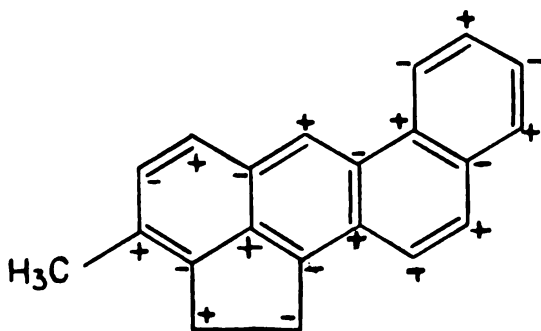


Nitrogen Peroxide

FIG. 96. The existence of nitrogen peroxide molecule is prevented by the high energy developed at the two adjacent positive nitrogens.

However, the forces that exist in most of the organic molecules are much weaker, so that the resulting "twin formations," although energetically potent, are not strong enough to induce the breaking down of the molecule. Consequently, they would exist and represent important energetic centers.

We have studied a number of carcinogenic agents, seeking twin formations. Analysis of the ionoid character of the carbons of the methylcholanthrene molecule reveals the presence of twin formations which could be localized at various points of the molecule. Figure 97 shows the energetic aspect of methylcholanthrene and the ionoid character of its carbons. It is the presence of the cyclopentane group in the molecule that induces the same sign in two adjacent carbons. The presence of the methyl group would determine the electrical character of C_{20} and consequently the succession of alternate signs. On the other hand, the double bonds will determine the probable localization of these twin formations in the molecule at the K formation itself, that is, at C_5 and C_6 .



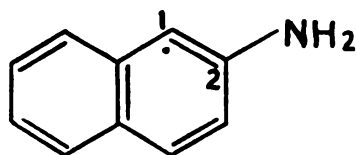
20-Methylcholanthrene

FIG. 97. The energetic aspect of methylcholanthrene, with twin formations.

Twin formations can be found in many carcinogens. It must be emphasized, however, that unequal energetic values can be recognized easily for different twin formations and would explain differences in their activity, a fact which would confer possible plural properties upon this group of qualitatively similar energetic formations.

Another aspect of the relationship between these formations and carcinogenesis appears to be even more interesting. While no twin formations can be found in several agents, the formations are present in the substances resulting from metabolism of these agents in the body. The relationship of twin formation to carcinogenic activity can be suspected when such changes appear simultaneously with carcinogenicity.

For example, no twin formation occurs in 2-naphthylamine, (*Fig. 98*) whose direct carcinogenicity is questioned, but such a formation appears in heterocyclic 3:4:5:6 dibenzcarbazole, one of its intermediates (*46*), which is known for its carcinogenic properties. (*Fig. 98bis*) This is also true for

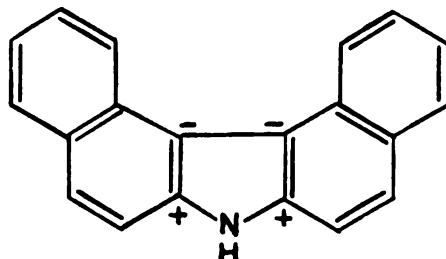


(a)

2-Naphtylamine

FIG. 98. No twin formations exist in 2-naphthylamine.

aminofluorene, which is also related to 2-naphthylamine. (*Fig. 99*) The existence of a twin positive carbon group or a twin negative in the same molecule can further explain the diversity of the tumors produced by this carcinogen and its acetyl derivative, which has the same energetic picture. (47, 48, 49, 50, 51, 52)

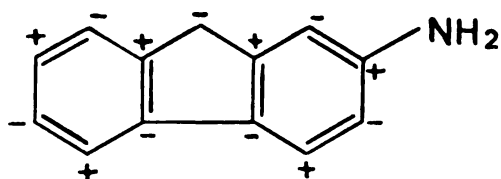


(b)

3:4:5:6 Dibenzcarbazole

FIG. 98bis. A twin formation appears in the intermediate 3:4:5:6 dibenzcarbazole.

Twin carbons can be correlated with the degree of carcinogenicity of the sulfur isosters (53) in each of which a thiophene nucleus replaces the benzene ring of 9:10 dimethyl 1:2 benzanthracene. This also applies to the azo compounds with twin formation at the level of the azo bond. Figure 100 shows the presence of a twin nitrogen at the level of the azo bond, due to the influence exerted by the symmetric rings.

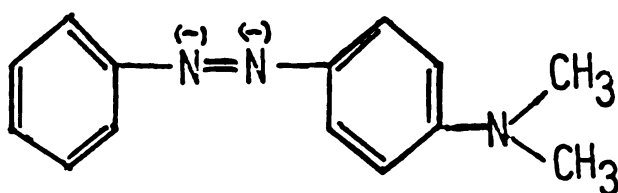


2-Aminofluorene

FIG. 99. A twin carbon group is present in aminofluorene.

Furthermore, it is the relationship of twin formation to carcinogenicity which indicates the need for considering the metabolism of various carcinogens in the organism.

Dimethylamino-azobenzene, butter yellow, which has a twin formation and is an active carcinogen, can become still more active through the metabolic changes occurring in the body which lead to products with twin carbons. The same 2:2'-azonaphthalene, with a twin formation, becomes more active because of its transformation into amines passing through hydase compounds. 2:2'-diamino-1:1'-dinaphthyl, with twin car-



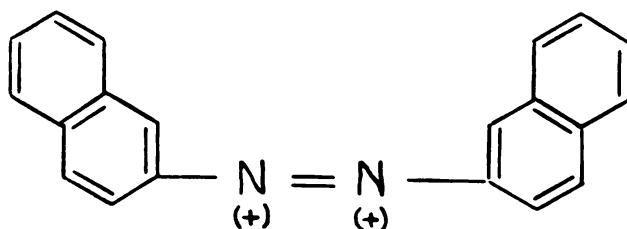
4 - Dimethylamino azobenzene

FIG. 100. A twin formation is present in 4-dimethylamino-azobenzene at the level of the azo bond.

bon formation, is more active than the precursor, 2:2 Azonaphthalene. (54), (Figs. 101 and 102)

It is possible that benzidine rearrangements of the hydrazo derivative determine twin formation and thus explain its carcinogenicity.

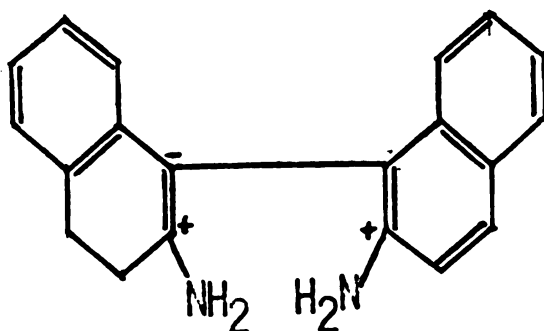
The similarity in kinds of tumors produced by the derivatives of 4-aminostilbene (Fig. 103), and the aminofluorene derivatives (55), makes us think that twin formations can appear in this case through changes occurring in the organism.



2:2' Azonaphthalene

FIG. 101. 2:2' Azonaphthalene has only a slight activity.

Some artificial estrogens of high potency (56) diethylstilbestrol and triphenylethylenic acid, (57), (Figs. 104 and 105) are known to have carcinogenic activity. While a twin carbon is present in both, such a formation is assumed to appear more active in the latter, as the result of metabolic changes in the body.



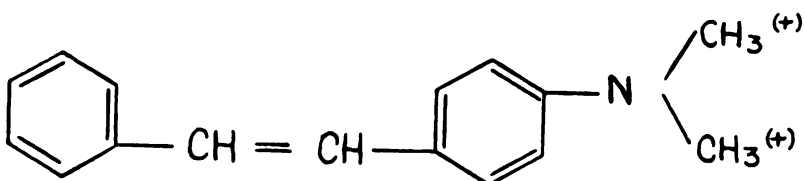
2:2' - Diamino 1:1' - dinaphthyl

FIG. 102. The passage of 2:2' azonaphthalene into the active 2:2'-diamino 1:1'-dinaphthyl results in the appearance of an active twin carbon formation due to the influence exerted by the amino-group.

An interesting aspect is furnished by urethane and other esters of carbamic acid. Figure 106 shows that no twin formations can be seen directly or through a change in the molecule. This accords with these substances' lack of capacity, noted by many authors, to induce cancerous lesions or even tumors. (58, 59, 60) Orr (61) relates lesions produced by carbamic

acid esters to chronic inflammations, noting their regression when treatment is discontinued. (*Note 1*)

From analyses of the substances able to induce invasive cancers, it can be observed that many present a twin carbon or nitrogen formation, usually activated by the induction exerted by a polar group or by double bonds. Some of these substances originally without twin formation become carcinogens only when changes occur in the body leading to the appearance of a twin formation.

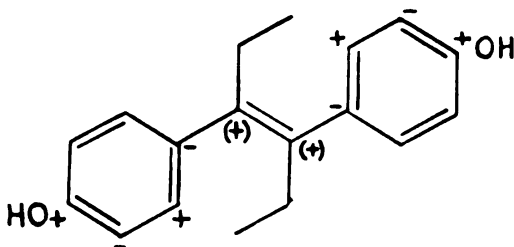


4-Dimethylaminostilbene

FIG. 103. 4-Aminostilbene derivative.

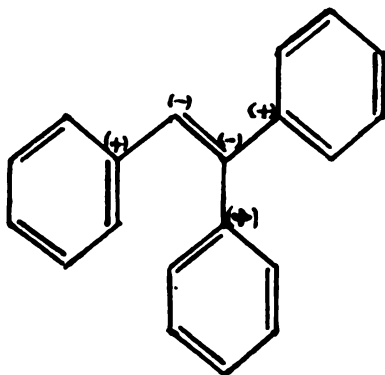
It must be emphasized, however, that according to the concept of plural factors in carcinogenesis, twin formation does not appear to be an obligatory condition for carcinogenic activity; other factors can produce such activity.

It is interesting to note that in most carcinogens, especially in the hydrocarbons, the twin formation is electrophobic due to its richness in electrons. For the present, we wish to stress only that in substances considered to be actively carcinogenic, *i.e.*, capable of inducing invasive cancer, twin



Diethylstilbestrol

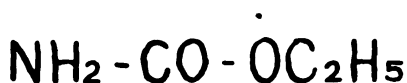
FIG. 104. A twin formation exists in diethylstilbestrol.



Triphenyl-ethylene

FIG. 105. The position of the twin formation in triphenyl-ethylene.

formation appears to be an added factor which insures complex activity. Intervention of groups of two energetic centers with the same character, in carcinogens, places in a special light a group of agents which, under particular circumstances, induce tumors. One group with alkylating activity, is formed by the nitrogen mustards, diepoxides, polyethylene amines and dimethanesulfonylalkanes. One of the physicochemical characteristics of this group is the presence of two electrophilic centers near enough to each other to permit joint action. Still more important seems to be the fact that, through changes in all these substances, new formations may appear which energetically could be ultimately considered similar to twin formations. Through this character, their activity could also be parallel to that encountered in the carcinogens mentioned above.



Urethan

FIG. 106. Urethan has no twin formation and apparently—according to many authors—no *direct* carcinogenic activity.

Nitrogen Mustard Derivatives

The most representative and better studied substances of this group are the nitrogen mustard derivatives, characterized by the 2-haloethyl amine group (*Fig. 107*) attached to a radical which can be aliphatic or aromatic. It seems that it is through hydrolysis that the compound becomes biolog-

ically active, and Haddow has shown that activity is present only if hydrolysis is sufficiently high. (62) The inequality of hydrolysis in different members can be related to the influence exerted by the radical bound to the nitrogen. It seems that the presence of a stronger energetic center, as it appears in positively or negatively charged atoms bound to the cyclic radical, reduces the dissociation of the chloroethyl group. Generally, nucleophilic groups would retard the dissociation. Sufficient evidence exists to show that biological activity follows the elimination of the chloride ion and the appearance of a carbonium ion as a reactive intermediate. A further passage into the ethyleneimonium ion, considered more stable and

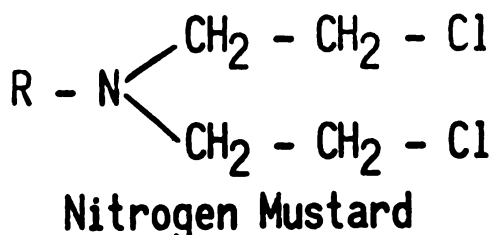


Fig. 107. The nitrogen mustard derivatives.

therefore less reactive, seems to complete the transformation. Figure 108 shows these changes.

The haloalkyl side chains in the molecule appear indispensable for biological activity. (63, 64, 65, 66) They lead to the immediate appearance of two positive electrostatic energetic centers. This does not represent a minimal condition, according to Landing and co-workers. (67, 68) These investigators have shown that in nitrogen mustards, cytotoxicity increases with the number of haloalkyl side chains. It is to be noted that a double electrophilic center is found not only in the two original haloalkyl side chains, but also in the later product, the ethyleneimonium ion. In view of the more frequent appearance of this ion also for other agents, the analysis of the relationship of this group to twin formation appears interesting.

In the ethyleneimonium group, while a negative charge can be seen at the nitrogen, a positive charge appears to be present between the two CH_2 , providing a certain polarity. With two carbons positively charged and in a relatively fixed position, this group is similar energetically to a positive twin carbon group. A two-step change, with the imonium group in the first, and a carbonium in the second, can explain, as we shall see below, the strange biological activity of the nitrogen mustards which have a carcinogenic activity only through changes which take place in the organism.

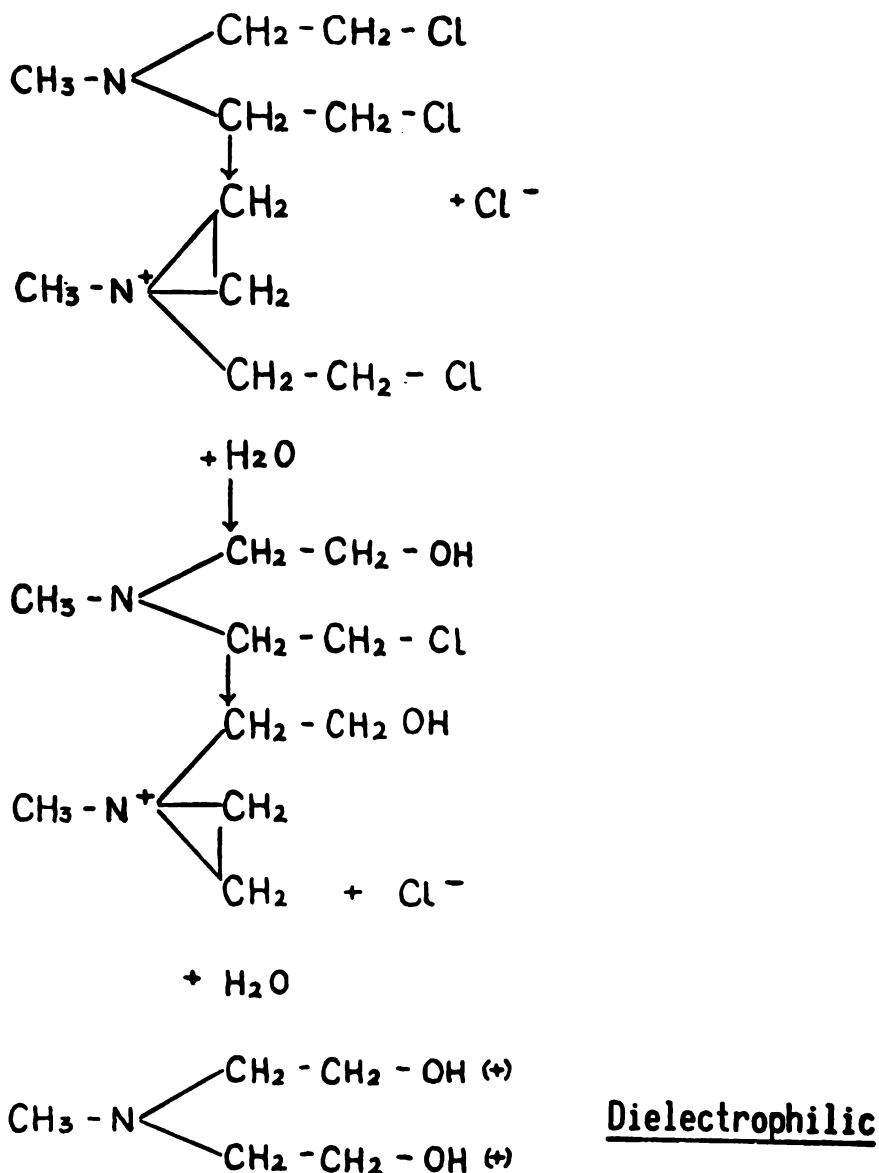
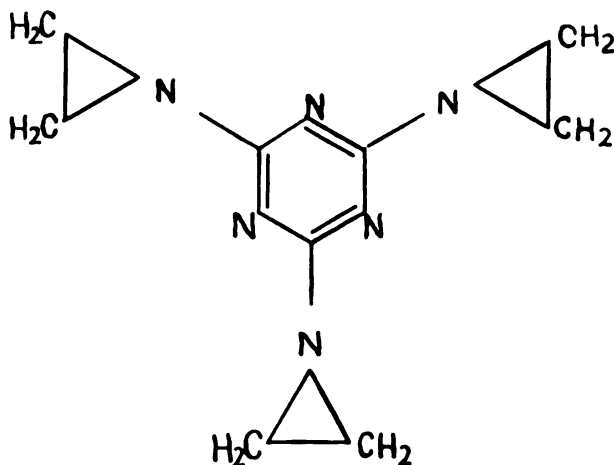


FIG. 108. The changes occurring in the nitrogen mustard leads to ethyleneimmonium in which an energetic aspect similar to that of a twin formation is present.

This agrees strongly with the nature of the more recently studied relatively active carcinogens, the ethyleneimines, where similar centers are seen. (Fig. 109) The biological effect of the ethyleneimine group has been considered to be related to a reactive intermediate.

Generally, if sufficient influence is exerted by another center in the molecule, the imine group becomes active. This center can be a nitro group as in 2:4 dinitrophenyl-ethyleneimine, or other ethyleneimine groups as

in methyleneimine 1:3:5 triazine. (Fig. 110) Through the influence exerted by these centers, the ethyleneimine group can have its carbons charged sufficiently to become a dielectrophilic formation. The possibility of a reactive intermediate and a more stable electrophilic form thus appears common to the two groups, mustards and ethyleneimines.



Triethylenimine 2-4-6- Triazine

FIG. 109. Ethyleneimines are active carcinogens, probably related to their energetic aspect with a formation energetically similar to the twin formation.

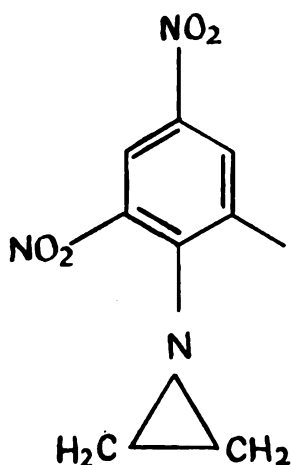
Epoxide Carcinogens

A similar condition is also found in the epoxide carcinogens. Carcinogenic activity has been recognized for substances having two epoxide centers in close proximity in the molecule. The epoxide center by itself can lead to a formation similar to that of carbonium ion, as seen in Figure 108 and thus to the same formation found in mustards and ethyleneimines. The analogy goes still further. The energetic center appears insufficient to accomplish biological changes without an inductive activation. In the case of epoxides, this is usually brought about by another similar epoxide group in the same molecule.

As no carcinogenic activity has been found in substances with only one epoxide center or with two epoxide centers far apart, the inductive centers seem to be of primary importance. The two energetic centers forming the epoxide group, similar to those of the ethyleneimines, do not alone appear

sufficiently reactive to induce important changes. Only when enhanced by reciprocal induction is their reactivity adequate to induce either the appearance of a reactive intermediate or a sufficient charge in the ethylene carbons to produce biological activity. These changes can be measured by the reaction with thiosulfate ion and consequently can be related to the reciprocal positions of the two epoxide centers.

The biological activity of dimethanesulfonylalkanes can also be related to a similar energetic formation. Such a formation appears when the



2:4 Dinitrophenyl Ethylenimine

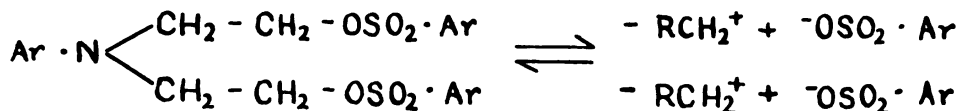
FIG. 110. Through the influence exerted by the nitro group upon the ethyleneimine, the imine group of 2:4 dinitro-phenyl-ethyleneimine, becomes dialectrophylic.

molecule is metabolized, with the difference that the two CH_2 in this instance seem to come originally from other chains. (Fig. 111) For the methylolamides, it is possible that a similar process occurs during the changes that take place in the organism.

Some corroboration can be found in the fact that two forms can be observed in these last groups of carcinogens. One is electrostatically active; that is, it has a certain ionic character. The second has a dual electrophilic activity which can be related to a twin formation with molecular reactivity.

Thus, twin formation, with its special reactivity, appears common in many carcinogenic agents. To be biologically active, the twin formation has to be sufficiently strong and this is insured by an induction effect exerted

by other formations in the molecule, such as double bonds in parallel position or polar groups. A twin formation as energetic center in the molecule would exert a molecular field effect. It would thus represent a center of molecular reactivity which has to be considered as such in the analysis of plural activity.



Sulfonylalkane

Reactive Intermediate

FIG. 111. Changes occurring in sulfonylalkanes leading to two active CH₂ centers.

Synjugated Formations

The study of various carcinogens has permitted us to recognize and relate to complex carcinogenic activity another energetic influence exerted by two or more double bonds when present in a parallel reciprocal position in cyclic molecules. This led us to the concept of "synjugated formations" with 2, 3, 4 or more such parallel double bonds.

In studying methylcholanthrene, one of the most potent of the known carcinogenic agents, the curve of its absorption in ultraviolet light was considered. This curve is shown in Figure 112. The place and form of the peaks could be interpreted in a peculiar way when conjugated double bond formations were considered. In the curve of methylcholanthrene, we could recognize portions that correspond to an inverse of the curves obtained from various conjugated polyenes. Furthermore, the curve obtained through the spectral analysis of methylcholanthrene can be considered to have high similarities to the inverse of the curve of a mixture of conjugated polyenes. Figure 113 shows the spectral analysis of conjugated cod liver oil fatty acids, while Fig. 114 shows the inverse curve of mixture of conjugated fatty acids of cod liver oil in which conjugated di-, tri-, tetra-, penta- and hexaenes are identified. Figure 115 shows the comparison between the curve of methylcholanthrene and the inverse of the peaks of the mixture.

We were thus led to consider the conceptual interpretation of these curves in terms of the special relationship that exists between double bonds in the same molecule. In the classical concept, two double bonds are considered conjugated if two of their carbons are joined by a single bond. In the zig-zag representation of aliphatic molecules, the conjugated double

bonds fulfill this condition. (*Fig. 116a*) Applying this relationship to cyclic molecules, what was considered to correspond to conjugation, according to this criterion, did not show properties similar to conjugated aliphatic members. (*Fig. 116b*) This made us consider, as the condition for the properties present in conjugated formations, another character: the reciprocal parallelism between double bonds present as they appear in the aliphatic mole-

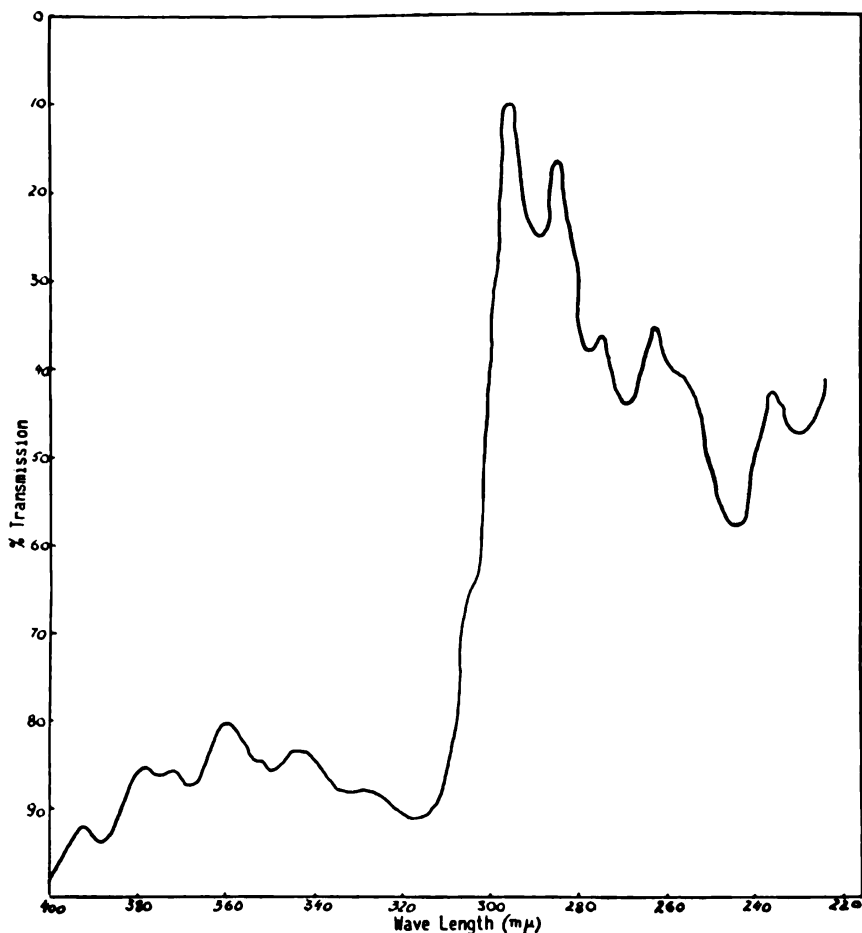


FIG. 112. An interpretation of the spectral analyses of methylcholanthrene. Curve (a) shows the spectral analysis in ultra-violet of methylcholanthrene.

cule. Two or more double bonds in a cyclic molecule would thus realize a similar kind of energetic formation when parallel, and would do so independently of the number of the single bonds present in-between. (*Fig. 116c*) For didactic purposes, we have applied the term "synjugated" to energetic formations resulting from parallel double bonds separated by more than one single bond.

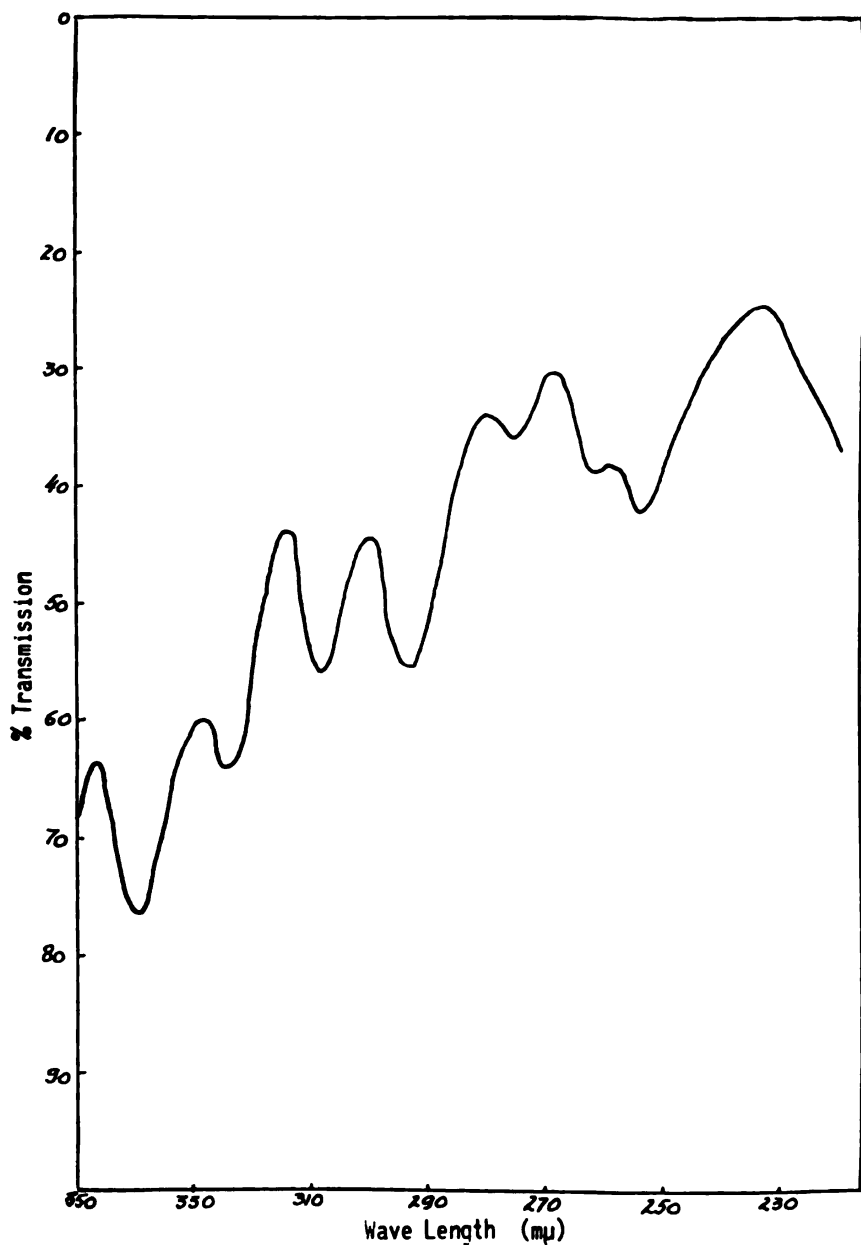


FIG. 113. The curve shows the spectral analysis of the mixture of conjugated fatty acids with members having from 2 to 6 double bonds, as obtained by treating cod liver oil fatty acids with KOH.

Thus, in the methylcholanthrene molecule, there exist formations composed of two, three and four parallel double bonds (*Fig. 117*), which we call di-, tri-, and tetraenic synjugated formations. It is logical to assume that they are important in determining the energetic aspect of this molecule

when the relationship of its spectral analysis to the curve corresponding to the inverse of conjugated di-, tri- and tetraenes can be recognized. From the point of view of its relationship to the plurality of factors determining the carcinogenicity of a substance, the presence of parallel double bonds,

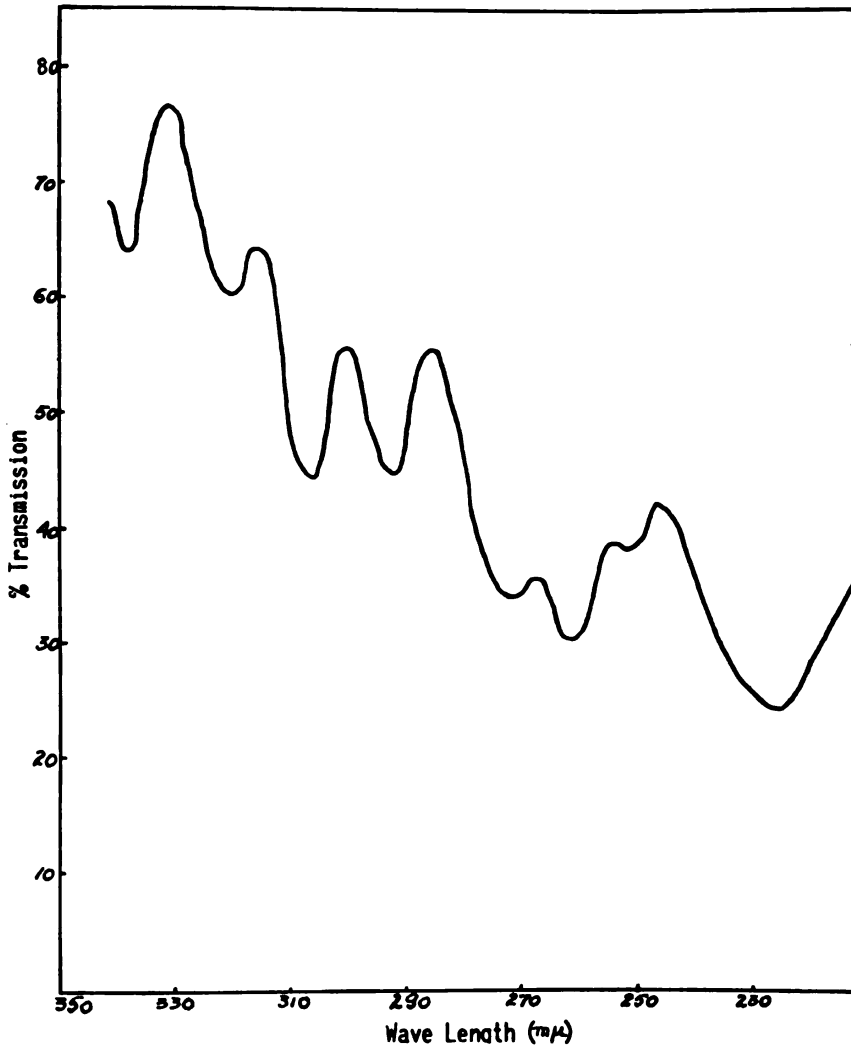


FIG. 114. This curve is the inverse of the curve of Fig. 113.

and the syngugated formations which they constitute, is interesting. Theoretically, each one of these syngugated formations would by itself represent a reactive possibility. Although qualitatively similar, they would show manifest quantitative differences. It must be noted that, while they are not present in all carcinogens, they are in most active, realizing di-, tri-, tetra- and

even penta-synjugated formations. According to the concept of plural activity in carcinogenesis, synjugation, while not indispensable for carcinogenic activity, would represent one of the factors that can make it possible.

Together with the condensation of the π electrons in the K regions and the presence of polar groups, the twin and synjugated formations would

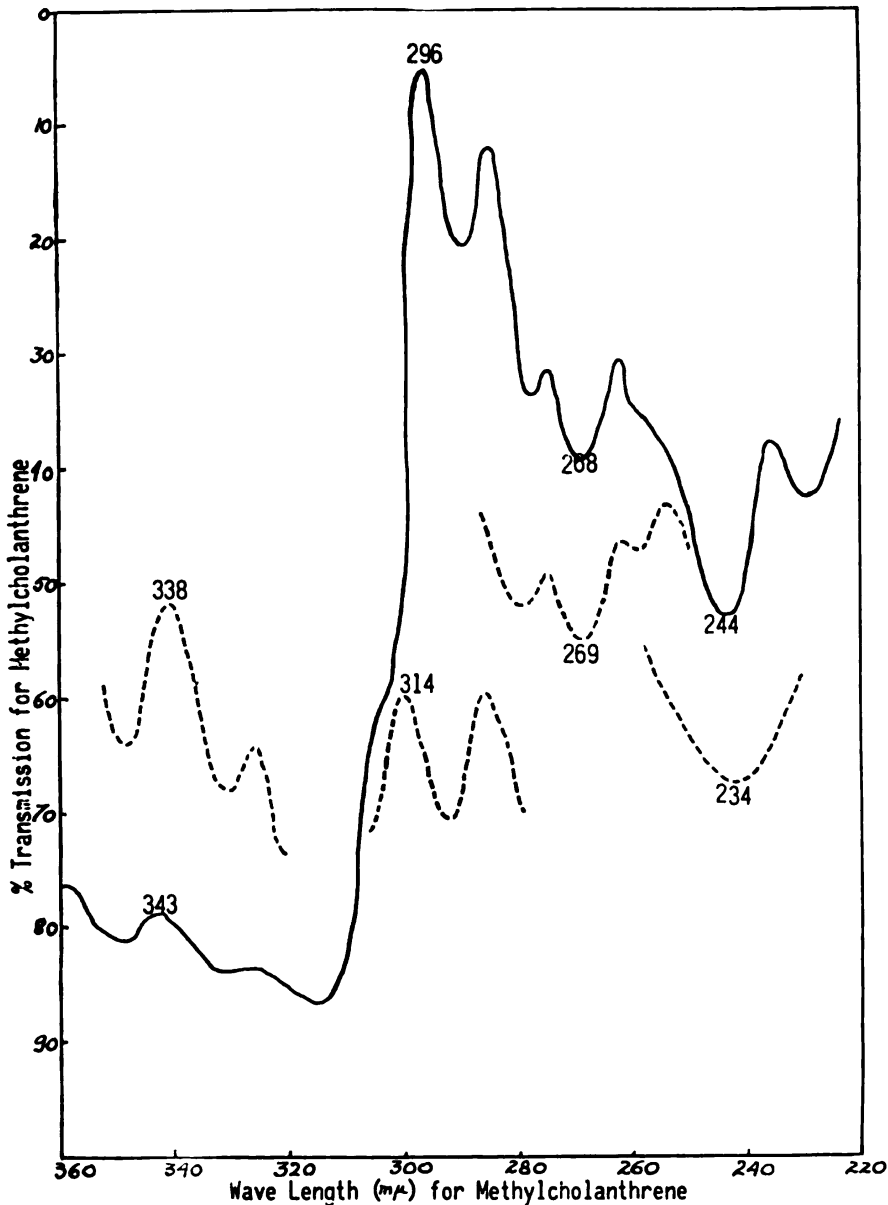


FIG. 115. Direct comparison between the curve of the spectral analysis of methylcholanthrene and the inverse of the peaks characteristic for the different conjugated fatty acids as seen in Figs. 113 and 114.

confer high plural activity upon the molecules of active carcinogens. An energetic spectrum of a carcinogen can be established in which these factors can be presented systematically.

Figure 118 shows a spectrum for 9:10 Dimethyl 1:2:7:8 Dibenzanthracene.

In the light of this analysis, it appears logical to conceive that the carcinogenicity of a chemical compound is a result of many factors, and that the great differences in carcinogenic properties of various agents is the re-

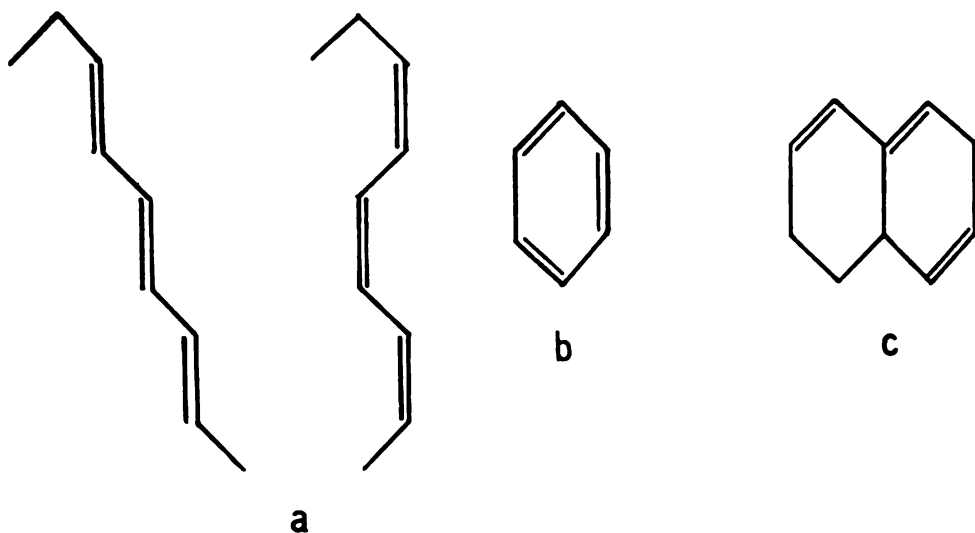
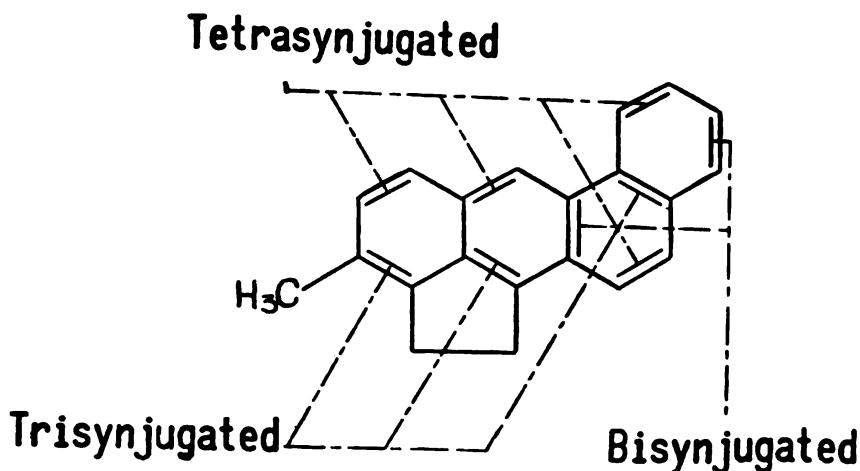


FIG. 116. *Conjugation and synjugation.* In the aliphatic chain (a) the presence of single bonds between the double bonds induce the parallel position of double bonds. It is this parallelism, which through the reciprocal influence exerted, induces the energetic characteristics of the conjugated formations. In the benzene molecule (b) where the double bonds, although separated by single bonds, are not parallel, the lack of this parallelism explains the lack of the properties characteristic to the conjugated formation. The parallelism when present in cyclic molecules (c) realizes the "synjugated" formations.

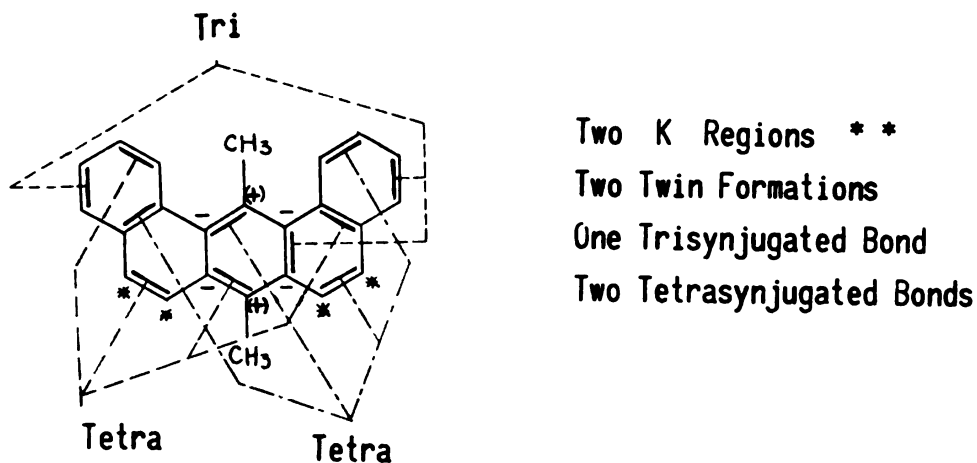
sult of differences in their energetic spectra. The differences are consequently qualitative as well as quantitative. From this viewpoint, it is possible that the great carcinogenic activity recognized for some substances would correspond to the presence in them at once of a great number of energetic factors.

The study of the correlation between the presence of various energetic centers and carcinogenesis has been facilitated by relating carcinogenic changes to levels of organization. Taking place at different levels, the induced processes can be seen to correspond to an entire series of manifestations which, while present also in invasive cancer, often can be recognized



Synjugation in 20-Methylcholanthrene

FIG. 117. The parallel position of the existing double bonds in methylcholanthrene corresponds to a bi-, tri-, and tetrasynjugation.



9:10 Dimethyl 1:2:7:8 - Dibenzanthracene

FIG. 118. The energetic picture of 9:10 dimethyl, 1:2:7:8 dibenzanthracene, shows the presence of two K regions, two twin negative formations, one trisynjugated bond and two tetrasynjugated bonds.

in cases in which an invasive cancer is not induced. Following this view, it can be expected that carcinogenesis is the summation of a whole series of actions induced in the organism, some exogenous and others endogenous.

Consideration of the plurality of the factors which intervene in chemical carcinogenesis and make it a complex process leads us to consider viruses in the etiology and pathogenesis of cancer in a similar light.

VIRUSES AND CANCER

More than fifty years ago, Borrel presented his hypothesis of viral origin of cancer based primarily on analogies. Since then, although an enormous amount of material on this subject has accumulated, much of it has been contradictory and it has appeared to be impossible to arrive at any clear-cut concept of the role of viruses in the pathogenesis of tumors. However, it seemed that an attempt to correlate most of the data with information furnished by the study of chemical carcinogenesis in the light of the concept of cancer as a complex hierarchic disease might be of some value for an initial simplification of the problem. (293, 312) (*Note 2*)

Some theoretical considerations have helped in systematizing the data and in indicating the probable limits of viral intervention in carcinogenesis. Just as with chemical carcinogens, it could be assumed that virus intervention may bring to bear multiple factors. An analysis of the processes which occur under viral influence indicates that this hypothesis is plausible.

Even more than chemical carcinogens, viruses are able to act only at certain levels of organization. Their intracytoplasmatic and often intranuclear development conditions the intervention of these agents at these levels. Fundamental differences in carcinogenic effect could be expected if viruses are able to influence the subnuclear levels, or the nucleus, or, on the other hand if their activity is limited to the cytoplasm. This view has permitted us to understand the striking difference in influence exerted by various viruses which, although recognized by any worker in the field, has not been the subject of any special consideration.

Two Types of Carcinogenic Effects

The difference lies in the time needed for a virus to produce carcinogenic effects. Inoculation of fowls with purified Rous sarcoma virus, for instance, has been seen to produce a clear-cut, immediate effect. Changes have been recognized within 48 hours at the site of inoculation. They take place in the nuclei of fibrocytes and consist of swelling, appearance of a more distinct nuclear membrane, cleared nucleoplasm, margination of chro-

matin and one or more enlarged nucleoli. In as few as one or two days, cytoplasmic changes are also evident. There is manifest basophilia with swelling of the cell which becomes greatly enlarged. Concomitant with these changes, the abnormal cells invade the fibrillar tissue. The tumor which develops has the character of the classical spindle cell Rous sarcoma.

Thus a cancerous tumor in the invasive stage, with typical nuclear and cytoplasmic cell characters, is induced in only a few days at the site of inoculation. This is characteristic of one type of viral carcinogenesis, the extremely active one. Integrated in the concept of complex carcinogenesis presented above, it would mean that the entire series of changes—from those at the lowest level which determine the cancerous character to the cytoplasmic changes which produce the proliferative, invasive cancer—has been achieved by the virus in this short time. In fact, this tumor grows rapidly, is palpable even at the fifth day and fatal in two to three weeks.

Almost diametrically opposed to this type of carcinogenesis are tumors which represent another type of virus intervention, such as certain mammary cancers in mice. Viruses that produce such tumors can be obtained from various organs, even from those of animals without apparent tumors. They induce the appearance of tumors but only under very characteristic circumstances. Preferably introduced in the first days of life—subcutaneously, intraperitoneally or even orally—they will produce their effect only after many months or even after one or two years, as tumors of a specific organ, such as the mammary gland, for example. However, such tumors appear almost only in females who have had one or more pregnancies. In this case, the virus acts only upon highly differentiated cells and acts independently of the site of inoculation. The extremely long period without manifestation, the fact that the virus can be found to some extent in various organs which show no change, and the specific localization in a highly differentiated organ such as the mammary gland, would indicate that the carcinogenic intervention of the virus is highly related to a specific character of these cells, their particular differentiation. This would place virus intervention at the cytoplasmic level where differentiation occurs.

Under this interpretation, the length of time necessary for tumor appearance would be related to the time needed for a natural evolution of the mammary cells to the point where they are sufficiently differentiated. It appears probable that this length of time corresponds to that needed by abnormal hierarchic entities of the mammary cells to have arrived, independently of the virus, at a state corresponding to that of precancer or noninvasive cancer. Intervention of the virus at the cytoplasmic level would then transform the relatively advanced but still noninvasive cancer cells

into invasive cancer cells. Viruses would act, in this case, as cytoplasmic carcinogens.

These two types represent the extremes of carcinogenesis in which viruses play a role. They help to interpret many of the other data furnished by experiments. For didactic purposes, we shall regard as "broad-scale" viruses those which act from very low to high levels of the organism, and as "cytoplasmatic" those which act at the higher cellular level only.

Some of the rapidly acting broad-scale viruses will induce evolving tumors in a much shorter time than any known chemical or physical carcinogen, a fact that can be interpreted as meaning that these viruses are more capable of inducing not only the cytoplasmatic carcinogenic changes but also the entire scale of preparatory changes leading to invasive cancer. Viruses differ from the usual active chemical carcinogens in their special capacity to induce changes easily at the cytoplasmic level where they are particularly capable of multiplying and acting. This would contrast with most chemical agents which generally have low carcinogenic activity at the cellular level. Chemical and virus carcinogenic activity would complement each other. This is in accord with experiments of Russian scientists, which have shown that cultures of cells treated with methylcholanthrene *in vitro* become highly carcinogenic when inoculated in animals if a cancerous virus is also added.

This view of the activity of cytoplasmatic viruses at the higher cellular level, as contrasted with many chemical carcinogens usually more active at lower levels, appears also to be in agreement with the experiments of Rous and Kidd (69, 70) which demonstrated the capacity of coal tar extracts to localize the Shope papilloma virus. The high cytotropic character of this virus is well known. It would easily act upon cells already transformed from normal into noninvasive form by chemical agents which are active at the lower levels. These chemical agents thus "localize" the viral activity. This is in accord with the ability of chemical agents in the Rous and Kidd experiments to increase the percentage of invading carcinomas as compared to the papillomas present. According to the view presented above, the papilloma as a benign tumor would represent changes similar to those seen in cancer but limited exclusively to the higher levels, without cancerous entities at the lower levels. The addition of an agent with a broad-scale of carcinogenic activity, that is, acting also at the lower levels, such as the chemical agent, would give the resulting lesion the entire cancerous scale, that is, the character of malignancy.

The integration of viral carcinogenesis in the concept of cancer as a complex condition and recognition of the two extreme types of viral car-

cinogenic activity permits us to understand the reserve of most authors over the viral etiology of cancer. For instance, many have refused to accept as a carcinogenic factor the virus shown by Bittner (71) to be present in maternal milk and to influence the appearance of mammary carcinoma in mice. The refusal is based upon comparison of this virus with that of the first type seen in fowl tumors. With the systematization presented above and the concept of broad-scale and cytoplasmatic carcinogenic viruses, this reason is not valid. Furthermore, a carcinogenic virus should not be considered to be the indispensable factor able to induce proliferative cancer in animals which usually have a virus cancer. This would explain why, in certain breast carcinomas in mice, a viral agent could never be found. (72)

The specific capacity of a virus to act upon a differentiated cytoplasm explains the fact that a virus may be widely distributed among organs but does not induce tumors except in special cells. Previous preparatory changes seem necessary for the cytoplasmatic virus to intervene. This is in accord with a low incidence of tumors in certain strains of mice despite an abundant presence of the "milk factor" virus. (73)

These facts shed a new light on the entire problem of the relationship between viruses and tumors. Viruses can multiply in organisms without inducing cancer. The virus of mammary carcinoma in mice can be transmitted to females through spermatozoa and can be found in large amounts throughout the organism. The virus is present a long time before any cancerous lesions are seen and is present in organs that will never have tumors and even in animals that never develop cancer. The development of this virus, like all viruses, takes place in the cell cytoplasm which does not necessarily mean the induction of carcinogenesis as long as other factors are not present. No tumors appear as long as the cell has not undergone the prior changes required if the cytoplasmatic carcinogenic effect is to take place. Without the previous changes, the virus will not influence the cell any more than many other noncarcinogenic viruses. It is only in the presence of an advanced cellular change that the virus will produce an invasive cancer.

Plural Activity

The capacity of a broad-scale virus to induce an invasive tumor in a short time through plural activity at different levels has been related to its richness in lipids. Its analysis makes us suspect the presence of several parts in the virus, each one able to act at a different level, as in the case of active chemical carcinogens. A similar plural influence can be seen

exerted by viruses other than those with carcinogenic activity. The study of bacterial viruses has shown the existence of such plural parts. (*Note 1*)

Luria (74) has shown, after irradiating a bacteriophage with ultraviolet light, that if lytic activity can no longer be obtained by the intervention of a single one of these particles, it can be induced with two or more of them. They act as though several parts, which usually are present in the virus but which were unequally inactivated by the irradiation, would be necessary in order to induce the process of lysis. This agrees with the experiments of Debruck and Hershey (75), which have shown that new types of viruses with new properties can be obtained when units of the same phage strain or related strains are mixed together. The new properties are combinations of those of the mixed units. (298)

Similar changes in the plural constitution of the viruses would explain other peculiarities observed in bacterial phages. Bacteria can carry phages for generations before any lytic activity occurs. The lysogenic strains (76) of bacteria are examples. It is possible that a virus may undergo temporary changes under certain circumstances; this would explain the frequent impossibility of finding a virus immediately after it infects a bacterium, and the "disappearance" of some viruses in animals immediately after infection. Since, in both cases, the virus is found later, a change which makes it unable to act and thereby be detected is plausible. The "masked" virus would be one with only some of its plural properties present. The possibility of recovering a lost property was demonstrated in the Berry-Dietrich phenomenon, when a heat-inactivated myxoma virus recovered its lethal capacity if inoculated along with a fibroma virus.

This concept of plural activity finds further application in the explanation of many phenomena observed in viruses in general and in variations in carcinogenesis. The "self-sterilization of the neuro-infections" described by Levaditi has to be regarded rather as partial inactivation of the viruses especially if the viruses can be reactivated. This occurrence must be separated from cases where a total destruction of the virus can be supposed to have taken place.

The lethal infection induced in mice injected intraperitoneally with salivary gland viruses of certain strains is an example of the latter. The presence of the inclusion bodies in liver and other organs, and the total inability to produce the disease in other mice (77) can be interpreted as a sign of a destruction of the viruses in the organism. The inclusion bodies can be interpreted as resulting from an agglutination of the viruses themselves as shown by Nicolau in herpes. (78) In other cases, such as protracted herpes infection in rabbits (79), or vaccinal infection in rabbits

(80), only partial inactivation can be considered to occur since electrophoresis, repeated passage, or even dilution restores pathogenicity. The restorative factor can be of varied nature. Cases in which pathogenicity is restored by a nonviral agent—activation of the virus of swine influenza in the presence of *Hemophilus influenza* (81), for example—are most revealing.

Virus and the Host

This concept of plural activity explains the relation between tumorigenesis and destruction induced by viruses. Often “neoplastic” infection and “destructive” infection are induced by the same virus. (82)

The herpes virus thus induces necrotic lesions in the chick embryo when introduced in early stages, but if the embryo is more developed, the same virus produces proliferative changes. (83) The myxoma virus induces more proliferative lesions if attenuated than does the unchanged virus. (84) Under special circumstances, such as in older animals, sheep pox virus induces papilloma instead of pustular infection (85). It must be remarked that these different results are not limited to viruses; they occur with radiation or even with other infectious agents. (86) *Bartonella bacilliformis*, which induces often-lethal Oroya fever, seems to be the cause of “*verruca peruviana*,” a fibroangiomatous tumor often seen in subjects recovering from the acute disease.

The differences in activity of the same virus appear to be related to the age of the host. Generally, youth of the host increases the virus' capacity for acting at more levels. The virus can produce lethal destructive disease in young animals but only a neoplastic response in adults, as seen for the fibroma virus in rabbits. Furthermore, the neoplastic response also occurs in young animals but only if a small amount of virus is inoculated, or if an attenuated virus, such as a long-stored one, is used. (87) This is clear in the case of the Rous sarcoma and other chicken tumors.

When injected into very young animals, Rous sarcoma and other chicken tumor viruses produce a hemorrhagic lesion (88) but they will induce tumors in adult animals. The destructive effect can be repeated with repeated passages of the virus in very young animals but in adults each passage produces the neoplastic response. This is also true for some strains of lymphomatosis virus (89) which induce tumor formation in adults and necrotizing processes in young animals or embryos. It is also true for the virus of neurolymphomatosis (90), and of gliomas. (91) These viruses, although selective for the nervous system, induce inflammatory or neoplastic lesions according to the age of the infected animal.

In a general way, it has been postulated that for viruses, as for bacteria, the young animal represents a favorable terrain, while a certain resistance is encountered in the adult. Waters and Bywaters (92) have shown that the filtrable agent isolated by Prickett and Belding (93) is not transmitted spontaneously if the animal is older than 40 days. It is transmitted through the eggs, although months elapse before there are manifestations. (94)

The problem cannot be limited to the host, since, by passing the virus through young or old animals some of its properties can be changed. Gross (95) has shown that a cell-free extract obtained from leukemic mice of the AK strain, would induce the condition in C₃H mice, provided the inoculation is given within a few hours after birth. The results published by Gross and the inability of other authors to reproduce them (96) could be explained by differences in the virus strains used. (97)

This was shown in the experiment of F. Duran-Reynals (98), in which the Rous sarcoma virus undergoes changes during passage in the adult chicken, which make it adaptable to another species, namely ducks. The virus growing in young chicks seemed unable to induce the disease when inoculated in ducklings or in older animals. Tumors obtained even through cell suspensions, some of them very large tumors, could not be transmitted for more than one or two generations. However, filtrates of tumors from older chickens, when injected into ducklings no more than a few days old, induced tumors which easily could be passed to young as well as adult ducks. This change in the virus was strictly conditioned by the age of the chicken; it occurred only if the animal was between three and ten months old. If the animal was more than 19-20 months old, injection of the filtrates was always unsuccessful, and injection of the cells only rarely induced tumors.

These changes in the virus are explained by mutation. Among various resonance forms which appear on a purely statistical basis, one different from those previously predominant finds favorable conditions for its development—conditions that are not favorable for the predominant forms. These experiments have permitted us to further correlate the intervention of viruses with the influence exerted by several chemical factors upon the complex tumor pathogenesis.

Virus and Lipoids

In studying the influence exerted by lipoids upon viral activity, we could show that the presence of free fatty acids, especially polyunsaturated, induced changes opposite to those induced by the anti-fatty acids.

In rabbits, administration of various preparations of fatty acids, espe-

cially polyunsaturated, induced an unusual degree of resistance. Animals previously given subcutaneous injections of fatty acid preparations showed a reduced general response to chicken pox inoculation as compared with controls, and practically no response in the skin at the site of the fatty acids injection. On the other hand, administration of insaponifiable lipid fractions obtained from tissues of receptive species was followed by manifest responses localized in the zone of injection, even in species otherwise refractive to viral infection. It is under this special influence of lipoids that we have further investigated the intervention of the viruses in carcinogenesis.

Cells vary in their content of lipids. We could see that richness in sterols of a group of cells increases their receptivity to, and favors the development of, viruses in general, while richness in fatty acids, especially polyunsaturated, has an opposite effect. The local increase in a tissue's richness in sterols makes it more susceptible to the localization and development of a virus, as is shown in the following experiment.

In rabbits, intracutaneous or subcutaneous injections of a colloidal suspension of cholesterol were made on epilated skin at several sites. Twenty-four hours later, the animal was injected intravenously with suspension of smallpox vaccine. Characteristic lesions were observed to develop at the sites of the cholesterol injections.

The general effect of sterols upon receptivity to viruses, noted in many experiments in animals, was also recognized in humans. The following observation appears interesting. Mrs. D. R. had always appeared refractory to smallpox vaccines. Until the age of 40, repeated inoculations produced constantly negative responses. She was treated at that time with a cholesterol preparation for precordial pain, receiving daily 2-3 cc. of a 2.5% solution of cholesterol intramuscularly. After three weeks of this treatment, she was obliged to go abroad and it was necessary for her to have the routine smallpox vaccination. For the first time in her life, a characteristic positive result was obtained.

The relationship between sterols and viruses, which would explain the affinity of most viruses for the nervous system and skin, since both are of exodermic origin and particularly rich in free sterols, would also explain why young cells similarly richer in sterols are more susceptible to viruses, and the facility with which almost all viruses develop in embryos, such as in chicken embryos.

Changes in richness in lipids were observed under natural circumstances other than those related to age. Thus seasonal changes could be noted, the cold season leading to an increase of fatty acids while the summer season

brought an increase of sterols. This would help to explain the seasonal changes usually observed in naturally occurring viral infections. (99)

The epidemiology of poliomyelitis may be related to the organism's richness in sterols in the summer, particularly on hotter days. Seasonal changes were noted in naturally occurring tumors in which a viral etiology is seen. A certain resistance appears in the fall and increases in the winter in the case of leukoses and possibly in other natural viral tumors. (100) This would explain the manifest seasonal changes observed by us in the transplanted Walker tumor in rats or in grafted tumors in mice in general, and in the induction of tumors through carcinogens. Similarly, the induction of teratomas in testes through local administration of zinc chloride was noted to be influenced by the seasons. (101)

The influence exerted by sterols would explain the fact that viruses able to act only at a higher level, as in the cytoplasm, tend to develop in animal cells abnormally rich in sterols. It is highly probably that once it has penetrated, a virus will develop within a cell only under favorable conditions, and these are insured by the presence of sterols. The virus will persist, interfering little with the fate of the cell until other changes occur at lower levels. These other changes take many months or even years to be completed, and only then would the influence of the virus be apparent through its activation of the noninvasive abnormal cell. Activation can occur regardless of seasonal changes in sterol richness. It seems superfluous to note that this relationship holds more for cytoplasmic viruses than for those with broad-scale activity. The latter are also more active in young animals.

Changes in age of the host and other circumstances can modify the character of viral carcinogenesis, leading to rapid or very slow development, or even to complete lack of response. This was often noted for Rous sarcoma. In young animals, small amounts induced rapidly growing tumors with multiple hemorrhagic metastases rich in filtrable virus. In adult animals, despite the large amount of virus necessary, tumors took months to appear, seldom metastasized, and could be transmitted with difficulty, or not at all, by filtrates or even by cells. (102)

The relationship between viral carcinogenesis and lipids has been the basis for a group of experiments in which we tried to influence the carcinogenic activity of a virus by administration of sterols. Experiments still in progress, using sterols obtained from chicken embryos, seem to indicate that lipids can strongly change viral carcinogenic activity. In general, they induce an increased response to viruses.

Many other peculiarities of the relationship between viruses and carcinogenesis have been analyzed in terms of intervention of lipids as an

intermediary factor. The capacity of a virus to induce tumors in different organs—as seen for leukemic tissue cell-free extracts in mice, which induce peculiar salivary gland tumors (103), or tumors in the adrenal gland or in the subcutaneous tissues (104)—can be explained by certain peculiar affinities of the viruses for differentiated tissues, possibly related to certain specific lipids found in these tissues. A similar affinity for the salivary gland is seen for rabies virus. There are also the affinities shown by the neuro- and dermatotropic viruses, and by the neoplastic viruses for mammary gland, lymphatic tissue, neuroglia, etc. While affinity for the adrenal gland could be related to its richness in sterols, affinity to others sites could be related to other lipids.

The plurality of localizations of viruses also can be related to affinities of mutated agents for different cells. The experiments of Gross (105), which show the possibility of separating out of the same filtrate the agents responsible for salivary gland tumors and for leukemic changes, would indicate that a change in the virus must be also considered. However, the change can be interpreted as a mutation and can be related to the influence exerted by lipids upon the virus. Treatment of virus with lipids has shown the possibility of inducing changes in its behavior. Data showing the influence upon tissular receptivity of such changes will appear in future publications.

With this concept of the role of viruses in the pathogenesis of cancer, it seems possible to explain other peculiarities that have led to confusion in this field.

It has been noted that viruses act as factors determining the change to a cancerous entity which, once induced, can continue to develop without need of further intervention of the virus. This poses the problem of the relationship between viral carcinogenesis and development of the virus in the tumor itself. Even in a tumor, the multiplication of the virus has to be separated from that of the growth of the tumor. Although often interrelated, they must be considered as two different processes. The growth and even direct transmissibility of the tumor can continue, independent of the presence of the agent that originally induced it. When tumors have been induced by a chemical carcinogen, they can be transmitted in continuous generations over many years, producing large tumors each time, a fact which would preclude any possible direct intervention of the agent in these later tumors. Similarly, tumors once induced by virus can be further transmitted by cells, the virus no longer being apparent in the tumors. A tumor induced by a virus often serves as a medium for the multiplication of the virus. However, even while the tumor can continue to grow, it can become an adverse medium for the further multiplication of the virus.

This explains the peculiar fact that tumors induced by a virus can be rich in or can lack an appreciable amount of virus, as often seen in a Shope papilloma (106), or even in tumors in fowl (107), which pass through periods when transmission through cell-free filtrates becomes impossible, while transmission through the transplant of tumor cells still continues. The virus multiplication capacity can vary not only with the host but with the virus itself, thus explaining the changes noted above.

The results of the interesting studies of Bryan, Galman and Maloney (108) who have investigated the relationship between richness in virus of an induced Rous sarcoma and the percentage of positive results in induction easily can be interpreted under this view. The chances of inducing tumors increase in cases in which the host is also a favorable medium for the multiplication of the virus, and vice versa. This would explain why these authors found little or no active virus in cases in which the injected material produced less than 50% positive results, but cases originated by a material that induced a large proportion of positive results were rich in active virus. The capacity to multiply after inoculation in the host itself thus increases the ability of the virus to act as a carcinogenic agent, which seems logical. The relative independence of the two processes—the multiplication of the virus and the induction of tumors—appeared clearer in the cases mentioned above, where the virus develops in the entire body of mice, even in successive generations, without inducing tumors.

The presence of viruses in the organism, even without inducing tumors, helps to explain the rather puzzling experiment in which a transmission through filtrates, considered characteristic for viruses, was seen to occur for tumors induced by chemical carcinogens. Carrel has claimed to have transmitted through filtrate passages tumors induced by arsenic, tar preparations and even indoles. These tumors were of the Rous type obtained in fowl. More recently, similar tumors transmitted through filtrates were observed by McIntosh and Selbie (109), Maisin, Haddon and Haagen (110), and Oberling and Guerin (111) after injection of methylcholanthrene, especially in fowl. The considerations presented above furnish a logical explanation for these observations.

A first factor to consider is the presence, in animals regarded as normal, of a virus able to intervene to produce a neoplastic effect under special circumstances. We have noted that such a virus can be present without inducing tumors. Fowl appear to be especially susceptible to viruses (112), statistics showing that viral lymphomatoses are responsible for 50% of the malignancies in chickens. Even while some species display an inborn resistance to viral infection, others are highly receptive, as seen for the viruses

of sarcomas (113) and lymphomatosis. (114) Viruses have been found in as many as 10% and even 20% of chickens, according to some reports. (294)

The number of animals with viruses and no tumors must be considered still higher when presence of viruses is revealed by antibodies. Duran-Reynals, in collaboration with the East Lansing Agricultural Experiment Station (115), has shown that, while not one of 23 chickens kept isolated and free of lymphomatosis showed antibodies in the blood, hundreds of chickens taken at random did have the antibodies. This fact makes it highly probable that the presence of the viruses in the chickens used for carcinogenic studies was independent of the administration of the chemical carcinogen. Furthermore, the role of chemical agents acting alone as carcinogens can be discounted because their effects differ widely. In the series of McIntosh, the tumors appeared far from the site of injection which is very unusual for methylcholanthrene. Furthermore, the agents used by Carrel, except tar extracts, generally have little or no carcinogenic activity.

The two hypotheses—one, that chemical carcinogens alone can induce filtrable tumors; the second, that this is only coincidence and the tumor is entirely of viral origin—can be reconciled under the concept of plural intervention. Thus the chemical carcinogen would induce only part of the process; the remainder, at higher levels, would result from viral intervention. The change that occurs in the cells through the influence of the chemical carcinogen could also favor the change in the virus, making it not only more active but also of neoplastic character. The concept of plural changes needed to induce active carcinogenesis permits us not only to integrate the intervention of viruses in the concept of carcinogenesis in general, as presented above, but also to consider this intervention in relation to other factors.

Hormones can play a part; they are needed to induce the degree of differentiation that is a condition for viral co-carcinogenic intervention. Inoculated intraperitoneally, the Bittner milk factor, although active, will rarely induce mammary tumors in virgin females although the virus can be proved to be in the body. The hormonal changes related to pregnancy and lactation influence the mammary gland and cause a differentiation. Since this differentiation represents a condition for viral neoplastic activity in these cases, hormonal intervention can be integrated as an added factor important for the viral carcinogenic activity. The hormonal factor would appear to be an indirect co-carcinogen, and it is under this aspect that its role in carcinogenesis has to be studied.

The concept of plural co-carcinogenic intervention permits us not only

to relate the different pathogenic factors involved in carcinogenesis; in addition, by relating these factors to various levels of organization, it allows us to obtain new insight into the genetic factor.

GENETICS AND CARCINOGENESIS

The genetic factor in carcinogenesis can be understood in terms of phylogenetic hierarchic development. Such development results from a series of progressive changes which lead to successive hierarchic levels of organization. As we have seen, for each level of the organization a series of different solutions are available when a new hierarchic entity is to be realized. This results first from the fact that various numbers of entities take part in the constitution of the principal parts. Since different constituents can form the secondary parts of these new hierarchic entities, the number of solutions is increased. The resulting solutions can be considered on a statistical basis. Many of these new entities will die immediately; others will subsist as such; still others will progress. Their fate results largely from their interrelationship and the conditions present in the environment in which they find themselves.

The striking similarity to the resonance process studied in the lowest levels of organization, such as atoms or molecules, has led us to consider that changes at higher levels are of the same fundamental nature. Of all the resonance forms that occur at each of the levels, there are some that, on a statistical basis, persist and develop. These persisting resonance forms make up the normal organism. The favored resonance forms are determined by heredity and also by environmental conditions. While the resonance forms appear on a statistical basis, the environmental condition can vary and new resonance forms will mark the intervention of external factors. As a normal entity is composed of the persistent resonant forms, abnormality occurs when such an entity persists. The characteristics of any individual are provided by the resonance forms which have developed phylogenetically and also ontogenetically. These predominant forms are "isotropic." For didactic purposes, we called the others "allotropic."

Allotropic Resonance Forms

It must be accepted that, originally, it was the intervention of allotropic resonance forms which permitted the appearance of new forms able to respond well to the environmental changes. The phylogenetic development of different phylae, species, strains and even individuals, can be seen as resulting from such different solutions for the same problems. When, how-

ever, an allotropic resonance form appears, during ontogenetic development, it results in an anomaly. At the level of genes or chromosomes, it produces a mutation or monstrosity. At a still lower level, such allotropic resonance forms may result, not in monstrosities or mutations, but in cancerous entities. The concept of cancer as a hierarchically organized disease accords with this view of allotropic resonance forms. A first cancerous entity would, therefore, develop when an allotropic resonance form occurs at a low level of the organization. Under favorable conditions, the allotropic entity would develop hierarchically, passing on through the different levels of the organization, and realizing allotropic chromosomes, nuclei, cells and tissues.

In order to have an invasive cancer, it would thus be necessary that an entire succession of favorable conditions be present insuring the development of a continuous line of hierarchic cancerous entities. These favorable conditions can occur spontaneously at each level, and both cancerous and normal entities may have many allotropic forms. Carcinogenesis would correspond to the creation of these favorable conditions, and, as seen above, it can take place at the different levels of the organization. The result is a hierarchic succession of the persisting forms of the allotropic series of respective cancerous entities.

The long time usually necessary for a cancerous condition to appear accords with this mechanism. The intervention of any external factor considered capable of inducing, by itself, the development of cancerous allotropic forms, has to be regarded as favoring the conditions necessary for the persistence and development of the succession of allotropic cancerous entities. (304)

This would also explain the relationship between hereditary factors and carcinogenesis. Just as the individual has the capacity to realize the successive allotropic forms, so a strain or even a species can inherit the tendency to develop such allotropic forms. This explains the persistence of mutation forms. It applies to the development of strains with high or low incidence of spontaneous tumors. It would also explain the vast differences among different species and strains in their response to carcinogens.

The concept of cancer as corresponding to a series of allotropic resonance forms at the successive hierarchic levels is of importance in terms of the intervention of external factors. Such environmental influences can establish conditions favorable for the development of allotropic forms at successive levels, permitting the progression of the allotropic line. The inequality of their action at different levels accounts for the big differences

seen between the various carcinogens. It is under this special aspect that we saw above the important problem of induced carcinogenesis.

The relationship between carcinogenesis and the defense mechanism can be understood in terms of the differences in defense capacities of allotropic and normal entities. From the study of cancerous and normal subjects, it appears that the latter have the capacity for defense responses. It appears highly possible that the characteristic of the "normal" resonance forms resides in their ability to resolve noxious interventions. The allotropic forms lack this ability. The loss of the defense mechanism at various levels, which is characteristic of cancer, can be regarded, up to a certain point, as being the result of the intervention of allotropic resonance forms, which would appear to be fundamentally inadequate to oppose the hierarchic progression of cancer. Incapable of responding with the full defense mechanism when confronted by continuous noxious interventions, cancerous entities use the simpler, primitive defense forms, and especially the lipidic prolonged form. This lipidic predominance represents the principal factor in producing the actual manifestations of cancer, with their dualistic nature.

The intervention of noxious factors in carcinogenesis is well known. Trauma and microbial viral infections in particular are such factors. Co-carcinogens such as croton oil, and some solvents such as benzene and toluene, can be considered noxious factors. (295)

This view of a plurality of factors intervening together to realize the hierarchically complex condition of cancer has another value. It helps to reconcile various explanations of the pathogenesis of cancer, each attributed to a different etiological factor, and each based on incontestable evidence. According to our view, with the possible exception of the broad-scale virus, which leads to the appearance of cancer cells in a couple of days, in all other cases a number of factors of different nature intervene. To resonance changes, would be added chemical, viral, metabolic, hormonal or defense influences, at the same or at different levels, in order to provide the necessary circumstances for cancer development. The fact that, regardless of the nature of agents used to induce them, cancers, once induced, differ very little or not at all makes plausible the hypothesis of plural exogenous factors acting to bring about the necessary favorable conditions.

The above presentation—a resume of our research—must still be considered to be a working hypothesis.

Other aspects of the cancer problem have been analyzed anew in the light of the concept of pathogenesis discussed above.

Lipids and Carcinogenesis

As we have seen above, the recognition of the fact that a series of successive changes take place in carcinogenesis has invalidated the concept that in order to consider a substance active in this field, it has to induce the entire series of changes by itself, including the passage into the phase of invasive cancer. An agent can be considered active if it induces only a part of the successive series of changes. Didactically, we can thus consider changes concerning the subnuclear, nuclear, cellular and metazoic levels. We have investigated the intervention of lipids in carcinogenesis from this specific point of view.

The coordination of data from various observations and experiments has indicated that some of the lipids would act especially at the cellular and tissue levels.

Statistical data have indicated a greater proportion of cancer of the cervix in non-Jewish women as compared to Jewish women. This was tentatively related to the circumcision of the respective males and this correlation was confirmed by statistical data concerning other groups of population practicing circumcision, such as the Moslems. The probable role of smegma was seen in experiments in animals made by different workers. It was reported that in mice, smegma, sterilized or non-sterilized, introduced in the vagina of mice followed by the suture of the vagina, would induce papilomatous and cancerous lesions of the cervix.

Statistical studies (324) showed a similar correlation between cancer of the prostate and circumcision, with a lower proportion of cancer in circumcised individuals than in those not circumcised. Entirely different results were obtained by other workers. Studies made by the group of Memorial Hospital in Cleveland, concerning cancer-in-situ, showed no differences between Jewish and non-Jewish women. Similarly, several workers have reported that the prostates in individuals over 40 years of age, who died of conditions other than cancer, have present in high proportion cancer-in-situ cells. No correlation with circumcision could be found in these cases, the same proportion being found in all the ethnic groups examined. (325)

We tried to interpret these totally discordant conclusions of the two groups of statistics and found the explanation in the concept of plural intervention of carcinogens. In the first group of statistics in the cases of both females and males, the cancerous processes considered were those in the invasive cellular stage, while in the second group of statistics, the non-invasive cancer phase was considered. It appears thus quite clear that the intervention of the circumcision and respectively of the smegma exists but

has to be placed at a precise point in the progressive changes in the evolution of the cancerous condition, at the passage from noninvasive into invasive cancer. Without any influence upon the appearance of the cancer-in-situ, the smegma would act manifestly by changing the proportion of active cancer present. Its influence appears thus to be exerted at the cellular level, where the occurring changes result in the passage of the noninvasive into the invasive cancer, and at the tissue level where the loss of the capacity to defend itself against the cancer cells permits their invasion. This led us to the hypothesis that the cancerous process in the cervix and prostate, evolves independently of circumcision until the cancer-in-situ step, but will make the next step toward invasive cancer predominantly under the influence of the smegma of noncircumcised males. Without such intervention at this stage, such a change may occur but in an impressively lower proportion. The invasive cancer of the cervix is thus almost entirely non-existent in virgin nuns. This consideration and the richness of smegma in positive lipids has permitted us to go farther and consider the problem of the role played by these lipids in carcinogenesis.

We have tried for a long time, but with little success, to induce cancer in animals through the administration of unsaponifiable fractions alone. The several positive cases obtained in mice with repeated injections of the unsaponifiable fractions of placenta, chicken embryos, eggs or butter, have not appeared sufficiently consistent to warrant any conclusions.

In our attempt to investigate an intervention of the positive lipids for the specific change, corresponding to the passage of the noninvasive to the invasive cancer, we carried out the following experiment. We selected female mice with at least two previous pregnancies. After a third pregnancy, when in lactation, the mammary gland was injected with small amounts of the above mentioned unsaponifiable fractions. The results seem to indicate a higher proportion of mammary carcinoma in these mice than in controls.

Similarly, we have tried to influence cells of the cervix in mice, through the introduction of the same different preparations of unsaponifiable fractions in the vagina of ex-breeder mice, followed by suture of the vagina. The first results have shown a high proportion of malignant tumors. The concept of the intervention of abnormal lipids in carcinogenesis has led us to utilize in similar experiments, instead of the above preparations, unsaponifiable fractions considered to be heterogenized by being heated above 320°C. At the moment, these experiments which are in progress seem to indicate the existence of such an influence.

It is of even greater interest to note the influence exerted by the unsaponifiable fractions upon animals that had received urethane, according

to the experiments of Berenblum. By combining three factors, urethane for the first changes in the amino-acids, several pregnancies for the changes until the noninvasive phase and unsaponifiable fractions especially heterogenized for the passage into the invasive phase, a high proportion of invasive mammary and cervical cancers seems to be induced in the first experiments. Of importance appears the factor that a certain lapse of time is necessary between each two factors which are applied in the above mentioned succession. This concords with the concept of plural successive changes in carcinogenesis discussed above.

Carcinogenic Activity of Urethane

The interesting research of Berenblum has brought an important contribution not only for the largely debated role of urethane as carcinogen, but also for the problem of carcinogenesis in general. The fact that croton oil, applied to the skin, induces the appearance of malignant tumors in animals previously fed with urethane, concords largely with the concept of plural changes taking place in carcinogenesis. The analysis of the influence exerted by carbamic acid upon amino-acids would place the intervention of this agent at the first members of the biological realm. It can thus be seen that the bond between the amino-acid group and the carboxyl and amine groups of carbamic acid occur in a way similar to that which occurs between two amino-acids with the big difference that in the first case it would result in the appearance of the CNCN formation. (*Fig. 201*) As mentioned above, this CNCN formation represents the group which characterizes the first biological entity. The place of this CNCN group, not at the end of the molecule opposed to the carboxyl as in the alkaline amino-acids, but as corresponding to the bond which results in polymers, represents the anomaly, which according to the work hypothesis we advance, would correspond to the first cancerous entity. The fact that the specific activity of urethane takes place at the lowest levels of organization, explains the necessity that a certain time separates its intervention from that of croton oil, which would act only at the higher levels, probably inducing the passage from noninvasive to invasive phase. This time is necessary for the first cancerous changes to build up the series of cancerous hierarchic entities since the cocarcinogen, croton oil, would act only in those more evolved cancerous entities. In experiments in progress, the passage of the urethane-induced noninvasive cancerous entities into invasive cancer, is successfully obtained by treatment with preparations of unsaponifiable fractions of placenta or eggs.

INTERVENTION OF PSYCHOLOGICAL FACTORS IN CANCER PATHOGENESIS

The role of psychological factors in the pathogenesis of cancer, although still obscure, has been of increasing interest in recent years. Various theoretical considerations (*i.e.* the relationship between the known effect of emotions upon hormonal and biochemical balances and the possible effect, in turn, of the latter upon neoplasms), as well as a number of clinical reports and experimental and statistical studies, point toward psychological influence in cancer pathogenesis, but little is actually known in this area.

In order to explore this matter further, a research program has been carried on in our Institute since 1952 by Dr. L. LeShan. This study has included the evaluation of projective personality tests given to over 300 cancer patients; interviews of 2 to 8 hours each with over 150 patients; and extensive exploratory psychotherapy (of from 60 to 400 hours) for 25 patients. Control groups were also included in each category. For patients undergoing psychotherapy, regular comparisons were made between the personality picture and various biochemical activities reflected in blood and urine analyses.

A "back-and-forth" method between the three techniques of personality evaluation has been employed. Hypotheses formulated from data obtained with one technique have been evaluated, refined and clarified by data from the others. When a hypothesis was consistently supported by all three approaches, an attempt was made to formulate it in terms permitting it to be subjected to critical test by experimental or statistical technique.

As an example, an hypothesis was developed that the cancer patient, more often than chance would allow, had lost a major emotional relationship, and had been unable to find a satisfactory substitute, some time before the first apparent symptom of cancer. This hypothesis appeared to be validated by data from all three techniques. It was then formulated in terms by which it could be tested. If the hypothesis were true, then certain social groups which, *a priori*, had known higher rates of such losses should also have a higher cancer mortality rate. Thus, for example, if marital status were taken as the only variable, then, after age was cancelled out, we should expect the highest cancer mortality rate in the "widowed," the next in the "divorced," the next in the "married" and the next in the "single." Published data, such as census material, could be used to explore the accuracy of this prediction. Various predictions of this type—all based on the hypothesis—were made. When tested against published statistical data, all were demonstrated to be valid. (116, 117)

At this point of the research, one general, emotional pattern has been found in over 50% of the 300 studied cancer patients and in approximately 10% of the equated controls: An early life history with much self-doubting and some anxiety over relating to others; the establishment of one personal relationship that afforded a high degree of satisfaction, meaning and validity to the individual and provided him with a "raison d'être"; and the loss of this relationship, followed by inability to find a substitute, and a period of intense (if often concealed) depression. This has been elaborated upon, and case histories presented in various publications. (118, 119, 120, 121, 122)

In summing up this research in a recent paper (123), the following conclusions could be reached by LeShan:

1. There seems to be a correlation between the existence of neoplastic disease and the persistence of certain types of psychological situations.
2. The most consistently reported, relevant psychological state has been the loss of a major emotional relationship. Often the psychic state resulting from this loss could be traced to a period shortly before the first noted symptoms of cancer.
3. There appears to be some relationship between personality organization and the evolution of the cancerous condition.
4. There may be some relationship between personality organization and the type or location of a cancer.

It would seem as if future research in this area, to be as useful as possible, must focus upon the chemico-physiological changes which result from variations in psychic states in general. It is highly probable that these changes are mediated through the endocrine system. Through the linking of psychic states with hormonal changes, we may be able not only to integrate psychological factors with the many other factors influencing development of cancer, but also to relate them to certain levels of organization. It may be possible to establish the relationship of psychological factors to other influences which favor or even induce passage of cancer from one phase to another. This may permit a more complete understanding of cancer and help in finding new points at which some therapeutic value might be expected from psychological intervention.

The relationship between the adrenals and psychic states on the one hand, and between the adrenals and the lymphatic system on the other hand, could explain why the influence of a psychologically unresolved problem is most evident, among all cancerous conditions, in lymphomas. LeShan has been able, by analyzing a sizable number of these lymphoma cases, to

recognize more clearly and more consistently than in other conditions the existence of a pattern of psychological changes occurring prior to clinical illness. Recurrences of symptoms, or periods of exacerbation, also could be connected to events which had deep repercussions upon the psychological state.

Research along these lines, seeking information on psychic factors in the pathogenic mechanism of cancer, is being pursued actively by LeShan and his co-workers at our Institute.

CHAPTER 12

PHARMACODYNAMIC ACTIVITY

IN OUR RESEARCH, we have investigated the pharmacodynamic activity of a series of substances in terms of the physiopathological concepts discussed above: the level of organization at which they act, the dualistic nature of their activity, their relationship to body constituents, especially to lipids, and the changes they induce in the defense mechanism. We will limit ourselves in this presentation only to those of the substances investigated which are of therapeutic interest.

The dualistic concept has permitted didactic separation of agents into two groups with antagonistic properties. In the last analysis, this separation could be related to the two fundamental tendencies in nature, homotropy or heterotropy. For inorganic agents, this criterion appears to be directly related to the elements present. However, for organic agents, especially for lipids and lipid-like substances, this simple criterion is less valid. Another, the positive and negative electrical character of their active polar groups could be used. It must be emphasized, however, that some of these polar groups show either positive or negative properties depending upon the medium in which they work. An alcohol, for example, can act as an acid under special circumstances, in which case it forms metal alcoholates; or it can act as an alcohol forming esters with acids. For this reason, in considering these substances, we have limited the sphere of changes studied to those corresponding to the conditions present in biological entities.

Since, as seen above, substances with negative polar groups actively intervene in various processes, while those with positive polar groups control the activity of the first, we will start this presentation with the former.

AGENTS WITH ACTIVE NEGATIVE POLAR GROUPS

Among agents which have negative polar groups, a further division can be made according to the nature of these groups. Under biological conditions, the most important of negative polar groups is the carboxyl. Losing a proton when dissociated, the carboxyl confers acidic property to the molecule into whose structure it enters. We will consider, first, such carboxylic acids. Among such agents, the individual differences seen in biological activities have to be related to their nonpolar parts.

In the frame of our research, with organic acids, we were especially interested in those with a predominance of the nonpolar group; that is, those having lipoidic properties. They are, principally, fatty acids, which, according to the presence of one or more double or triple bonds in the nonpolar part, can be separated into saturated and unsaturated.

Fatty Acids

Saturated Fatty Acids

The lipoidic character in this homologous series starts with the five carbon valeric acid, although caproic acid is the first lipoidic member found in animals. The role of the saturated fatty acids in organization is largely related to the activity, as caloric metabolites, of the members with even carbon numbers. These saturated fatty acids are absorbed, circulated and stored as triglycerides, and it is also this bond to glycerol which apparently favors their biological role as caloric metabolites.

As previously noted, only the members with a relatively short chain, less than 12 carbons, can be directly metabolized through Knoop beta oxidation. Longer chain saturated fatty acids undergo a breakdown before further metabolic degradation. Members with 16 and more carbons also play a limited constitutional role, usually together with an unsaturated member, when bound to glycerophosphoric acid to form phospholipids. Even when free—that is, when their polar group is not neutralized—they do not have a manifest functional role and, consequently, show no important pharmacodynamic activity.

The higher fatty acids exert no demonstrable influence upon microbes nor upon viruses such as bacteriophages. No influence has been observed upon monocellular organisms, cells or tissues in vitro. No changes were seen in the respiration of liver slices or of Sa 180 ascites cancerous cells in the Warburg microrespirometer. Similarly, no influence can be seen on red blood cells nor on leucocytes treated in vitro. No changes in the chloride

content of tumors or wounds are induced by administration of these acids. The fact that no change could be induced in the second day wound crust pH explains the lack of any effect upon pain.

Even large doses, such as 20 cc. of a 10% solution of these acids in sesame oil, do not change the intensity of pain of alkaline or acid pattern in humans. No influence has been noted upon tumor evolution, even with the direct technique of dipping tumor transplants in the agent, repeated for successive transplants. Existing edema or ulceration is not influenced. At the organic level, no changes can be seen in the function of various organs or upon liver regeneration rate. These fatty acids do not influence convulsions induced by thiamine in rats even when administered in very large doses, such as 5 cc. or more of 10% solutions for 100 gr. of body weight. The same lack of influence is seen on systemic metabolic manifestations, as recognized through various analyses. Except for palmitic acid, which shows an adrenal defense index of 12, the index for the other members of this series is below 6, indicating only a certain participation of the adrenals in the defense mechanism against these acids.

No changes can be found in the number or character of leucocytes in animals treated for a few days with these acids. No change in the sodium or potassium content of the blood or in urinary analyses is induced by these substances even in subjects whose analyses reveal abnormal patterns. No action upon body temperature and no influence upon the evolution of the defense mechanism can be observed.

It is interesting however, to note the effect of the sodium salts of these acids, especially on *in vitro* lysis of different cells. (*Note 1*)

Unsaturated Fatty Acids

Of the unsaturated fatty acids, oleic acid is the most widely encountered in nature. As previously noted, *monoethenoids* have a group of 9 carbons either toward the carboxyl or methyl end of the molecule. With the double bond between C₉ and C₁₀ in a molecule of 18 carbons, oleic acid appears to satisfy both tendencies, which could account for the ubiquity of this acid.

Oleic acid circulates, is deposited as reserve, and is used as caloric metabolite especially when bound to glycerol. In considerably lesser amounts, when bound to glycerophosphoric acid, it takes part as a phospholipid in the formation of the lipidic system of the organism. It is only slightly active in oxidation processes. For this reason, large doses are necessary to influence abnormal processes at different levels. Even then, only limited changes are induced. In *in vitro* studies, oleic acid produces no changes in bacteriophages. A certain influence is noted for receptivity of

dermotrope viruses. Injected subcutaneously in rabbits, oleic acid induces in the skin, at the site of injection a zone of low receptivity for smallpox virus. Oleic acid has a reduced effect upon microbes, causing the appearance of some gram negative individual forms of *Bac. subtilis*, for instance. Mixed directly with blood, oleic acid induces hemolysis. When plasma is treated with this acid, and then mixed with red cells, the influence exerted upon red cells because of the small amount of acid fixed upon plasma, is reduced. Although oleic acid may influence the pH of the second day wound crust, causing an increased local alkalosis (*Fig. 119*), its influence

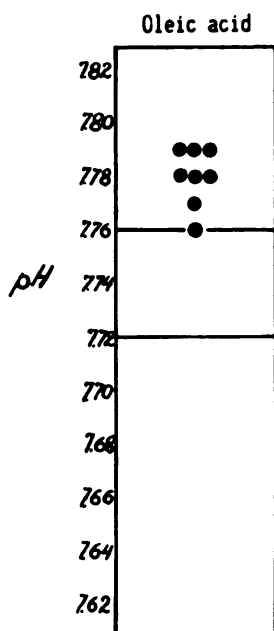


FIG. 119. The second day wound crust pH for oleic acid shows the constant presence of a change toward more alkaline values.

upon pain is almost nil. Little or no change is seen in standardized radiation wounds in animals treated with the acid. A limited influence can be observed on tumor growth by using the technique of dipping transplants for successive generations. Use of a 10% solution of oleic acid in tricapylin before grafting, repeated for successive generations, impairs growth of Ehrlich mouse adenocarcinoma after the sixth or seventh generation in some experiments, even later in others. Negative passage takes place between the eighth and tenth graft. Under the same condition, very little or no changes are noted in other tumors, and no changes are seen in tumors in animals treated with this acid even though changes have been reported by some authors. (124) Suspensions of cells of different organs, treated in vitro with colloidal suspension of oleic acid and injected in animals of

the same species, induced no changes with a single injection. Repeated injections after 3 weeks induced lesions in the respective organs.

At the organic level, some effects can be obtained by using high doses of oleic acid. For example, to prevent convulsions induced by thiamine chloride, doses as high as several hundred milligrams per 100 gr. of body weight are required and even then this effect is not constantly seen. Systemic changes, recognized through blood and urine analyses, are almost nil, even with large doses of oleic acid. The compound however, does prolong liver regeneration time.

Among the *diethenoics*, we studied linoleic acid. The caloric activity of the uncombined fatty acid is reduced while constitutional and functional activities are increased. Linoleic and linolenic acid appear to be organizational rather than functional fatty acids because of their preferred bond to glycerophosphoric acid. They are absorbed from the intestines, mainly as phospholipids. No effects upon phage can be seen. The refractivity to smallpox virus induced on rabbit skin is more manifest than for oleic acid. However, the effect upon microbes, such as *subtilis*, is less evident than for oleic acid. Crenelated red cells, with increased tendency to conglutinate and increased sedimentation rate, are found after linoleic treatment of the blood *in vitro*. To avoid hemolysis, the acid is not added directly to the blood but to the plasma which is then reunited with the cells. Crenelated cells also appear *in vivo* in rats injected intraperitoneally with large amounts of this acid, such as 10 cc. of 10% in oil. A definite shift toward alkalosis is found in the second day wound crust pH, which explains the influence seen upon pain. Linoleic acid increases pain of an alkaline pattern and decreases pain of an acid pattern, though only slightly. Only in relatively large doses (2-400 mg./100 gr. animal), does it prevent the convulsions induced by thiamine.

In lesions induced by radiation, the administration of small doses of this fatty acid often produces a favorable healing effect. This effect can be related to the growth-stimulating action of essential fatty acids in small quantities. The effect is just the reverse of the unfavorable influence on healing observed when larger doses are administered. An effect upon tumors in animals can be achieved only through repeated treatment of successive transplants or through the treatment of successive generations of the host. The effect of repeated injections of tissue cells treated *in vitro* with a suspension of linoleic acid was more manifest than that obtained with oleic acid. The effect upon the systemic level, although more manifest than for oleic acid, still is limited, even under abnormal conditions. Blood and urinary analyses are only slightly and briefly changed toward the D type of

offbalance even when large amounts are administered. Blood eosinophiles are decreased and potassium content increased, both only slightly. Body temperature is slightly depressed.

Preparations especially rich in triethenoid *linolenic acid* were used and no differences between their biological activity and that of linoleic acid could be noted.

We obtained preparations especially rich in *arachidonic acid* from salmon oil. The caloric contribution of this acid can be considered almost nil compared to its functional role. It is absorbed, circulated and stored, principally as esterifying sterols. Although this acid is present in the body in relatively small amounts, it represents more than 25% of the fatty acids of the adrenals. In view of the highly functional role of the adrenals, it is logical to suppose that arachidonic acid's abundance in the glands is not merely coincidental. A liberation of this acid, together with other higher polyunsaturated fatty acids from the adrenals appears to take place during the first phase of the diphasic defense phenomenon. In the first minutes following a noxious intervention inducing shock, a depletion of fatty acids in the adrenals occurs, coinciding with increased amounts in blood.

Besides their role in the defense mechanism, the adrenal fatty acids seem to intervene in normal physiology. Successive liberations seem to occur, alternating with liberations of sterols, as well as corticosterones. Together, these produce the diphasic oscillations which characterize the physiologic dynamic balance.

Preparations rich in arachidonic acid seem to act at different levels. No manifest influence upon phages is observed. The influence upon small-pox viruses and upon microbes is similar to that of the linoleic preparations. The in vitro and in vivo effects upon red blood cells, such as crenelation, conglutination and increased sedimentation rate, are more manifest than for linoleic acid. Leucopenia also is seen. The effects upon the pH of the second day wound crust and upon pain are, however, the same as for linoleic acid. The intensity of acid pain is reduced while that of alkaline pain is increased. In doses much smaller than for linoleic acid, arachidonic acid preparations are able to prevent convulsions induced by thiamine. But they do not seem to change the evolution of radiation lesions. The influence upon tumors is very similar to that of linoleic acid, and only limited changes are observed after treatment of successive generations, either through the dipping of transplants or through treatment of successive hosts. Organ cells treated in vitro with suspension of this fatty acid were seen to induce changes in the respective organs, if injected twice at 3 weeks interval. Systemic influence is not manifest even under abnormal conditions.

Blood and urine analyses are slightly and temporarily changed toward the pattern of fatty acid predominance.

Continuing these studies, we have investigated *polyunsaturated fatty acids* with more than four double bonds, particularly clupanodonic acids from cod liver and sardine oils. Most of the studies were made by using the fractions which when brominated are soluble in acetone at a low temperature, *i.e.*, around -63°C . The different fractions obtained were identified through iodine number, neutralization value and spectral analysis after conjugation through treatment with KOH.

All the biological effects upon viruses, microbes, cells, etc., are more accentuated than for linoleic or even arachidonic acid. Changes in red cells and leucocytes are much more apparent. At this point we must emphasize the preference of these fatty acids for red blood cells over plasma both *in vitro* and *in vivo* treatments. (*Note 2*) They have greater effects upon pain than do linoleic and arachidonic acids, reducing pain of an acid pattern and exacerbating pain of an alkaline pattern. The local pH, as determined by second day wound crust measurements, also is shifted toward increased alkalinity. Convulsions induced by thiamine are influenced by much smaller doses than those required with other unsaturated fatty acids. For some preparations with iodine indices around 350, doses as low as 35 mg./100 gr. of body weight are sufficient to prevent convulsions. Changes in the evolution of tumors are more striking with these preparations, especially when the transplants of successive generations are dipped in the preparation. With this technique, negative results are obtained even at the third transplant for Ehrlich mammary adenocarcinoma. An obvious effect is noted on radiation-induced lesions, with ulceration increased and healing slowed. The influence upon cholesterol levels in the blood and upon hypertension is greater than for arachidonic acid. The effects upon systemic changes, observed through analyses, are temporary and no greater than for linoleic and arachidonic acids.

Acid Lipidic Fractions

Bearing in mind the role of acid lipidic constituents in the physiology of various biological entities, preparations containing these fractions were obtained. Tissues, organs, organisms, and organic products were saponified and acid fractions soluble in ether were isolated. We called them "acid lipidic fractions," or "lipoacidic fractions." Their analyses revealed, in addition to various fatty acids, other substances with lipidic and acid character. Some were identified as porphyrinic acids.

Significant differences related to the sources of these preparations could

be recognized in biological effects at different levels. Preparations obtained from intestine, for instance, had no obvious effects on any of the manifestations; there were no systemic or organic changes, no effects upon pain, red cells or leucocytes *in vitro*, and no influence on tissue respiration. Treatment of successive transplants showed no apparent effects, even after ten passage generations. No effects upon organs through repeated injections of cells treated *in vivo* by these preparations were seen.

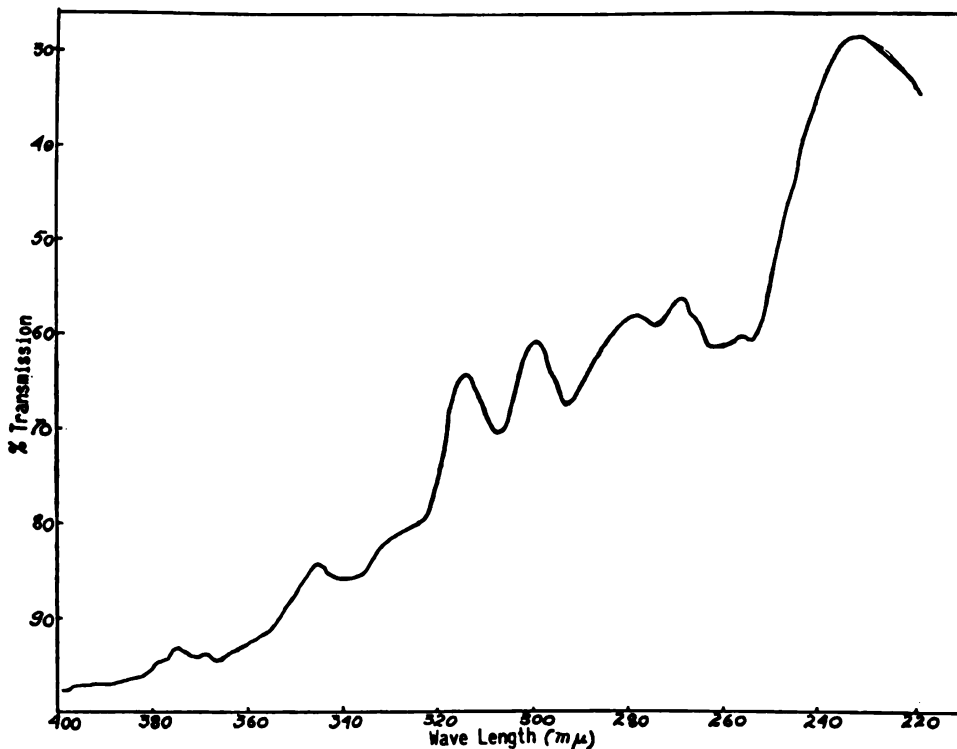


FIG. 120. Spectral analysis of rat liver fatty acids after chemical isomerization shows the presence of fatty acids with 3 and 4 double bonds. (0.002% in ethyl alcohol)

On the other hand, other preparations from placenta, liver, blood, etc. did show activity upon all manifestations, including pain. They induced negative results on tumor growth after transplant dipping for just two or three generations.

The differences in activity could be related to the richness of these preparations in polyunsaturated fatty acids. It could be shown that it was not the total number of double bonds present, as determined by the iodine number, that was significant but rather the relative abundance of higher

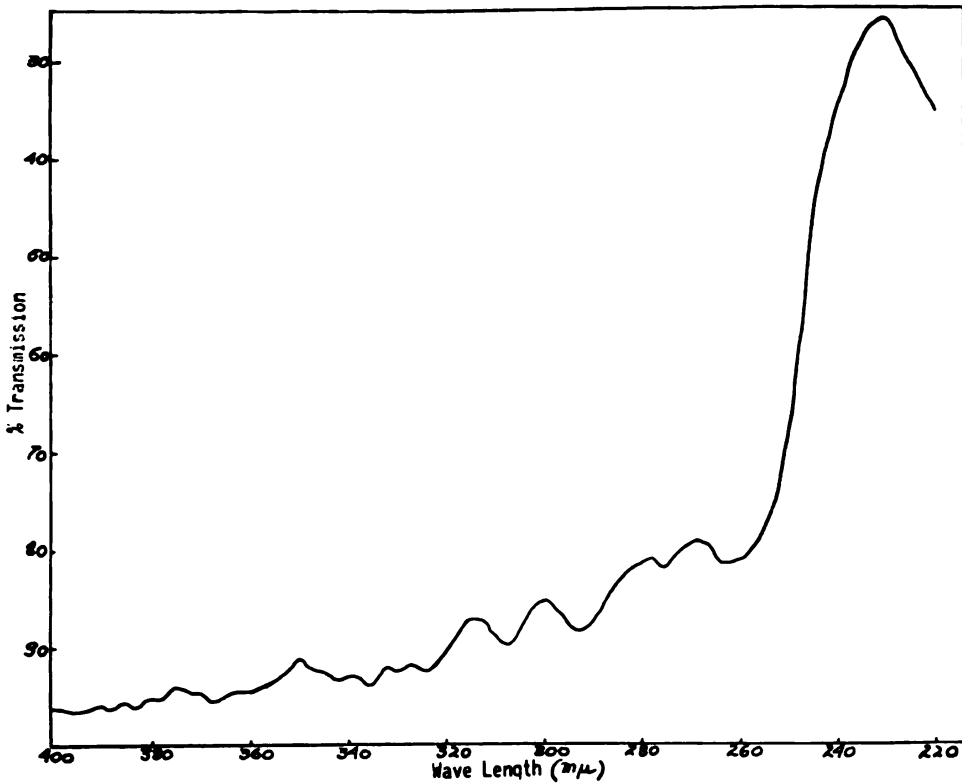


FIG. 121. Spectral analysis of the intestinal fatty acids of rats after chemical isomerization shows minimal amounts of members with 3, 4 or more double bonds. (0.002% in ethyl alcohol)

unsaturated members, as recognized by special analysis after adequate chemical conjugation. Figures 120, 121 and 122 show such analyses.

Abnormal Fatty Acids

Because of the role of abnormal fatty acids in the pathogenesis of the offbalance type D, particularly related to radiation, a study was made of preparations of acid lipids obtained from abnormal tissues, organs and organisms. In an initial group of researches, animals that had died of radiation sickness, shock, acute infections or after adrenalectomy were used. Guinea pigs infected with *B. anthracis* and mice infected with strep hemolyticus were used as sources of abnormal lipids in a large number of experiments. Acid lipids obtained from autolysates of tissues were employed. We also used the fatty acids of cod and sardine oil, which may be considered to correspond not to natural but to altered fatty acids since they were obtained after autolysis of cod liver and whole sardine bodies.

After having determined that conjugation of double bonds is the basis

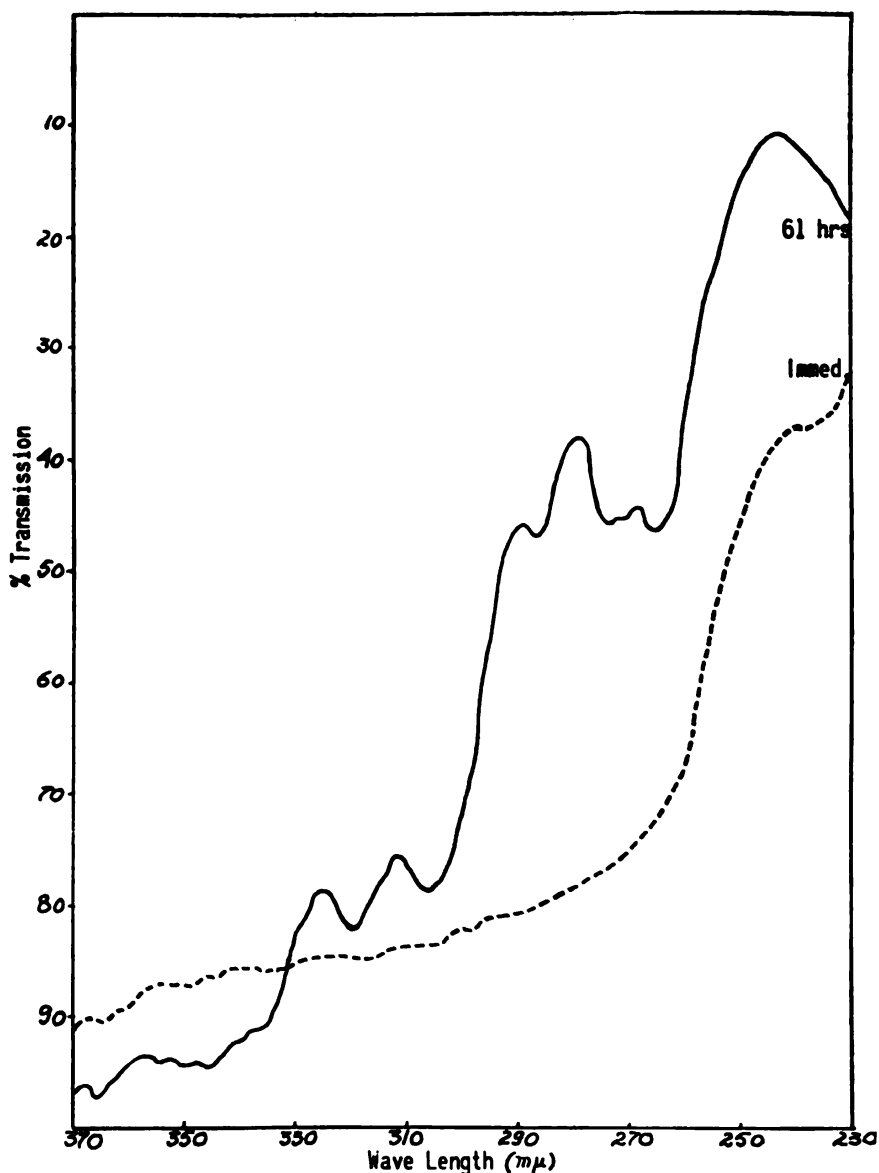


FIG. 122. Spectral analysis of the fatty acids of the entire body of rats, after chemical isomerization shows the presence of di- and triethenic members, and little of members with more double bonds. (0.002% in ethyl alcohol)

of abnormality in pathogenic fatty acids, conjugated isomers of different fatty acids were prepared and studied. Eleostearic acid obtained from tung oil was used extensively in animal and clinical research. Parinaric acid was obtained from nuts of *parinarium laurinum* and was used to a lesser degree. Various conjugated fatty acid isomers, recognized through spectral analysis and oxalic indices, were obtained in a higher proportion from

different lipoacidic preparations by using a modification of classical methods of conjugation. (*Note 3*) Many mixtures of naturally occurring fatty acids found in saponifiable fractions were conjugated by the same method. Conjugated di, tri, tetra, penta—and hexaenic fatty acids were further separated from these mixtures and studied. The unexpected relationship of these conjugated fatty acids to oxygen was of interest. While the treatment of linoleic acid at 37°C with oxygen leads to progressive increase in the amount of peroxides present, this does not occur for the conjugated isomer (*Fig. 123*) apparently because of repeated destructions of the peroxides formed.

In general, the effects produced by conjugated fatty acids at different levels of the organization are more intensive and persist longer than those

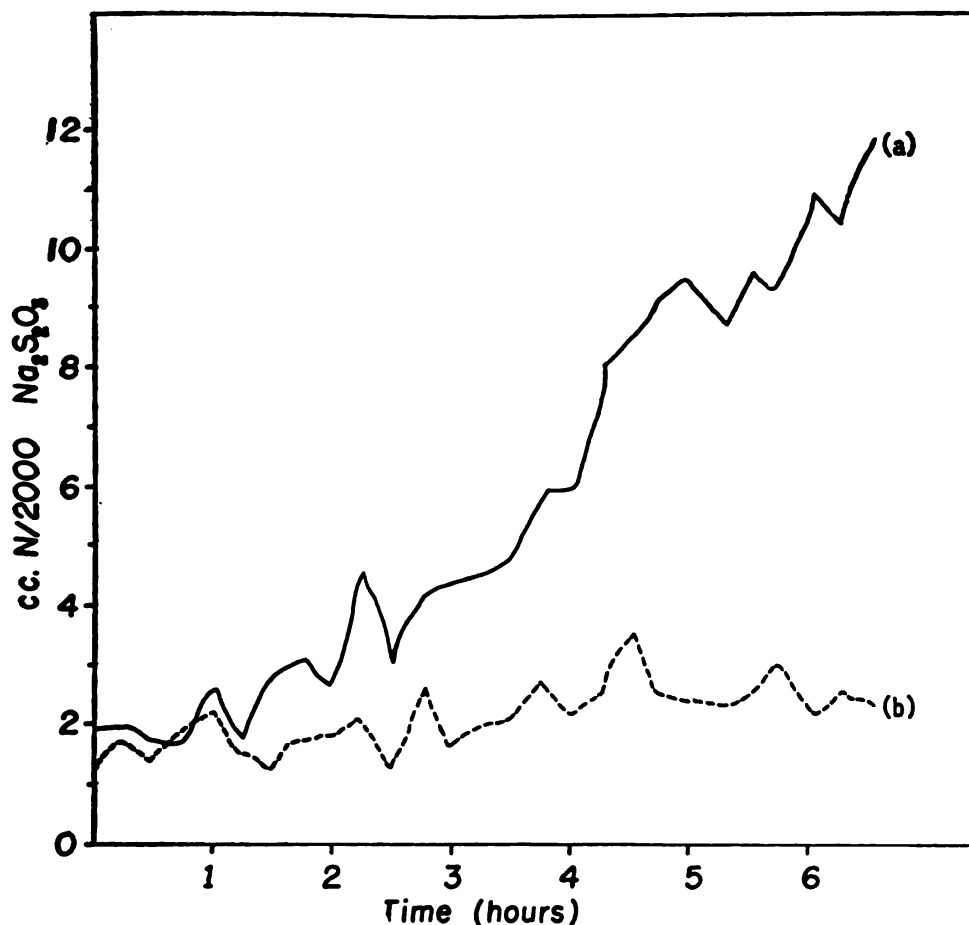


FIG. 123. Curves of peroxides of samples of linoleic acid (a) and its conjugated isomer (b) induced through the passage of oxygen (100 ml per minute for 30 cc of sample) at 37°C. While peroxides are progressively increasing in the linoleic acid preparation, they do not change in the conjugated isomer.

of the nonconjugated isomers. It is interesting to mention here the influence exerted by these preparations upon viruses. Although there are no changes for bacteriophages, a marked influence is seen *in vivo* upon receptivity of the organism to viruses. Subcutaneous injection of conjugated fatty acids in rabbits establishes a zone of refractivity toward inoculation of smallpox vaccine in the skin, which is greater and more persistent than that observed for nonconjugated isomers. The effect upon microbes also is clear. Gram negative strains with manifest morphological changes were obtained from *B. anthracis*, and persisted as such for 6-15 passages before the old morphological and tinctorial characters returned. The effect upon red cells and leucocytes *in vitro* is more apparent than for corresponding nonconjugated isomers. This is also true for the influence upon the respiration *in vitro* of tissues or ascites cells.

The difference in the effects of conjugated and nonconjugated fatty acids is particularly striking in certain manifestations. For example, pain with an acid pattern is more easily changed to alkaline by treatment with conjugated fatty acids than with nonconjugated isomers. Once the alkaline pattern appears, it persists for a long time. A manifest effect is seen upon lesions induced by radiation. Standardized radiated wounds in rats, which heal in about four weeks in control animals and require six to eight weeks to heal when treated with nonconjugated fatty acid preparations, fail to heal at all when treated with corresponding doses of conjugated isomers of the same fatty acids.

The isomers of fatty acids also differ in their effect upon animals in shock. When anaesthetized animals are scalded by immersion up to the level of the xiphoid in water at 90°C, immediate fatal shock occurs if the immersion lasts for more than four seconds. With a three second scalding the animals die after several hours. The administration of fatty acid preparations markedly reduces the survival time, and this effect is more manifest for conjugated members, especially for eleostearic acid. In general, animals in shock induced by any means, such as by the Noble-Collip drum, show a special sensitivity toward conjugated fatty acid preparations.

The effect of conjugated fatty acids at the systemic level, as recognized by blood and urine analyses, is in the same direction as that for the nonconjugated but is more manifest.

There are significant differences between the effects of conjugated and nonconjugated fatty acids upon the evolution of transplanted and spontaneous tumors. In a small proportion of mice, a mixture of nonconjugated fatty acids prepared from cod liver oil or sardine oil prevents the appearance of methylcholanthrene-induced tumors. The conjugated fatty acids

obtained through the treatment of these preparations show this preventive effect in a large proportion of mice. These experiments are interesting from several standpoints and are presented in some detail in Note 4.

Conjugated fatty acids produce an increase in the chloride content of wounds in animals. Values are 40% higher than in untreated lesions. The same increase of chlorides occurs in tumors. When DbA mice with adenocarcinoma were treated for ten days with conjugated fatty acid preparations, and tumors were removed and chloride content determined, values were up to 180% higher than for controls with untreated tumors. (*Note 5*) An interesting effect was noted in two rat tumors. For years, passages of Guerin's rat tumor and of sarcoma induced in our laboratory by the injection of benzpyrene have shown a peculiar character. Although they grow to large size, the tumors have no necrotic zones. After treatment with conjugated fatty acids, large necrotic zones appeared, leading to ulceration and death. The appearance of these zones of necrosis corresponds to changes in the fundamental character of the tumor. Transplants of fragments of these treated tumors, although taken from nonulcerated regions, or young tumors, resulted in tumors showing early central ulceration. This character persisted without further treatment in succeeding generations. The ulcerating tumors appear to be a mutant of the original and the mutative change can be related to intervention of conjugated fatty acids. This was confirmed by the fact that similar changes were constantly obtained in the same tumors with the same agents. A similar but less manifest and less constant effect is obtained with preparations of cod liver oil fatty acids administered repeatedly in large amounts. The same effect was obtained with the injection of the fatty acids directly in the tumor itself.

The second day wound crust pH shows marked changes toward alkalinity under the influence of conjugated fatty acids. The effect upon regeneration time of liver is also manifest; cells full of fatty droplets do not appear at all or appear much later than in untreated controls. In rats weighing 200 grams, with a large enough dose, such as 2 cc. of 10% solution of polyconjugated fatty acids obtained from cod liver oil and repeated for two days, the adrenals show complete depletion of fats. They become small and red in color and contain no sudanophil material. The liver regenerates with small cells with compact cytoplasm and almost entirely bare of fatty droplets.

The effect of conjugated fatty acids upon the lymphatic system is manifest. A marked involution of thymus, spleen and lymphatic gland follows the injection of conjugated fatty acid preparations, particularly of a mixture of conjugated cod liver oil fatty acids. The effect upon tumors is irregu-

lar. In some animals a marked retardation occurs, in others no effect can be observed. In convulsions, no greater effect is seen than that produced by nonconjugated isomers. Blood in vitro assumes a color darker than when other fatty acids are used. Eosinophiles are markedly reduced after administration of conjugated fatty acid preparations. Important changes in organs were obtained with repeated injections of the respective cells treated in vitro with suspensions of these acids. Changes in the analytical values of urine, however, are not greatly different from those obtained with nonconjugated isomers. With sufficient amounts of conjugated fatty acids, a frank hypothermia is obtained.

Bixine

In the same group of fatty acids we can place bixine, a member of the polyterpene family with 9 conjugated double bonds which we obtain through saponification of the seeds of *Bixa orellana* and have studied widely. The changes produced in microbes are similar to those with other polyconjugated fatty acids. Changes in connective tissues in animals appear to be particularly interesting. The first reaction to subcutaneous injection of an oily solution of 1% bixine in rats or mice is an inflammatory process, with the injected material dividing into hundreds of tiny droplets. Some, however, melt away and the unabsorbed injected material again forms one or two big drops. The wall containing the drops is very thin and transparent and appears to be made up of very few connective cells which have extremely long fibrils, representing the highest degree of differentiation of these cells.

The effect upon pain is similar to that of conjugated fatty acids. The second day wound crust pH shows a manifest change toward alkalosis. The effect upon radiation wounds is the same as for conjugated trienes. In animals injected with convulsant doses of thiamine, only a few milligrams of the bixine preparation are required to prevent convulsions. Of all the fatty acid preparations used, bixine appears to be the most efficient in its anti-convulsivant action. The iodine number of 430, found in our preparations, confirms, thus, in this case too, the correlation seen between anticonvulsivant effect and richness in double bonds of the fatty acids.

The distribution of bixine following administration is interesting. Chromatographic study of blood constituents after hydrolysis shows that almost all the bixine is in the red cells, with minimal quantities in plasma. Lesions such as wounds or tumors, after the administration of bixine, become particularly rich in this substance in comparison to normal tissues. Changes in evolution of tumors also are manifest. The administration of this agent

often leads to rapid necrosis and edema. In animals and humans, we saw massive tumors become ulcerated in a few days after use of only a few milligrams of the substance. The ulcerating effect of conjugated fatty acids upon tumors reaches its maximum with bixine. In animal tumors which, in successive transplants, had never shown spontaneous ulcerations, the injection into the host of only a few milligrams of bixine in oily solution produced, in addition to ulceration, a change in the tumor which can be considered to correspond to a mutation. Further transplants consistently developed ulcerating tumors and the ulcerative character persisted in succeeding generations. Massive degenerating changes were obtained in organs after repeated subcutaneous injections of suspensions of cells obtained from these organs and treated *in vitro* with bixine.

The changes toward offbalance D induced in various systemic patterns in humans by bixine are similar to those produced by conjugated fatty acids. However, once induced, these changes are very persistent, and often remain uninfluenced by anti-fatty acids. It is this characteristic of resistance to further changes which represents a certain handicap for therapeutic use of this agent.

Fading Response

In contrast to the relatively persistent changes induced by bixine, the striking character of the effects upon pain or systemic manifestations obtained with fatty acid preparations, and especially with the conjugated isomers, is their short duration. Furthermore, at the beginning of their administration, these agents, even in relatively small doses, exert intense effects, but such effects cannot be obtained later without continuously increasing the amount used. After a certain time, even large doses have very little effect.

An explanation of the fading character of the results obtained with these and many other agents can be found in the fact that the organism defends itself against any factor able to influence its balance. In the case of conjugated fatty acids, this defense seems to be provided mainly by the adrenal glands. E. F. Taskier has studied this aspect of adrenal defense in our laboratory and this research is presented in *Note 17, Chapter 6*. An adrenalectomized animal is usually less resistant toward the administration of many agents than a normal or sham-operated animal. This drop in resistance is expressed as an adrenal defense index, as the ratio between the minimal lethal dose for the normal and for the adrenalectomized animal. For most fatty acid preparations, this index is between two and three, and becomes greater for the conjugated fatty acids. Fatty acids with three con-

jugated double bonds, however, have an adrenal defense index of 120. Eleostearic acid is 120 times less toxic for sham-operated controls than for adrenalectomized animals, indicating a specific adrenal defense against these acids. Progressively increased intervention of the adrenals would explain the fading effect mentioned above.

Alpha Hydroxy Fatty Acids

Alpha hydroxy fatty acids were obtained by fixing an OH at the carbon adjacent to the carboxyl. Some of these acids exist in nature—in significant amounts in the brain and skin, and in very small amounts in the kidneys. In our research, they were originally prepared from natural sources, such as animal brain and skin. Most of the studies however, were made with synthetic alpha-hydroxy-fatty acids. For experimental purposes in animals and humans, we principally used pure synthetic alpha hydroxy fatty acids. Mixtures of these members obtained through the treatment of acid lipidic preparations also were employed.

In animals and humans, alpha hydroxy fatty acids induce less systemic, organic, tissue and cellular changes than do the corresponding untreated acids. However, we would like to mention a striking exception: the response of lymphosarcoma 6C3HED in mice to the administration of alpha hydroxy-caprylic acid. Although this tumor uniformly kills control animals within 10-12 days, it disappears in over 80% of animals treated with alpha hydroxy caprillic acid, even if treatment is instituted late, that is, when the tumor has already grown to 1 cm. in diameter, a size usually reached 2 or 3 days before death. In the few animals in which the tumor does not disappear, its growth is so slowed down that survival time is extended to three or more weeks. (*Note 6*)

Other alpha hydroxy fatty acids close to caprylic acid, such as alpha-hydroxy-caproic and capric acids, show no influence upon evolution of this tumor. We could not obtain similar effects with any of the other saturated alpha hydroxy fatty acids that have chains with 4-20 carbons, nor with alpha hydroxy-oleic or linoleic acids. Nor did alpha hydroxy-caprylic acid or any of its homologues appear to have any influence upon other transplanted tumors in mice, the Walker tumor in rats or, spontaneous mammary tumors in mice.

Other Fatty Acids

The fading effect seen with naturally occurring fatty acids is so great a handicap for therapeutic use of these substances that we searched for heterogeneous fatty acids which the organism does not normally encounter

and against which it would not be prepared to defend itself. This brought us to the study of fatty acids having different nonpolar groups than those of the normal and abnormal constituents. While most of these were prepared synthetically in the laboratory, we utilized on a substantially large scale two natural fatty acids which exist in plants and are sufficiently heterogeneous, ricinoleic and crotonic acids.

Ricinoleic acid has a double bond between 9 and 10 and a hydroxyl at carbon 12 instead of the second double bond found in linoleic and linolenic acids. As a result of the induction effect propagated from the carboxyl through the chain, the C_{11} is a positive carbon. The positive character is enhanced by the adjacent double bond between C_9 and C_{10} , and by the hydroxyl bound to C_{12} . C_{11} thus is very strongly positive. We related the intense local alkalosis with consequent water excretion corresponding to the alkaline watery diarrhea to the effect of ricinoleic acid liberated in the intestine, and have considered it to correspond to a local organic offbalance similar to that induced in tissues by unsaturated fatty acids. This would explain the intensive laxative effect of castor oil.

We utilized ricinoleic acid parenterally with the aim of obtaining a similar effect in abnormal cellular and tissue lesions. The oily solution of ricinoleic acid has low toxicity when administered parenterally. However, no manifest effect upon tumors or at different levels of organization was obtained. Crotonic acid did not show the expected influence at these levels.

Other heterogeneous agents, polyhydroxy fatty acids, were studied. They were prepared by adding one or more OH groups to the nonpolar groups at the double bonds of unsaturated fatty acids. 9, 10 dihydroxy and 9, 10, 12, 13 tetrahydroxy fatty acids were no different than the corresponding unsaturated fatty acids in their effects upon pain or systemic analyses in humans, or upon tumor growth in animals and humans.

Peroxide Fatty Acids

Peroxides and epoxides of fatty acids were prepared and studied. They showed more manifest effects upon viruses and bacteria in vitro and in vivo than the other fatty acids. Investigations of the effects of these fatty acids upon higher levels have been limited until now. It seems that the effects upon systemic and organic manifestations are somewhat different than those obtained with use of the fatty acids from which the peroxides and epoxides were derived. Influence upon pain and upon tumors was greater for the corresponding unsaturated fatty acids. This research—especially with polyepoxide fatty acids—is still in progress.

Halogenic Compounds of Fatty Acids

The study of changes in lesions where abnormal fatty acids are present has shown the importance of fixation of chloride ions in these substances. Considering its place in the periodic chart, chlorine is an element with heterotropic character. Consequently, it could be conceived of as being antagonistic to fatty acids, counterbalancing their homotropic character. This was confirmed by pharmacological study of fatty acids to which chloride ions were added at the double bonds. We were particularly interested in conjugated fatty acids in which effects of treatment with chlorine could be followed through spectral analysis.

When a mixture of conjugated fatty acids from cod liver oil was treated with chlorine, the peaks in spectral analysis progressively disappeared. (*Fig. 124*) This did not lead, as expected, to increased toxicity. Thus far, in early trials, the different preparations, from 9-10 dichloro-stearic acid to the polychlorinated mixture of fatty acids from cod liver oil, have not shown effects greatly different from those of conjugated fatty acids upon tumor evolution, systemic analyses, and pain. No difference has been noted between the derivatives and their corresponding fatty acids in animal

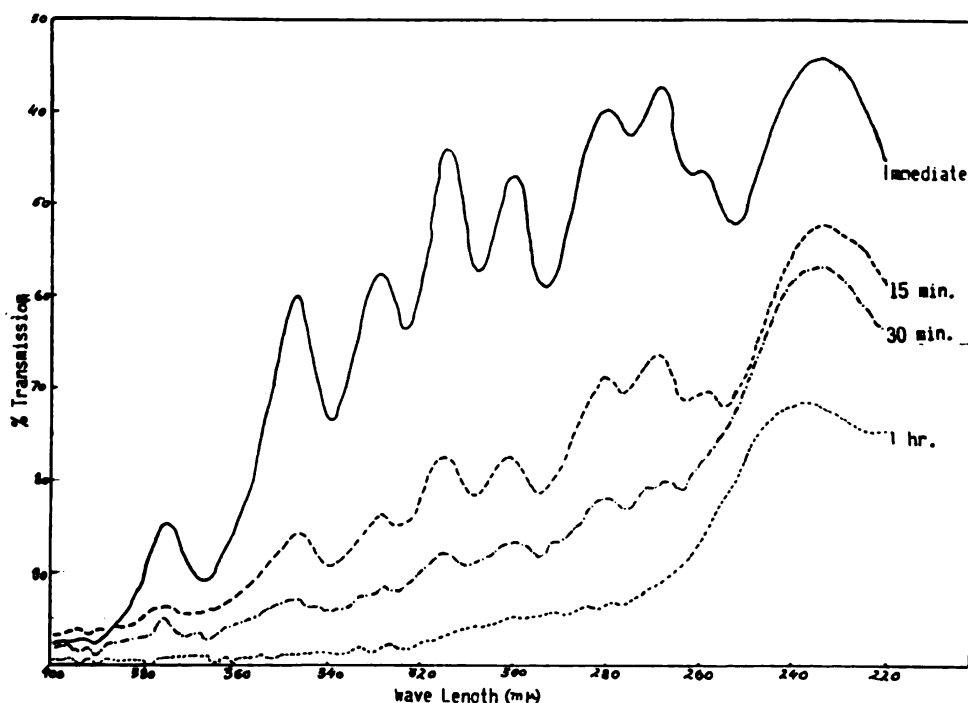


FIG. 124. Influence exerted by chlorine gas upon the conjugated fatty acids. A parallel decrease in the amount of all the members is seen. (0.002% in ethyl alcohol)

experiments or in research in humans. Experience with these products, however, indicates that they may induce milliar gastric ulcerations which we consider to result from the influence exerted by the fatty acids upon the gastric mucous membrane where they are brought by the chloride ions to which they are strongly bound. Research in this direction confirms the part which these fatty acids, solidly bound to chloride ions, take in the pathogenesis of the state of shock.

An over-all analysis of the pharmacological activity of the fatty acids mentioned above shows a similarity in fundamental effects obtained with most of these preparations. This can be interpreted as resulting principally from the fact that all have in common, their lipidic character and the same polar group with acid properties—the carboxyl. As a result, these substances are fixed in the same position in abnormal entities, a fact which seems to represent the most important factor in their pharmacodynamic activity. The further biological differences seen between the influence exerted by the various members studied would be related to a secondary effect of these substances resulting from the intervention of the nonpolar groups. This finding—that the fundamental pharmacological activity of fatty acids is connected with the site of activity which is determined by the lipidic character and the polar group present while the proper pharmacological activity is due to the intervention of the nonpolar group—has been of capital importance not only for understanding the activity of these substances but also for determining the path of our further research. Because of this, we investigated, in a second step, lipoids with other negative polar groups.

LIPOIDS WITH OTHER NEGATIVE POLAR GROUPS

Lipoaldehydes: With a carbonyl as polar group, the lipidic properties appear with propanal in the homologous series of the aliphatic aldehydes. With the carbonyl less dissociated than the carboxyl, the lipoaldehydes represent *negative* lipoids able to act for a longer time than the respective acids. We were especially interested in three groups of aldehydes. In one, with a nonsaturated short nonpolar chain, we searched a conjugated formation between the double bond of the oxygen of the carbonyl and the double bond of the nonpolar chain. Another group of the lipoaldehydes corresponded to long chain fatty acids, while the third was formed by saturated short chain aldehydes with an odd number of carbons. From the energetic point of view, there were the first and especially the third groups which appeared as the most interesting. In the last group the opposite influ-

ence exerted by the carbonyl and methyl groups upon the intermediary carbons of the chain gives the entire molecule an especially high reactivity. This opposite influence is seen at its maximum in propanal, where C_2 suffers the influence energetically opposite of the carbonyl and methyl group. The fact that, due to its relatively high solubility in water, propanal—which is a lipid—can be administered in aqueous solutions and still act upon the lipidic system—makes of it an especially interesting agent.

We have investigated these groups of lipoaldehydes from the point of view of their influence exerted upon the two offbalances. In the group with unsaturated short chains, we studied acrolein and crotonic and maleic aldehyde without seeing any special effect upon the other levels than the cellular one, where a vacuolation was obtained. Furthermore their toxicity has represented an handicap. More interesting has appeared the group of the saturated short molecules with odd number of carbons. While with heptanal we have obtained besides an influence upon pain, also a manifest inhibitory effect upon the growth of experimental tumors, it was propion aldehyde which has shown the most interesting effects upon pain.

This was seen for the group of aldehydes with aliphatic saturated chain such as *propionic* and *heptylic aldehydes* or with *cyclic*, as *salicylic aldehydes*. In adequate doses—from $\frac{1}{20}$ cc. to 2 cc. of the 10% solution of propionic aldehyde, or of the 1% solution of the heptylic or salicylic aldehydes—a manifest influence was obtained upon the systemic condition as well as upon pain. Patients in offbalance A with pain and general discomfort, were seen to have a decrease of the symptoms after the administration of propionic aldehyde. The effect upon tumors was reduced and propionic aldehyde did not change the evolution of the tumors in spite of the marked improvement of the general condition and even of the cessation of pain.

Lipoids with Thiol Groups

Mercaptans: According to the systematization of lipoids presented above, a thiol group, acting as a polar group, will form a lipid when bound to an energetically preponderant aliphatic or cyclic nonpolar group. In the homologous mercaptan series, even the lowest members are lipoids because of the weak electrostatic forces of the thiol group.

Although methyl mercaptan is a lipid according to our classification, this substance is too volatile to be used. Therefore, the first low member of this homologous series to be investigated was ethyl mercaptan.

The effects of ethyl mercaptan upon microbes were more limited than those seen for fatty acids. To determine the effects at the different levels

of the organization, ethyl mercaptan had to be administered parenterally. As for all other members of this series, we utilized ethyl mercaptan in 5 or 10% oily solution in cottonseed oil. In acute toxicity tests, the lethal dose was found to be 145 mgs./100 grams of body weight for mice, and 153 mgs./100 grams for rats. The immediate effects upon nuclei were similar to, but less intense than those of conjugated fatty acid preparations leading to caryorrhexis or pycnosis in abnormal cells. No abnormal mitosis was seen in organs with high mitotic activity, such as the intestinal mucosa or bone marrow, although appreciable changes were observed in mitosis in animal tumors. A secondary effect, an exaggeration of aging processes,

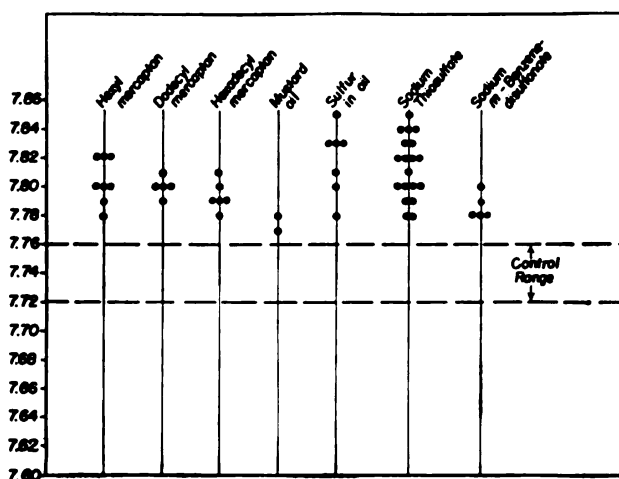


FIG. 125. Second day wound crust pH shows a constant change toward more alkaline values for all the substances having sulfur in their polar group.

was first recognized, several days after administration in the changes in granulocytes at the site of injection. The average number of nuclear lobes of the leucocytes was often very high, even above seven. This was also true for leucocytes in circulating blood when the product was injected intraperitoneally or even subcutaneously in rats. The immediate effect of such injections was a prolonged leucopenia, especially a lymphopenia.

The chloride content of tumors and wounds was especially increased through treatment with mercaptans. At the tissular level, local pH of the second day wound crust was increased, an effect characteristic for all lipoids with sulfhydryl as the polar group. (Fig. 125) This explains the direct effects of ethyl mercaptan upon pain and other alkaline or acid symptoms. These effects are qualitatively similar to those seen for the polyunsaturated fatty acids but much slower to appear. While placenta acid lipid prepara-

tions, for instance, produce an effect upon pain—an increase in intensity for an alkaline pattern and a decrease for an acid pattern—even within 5 to 8 minutes after parenteral administration, the effect of mercaptans is reduced and appears after half an hour, or later.

The effect upon tumors in animals was especially manifest upon a rat sarcoma originally induced by benzpyrene in our laboratories and passed through successive transplants over a period of many years. Throughout this period, this tumor showed 100% positive takes, characteristically growing to huge size, at times as large as the rest of the animal, but without ever showing either spontaneous regression or necrotic areas. When ethyl mercaptan was injected subcutaneously in daily doses of $\frac{1}{2}$ cc. of a 5% solution in cottonseed oil into animals with these tumors, interesting changes were observed. If the tumors were already large, above 6 cm. in diameter for instance, only a few regressed (5/20 for tumors of 6 cm. in diameter). In tumors that did not regress, large necrotic areas developed and were followed by ulceration. Most became infected, leading to death. Tumors smaller than 6 cm. in diameter frequently regressed rapidly and then disappeared (between 9/20 and 20/20 in different experiments). No such striking results were observed in any of the other tumor strains in rats or mice treated with ethyl mercaptan, although in several, growth arrest occurred or necrotic zones appeared. Ethyl mercaptan injected in the tumors themselves induced the same necrotic changes in most animals. (Fig. 126)

The effect upon lymphatic organs was manifest. Spleen, thymus and lymph nodes were involuted in animals treated for a few days with mercaptans. The effect upon convulsions was irregular. Even with small doses, convulsions were prevented in some cases but, in general, the effect was less constant than with fatty acids. Eosinophiles decreased rapidly in animals or humans treated with this substance. All urinary analytical data were influenced by administration of mercaptan, with changes toward the patterns of type D offbalance.

Because of the very disagreeable odor of ethyl mercaptan, we were obliged to discontinue its use so that effects of this agent upon some analyses, such as surface tension, sulfhydryl and calcium excretion, could not be studied in humans.

Other Mercaptans: Superior homologues of the mercaptan series were used. They were divided into three groups. The first included propyl, butyl, amyl and hexyl mercaptans; the second, heptyl and allyl mercaptans; the third, members with more than 10 carbons. The first group produced much the same effects, which tended to diminish as the number of carbons in-

creased. For example, effects were considerably reduced for hexyl mercaptan as compared with ethyl mercaptan. The second group—the heptyl and allyl mercaptans—produced more intensive effects. This was especially true for allyl mercaptan. Members of the third group—with longer carbon chains such as dodecyl and hexadecyl mercaptans—produced effects so slight that they seemed almost nonexistent, except upon pH of the second day wound crust, which showed values far above the range of the controls, just as with other members of this homologous series.

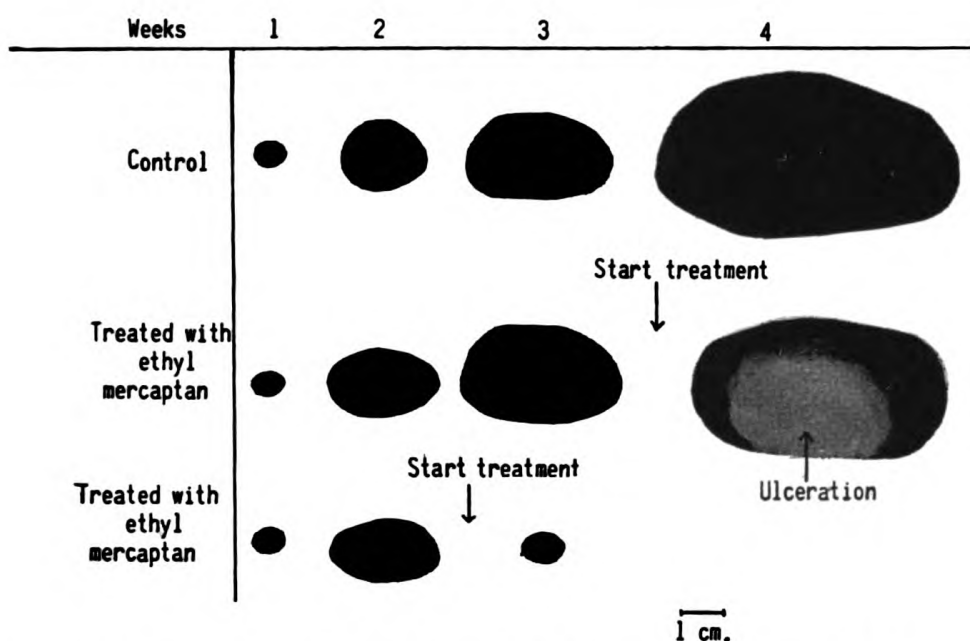


FIG. 126. Influence exerted by ethyl mercaptan upon a sarcoma induced by benz-pyrene. For bigger tumors it induces constantly an ulceration, while for small tumors, their disappearance.

With the idea of using thiol as a polar group and having another center in the molecule as a secondary center, we studied a series of other substances. One was dimercapto-propanol (the B A L preparation) often used for heavy metal poisoning. It proved to be completely without effect on pain, tumor growth and systemic changes. It had less activity than the higher mercaptans, which themselves were less active than polyunsaturated and abnormal fatty acids.

The difficulties encountered in administering mercaptans, mainly related to offensive odor of lower members and inactivity of the less obnoxious members, led to a search for other chemical agents that might be active without being evil smelling. Extensive study was made of various prepara-

tions that appeared to have a bivalent sulfur bond at the nonpolar group. We investigated colloidal sulfur which, if introduced in the organism, seemed to undergo changes similar to those of bivalent sulfur. We found, thus, that the sulfur absorbed after being administered in colloidal form, was almost entirely eliminated after oxidation in the form of sulfates. In animals, no pharmacodynamic influences were observed. Only the pH of the second day wound crust was increased when these preparations were administered parenterally in suspension or were given orally mixed with food, in proportions up to 4%. There was no evident change in tumor evolution in animals or humans.

Hydro-Persulfides

Another sulfur compound, so-called "sulfurized oil," in which sulfur and fatty acids appear to form a hydropersulfide, (*Note 7*) was tested. This hydropersulfide preparation, although it exhibited no influence upon viruses in vitro, did induce a good degree of local resistance of the skin to smallpox infection. The effects upon microbes were reduced. There was little direct influence exerted upon cells. The preparations with 0.5 to 1% sulfur bound to cottonseed oil were well tolerated locally when administered intramuscularly or intraperitoneally.

The effect of parenteral and oral hydropersulfide upon pain was slow to appear, in contrast to the effect of fatty acids and even of mercaptans. However, it persisted for a long time. Pain of the acid pattern was eased; pain of alkaline pattern was exacerbated. The influence upon the second day wound crust pH was marked. The local pH increased to values even higher than 7.80. In radiation lesions, the dimension of ulceration increased and healing was retarded or even prevented. In some tumors in animals, the rate of growth was slowed. This latter effect was not uniform in the different types of tumors tested and even in the same type of tumor in different groups of animals. Systemic changes also varied. Doses corresponding to 5 mgr. of sulfur were not toxic for 30 gm. mice in a single injection. Nor were 15 mgr. doses in 200 gr. rats. Chronic toxicity studies showed that 0.2 mgr. daily injections in mice and 5 mgr. injections in rats for as long as three months did not induce pathological changes. High doses such as 1 to 2 cc. of a 1% preparation injected several times a day in humans was almost uniformly followed by a rise in temperature, usually after a few days.

Other Compounds with a Thiol Group

The results obtained with hydropersulfide preparations led us to seek other compounds with sulfur bound to fatty acids instead of triglycerides as in those mentioned above.

Sulfur compounds were prepared from various conjugated fatty acids such as conjugated linoleic acid and eleostearic acids and from mixtures of conjugated fatty acids obtained from cod liver oil, fish oil, human placenta, blood and various organs. While active in smaller amounts, they were not qualitatively different from hydropersulfide preparations obtained from cottonseed oil, producing the same pharmacological effects in most tests, especially upon pain, systemic manifestation and evolution of experimental tumors.

The fact that sulfur bound to the nonpolar group, as in hydropersulfides, produced less manifest results in animals and humans than mercaptans, which have a thiol group as a polar group, led to the study of other substances in which thiol radicals instead of sulfur were added in similar positions, and consequently were considered to act as secondary energetic groups. A series of preparations, in which one or more thiol groups were fixed at the double bonded carbons in various conjugated or nonconjugated polyunsaturated fatty acids, were obtained. These substances differ fundamentally from the fatty acids mentioned above in which sulfur atoms were fixed not at the carbons bound by double bonds but at the carbon adjacent to the double bond. 9-10, dithiostearic acid, 9, 10, 12, 13, tetrathiostearic acid, as well as polyunsaturated and conjugated fatty acids with thiol groups fixed at their double bonds, were obtained. In general, they showed no marked biological effects on animals, no influence upon pain or systemic patterns similar to those observed for the other lipidic products with bivalent sulfur.

The hydropersulfide group was added to soaps. Sodium and ammonium soaps were obtained through saponification of the triglycerides of fatty acids on which sulfur was already fixed. Effects at the different levels of organization were markedly reduced. There was no influence upon pain, organic or systemic manifestations. However, a striking effect was noted on many microbes. Growth of *Bac. anthracis* was prevented in some experiments, even with dilutions of 1/2,000,000. For *staphylococcus aureus* and *streptococcus hemolyticus*, a similar effect was obtained with dilutions higher than 1/200,000. In animals, even oral administration in drinking water in a dilution of 1/500 and, in some experiments even 1/1000, con-

trolled infection caused by these microbes. The antibiotic activity appeared to be similar to that of penicillin. (*Note 8*)

Tetrahydronaphthalene Persulfides (Sulfurized Tetraline)

We utilized the known marked tendency of tetrahydronaphthalene to fix oxygen with the resulting explosive peroxides, to fix sulfur in similar combinations. Persulfides of this substance were thus obtained and their pharmacological activity studied. While only a limited effect was noted upon viruses and microbes, the influence upon tetrahymena pyriformis approached that seen with active polyunsaturated fatty acids. The product with 5 gm. sulfur fixed for 100 grams of tetrahydronaphthalene, showed a relatively low toxicity in normal animals, 75 mgr./100 gr. in mice and 125 mgr./100 gr. in rats being well tolerated in intraperitoneal administration. The influence upon wound healing in animals, upon pain, and upon the systemic analyses in humans, was similar to that seen for the mercaptans. Although the immediate effect on pain was limited, prolonged administration was effective. The analytical changes of the urinary surface tension and blood potassium were the most manifest. The toxicity was highly increased for animals with ascites tumors (Sa 180, Ehrlich and Krebs). However, the influence exerted upon transplanted and spontaneous tumors in animals was one of the most favorable ones, compared to the effect of other tested agents.

Thiosulfates

We investigated thiosulfates with the intention of studying agents which, in addition to a manifest reduction effect, would act through bivalent sulfur liberated in the body. The elimination of part of the sulfur of thiosulfates as mercapturic acid has led to the supposition that the bivalent sulfur ion, separated from the thiosulfate ion, would act through combinations similar to those found in the metabolism of thiolipoids. It is for this indirect action that although hydrosoluble, without any direct connection to lipoids, we investigated the biological activity of thiosulfate together with and under the same specific aspect as the lipoidic sulfur compounds considered above.

There was a very limited effect upon microbes and viruses, no effect upon phages, and no change in the receptivity of rabbits to smallpox virus. With either oral or parenteral administration, the immediate effect upon pain was manifest. Oral administration of $\frac{1}{2}$ cc. of a 10% solution of sodium thiosulfate in water, or intramuscular injection of $\frac{1}{2}$ cc. of the 4% solution, was usually followed by a definite effect upon pain in less

than 10 minutes. As this was found to be opposite for the two patterns of pain, sodium thiosulfate was used even for diagnosis of pain pattern. Pain of an alkaline pattern increased while a decrease occurred in pain of an acid pattern. The second day wound crust pH increased manifestly with the use of this substance.

Cellular and nuclear changes following administration of thiosulfate preparations were similar to those produced by mercaptans. The effects upon the lymphatic system and on liver regeneration, however, were minimal. Convulsions induced by thiamine were controlled well by thiosulfate in doses of 120 mgr. per 100 gram of body weight. Injected simultaneously with administration of thiamine, thiosulfate prevented convulsions in a high proportion of animals (17/20).

The effect upon radiation lesions was less manifest. An increase in wound size and prolonged ulceration occurred only with use of relatively large amounts of sodium thiosulfate daily. Doses above 40 mg./100 gm. of body weight were needed to obtain these effects. The healing of a simple wound was retarded only with large doses, around 50 mg./100 gm. of body weight. On the other hand, when very small doses were administered, such as 5 mg./100 gm., the healing effect was enhanced. Effects upon tumors were less manifest in animals. Slight and inconsistent changes were seen in grafted tumors. Very often in the same experimental group, tumors disappeared in some animals while in others the growth rate was only slowed or remained unchanged. The erratic results on tumors in animals produced by thiosulfates were similar to those seen for many of the sulfur preparations, and appeared as characteristic for this group. Repeated injections of thiosulfates in tumors were seen to induce the disappearance of the tumor if growth was slow enough to permit such injections for several weeks. At the systemic level, the most marked effect, other than that on sulfhydryl index, was on surface tension which usually dropped with the administration of a sufficiently large amount.

Most of the research on thiosulfate was done with sodium salts. In a few cases, very high dosage, such as 6-10 grams daily, produced moon-face and slight leg edema, apparently related to sodium retention. This disappeared with cessation of the medication.

Changing the cation of the thiosulfate from sodium to magnesium appeared to increase, sometimes markedly, the results obtained in our experiments. Potassium thiosulfate seemed to be more effective, especially against pain. Its use however, has been limited by disadvantages. When administered parenterally, it causes considerable local pain at the site of injection as most potassium salts do. If administered to patients having

pain or other symptoms of an alkaline pattern or systemic manifestations corresponding to type D, a more marked increase in intensity of symptoms occurs than for the sodium or magnesium salts.

We also investigated sodium tetrathionate. Except for lower dosage requirements, no other advantages were found in its use. Its relative instability is a handicap.

Alpha-Thio-Fatty Acids

In other studies, we tried to introduce sulfur into the fatty acid molecule, this time changing the polar group itself. With the sulfhydryl replacing the hydroxyl of the carboxyl group, a bivalent negative sulfur was introduced, thus realizing a thionic group. (R-COSH)

We prepared several members of this thionic acid series corresponding to various saturated, polyunsaturated and even conjugated fatty acids. We studied in particular the effect of hexylthionic acid, corresponding to caproic acid. The results observed were essentially the same as those seen with the other bivalent sulfur containing lipoids mentioned previously. In addition to influencing pain and systemic changes, hexylthionic acid produced some interesting effects upon experimental tumors, reducing the growth of a few of them. However, there were no important differences from the effects of the other sulfolipoids.

Another entire series of products was prepared by introducing a thiol group at the C₂, or alpha position, of various fatty acids, with the intention of creating a more complex polar group similar to that present in alpha hydroxy or alpha amino compounds. Alpha-thio-fatty acids were thus obtained for the entire homologous series of saturated, and for many of the nonsaturated, fatty acids. Some members of this series of alpha-thio-fatty acids, such as caproic, caprylic and myristic, were studied extensively both in animals and humans. From the biological point of view, however, they showed no manifest differences over the thiolipoids previously discussed.

Thioglycolic Series

All these researches with limited biological results brought us to the study of lipoids in which the thiol represents a polar group but in which a secondary polar center is present in the molecule. Many such synthetic thiolipoids were prepared in our laboratory with the hope that they would prove biologically more effective and would have alkylating activity as well. Two series appeared to be interesting, since they were being active particularly at lower levels of organization. This led us to utilize them also on a larger scale in clinical work. While consistent results were obtained

on pain and systemic changes, the influence upon animal tumors was erratic and no different from that of other preparations with thiol groups or the sulfur compounds mentioned above. There were marked effects in some animals with tumors; in others with the same tumor treated identically, there were no effects at all. In humans the effects on pain, tissular, organic and systemic levels were similar to those of many other sulfolipoids.

Starting with these substances, derivatives were prepared. One group comprised derivatives with a special character. In order to have only one active polar group, one of the two polar groups had to be blocked. For thioglycolic acid which we studied, either the thiol or the carboxyl group could be blocked, leaving the uncombined radical as the active polar group. Since we were interested in substances having the thiol group as active polar radical, the carboxyl group was blocked by replacing its hydrogen with a methyl group. Methylthioglycolate has been thoroughly studied in our laboratory. Its pharmacological activity is similar to that of the other thiol preparations mentioned above.

Other thioglycolate esters with ethyl, propyl or butyl instead of methyl, were prepared and studied but showed no advantage over the methyl ester. We tried to obtain the allyl ester in order to have a more potent secondary center but we were unable to synthesize it.

In the same group of agents we studied another substance, beta mercaptopropanoic acid, having a thiol and a carboxyl as polar groups. Used uncombined, it could be seen that here again, as with thioglycolic acid, it is the carboxyl that acts as active polar group while the thiol acts as a secondary energetic center at the nonpolar group. This acid is very toxic in animals, producing as a peculiar effect, manifest muscular spasms. The compound also produced abnormal muscular rigidity, seen immediately after death. In nontoxic doses, it showed a marked influence upon tumor growth. Many tumors disappeared; in many others, a reduction in size occurred. Impressive results were obtained in spontaneous mammary carcinoma in mice where a fairly high proportion of tumors disappeared (28/40). Repeated injections into these animals gave good results if the growth was slow enough to permit treatment for a period of at least a month. The preparation, however, showed toxic effects in animals with tumors, producing weight loss similar to that produced by the thioglycolic series. To change the polar group and have the thiol act as such, we blocked the carboxyl with a methyl in some experiments and with an allyl group in others. But the influence upon tumors in animals was reduced through these changes.

Relationship to Sulfur Metabolism

The study of lipoids with sulfur posed the problem of the relationship between their structure and biological activity. We mention this here because it not only explains the influence exerted by these agents but also because it indicates the manner in which this research has had to be developed. We have seen that, according to the systematization of the elements, sulfur represents a nonmetal anti A element, active especially at the meta-zoic level. It is its action as an isolated element that appears interesting, in addition to the metabolic changes which it induces in the organism when present in a negative lipid.

It seems that the organism generally metabolizes bivalent negative sulfur by changing it ultimately to the hexavalent form. Ferguson and du Vigneaud have studied the metabolism of methionine and cysteine which are the principal sources of sulfur in the organism. (125, 126) While the evidence we have on this subject is too limited to provide more than a working hypothesis, it would indicate that other compounds with lipidic character—the thiol-containing lipids—have more important biological activity.

The metabolism of these compounds varies among individuals, especially those with abnormal conditions. The study of the excretion of sulfhydryls through the urine, expressed as the sulfhydryl index, has served us as a guide in studying the metabolism of sulfur up to a point. The high excretion of the thiol group seems to be related not only to low oxidation but to an abnormal form, as mentioned above, since with the exaggerated excretion, the thiol level in the blood is reduced. This form is to be considered as an excremental one. This seems to be confirmed by the fact that the administration of bivalent sulfur, even in a large amount, is not followed consistently by its elimination in the form of thiols in the urine. In some subjects, an impressively high proportion of the thiols administered appears in the urine, and this is true even for relatively small doses of thiols or of bivalent sulfur as in thiosulfates. In other subjects, on the contrary, even when larger amounts are administered, the increase in elimination is minimal or does not occur at all. The abnormality in sulfur metabolism, which appears to be a limited capacity to oxidize it to the hexavalent positive form, also means an exaggerated intervention of the thiol group as such in the economy of the organism. This occurs along with symptoms and signs, previously noted, corresponding to an exaggerated oxidative intervention of fatty acids, in which processes the thiols probably take part.

We tried to study the capacity of the organism to fully oxidize thiotic

sulphur by following the response to the administration of a known amount of sulfur in bivalent negative form. The change of the sulfhydryl index of urine would serve as a tolerance test for thiol metabolism.

After injections of 80 mg. of sodium thiosulfate, the differences in the capacity of various organisms to metabolize it could be seen and related to pathological conditions. This concept of thiol metabolism can be the basis for understanding an abnormal form of thiolic sulfur which may be involved in the pathogenesis of abnormal conditions. Substances containing a thiol group, such as methionine, cysteine and particularly glutathione, are present in sizable amounts in the organism, but it is not this form of thiol that intervenes in the abnormal metabolism. A large amount of the normal form of thiol is present in the blood of subjects with a low urinary sulfhydryl excretion. When another form, the abnormal one, intervenes, it is excreted in the urine. The organism eliminates this "abnormal" compound with sulfhydryls. It seems quite probable that this abnormal thiol compound is in a lipidic form since the sulfhydryl-containing compound is readily extracted by ether from the urine. Its affinity for the lipidic system would explain the influence exerted upon fatty acids and the oxidative processes occurring in the lipidic system. The thiolipoids intervene catalytically in the oxidation of the fatty acids, as seen in experiments *in vitro*.

Thus, the thiol group in lipoids containing bivalent sulfur rather than metabolized sulfate would increase catabolic metabolism. Although the thiol in this abnormal form is largely eliminated by the urine, apparently as a defense mechanism against its pathological activity, some of it is probably retained in the cellular lipids where it continues its activity. Circulation of sulfur in thiolic lipidic form, with consequent impairment of its change from the bivalent negative sulfur into the hexavalent positive sulfur, would thus appear as the fundamental source of the participation of sulfur in the abnormal pattern. The influence exerted by administration of thio-sulfates upon the sulfhydryl index can serve as an indication for these specific changes.

Sulfur is an anti-A element and it is active as such in all the forms in which it exists in the organism, although the intensity of its action varies at different hierarchic levels. The activity of thiol as an anti-A factor can be related to the influence exerted by carcinogens or other agents upon the biological activity of this radical, especially when it is taking part in the formation of enzymes. This relationship explains the results obtained by repeated injections of organ or tumor cells treated *in vitro* with agents having a thiol as polar group. The heterogenization induced leads to the appearance of severe changes resulting from the allergic reaction.

It is interesting to note that sulfur has an anti-A tendency even in the hexavalent positive form in which it appears as sulfate. The sulfate ion has a capacity in the organism to inactivate lipoids of a positive character. The sulfate becomes bound to such substances, thereby tending also to facilitate their excretion in urine. Many of these substances are eliminated in combination with the sulfuric radical in the forms called "sulfo-conjugated."

In view of this, the effect of sulfate ions appears to parallel that of the fatty acids. Both oppose substances having a positive polar character; that is, both are biologically antagonistic to anti-fatty acids. In the sense that they oppose antifatty acids, both the bivalent negative and hexavalent positive sulfur have anti-A activity, the first directly and the last indirectly.

The characteristic influence exerted by sulfur in its different forms is based on its action as an agent inducing changes toward increased homotropy, by acting at levels above the cellular. This is a typical example of the relationship between an element's activity and its place in the periodic chart. Sulfur is a member of the series with homotropic action; it belongs to the period which corresponds to the metazoic compartment and thus acts above the cellular level.

Selenium Lipoids

The influence exerted by bivalent sulfur upon oxidation processes in which fatty acids participate, served as a guide for further research. Seeking agents that would act at a still lower level of the organization, even below the cells, we considered other substances which also affect oxidation processes. Theoretically, at least, it appeared possible to induce changes at a compartment below the metazoic, at which sulfhydryl-containing compounds act.

We have discussed previously the systematization of the biological activity of elements, their fundamental anti-A and anti-D influence, their distribution among the various levels of the organism, all related to their atomic structure and their place in the periodic chart.

All of this led us to investigate selenium which is the nonmetal element next to sulfur in the sixth series of Mendeleeff's periodic table—the series with an anti-A character in which oxygen is the first member. According to its period, selenium belongs to the cellular compartment.

The first problem was the nature of the compound in which it would be active. We were particularly interested in using bivalent negative selenium because of the activity of bivalent negative sulfur. However, we did investigate the selenic and selenious acids. These acids or their sodium salts

have limited effect upon viruses and microbes. An interesting effect is seen in *Tetrahymena pyriformis*, where a manifest cellular vacuolization is induced. The influence upon tumors, pain, organic and systemic levels is less manifest and toxic effects are great. Therefore, we prepared lipoid compounds with a predominant nonpolar group and with a negative bivalent selenium. We utilized, on a larger scale, hexyl and heptyl diselenides synthesized in our laboratories by M. Bier.

Hexyl and Heptyl Diselenides

Studies have shown that hexyl and heptyl diselenides are lower in acute and chronic toxicity than selenic and selenious acids and their sodium salts. In wounds and tumors, these selenium preparations induce a relatively limited fixation of chlorides, the increase above controls being only about 16%. In only a very few cases could any direct effect upon pain be observed within a few hours. However, the long range effects after several days of administration, seemed to be superior to those of various fatty acid preparations. This was true both for the decrease in intensity of pain with an acid pattern and the increase of pain with an alkaline pattern. The effects persisted for many days. In animal tumor experiments, there were relatively slight changes in growth or survival time.

No manifest influence was seen at the organic level. With relatively large amounts of these agents, an involution of the lymphatic system was obtained. Thymus, lymph glands and spleen were markedly reduced in size in animals dying after acute toxicity tests, and adrenals were small and appeared to be depleted of their sudanophilic content. In rats, a frank lymphopenia followed administration of large doses of these preparations, and eosinophilopenia also was uniformly seen. Changes in urine analyses also were obtained with high doses.

It is noteworthy that administration of diselenide to a subject with a type A pattern induces the appearance of oxidizing substances in the urine, as one of the first changes.

Effects at the cellular level are seen even with microgram dosages. Vacuolization occurs in the cellular cytoplasm. It is interesting to note that, despite the cellular vacuolization, pericellular edema occurs. The fact that these selenium compounds are active in small doses may be an indication that they act entirely at the cellular and not the metazoic level. This effect at the cellular level is confirmed by the fact that almost constantly the administration of selenium in sufficient amount is followed by a manifest increase in serum potassium values, and a decrease in the amount in red

cells. This change in serum potassium is apparent before any other change, and is generally obtained with relatively very low doses of selenium.

The effects upon cells of another lipidic selenium preparation, with selenium this time as the polar group, warrant mention. The preparation, synthesized in our laboratory, is hexylselenoic acid in which the hydroxyl of the carboxyl group has been replaced by a SeH radical. A manifest effect is produced by this agent in animals with ascites tumors. Intraperitoneal injection leads almost constantly to the disappearance of such tumors, even if the compound is used after ascites is already present. We used this product to bind selenium in vitro to cancerous cells as will be seen below.

Tetrahydronaphthalene Perselenide

The fact that in the first phases of the defense mechanism the organism uses fatty acids acting largely through their products of oxidation, has directed us—as we have seen above—to search in the therapeutic approach for agents having as pharmacodynamic activity an intervention of peroxides. In a further step, parallel to lipidic peroxides, we investigated similar products in which, instead of peroxides, persulfides were present, sulfur being the element immediately above oxygen in the Vth series of elements. We studied thus the persulfides, among which the tetrahydronaphthalene persulfide has been an interesting compound. Its activity was explained, according to the biological systematization of the elements in which oxygen corresponds to the organism level, while sulfur represents a metazoic element. Following the same line, we searched similar compounds for selenium—an element still higher in the VIth series, which corresponds to the cellular level. We thus prepared and studied perselenides by bounding selenium to tetraline in the same way as was done for oxygen and sulfur.

The effects of the perselenides on microbes or animals were similar to those of the other selenium preparation discussed above. Tetraline perselenide showed low toxicity in animals, $\frac{1}{4}$ cc. of the 10% solution of the product obtained having 25 mg. selenium %, was not toxic in intraperitoneal injections in mice. Administered orally in humans, in doses from $\frac{1}{50}$ -2 cc. of the solution containing 25 mg. of selenium per 1 cc., repeated even several times a day, did not show toxic effects. The influence exerted on pain and systemic changes took some time to appear as with the other selenium preparations. The influence exerted upon the growth of experimental tumors in animals was more manifest than for the other selenium preparation. Similar results were obtained with the perselenides of naphthalene and other aromatic hydrocarbons.

An investigation of the influence exerted by the immediately heavier member of this VIth series, tellurium, is in progress.

The foregoing data on lipoids with negative character indicate that their activity generally is related to changes in processes in which ultimately an intervention of oxygen takes place. This brings us to the first member of the sixth series, oxygen, a nonmetal with D inducing biological activity.

We studied the effects of ionic oxygen, using compounds which liberate oxygen readily. These included hydrogen peroxide as well as peracids and their salts, such as perchloric, perboric, persulfuric and periodic.

The changes induced by these substances upon microbes, viruses and cells are similar to those obtained with polyunsaturated fatty acids and all are catalogued as radiomimetic. This fact tends to confirm the importance of oxidation changes in the pharmacodynamics of fatty acids. The effects upon pain and at organic and systemic levels also were similar to those of polyunsaturated fatty acids. It is interesting to note in the same frame of activity the appearance of oxidizing substances in the urine following the oral administration of these agents in higher doses.

We investigated the effects of turpentine oil which is known to induce the appearance of peroxide in vitro. Highly oxidized through treatment with oxygen or especially bound to sulfur, turpentine oil has shown interesting pharmacological activity. An old therapeutic device was parenteral administration of turpentine oil to stimulate the defense mechanism in cases of septicemia. However, we saw no such stimulating effect in the fight against cancerous cells. The influence exerted upon the cellular level of the organization was quite reduced. The action of atomic oxygen appears to be different from that of the molecular, as we will see later.

ALKYLATING AGENTS

We investigated, as compounds with negative character, certain alkylating agents, choosing from the large number available those which also showed lipidic properties. We were especially interested in two members, sulfur mustard and epichlorohydrine. Sulfur mustard contains, along with one active polar chloroethyl group, a second represented by the bivalent sulfur polar group. It has the effect at different levels of organization of producing an offbalance with predominance of the acid lipids. We will discuss briefly here some of the experiments in which this influence upon the body lipids has been observed.

Sulfur Mustard

In studying sulfur mustard, we were first interested in its effects upon body lipids and, through them, upon the lipidic system of organisms. In inducing sulfur mustard's characteristic skin lesions, an interesting relationship was observed. Pure sulfur mustard was applied to mechanically epilated skin of rats. If a sufficient amount—2 to 3 drops—was used and spread on one square cm., the animal died. However, the time of death varied. If the lesion showed a massive necrosis, followed by deep ulceration, similar to a burn of the third degree, the animal died in about three weeks. However, if the lesion was only erythematous, similar to a burn of the first degree, the animal died in only 3 to 4 days. It seemed as if the lesion itself intervened secondarily in the pathogenesis of changes leading to death. Sick but still living cells appear to have an activity which is highly detrimental. The abnormal cells apparently produce substances which are responsible for rapid death of the animal. In widely necrotic tissues, these abnormal but still living cells are limited in number; in an erythematous lesion, they form the lesion itself. This correlation of toxicity with local lesion was confirmed by the fact that excision of the lesion itself, if performed in time, prevented death in some animals. The administration of ferrous sulfate to rats having sulfur mustard applied to their skin was seen to induce the erythematous form of the lesions, with death in 3-4 days.

The similarity between the influence exerted by mustard burns and caloric burns with a sufficiently extensive first degree burn producing more rapid death than a third degree burn, was of interest.

Analysis of the body of an animal killed by a mustard burn reveals abnormal amounts of unsaturated fatty acids and reduced amounts of sterols. In some cases, where death occurred after more than three weeks, body sterols were found to be almost completely lacking. In these cases, almost no insaponifiable fraction could be found. The lesion itself, especially an erythematous and edematous one, was very rich in unsaturated fatty acids. Histological study of these skin lesions revealed changes similar to those obtained through the intradermic injection of concentrated solutions of body acid lipidic fractions. The study of these lesions further revealed that the lesions themselves were separated from the organism by a barrier of adipous cells, the result of an exaggeration in number of the cells of the subdermic fatty layer.

We studied these important changes from several points of view. We could show that an exaggeration of the adipous layer underneath the skin occurs when lipoids with negative character, such as polyunsaturated fatty

acids, thiolipoids, etc. act upon the skin. Thus, this subcutaneous adipous formation appears to be a defense weapon, designed to keep such lipoids from passing into the organism. The defense appears to be unequal for males and females, as shown in the following study.

In collaboration with the late Prof. R. Leroux of the Faculty of Medicine in Paris, we studied histological changes in the ears of rats after local application to the skin of a small amount of pure sulfur mustard. Normally there are no adipous cells in the pavillion itself except at its base. Twenty minutes after the application of sulfur mustard on the skin of the ear, 2 or 3 layers of adipous cells were seen in the connective tissue between skin and cartilage. (Chapter 6, Note 22)

Curiously enough, the rapid appearance of adipous cells 20 minutes after application occurred in females and not in males. The spaying of females or castration of males did not change this response even after a lapse of months. The administration of male sex hormones to female rats—spayed or not—or of female sex hormones to males—castrated or not—also produced no change. It was only by the administration to males, over a period of days, of a sufficiently large amount of the insaponifiable fraction obtained from the bodies of rats that this rapid response was induced. The administration to females of the acid lipid fraction obtained from rat bodies was seen to prevent the rapid adipous response. This difference in response between males and females, can be related to the differences in the amounts of members of the two groups of lipids ordinarily found in males and females, as mentioned above.

We studied sulfur mustard from the point of view of pharmacological activity. Doses of 100 mcgr./100 gr. of body weight (of a 0.1% solution of sulfur mustard in oil) were nontoxic in rats and mice. Except for an intensive local reaction at the injection site, no important immediate changes were obtained in humans when 1 to 3 cc. of the 0.2% solution was injected intramuscularly. The influence upon pain—a decrease in the intensity of acid pattern and an increase for the alkaline pattern—was only temporary. The influence on tumor evolution was not sufficient to warrant clinical use of this agent, especially in view of the persistent and intensive systemic changes toward an offbalance of the type D which appeared after a few days. Through its anti-A action, which is the most intensive of all agents tested, sulfur mustard remains one of the most interesting substances for experimental studies, especially for the effects exerted upon the anti-fatty acids.

Epichlorohydrine

The importance of the relationship between the energetic centers present in alkylating agents and their ability to produce type D offbalance, led us to study a group of these substances which, at once, have both short molecules and two polar groups in close proximity. The desire to have such an agent with lipoidic property as well led us to study epichlorohydrine which corresponds to propane and has an epoxy group binding C₂ and C₃, while C₁ binds a chlorine. Soluble in neutral solvents, epichlorohydrine becomes soluble in water only after hydrolysis. Its biological activity differs from other chlorohydrines such as chloropropanediol or trichloropropane, both of which can be considered to be closely related to the substance produced by hydrolysis of epichlorohydrine. The acute toxic dose of epichlorohydrine was found to be 6 mgr./30 gr. for mice and 25 mgr./100 gr. for rats by intraperitoneal administration; 22 and 35 mg./100 for mice and rats by subcutaneous injection. In tests for chronic toxicity, it was apparent that doses of 5 and 1.5 mgr. injected daily were well tolerated respectively by rats and mice. With higher doses, the animals became rapidly emaciated before dying. Used orally in drinking water, a solution of 1/3000 was well tolerated by rats and mice even for months. With the use of solutions of 1/2000, only a few animals did not lose weight, while a solution of 1/1000 invariably induced weight loss.

There were no effects observed upon microbes or bacteriophage.

It appears that epichlorohydrine, acting below the morphological levels, induces changes similar to those seen for other alkylating agents. However, it is not upon the desoxyribo-nucleic acids present that an important action is seen but in the lipidic system at these lower levels. Epichlorohydrine seems to act also at other levels. The influence upon pain—an increase for alkaline pattern, a decrease for acid—was more noticeable than for sulfur compounds. Delayed effects, however, were more obvious than immediate ones. The influence upon wound healing was similar to that of polyunsaturated fatty acids. Cancerous cells, such as those from mouse ascites, were destroyed in vitro by a 0.5 solution of epichlorohydrine. The effect in vivo upon sarcoma 180 or Ehrlich ascites tumors was most interesting. Administered by subcutaneous or intramuscular injection, epichlorohydrine had no effect on the tumor even in doses as high as 2.5 mgr. daily. However, when administered in drinking water in a 1/1000 solution, it prevented the development of ascites in 19/20 animals. But the toxicity was too high. A 1/2000 solution, used as drinking water, controlled the condition in more than 50% of the animals, while a 1/3000 solution showed favorable re-

sults in only a few animals. Under the same conditions, there was no apparent effect upon solid tumors in mice, even those induced by subcutaneous injection of ascites tumor cells.

In humans, all effects upon the tumors were interesting and will be discussed below. The influence upon systemic patterns was relatively reduced except for a marked effect upon the elimination of calcium in urine, obtained even with small doses which produced no other changes. Repeated injections of organ cells treated in vitro with epichlorohydrine were able to induce severe degenerative changes in the respective organs. Experiments with tumor cells treated and administered in the same manner are still in progress.

THE ELEMENTS

We have discussed previously the method used to classify the elements in accordance with their predominant biological intervention. The place of the elements in the periodic chart, which establishes the relationship between their structure served as a further basis for this systematization. The capacity to induce changes towards an offbalance of the same type was found to be a common property for elements in the same series in the periodic table. The series could be separated into two groups, one Ht (from heterotropic) inducing an A and the other Hm (from homotropic) inducing a D offbalance. Elements systematized as different periods in the chart have been found to have predominant activity in various compartments or groups of levels which form the hierarchic organization of complex organisms. We have related each element to a compartment (or sometimes even to a level), which didactically is called the compartment (or the level) of the element. We have tried to utilize this systematization in the study of the pharmacological activity of elements.

From the beginning, several basic facts about biological activity became apparent. Often the elements, used as such, do not induce the changes which characterize their physiological activity. Basically elements act in normal physiology through specific compounds suited to the compartment or level to which they belong. In general, knowledge of the level of an element permits us to identify also the proper compound and its activity. The intervention of an element at levels of the organization other than its own can be understood only in terms of the relationship between the element with its characteristic compound the proper level and the compounds present at other levels.

Two factors are fundamental in determining the activity of an element: a) its availability and b) the possibility to enter into its proper combination.

The nature of any abnormality in activity of an element can be recognized only by relating it to these two factors. The amount of the element available and the capacity of entities of the level to which the element belongs to manufacture the proper compound, ultimately governs the amount of the element at its own and at the other levels.

Under normal conditions, the entities of the proper level utilize only the amount of the element needed to maintain the normal constants. The rest of the element usually is eliminated. An excess of the element thus does not induce a permanent excess at the proper or higher levels under normal conditions. Such an excess normally is only temporary. A persistent excess of the element at the proper level and at the higher level indicates an abnormal general availability. A persistent excess at the higher level only corresponds to a qualitative deficiency at the proper level. The organism maintains an excess of the element at the higher level in an effort to compensate for the qualitative deficiency at the proper level. Thus, an excess of an element at the higher level indicates a qualitative deficiency at the proper level, only if the value of this level is found low.

When there are low values at higher levels, we also need to know the amount present at the proper level in order to interpret the abnormality. Low values of the element at higher levels with a low amount of the proper level indicates a quantitative general deficiency, while a high value at the proper level permits us to recognize a qualitative excessive utilization of the element at the proper level. For example, in cancer, copper is low in tumor cells and liver, but abnormally high in blood. When a high amount of copper appears in blood, the diagnosis of a qualitative deficiency in utilization in cells or an abnormal general amount can be made by investigating the amount in cells. A low amount of copper as found in tumors and liver cells in subjects with cancer make the qualitative nature of this deficiency evident. The trouble lies not in too little copper available in the body but in the lack of the capacity of the cancerous cells to manufacture the compound through which copper becomes active, in this case, catalase.

A normal amount of an element at its proper level reflects normal utilization. The pathological amount can result from a quantitative or qualitative abnormality. Any anomaly in an element not only means an inadequate amount of it at its own proper level but in other levels as well. A quantitative deficiency results in an insufficient amount at its proper level. A qualitative deficiency—that is, incapacity of the entities to manufacture the proper compound—also leads to a reduced amount of the element at its own level.

Thus, in both cases, quantitative and qualitative deficiency, the amount

of the element present at its own level is low. However, in quantitative deficiency there is also a low amount of the element in the hierarchically superior level, while an increased amount at this superior level occurs when there is a qualitative deficiency at the proper level.

The same opposite variations between the amounts at the two levels is seen in the case of an excessive utilization of the element at its proper level. The amount of the element at the superior level is also high, if a quantitative excess is present but this amount at the superior level is reduced as a means of controlling the excessive utilization at the proper level if a qualitative anomaly occurs. This makes it possible to recognize the quantitative or qualitative nature of the abnormality in utilization of an element at its proper level by determining its amount both at this level and at the next superior level. Too much of the element present at the proper level indicates either excessive amount present or excessive utilization, while too little at the proper level can be due either to a qualitative or to a quantitative deficiency. A low amount at the higher level indicates either a quantitative general deficiency or a qualitative excessive utilization at the proper level. An excess amount at the higher level indicates either a quantitative general excess or a qualitative deficiency at the proper level.

This relationship, which is also critical for the understanding of the pharmacology of the elements, can be summarized in the following table:

<u>Amount of Element at the Proper Level</u>	<u>Amount of Element at the Higher Level</u>	<u>Interpretation: Occurrence at the Proper Level</u>
high	high	quantitative excess
low	high	qualitative insufficiency
high	low	qualitative excessive utilization
low	low	quantitative deficiency

From a practical point of view, we must have information on the amount of the element both at the proper level and at a higher level. We found that for the elements proper to the cellular level, such information can be obtained by comparing the amounts in plasma and red cells (or total blood). It is not the ratio between these values—as often supposed—which is important, but rather the values themselves. For changes at the systemic level, the comparison can be made between blood and urine, the latter corresponding to the level above the systemic.

The importance of this concept can be seen in the following examples. Potassium is a cellular level element. In cancer, in offbalance type A, potassium is present in abnormally high quantity in proliferating cells. It

is also found in high amounts in blood red cells. In these cases, potassium is found in low values in the hierarchically higher level in the blood plasma or serum. The abnormality does not reside in a simple hypokaliemia, but in excessive utilization of potassium at the cellular level, a low amount of potassium in red cells also would indicate a potassium deficiency. A high amount of potassium in serum and red cells can be interpreted, as mentioned above, as corresponding to a quantitative excess. The reduction in the quantity of potassium in red cells, together with an excess in the serum, indicates a qualitative deficiency at the proper level.

We have the true picture of the situation if we consider that "qualitative" excess or deficiency is determined by the ability to form the proper compounds. While it is the element as such which has to be administered in order to correct a quantitative deficiency, other factors must be changed to overcome qualitatively deficient utilization, excessive utilization, and quantitative excess. (Fig. 127)

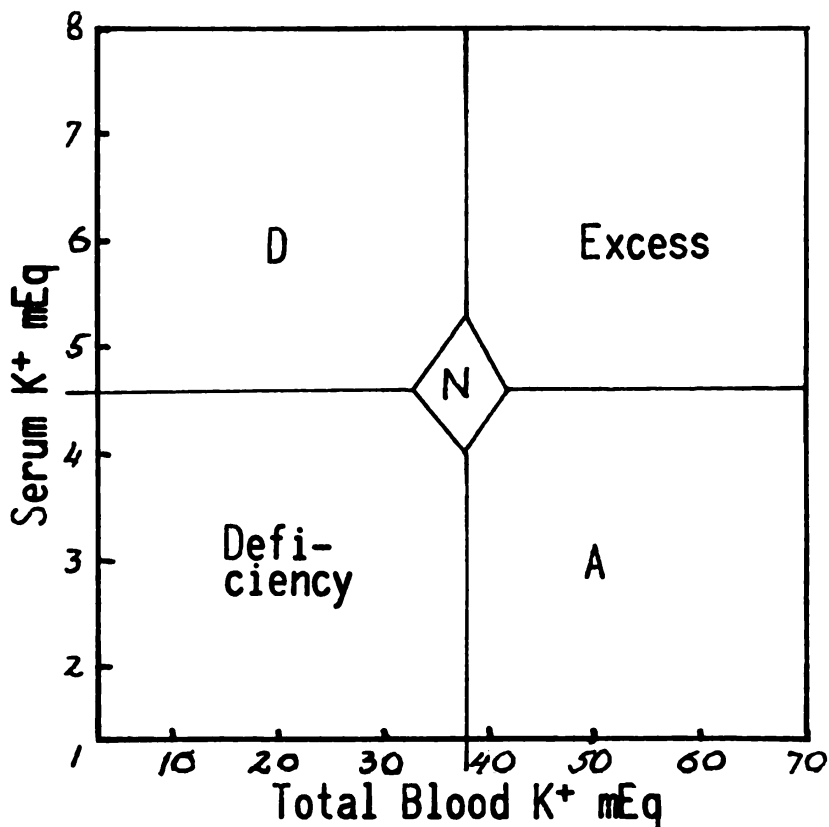


FIG. 127. The relationship between the amount of potassium in serum and in total blood permits to indicate the existing condition as being in normal limits, in quantitative deficiency or excess, or in an offbalance type A or D.

Although these relationships represent the most important aspect of the pharmacodynamics of the elements, still others must be considered. An excess or deficiency of an element at a superior level, even if it serves as a biological defense means to combat an abnormality at a lower level, represents a problem by itself for the superior level. The fact that the element does not belong to this level gives a noxious character to its influence. The influence exerted upon sensitive organs often induces important abnormal manifestations. Hyperkalemia, even originated by an abnormally low utilization of potassium at the cellular level, can lead to serious troubles in the function of the nervous system or of the heart.

Another important aspect of the reactivity of an element is its influence upon levels below its proper level. An element acting at a lower level usually has a biologically opposite effect to what it has at the proper level and therefore is a noxious influence. At the lower level, the A or D type of activity of the element is reversed.

Sodium, for instance, which is an agent of the A type of the metazoic compartment, produces an offbalance of type D at the cellular level, which is hierarchically inferior to its own. Similarly, Mg, which is a D agent at its own metazoic level, has an A inducing activity at the cellular level.

Analysis of the pharmacology of elements in terms of their A or D inducing activity, the level at which they belong and the compounds through which they act, is still only in its early stages although it represents a program of great promise. In the presentation which follows, we will try to interpret the data concerning the elements in terms of A and D inducing activity. We start with Hm elements having a D inducing activity. They parallel in their action the lipoids, with a negative polar group. TABLE XVII lists Hm elements of the D series and relates them through their periods to the organizational compartments.

TABLE XVII
HM ELEMENTS

<i>Compartments</i>	<i>Metals</i>								<i>Non-Metals</i>	
Organic	Be								C	O
Metazoic	Mg								Si	S
Cellular	Ca	Sc	V	Mn	Co	Cu	Ge			Se
Nuclear	Sr	Y	Nb	Tc	Rh	Ag	Sn			Te
Submorphol.	Ba		Ta	Re	Ir	Au	Pb			
Primary Biol.		Ce	Nd	Sm	Gd	Dy	Er	Yb		
Submolecular	Ra	Th	U	Pu	Cm	Cf				

We have already discussed the pharmacological activity of sulphur and selenium through the compounds in which they enter and will not discuss

them again here. Before analyzing the other elements, it is of interest to emphasize again a principal character of their activity. As most of the elements act through specific compounds, the factors which determine the entry of elements into specific biological combinations appear to be of capital importance. Availability of the element alone is only one factor in its pharmacodynamics. With this in mind, we have investigated some of the elements of this Hm group.

We know little about any influence of beryllium as a metal upon the organism as an entity. Its toxic effects are due to abnormal amounts active at lower levels. In the same period of the chart of elements, we have two nonmetals, C and O, for which the organism represents the proper level. The general pharmacological nature of oxygen is indicated by the role of oxidation in metabolic changes. Oxidation represents the first step toward catabolic, homotropic changes. The respiratory phase in the metabolism of carbohydrates, the oxidative fission of fatty acids, and the oxidative desamination of amino acids represent examples of the fundamental homotropic intervention of oxygen.

Acting at the systemic level, immediately inferior to its own level, oxygen has a different action. According to the rule mentioned above, oxygen, a D agent at its proper level, will have an A activity for the blood, which we will study below together with the other A agents. The homotropic relationship of oxygen to fatty acids was discussed above with the study of the biological role of these substances.

The relationship between CO_2 and fatty acids also is interesting. Large amounts of free fatty acids in the blood were seen to allow better fixation of CO_2 to hemoglobin, just as large amounts of sterols do for oxygen. We have investigated this correlation between CO_2 and fatty acids by keeping a fatty acid, such as linoleic acid, in an atmosphere of CO_2 connected to a manometer. A manifest negative pressure results. The venous blood, rich in CO_2 , which also shows a predominance of fatty acids, loses CO_2 and fatty acids during passage through the lungs.

Magnesium

Among offbalance D inducing elements of the II A series of the periodic chart, we first studied magnesium, which belongs to the metazoic compartment and thus, is related to the sea as original environment. Much of the activity of this element can be interpreted as D inducing activity. Mg in many respects is antagonistic to Na, the cation of the same compartment, a member of a series with an opposite A inducing character. High values of

Mg found in blood were related to adrenal insufficiency, (127) while low Mg levels usually occur when blood cholesterol is high. (128)

Excess of Mg was seen to induce adrenal deficiency. We explained this action through the antagonism between Mg and Na. We could thus counteract the salutary effect of NaCl in adrenalectomized rats through administration of magnesium sulfate parenterally. A similar effect was obtained even with oral use of magnesium thiosulfate. (*Note 9*)

The relationship of magnesium to the defense mechanism is of special interest. Mg seems to intervene in the lytic effect of sera upon ascites cancer cells (extensively studied in our laboratory by R. Willheim, P. Fluss and M. Auber) (129) which, as we have seen, represents a characteristic feature of D inducing activity. Similarly, magnesium prevents thrombosis, acting as an antithrombocytic agent. Not only does it prevent the appearance of fibrin, partly preventing the destruction of thrombocytes (130); but it also favors the lysis of already existing thrombi. (131) It appears, therefore, to be a valuable agent in the treatment of thrombosis. (132) Its concomitant action against cholesterol has led to its use in the prevention and treatment of coronary thrombosis.

Magnesium appears to be part of another defense mechanism, the non-specific one, represented by the properdin system. Properdin is active only in the presence of magnesium; neither Ca nor Na can replace it. (133) Higher amounts of magnesium increase properdin activity.

Magnesium sometimes is seen to parallel the action of Cu, another D inducing element. In animals fed milk too long, leading to a type A off-balance, the amount of magnesium falls along with the amount of Cu. The quantity of magnesium in the blood is low in humans with convulsion. (134) Mg appears to be especially effective in the prevention and treatment of "grass tetany" in animals, which often follows feeding on grass with high potassium content. (135)

Magnesium has a similar antagonism toward K and this can explain its activity in cancer. Lower than normal values of magnesium are found in cancer, as opposed to high amounts of potassium which is an A inducing element, and the low Mg seems to favor cancer growth. Moisture increases the amount of K and lowers the amount of Mg in plants, a fact related to cancer frequency in various geographic regions. (136) The difference between the preventive and curative actions of magnesium is of special interest. Administered after a carcinogen has been applied, magnesium reduces the percentage of cancers induced. (137, 138) It has minimal influence, however, once the tumor has appeared or upon trans-

planted or spontaneous tumors. We will discuss this occurrence below together with the effect of other elements.

It is necessary to bear in mind, when we have to choose nonspecific combinations in which to administer it, that the D inducing activity of magnesium is particularly manifested at the metazoic level. Magnesium sulfate appears to be suitable for parenteral use, while the thiosulfate appears to be suitable for oral administration. In these forms, Mg has been found to induce marked local alkalosis in the second day wound crust pH and to produce salutary effects upon pain of the acid pattern. A marked influence upon thiamine-induced convulsions in rats and mice has led us to use magnesium thiosulfate as a tool not only in tetany but in the treatment of convulsions. It appears to be effective in preventing epileptic seizures and valuable even in cases of status epilepticus. We have utilized the same preparation successfully in cancer when pain and preterminal conditions corresponding to an A offbalance were present. Less important effects are seen for magnesium sulfate and magnesium thiosulfate at lower levels.

Calcium

The biological activity of calcium, another member of the II A series and a D inducing element belonging to the cellular level, also is of interest.

In its absorption by grass from the soil, Ca parallels Mg, another D inducing element, but opposes K, an A inducing element. Grass tetany is thus induced by high K and low Ca and Mg values. Ca, which is another D inducing element like copper is antagonistic to zinc, an A inducing element. It has been observed that cancer is less frequent in the so-called calcareous clay regions where the soil is formed by limestone. (139) Together with other minerals, an optimum of calcium in soil may help to prevent cancer. While SiO_2 favors cancer, Ca appears to prevent it. Calcium also is an antagonist to zinc which, in high doses, seems to favor the development of cancer. (140) The relationship between Ca and K has permitted us to be more precise about the role of Ca in cancer pathogenesis. As opposed to K, which increases by as much as 60% in tumors, the content of calcium decreases by 44%. (141-147)

Confronted with K and Ca changes, it appeared interesting to see to which element we could directly attribute the increase in malignancy. In the regeneration of liver cells, where rapid growth without malignancy takes place, potassium is increased while the amount of calcium is unaltered. Similarly in other rapidly growing but normal cells, calcium is not diminished while K is increased. Potassium thus appears to be related to the process of cellular growth and multiplication which represents also an

added factor in transforming noninvasive into invasive cancer. However, potassium is not directly related to the cancerous character of the cells. On the other hand, reduced amounts of calcium appear to be peculiar to the cancerous process. (147) The reduced calcium in cancer is not due to a lack of the element in the organism since calcium is not only available but even apparently present in excess at the systemic level. As we have shown, a high urinary calcium index, indicating exaggerated excretion, is present in the type A offbalance. The anomaly resides in the low capacity of the cancerous cells to fix and properly utilize calcium. As calcium acts at the surface of the cell and its deficiency reduces cellular adhesiveness, (148, 149) lack of cellular calcium can be seen to increase the invasiveness of cancer cells and the tendency to metastases. Deficiency of calcium in cells appears related to the character of youth while excess seems to result in rapid aging.

The anomaly induced by the qualitative deficiency in calcium thus appears to be at the cellular surface. Related to it also are manifestations at the tissular level.

Administration of any calcium salt induces a manifest increase in local alkalosis (*Fig. 128*) of the second day wound crust pH. It appeared interesting that in bone lesions, especially in bone cancer metastases, the offbalance type A is characterized by an osteolytic process, the D type by an osteoplastic one. The local acidosis present in lesions with an A type of offbalance explains the mobilization of calcium in these osteolytic processes. Ca is deposited in important amounts in metastases with a type D offbalance, a fact which can be related to the local alkalosis resulting from the abnormal metabolism. This alkalosis represents a condition favoring the precipitation of calcium. Indirectly, the deposit of calcium in bone metastases appears to correspond to the D pattern of tissular abnormality. Calcium has a D inducing activity even in this case.

With calcium excreted in excess through the urine, the problem of calcium pharmacology in the A type of cancer is related to the form in which it acts at the cellular level, which appears qualitatively impaired. As the quantitative decrease must be considered to be a consequence of qualitative insufficiency and not a general quantitative deficiency, the problem is not to provide calcium but to find a way to insure better utilization at the cellular level. It is for this reason that administration of most calcium salts does not influence the evolution of experimental or clinical cancer, but has a preventive effect upon the induction of tumors through carcinogens. Administered after the injection of the carcinogen, calcium

appears to reduce the percentage of positive results. Administered after the tumors have appeared, the influence is minimal or nil.

As we have mentioned above, an excessive calcium excretion is, in itself, sufficient to indicate the existence of a deficiency in calcium utilization at the cellular level without a calcium deficiency in the organism. The therapeutic indication is for agents able to influence the fixation of calcium at the cellular level. Fatty acids which change the cellular metabolism so

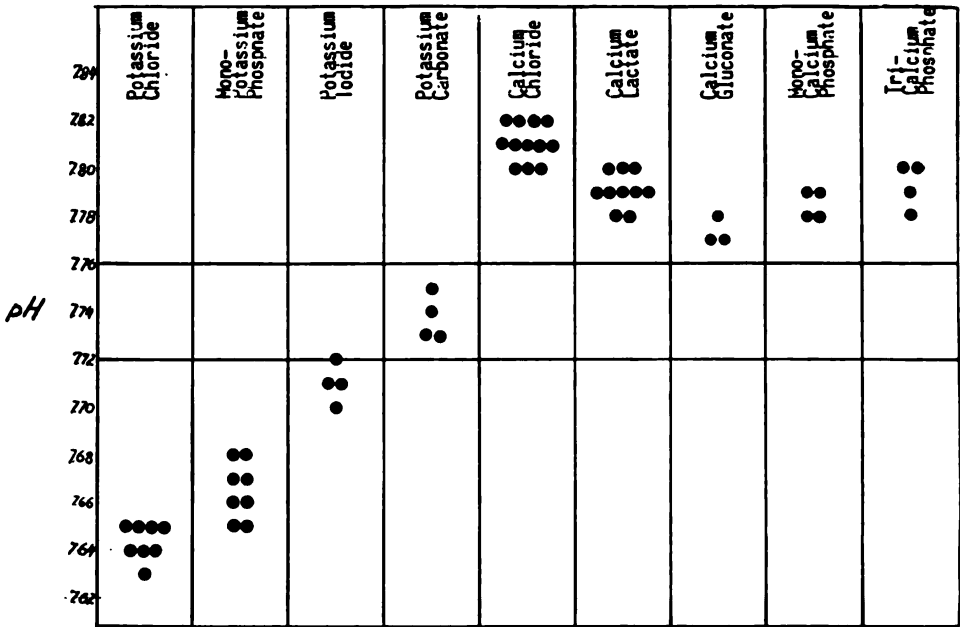


FIG. 128. The influence exerted by two elements, potassium and calcium, upon the second day wound crust pH shows a frank tendency toward acidification for potassium and alkalinization for calcium. For different salts, the differences result from the unequal influence exerted by the anion which works additively to that of the cation.

as to induce local alkalosis, have appeared to be the most active agents. Testosterone, and calciferol have appeared helpful but not nearly as active as fatty acids.

While high urinary excretion of Ca indicates a type A offbalance, low or no urinary excretion can result either from an excessive cellular utilization of calcium or from a type D offbalance at the cellular level. Other analyses can be used to indicate the probable occurrence. With calcium excretion low and other analyses indicating type D offbalance, all the chances are that the low excretion is part of the D offbalance. If, on the contrary, only the Ca excretion is low and the other values correspond to

A type of offbalance, the probability is a quantitative lack of calcium in the organism. This can be corrected by the administration of calcium parenterally or orally in any absorbable form. Low excretion as well as some symptoms can be overcome in a short time through the administration of sufficient calcium. In the opposite type of case, with metabolic calcium retention, administration of calcium will induce an increase in the intensity of symptoms.

Excess of calcium in the urine thus corresponds to lower values at the cellular level and need for fixation of calcium. This indicates again that the problem is not the amount of calcium present but the deficiency in its utilization.

Copper

Copper, from the IB series and another anti-A element of the cellular level, appears indispensable for the synthesis of heme of catalase. A deficiency of copper results in reduced activity of this enzyme. Similarly, the synthesis of hemoglobin is possible only in the presence of copper. Cytochrome oxidase contains Fe and Cu. Cu deficiency reduces liver cytochrome oxidase. (150, 151, 152) Cu is present in blood serum bound to a protein to form ceruloplasmin which also acts as an oxidase. (153) Cu, while favoring the synthesis of these substances, intervenes ultimately in the processes which lead to the active catabolic intervention of oxygen. In this way, Cu acts as a D inducing agent. Cu intervenes actively in the metabolism of sulfur. (154, 155) The transformation of sulfhydryl to disulphide is slow and incomplete when there is a copper deficiency. The same deficiency reduces the formation of phospholipids as seen in rat liver. (156) Indirectly, Cu favors anti-A activities.

The influence of Cu upon Ca metabolism also is indirect. We have seen that a local deposit of calcium in bones corresponds to a local D pattern. Deficiency in copper, a D inducing agent, permits the appearance of local A conditions, which in the case of bone, will result in a lack of calcium, the opposite of what is seen in local D offbalance. This correlation explains why, in spite of sufficient P and Ca, the lack of copper induces an osteomalacia with bone fracture and symptoms of rickets, as seen in animals with an indirect Cu deficiency caused by an excess of molybdenum, (157, 158, 159) an A inducing agent. The administration of copper helps to repair these fractures. (157) Parallel reductions in Cu and Mg occur in milk-fed calves. (160) A richness of zinc, like molybdenum, can provoke a deficiency in Cu and Ca. With copper deficiency and low catalase, resistance to infections is lowered. In brucellosis, a deficiency of Cu and Ca

coincides with reduced concentrations of Mn and Co in the blood and pituitary glands. (161, 162, 163) Cu, Ca, Mn and Co are all metals of the D inducing group.

In cancer, a qualitative deficiency of copper is found. A frank reduction of the catalase content is seen in cancerous cells as well as in the liver of cancerous subjects. (164, 165) On the other hand, Cu content is considerably increased in the blood of these subjects, with values even three times greater than normal, often encountered. (166, 167, 168) These values return to normal if the cancerous tumor disappears. (169)

In cancer, copper deficiency at the level of the cells is manifest, shown not only by reduced catalase but also by upsets in the cytochrome oxidase system, the heme system, the SH metabolites, and the phospholipids. The deficiency, however, is only local and consequently qualitative since an excess of Cu is found at the immediately superior level, the blood.

A local abnormality residing in inadequate capacity to utilize copper thus appears related to cancer. In normal animals, copper in excess can be utilized and is able to prevent the appearance of tumors. This explains why Cu, which protects rats against carcinogenetic azodyes, (170, 171, 172) does not influence the tumors once they have been induced, *i.e.*, once the qualitative insufficiency is present. The recognition of this difference between the form in which copper is utilized by the normal animal and the deficiency in the cancerous entities, has been the basis for a series of studies concerning this key problem in the pathogenesis of cancer. The therapeutic use of copper—and of other elements which we will discuss below—is not a quantitative but a qualitative problem.

Manganese and Cobalt

Two other elements of the cellular compartment have appeared interesting. Manganese by intervening as a catalyst in processes resulting in an activation of oxygen, indirectly manifests D inducing character. Its presence in smaller amounts in tumors or cancerous organs than in controls, has been considered. Just as with copper, no effects are seen in treating tumors with manganese compounds although a certain degree of preventive action is obtained in tumors induced by carcinogens. Similarly, with cobalt we have obtained a certain degree of prevention against tumor induction by carcinogens but no effect upon the evolution of tumors once they have appeared. No effects have been seen in transplanted tumors.

Heavier Elements

We have studied the activity of elements corresponding to the lower levels—such as strontium and tin for the nuclear; barium, gold and lead for the submorphologic; and cesium for the primary biological compartments. The lower the level of the element, the greater appears to be the preventive effect against induction of tumors by carcinogens. But the minimal, or complete absence of effect upon already existing tumor cells remains unchanged.

As mentioned above, we connected this paradoxical activity to the fact that, while normal cells are able to manufacture compounds through which the appearance of a cancerous entity can be prevented, these compounds are no longer formed if an entity is already cancerous.

These have been the considerations forming the basis for an entire series of studies of the role of various elements in the pathogenesis of cancer.

Elements in the Pathogenesis of Cancer

Investigations have been made of the amount and form of the element present in the normal animal as compared to the cancerous animal. The quantitative and especially qualitative differences have been seen to indicate the site of the abnormality largely responsible for the lack of influence exerted by the element. The results explain why the administration of the element alone is unable to influence the evolution of an already existing cancerous process. More interesting, they show what compound of the element could have an influence. This research, which is in progress, opens the door for possible therapeutic applications. It is through such compounds, present in the normal and lacking in the cancer-stricken animal, that attempts are being made to influence the evolution of cancer. An important step has been the finding that suitable compounds can be obtained by the treatment of fresh organs *in vitro* with some of the elements. Their study may make possible synthetic preparation of suitable compounds. The few results already obtained in experiments with animals confirm that D-inducing activity represents a factor which the promising elements share.

CHAPTER 13

PHARMACODYNAMIC ACTIVITY (PART TWO)

ANTI-FATTY ACID GROUP

PARALLEL TO INVESTIGATION OF AGENTS capable of correcting offbalances of type A, attention was directed to agents that might influence the opposite offbalance, type D. Since fatty acids are involved in the pathogenesis of type D offbalance, agents with anti-fatty acid properties had to be sought as correctives. Some of these are natural constituents used by the body to control normal and abnormal intervention of fatty acids. They were consequently isolated and studied. Synthetic agents also were obtained and studied, their choice largely inspired by the control mechanism used by the body.

Anti-Fatty Acids Constituents

We have seen that a free fatty acid loses most of its biological activity when its polar group is bound to another radical. This led us to investigate substances which naturally are bound to fatty acids. It could be shown further that each major group of fatty acids is bound in the organism to specific constituents. The saturated fatty acids are principally bound to glycerol, the low unsaturated acids to glycerophosphoric acids as lecithins, and the high unsaturated members to sterols. The conjugated fatty acids, found in abnormal conditions, appeared to be opposed by neoglucogenic corticoids. The constituents were conceived of as being naturally occurring anti-fatty acid substances and our first effort was to study how they intervene to balance the activity of fatty acids, especially when the latter act as pathogenic factors.

In this study, two types of influences were investigated: one, a relatively direct effect induced through a neutralization of the energetic centers resulting in a more or less advanced degree of inactivation of the fatty acid; the second, an indirect effect achieved through changes in the metabolic processes in which fatty acids intervene. In a different kind of intervention, the anti-fatty acid to which a fatty acid is bound governs its ultimate biological fate. For example, the bond to glycerol favors caloric metabolism. The bond to glycerophosphoric ion converts a fatty acid, saturated as well as unsaturated, into an organizational constituent. The bond to sterols favors a functional role, even for monoethenoids.

We started the study of the naturally occurring anti-fatty acids with those agents known to be bound to fatty acids in the organism. The simplest such agent is glycerol.

Glycerol

Glycerol is the most ubiquitous fatty acid-binding substance in nature. We attempt to explain this fact on the basis of glycerol's structure and the special biological role it confers. We have seen that fatty acid molecules take reciprocal parallel positions when they form monomolecular layers. In their bond to glycerol, these fatty acid molecules conserve this reciprocal relationship. (Fig. 129) This could explain why, in the body, the bond of fatty acid and glycerol always is a triglyceride, mono and diglycerides being

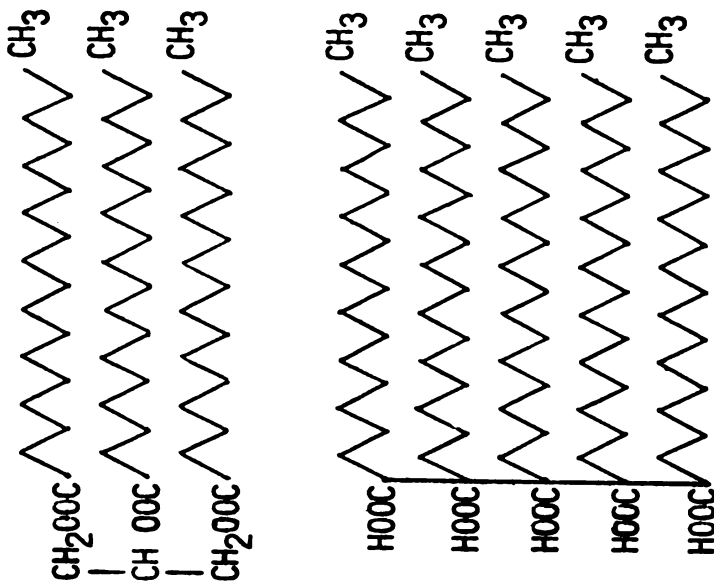


FIG. 129. The fatty acid radicals take in the triglyceride molecules a similar parallel position as when they form a monomolecular layer at the surface of water.

only intermediate steps. The same fatty acid has different biological activities if administered as free acid or as triglyceride. The combination seems to serve as an energy-furnishing metabolite. Bound to glycerol, fatty acids with long or short chains, saturated, monounsaturated, polyunsaturated, and even conjugated, seem to represent energetic reserves which are utilized as caloric metabolites, especially in those species which are able to store them.

With this relationship in mind, we administered glycerol with two objectives: 1) to obtain, as an immediate effect, the inactivation of the free fatty acids present in abnormal conditions through the neutralization of their polar groups, and 2) to eliminate these fatty acids by turning them into caloric metabolites.

Studying the activity of glycerol at different levels, we could see no influence upon phages. However, an indirect effect was observed upon viruses. Glycerol is widely used as a special medium for the preservation of viruses in tissues. Its preservative value can be correlated, at least in part, with its influence upon fatty acids. We have seen that fatty acids have a noxious effect upon viruses, leading to their disappearance in various organs. The treatment with pure glycerol reduces autolysis of organs through a dehydration effect. Curtailing the lytic activity of the enzymes active in autolysis, glycerol reduces the amount of fatty acids liberated through such autolysis, and thus prevents the destruction of the virus. Glycerol may also preserve viruses by acting antagonistically to any fatty acids which still manage to appear.

Glycerol has a bacteriostatic effect upon only a few species of microbes and only when applied in high concentrations.

A minimal influence upon cells was seen for glycerol in *Tetrahymena pyriformis* and ascites tumor cells. To study its action at higher levels, glycerol was administered orally or parenterally to animals or humans. Solutions of 20% glycerol were well tolerated when injected subcutaneously or intramuscularly. It should be noted that when glycerol was administered to complex organisms, it was largely absorbed and circulated without alteration, a fact which would explain the effectiveness of relatively small amounts. At the tissue level, glycerol induced a change of the local pH of a lesion toward the acid side, as seen in the second day wound crust. Figure 130 illustrates this. The change explains glycerol's action in increasing intensity of acid pattern pain and decreasing intensity of the alkaline. This influence upon pain was obtained constantly with very small amounts, permitting the use of glycerol even as a test for diagnosis of pain pattern. Intramuscular injection of $\frac{1}{2}$ cc. of a 20% solution or oral ad-

ministration of ½ cc. of a 50% solution in water has been used for this purpose. However, later, when other agents were found to produce even more overt responses, we stopped using glycerol as a routine test.

Glycerol has almost no beneficial influence upon the healing of wounds or radiation lesions. Healing was even retarded in some experiments. Various changes in the evolution of tumors occur when host or transplant are treated with glycerol. In some, these changes are minimal; in others an obvious reduction in growth occurs. In a high proportion (12/20), a marked involution has been noted for Walker tumors in rats. Ascites Sa 180 in mice, after repeated intraperitoneal injections of a solution of 2%

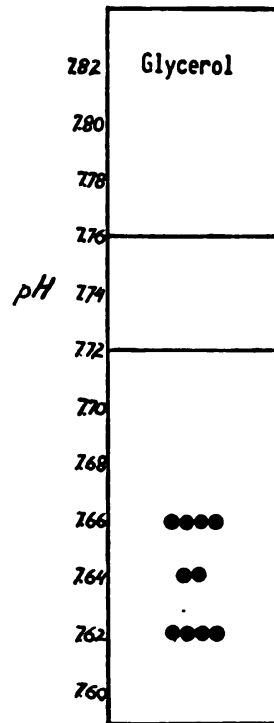


FIG. 130. Glycerol induces a lowering of the second day wound crust pH.

glycerol, disappeared in 70% of the cases. A lesser effect was seen in Ehrlich and Krebs ascites tumors and still less in the solid tumors obtained with these ascites cells. (Fig. 131) One of the most interesting effects of glycerol was that seen upon the tumors in humans where a manifest involution was obtained in cases in which an offbalance of type D was present. This important effect will be discussed below with the therapeutic use of glycerol. Glycerol administration had an interesting effect upon the amount of cholesterol in the blood in a few subjects. When ten drops of glycerol were given orally three times a day for a month or more, cholesterol values

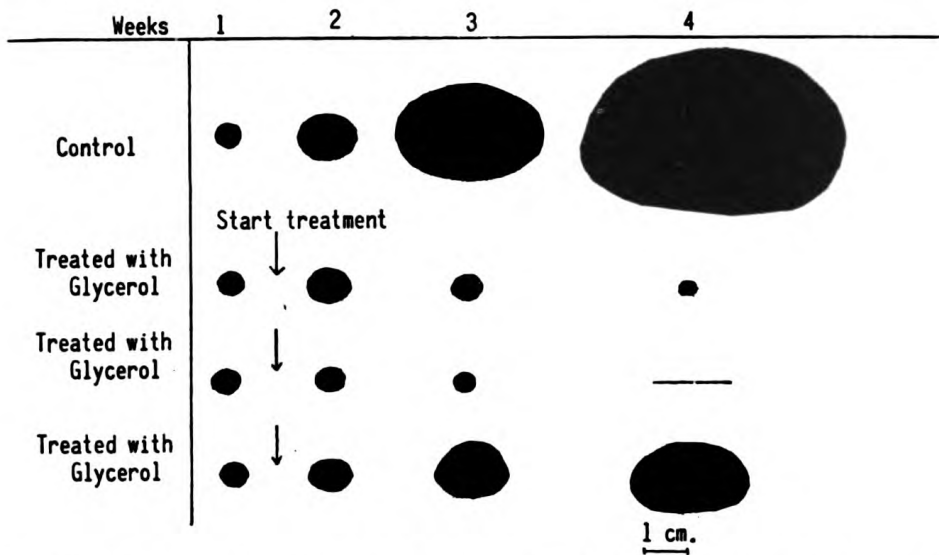


FIG. 131. Changes induced in Walker tumors in rats by the treatments of the animals with glycerol (daily subcutaneous injections with $\frac{1}{2}$ cc of 5% glycerol solution in saline isotonic solution).

decreased. In some patients, with no change in diet and no medication other than glycerol, values originally above 300 mgr./100 cc. serum fell to below 170 mgr. If these patients also were hypertensive, long-term administration of glycerol produced a reduction of blood pressure.

An impressive hemorrhagic effect was noted, frequently ulcerated lesions starting to bleed shortly after administration of even a few drops of glycerol. The relationship of hemorrhaging to glycerol was clear when in the same subjects, repeated administration of this agent invariably was followed by bleeding. The bleeding usually was arterial; only occasionally was an oozing hemorrhage seen.

Many years ago we became interested in studying, in a group of severely burned subjects, the role of fatty acids in the pathogenesis of burn complications. Glycerol was administered to these patients with good effects upon pain. Before the use of antibiotics, one of the principal manifestations in burn patients with widely infected wounds was repeated chills. These chills also were influenced by glycerol. (*Note 1*) A direct action upon the parasympathetic system could be attributed to glycerol and could explain the effect upon chills. This view has been confirmed by studying the effects upon cardiac rhythm produced by intravenous administration of glycerol in rabbits. (*Note 2*)

Convulsions could be induced by glycerol in animals and also were seen to occur in humans. (*Note 3*) They could be induced, with much

smaller doses in animals when, along with glycerol, an otherwise harmless dose of deoxycorticosterone acetate was administered. Injection of 0.1 mg. of this hormone in mice weighing 25 to 30 grams, followed by an injection of ¼ cc. of a 5% solution of glycerol, induced convulsions which were usually lethal. In terminal cancer patients, too, concomitant administration of the cortical hormone and glycerol for a few days has produced convulsive seizures, which proved to be lethal in one subject in whom no

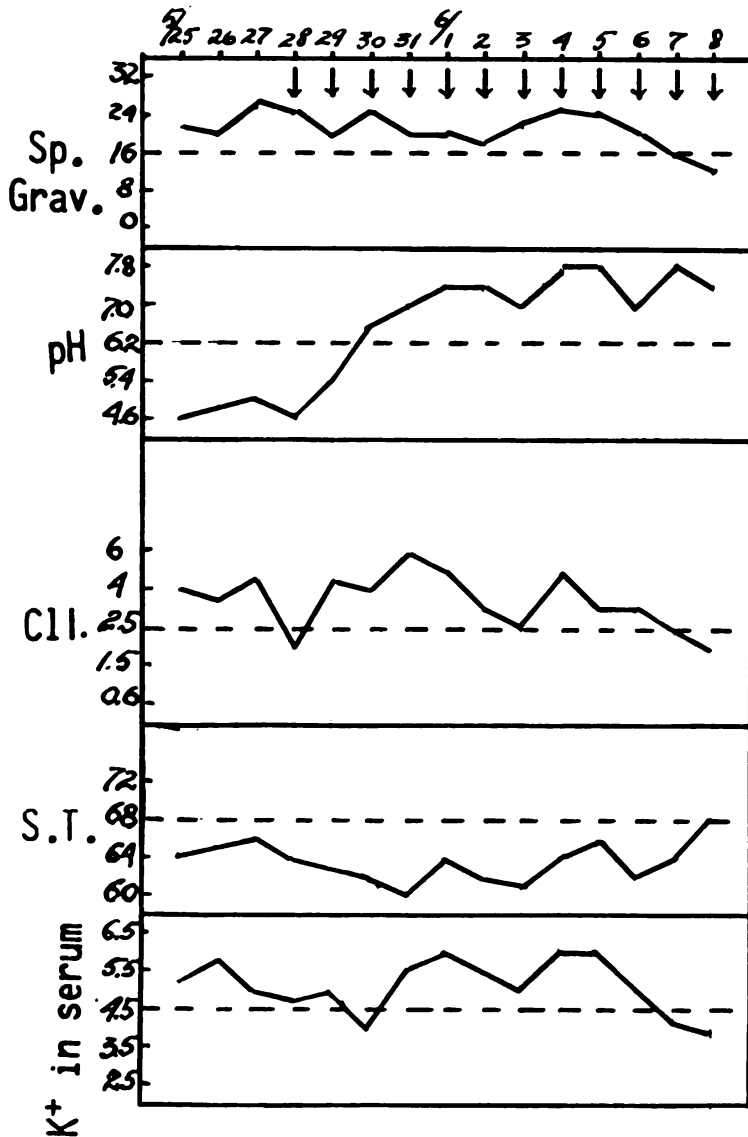


FIG. 132. The administration of 1 cc glycerol daily induces a change of the urinary pH toward the type A, before changes in the other analyses take place.

previous abnormal cerebral manifestations had been observed, and who had received these two medications for only a few days.

Of the different systemic manifestations influenced by glycerol, the effect upon acid-base balance is most striking. Even before any other effect upon systemic analyses becomes apparent, an immediate change of urinary pH from acid to alkaline values is induced by glycerol administered in sufficient quantity. (*Fig. 132*)

Glucose

The pharmacological activity of glycerol has raised the question of the relationship between this substance and glucose since some of the manifestations induced by glycerol could be obtained with glucose. The same effect is seen on local pH in the second day wound crust. Glucose administered for a few days prior to, and immediately following, wound induction shifts local pH toward more acid values. A similar effect is obtained on the pH of tumors. (173) Glucose decreases intensity of pain of the alkaline pattern and increases pain of acid pattern. We were able to induce convulsions in rats by injecting 20 to 25 cc. of an isotonic solution of glucose subcutaneously twice daily. After 4 to 6 days, convulsions appeared and often led to death. In some terminal cancer patients with brain metastases, who had had previous convulsions, intravenous administration of glucose as a therapeutic procedure produced convulsions. We have even seen lethal convulsions in a patient after a few days of intravenous administration of glucose in saline solution in conjunction with intramuscular doses of 1 mg. twice daily of deoxycorticosterone.

Although rarer than for glycerol, hemorrhages occurred after each glucose administration in some patients with previously bleeding ulcerated lesions. Bleeding stopped when glucose administration was discontinued. Renewed administration was followed each time by renewed bleeding. We want to emphasize this relationship of glucose to hemorrhage because of its clinical importance.

It seems possible that glyceric aldehyde and glyceric acid, which appear during glucose metabolism, play a role in the manifestations mentioned above.

Glycerophosphoric Acid

The ability to relate the pharmacological activity of glycerol to its bond with fatty acids, has led us to consider another substance able to bind fatty acids, glycerophosphoric acid. The bond of this acid with quaternary bases such as choline or ethanolamine, and the fatty acids results in phospho-

lipids which take part in the formation of boundaries and separating membranes. Although various fatty acids, both saturated and especially unsaturated, enter into these phospholipids, resulting in a variety of compounds, their general biological behavior appears to be the same. Certain fatty acids, the di- and tri-ethenic, however, are preferentially bound as phospholipids when they pass from the intestine into the circulation.

In investigating its influence as an anti-fatty acid agent, we administered glycerophosphoric acid, 50 cc. of a n/10 solution diluted in 1000 cc. of isotonic saline, glucose or other solutions, intravenously or subcutaneously. It had salutary effects upon pain of an alkaline pattern and upon corresponding lesions. A manifest influence was exerted upon the systemic acid-base balance, especially in cases with high urinary pH and with all other analyses showing an offbalance of type D. No influence was observed upon evolution of tumors in animals or humans.

The increased basal metabolism and a marked increase in work capacity, which are observed in subjects taking sodium glycerophosphate for long periods, has made us suspect a possible effect upon thyroid secretion. The appearance of thyrotoxicosis in a subject who had inadvertently taken a large dose of sodium glycerophosphate seemed to confirm this view.

Sterols

A third group of natural constituents, which act as anti-fatty acid agents is composed of sterols, which are absorbed and circulated bound to polyunsaturated fatty acids. Except in brain and red cells where only free sterols are encountered, the sterols are found both as esters and free substances in all cells, tissues and organs.

Cholesterol, phytosterol and a few sterols were utilized in pure form in our research. In addition, sterols were obtained and used as mixtures, as in the insaponifiable fractions of tissues, organs, organisms and biological products. In some studies, these fractions were further separated into constituents, largely through column chromatography. We used cholesterol in different preparations. (*Note 4*) Watery or gum cellulose suspensions were used for in vitro and in vivo studies.

Cholesterol was seen to induce a change in the shape of some bacilli, such as *B. subtilis*, *B. megatherium* and *B. anthracis*, turning them into irregular round formations. At the same time, their Gram positive staining became abnormally intense. The agar cultures had a creamy aspect. The influence upon Gram positivity explains the fact that Gram positive individuals could be obtained in cultures of various Gram negative microbes such as *Esch. coli* or *Eb. typhi* after repeated treatment with colloidal

cholesterol preparations added to broth. The Gram positive forms, however, could not be isolated.

Cholesterol was seen to influence red cells in form, shape, volume, sedimentation, velocity, and oxygen-combining capacity. A vermilion color, which persisted for a long time, was obtained through in vitro treatment of blood with cholesterol or through intravenous injections in animals. Although such injections were lethal, they induced the abnormal vermilion color. Cholesterol produced a manifest change toward less alkaline values in the second day wound crust pH. A favorable effect upon rabbit skin wounds was obtained, with abnormally intensive proliferation of the epithelium, this healing effect, however, was less manifest for irradiated wounds. In subjects with ulcerated lesions, prolonged administration of cholesterol was frequently observed to induce hemorrhages, especially of an arterial character. However, in patients with coronary occlusion or endarterial obliterations, the administration of cholesterol was followed by an increase of symptoms apparently related to exaggeration of the degree of occlusion. This effect upon blood vessels also could be seen in animal tumors. Administration of cholesterol induced zones of necrosis in the tumors which could be related to proliferation of the endarterial cells leading to thrombosis and ischemic infarct. The portions of tumor corresponding to these ischemic infarcts showed characteristic necrosis with unaltered structure but without the normal staining.

In animals injected with cholesterol and then submitted to trauma in the Noble-Collip drum, shock was prevented. Injection of cholesterol prior to the experiment reduced mortality to zero while in untreated controls mortality was high. A similar but less constant effect was obtained when cholesterol was administered immediately after trauma. It is noteworthy that in animals injected with cholesterol before being placed in the drum, the blood not only did not become abnormally black but the usual bleeding from the nose, mouth and paws (if not taped during the trauma) was abnormally bright red.

The effect upon experimental tumors was investigated through the dipping technique repeated in successive generations. Changes in the evolution of certain tumors, such as mammary adenocarcinoma in mice, were induced. The effect of cholesterol was similar to that of insaponifiable fraction but was less manifest and will be discussed in more detail later.

Cholesterol's effect upon the central nervous system was interesting. Often, immediately after administration, both in animals and humans, transitory somnolence was observed. However, repeated administration induced convulsions. (*Note 5*) Exophthalmia was seen in mice after injec-

tion of cholesterol and was most manifest 24 hours thereafter. It contrasted with normals and especially with animals injected with fatty acids or similar lipoids, who showed enophthalmia.

An ether-oil cholesterol solution induced paraplegia with early foot ulcerations in rats and rabbits. This occurred particularly in females and was related to a predominance of sterols in this sex. Castration or administration of sex hormones did not change this special susceptibility of the nervous system of females to cholesterol. However, the administration of fatty acids or of acid lipid preparations of organs or tissues did suppress it. (*Note 21, Chapter VI*) Changes in systemic analyses were generally not obvious and, when present, were slow in appearing. They corresponded to changes toward offbalance A.

Unsaponifiable Fractions (Insaponifiable or Non-saponifiable)

When insaponifiable fractions were prepared from various tissues and organs, big differences could be seen in the quantity and the number of sterol compounds naturally present. However, a certain specificity related to the origin of these insaponifiable fractions appeared most interesting. The insaponifiable fractions of various materials were prepared by the usual methods. Most of the fractions are soluble in oil in higher proportion than cholesterol, with some of them even miscible with oil. More concentrated solutions in sesame oil could be prepared than for cholesterol. In most of the experiments, 5 or 10% solutions were used. Colloidal suspensions also were prepared in the same manner as for cholesterol.

In spite of the extreme variations in sources of the insaponifiable fractions, almost all have some properties in common. Some are similar to cholesterol in their effects particularly at the lower levels. The marked differences appear at higher levels. They induce hemorrhages in the adrenals between the fascicular and reticular zones.

On the healing process, especially of radiation wounds, insaponifiable fractions of placenta, embryos and butter—materials related to growth—show impressively greater activity than cholesterol or preparations of insaponifiable fraction of other origin. They induce healing processes even in standardized radiation lesions where cholesterol has a weak effect.

In their influence upon tumors, the preparations of insaponifiable fractions of different organs differ markedly. No changes at all were obtained with some preparations such as from pig intestine, for example, while interesting results were obtained with others. The differences appeared especially evident in experiments in which a direct influence upon the tumor

was exerted. Transplants of Ehrlich mammary adenocarcinoma in mice were dipped in insaponifiable preparations and grafted. In general, no immediate visible effects were seen with this technique for the first transplant generation. By repeating the same procedure for following transplant generations, changes were obtained which varied with the preparations used. The insaponifiable fraction of human placenta, for instance, produced a marked increase in malignancy, together with morphological changes, the tumor changing from an adenocarcinoma to an encephaloid. Further treatment of the transplants led to still greater malignancy with a sarcomatoid transformation. Thereafter, negative results were obtained with new treatment of the transplants. (*Note 6*) With this procedure, placenta preparations showed a manifest influence even at the third transplant generation, and they were negative passages for the fifth to sixth transplant generations. With pig intestine preparations, even after ten successive passages, malignancy was unchanged.

The specificity according to origin was also seen in other experiments, such as in the influence exerted by these preparations upon the development of specific lesions produced by smallpox virus in low-reacting species such as mice or rats. Preparations from receptive animals, and especially from organs sensitive to the virus, were more capable of inducing local receptivity than were preparations from refractory animals. For instance, positive effects were obtained with vaccinia virus in mice and rats previously injected subcutaneously with the insaponifiable fraction of rabbit skin or brain, while no such effects were seen when the insaponifiable fractions of pig or hen intestines were used.

Differences were observed between the insaponifiable fractions of different organs for conditions principally manifested at the organ level. Conditions affecting mainly one organ were treated with the insaponifiable fraction corresponding to that organ. These preparations often appeared much more active than those from other organs. We investigated the effects of a heart insaponifiable fraction on patients with myocardial insufficiency, especially when responses to other therapeutic agents could no longer be obtained. In like manner, we used the insaponifiable fraction of liver for manifest liver insufficiency. The rate of liver regeneration in rats after subtotal resection was found most accelerated by liver insaponifiable fractions. The good effects obtained in the treatment of intractable diarrhea with insaponifiable fractions from pig and hen intestines will be discussed below. We investigated preparations obtained from lymph nodes and spleen for the treatment of shock, particularly in its acute form. Similarly we also used adrenal insaponifiable fraction to influence induced adrenal insuffi-

ciency, and brain insaponifiable fraction in an attempt to influence insomnia. The results of these studies will be discussed in the section dealing with therapy. The changes obtained with the respective preparations indicate that they have a specificity which represents an important factor in normal and abnormal physiology.

In a second group of researches, constituents of the rough preparations of insaponifiable fractions from various sources were separated by different methods. The ketonic and nonketonic constituents were obtained and, when tested in animals, showed several differences in biological properties.

Further research of specificity was made using separations through the chromatographic column method. Most of these preparations are still under laboratory investigation. Experiments are being conducted with different organ preparations, some fractions obtained being identified as common to all organs, while others are specific to one organ or to a group of organs. These experiments already have revealed a marked plurality of constituents for the insaponifiable fractions of organs which has to be related to the plurality of constituents found in the acid lipid fractions of the same organs and which was discussed above. The specificity seen for organs would thus greatly concern their lipidic constituents which form the acid and the insaponifiable fractions. It is especially in terms of specificity that the acid lipidic and insaponifiable fractions of various organs are being investigated in research now in progress. (*Note 7*)

Corticoids

The study of the defense of the organism against fatty acids focusses attention once again on the adrenals whose constituents appear to be part of the natural defense mechanism. To date, around 30 different crystallizable compounds have been isolated from less than a third of the total cortical extract. The amorphous part, biologically more active than the crystallized part, would contain other important compounds. Even if some of them are intermediary compounds or artefacts, adrenal intervention still is characterized by plurality of its active agents. Furthermore, several opposite tendencies are recognized between groups of adrenal compounds. While all the corticoids show a certain antagonistic action toward fatty acids, mineralocorticoids are, from several points of view, antagonistic to neoglucogenics.

With these considerations in mind, and recognizing the adrenals as one of the principal means for relatively rapid defense against noxious agents, we have investigated the relationship of the adrenals to lipids.

We have already noted the striking richness of the adrenals in arachi-

donic acid. About 25% of the total fatty acid content of the glands is made up of this acid which is found only in small quantities in other organs. We also found pentaenes and hexaenes present in greater amounts than in other organs. These fatty acids must have a biological purpose and two hypotheses can be advanced. According to one mentioned previously, (*Note 11, Chapter VI*), the corticoids would be synthesized from arachidonic acid through cyclization. According to the second hypothesis, arachidonic acid, as well as other high fatty acids present in the adrenals, would be used as active functional fatty acids. Secreted by the adrenals, they would pass into the circulation and intervene as needed by the organism, especially for immediate defense purposes.

We have seen that an intervention of polyunsaturated fatty acids occurs in the first defense response of an organism to a noxious agent. These acids are responsible for the exaggerated oxidation processes through which the organism attacks the noxious agents themselves or the heterogenized constituents resulting from their action. We consider that some of the fatty acids intervening in this defense mechanism are liberated locally, especially if they appear in response to a condition limited to a lower entity. In this case, they would come from changes induced in the constituents of the entity itself. The local intervention of lipolytic enzymes would lead to a liberation of free fatty acids. In a defense response for the organism as the highest entity, the actively intervening fatty acids appear in the general circulation in the first phase of the diphasic phenomenon. Some of these fatty acids would be of adrenal origin, liberated at these moments. In the second phase of the defense mechanism, a further liberation of steroids by the adrenals would occur, aimed at counteracting the effects of fatty acids. The diphasic systemic process which results can be considered to represent an exaggeration of the processes which occur alternately and which, through normal oscillations, insure the dynamic systemic balance.

The adrenals conceivably control abnormal fatty acid activity by their quantitatively exaggerated intervention and by release of qualitatively abnormal products that would pass into the circulation and result in off-balances. The activity of the adrenals in counteracting the influence exercised by fatty acids has been made the subject of a special investigation in our laboratories by E. F. Taskier.

By comparing the doses of an agent required to kill normal and adrenalectomized animals, it has been possible not only to identify this intervention but to judge the degree of this specific defense mechanism. The "Adrenal Defense Index" for an agent—the ratio between the minimal lethal dose in normal animals and in adrenalectomized animals represents

a numerical estimate of this response. It could be shown that for certain fatty acids, such as conjugated trienes, which are related to trauma, or alpha hydroxy fatty acids which are related to microbial invasion, a highly effective intervention of the adrenals occurs, through release of neoglucogenic corticoids. The administration of neoglucogenic corticoids manifestly increases the resistance of the organism to the noxious effects of fatty acids. This influence is reduced for the mineralocorticoids and is nil for sodium chloride, otherwise an important factor related to adrenal intervention. (*Note 17, Chapter VI*)

We will discuss later an important difference, even an antagonism, between these two groups of corticoids when their influence is exerted concomitantly with that of other agents.

Synthetic Anti-Fatty Acids

Analysis of the natural anti-fatty acid agents has revealed the importance of their positive polar groups. And this has guided us in attempts to obtain synthetic agents with anti-fatty acid effects.

An important step was a study of alcohols with lipoidic properties, the lipoalcohols, starting with the primary mono-alcohol homologous series. This study also has permitted us to recognize the importance of the lipoidic properties for their biological activity. We started with butanol which is the first member of the homologous series of aliphatic alcohols with lipoid characteristics.

Butanol

Butanol has a special place among the alcohols that have been utilized as anti-fatty acid agents, not only by virtue of its physico-chemical and biological properties but also because of interesting therapeutic results obtained in animals and humans.

Extensive studies with butanol have helped considerably in defining the physico-chemical and biological differences between lipoids and nonlipoids. According to the concept advanced previously, lipoids and nonlipoids can be distinguished by solubility characteristics which are determined by the energetic relationship between their polar and nonpolar groups. The non-polar group is predominant in a lipoid; the polar group is predominant in a hydroid. Lipoids have greater solubility in neutral solvents than in water, and this provides a simple criterion for their recognition.

Methyl, ethyl and propyl alcohols are all equally more soluble in water than in neutral solvents and therefore are recognized as nonlipoids. Butanol,

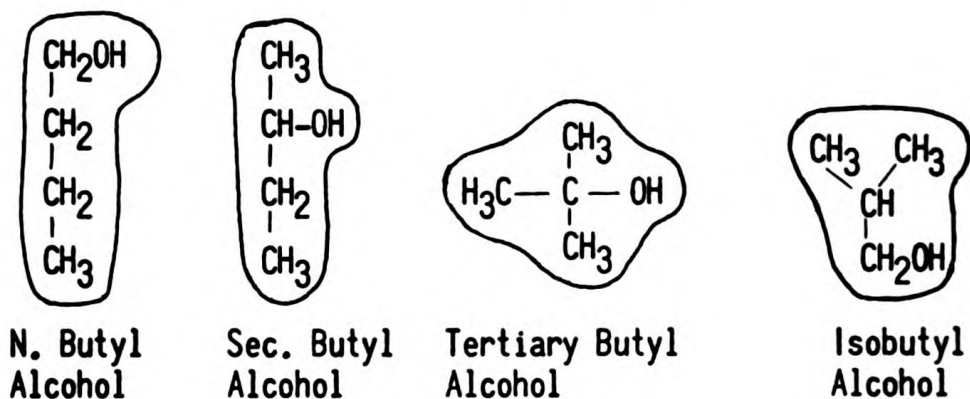


FIG. 133. Schematic representation of the molecular surfaces of the 4 isomers of butanol. The constant b of the van der Waals forces related to their surfaces are unequal. A minimum value is seen for almost spheric molecule of tertiary butanol, a fact which explains the nonpredominance of the polar group in this molecule, respectively its non-lipoidic character.

however, differs from the lower members of the aliphatic alcohol series by being a lipid, more soluble in neutral solvents than in water. This, however, is true only for three of the four isomers of butanol. *n*-Butanol, *sec*-butanol and *iso*-butanol are all more soluble in neutral solvents than in water, whereas *tert*-butanol is equally soluble in both. According to our criterion therefore, while the first three are lipoids, *tert*-butanol is not.

These considerations have enabled us to correlate lipoidal properties

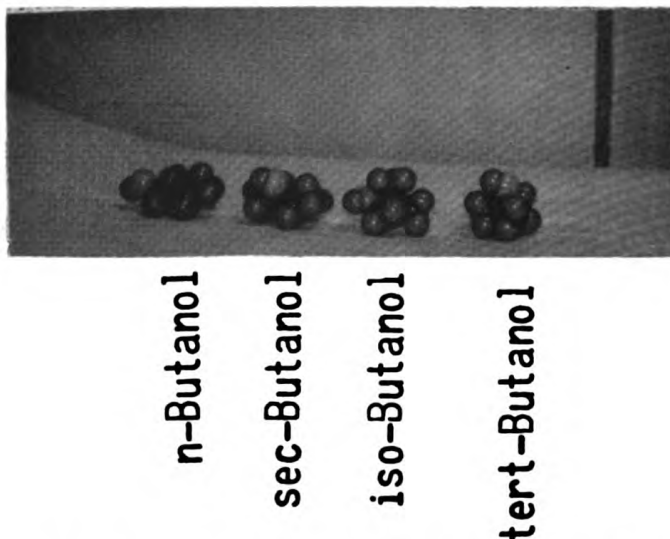


FIG. 134. The differences between the round shape of tertiary butanol and the longer form of the other isomers is evident with models of molecules.

with one more precise intermolecular factor, the predominance of one of the van der Waals cohesion forces. Comparative analysis of the structural formula of the four isomers of butanol (*Fig. 133*), reveals the importance of forces related to the surface of the molecules in determining differences in their solubility. In contrast to the three lipid isomers, the molecule of tertiary butanol is rounder and hence has a smaller surface. The difference between tert-butanol and the other three isomers is apparently due to the cohesion forces related to the surface area of the molecule. Of the van der Waals forces, those described as related to the surface of the molecules, or

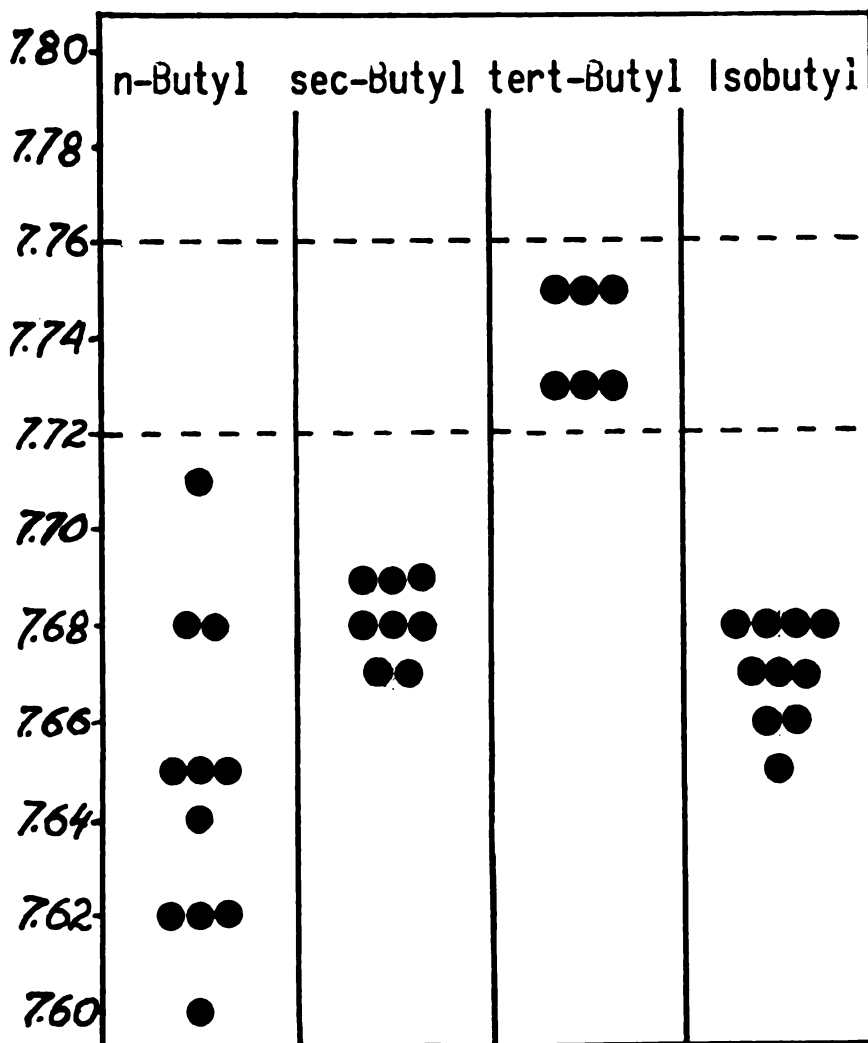


FIG. 135. While the 3 isomers of butanol which are lipoids influence the second day wound crust pH, lowering its values, tertiary butanol which is not a lipid, does not influence it.

as the constant b of the cohesion forces, thus appeared to be most important in determining lipoidic properties. (Fig. 134)

Study of the four isomers of butanol has confirmed the importance of lipoidic properties for biological activity. Like the lower members of the homologous series of aliphatic alcohols which are not lipoids, tertiary butanol does not influence pH of the second day crust of a wound, while the three other isomers, all with lipoidic characters, lower the pH as the higher members of this series do. (Fig. 135)



FIG. 136. Effect of 0.5% solution of *n*-butanol administered instead of drinking water upon the increase in weight of young rats. The values represent the average for 20 females (.....). No differences are seen from nontreated controls (—).

The fact that a saturated water solution at 20°C still contains 7.9% *n*-butanol is of great practical importance. Because of its degree of solubility in water, *n*-butanol could be utilized in aqueous solutions in sufficiently high concentration for pharmacological studies and could be used as a therapeutic agent in this form without need for an oily solvent vehicle.

The acute toxicity dose for butanol corresponds to the narcotic dose for the respiratory centers which is related to interference with the aerobic life of these cells.

The minimal lethal dose of *n*-butanol administered subcutaneously was found to be 4.6-6.4 gm./Kgm. for mice, 3.7-5.9 gm./Kgm. for rats and 3.3-5.6 gm./Kgm. for rabbits, guinea pigs and hamsters. These values closely approximate the findings of other workers. The minimal lethal dose of *n*-butanol injected intraperitoneally is very close to that for subcutaneous

and intramuscular administration, indicating that absorption from the tissues is almost as rapid as from serous cavities.

We have administered butanol in large doses to human subjects, and these clinical studies have confirmed the laboratory findings that the toxic effect is especially manifest through the narcotic effect and is attained only with the use of very large doses. (*Note 8*)

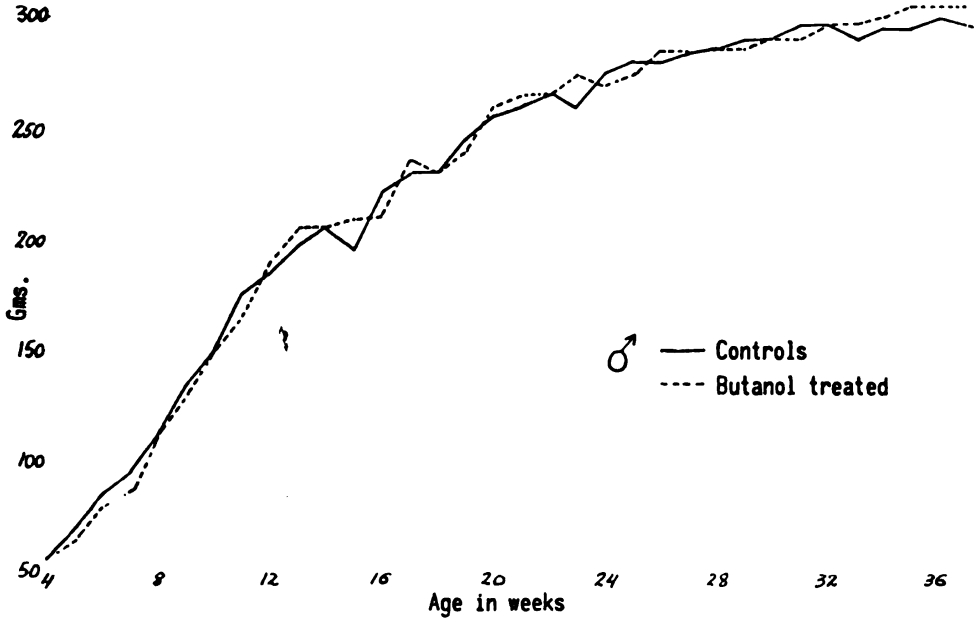


FIG. 137. The same daily change seen in male rats.

Long term use of n-butanol has virtually no influence upon normal physiology in animals. Administered continuously in the drinking water of young animals, it had no effect on growth. (*Fig. 136*) It also did not affect reproduction capabilities of mature animals or influence their offsprings.

n-Butanol shows a definite influence on white blood cells in rats. The leucocyte count is increased in adult rats receiving daily injections of a saturated solution of n-butanol. (*Note 9*)

The influence exerted by small doses of n-butanol, as for other lipoids, appears to be almost entirely confined to abnormal tissues and cells. This is evident in the influence upon the pH of experimentally induced wounds in animals. Administered before wound inductions, n-butanol showed no influence upon normal tissue, no differences were observed between pH of their normal tissues in treated and untreated animals. During the first day

following wound inductions, pH of the lesion in treated animals was no different from pH in untreated control animals. However, by the second day, pH of the wound crust was lowered by butanol, as seen in Figure 135.

n-Butanol accelerated the healing rate of wounds, although the differences between treated animals and controls was not striking. n-Butanol enhanced healing of radiation burns to some extent but the effect was not constant in different groups of animals. In several animals treated with n-butanol, radiation wounds healed within two or three weeks, while in controls healing took more than four weeks.

Butanol, when administered to patients with pain of alkaline pattern, has repeatedly provided relief within a very short time—in some cases within three to five minutes. In pain of an acid pattern, exacerbation occurs, also within a few minutes. Its quick effect has led to use of butanol as a diagnostic means for determining the pain pattern.

The anti-fatty acid action of n-butanol has led to the investigation of its effect upon shock since, as previously noted, shock appears to be related to intervention of abnormal fatty acids. Administration of butanol subcutaneously, even together with large amounts of saline, is only slightly beneficial for shock in mice with caloric burns. The addition of sodium lactate has markedly prolonged survival time in these animals. (*Note 10*) (*Fig. 138*) Still better effects upon traumatic conditions are obtained by associating butanol with glycerophosphoric acid in saline or in glucose saline solution. Especially effective and well tolerated is a solution containing 0.3–0.5 gm.% butanol with n/300 to n/200 glycerophosphoric acid and with 5% glucose in saline, used for intravenous infusions, as well as for subcutaneous clysis.

The administration of butanol in sufficient amounts to many patients having massive hemorrhages has clearly demonstrated that this substance has a hemostatic effect which will be discussed below.

After butanol studies, the effects of other aliphatic alcohols were investigated and revealed the importance of the nonpolar group in their biological activity.

Higher Alcohols

The study of aliphatic alcohols has shown that only few members of this homologous series, beginning with butanol and ending with octanol, have an effect upon the s.d.c. pH. For octanol, only half of the test animals showed changes in second day wound crust pH. (*Fig. 139*) We thought it worthwhile to study the biological effects exerted by these members of the series, including those which demonstrated no effect on the second day

wound crust pH. Comparative studies indicate definite differences between the two groups with odd or even number of carbons in their ability to act upon an existing offbalance and reduce the abnormal metabolism. Along with differences, many common properties were recognized through effects

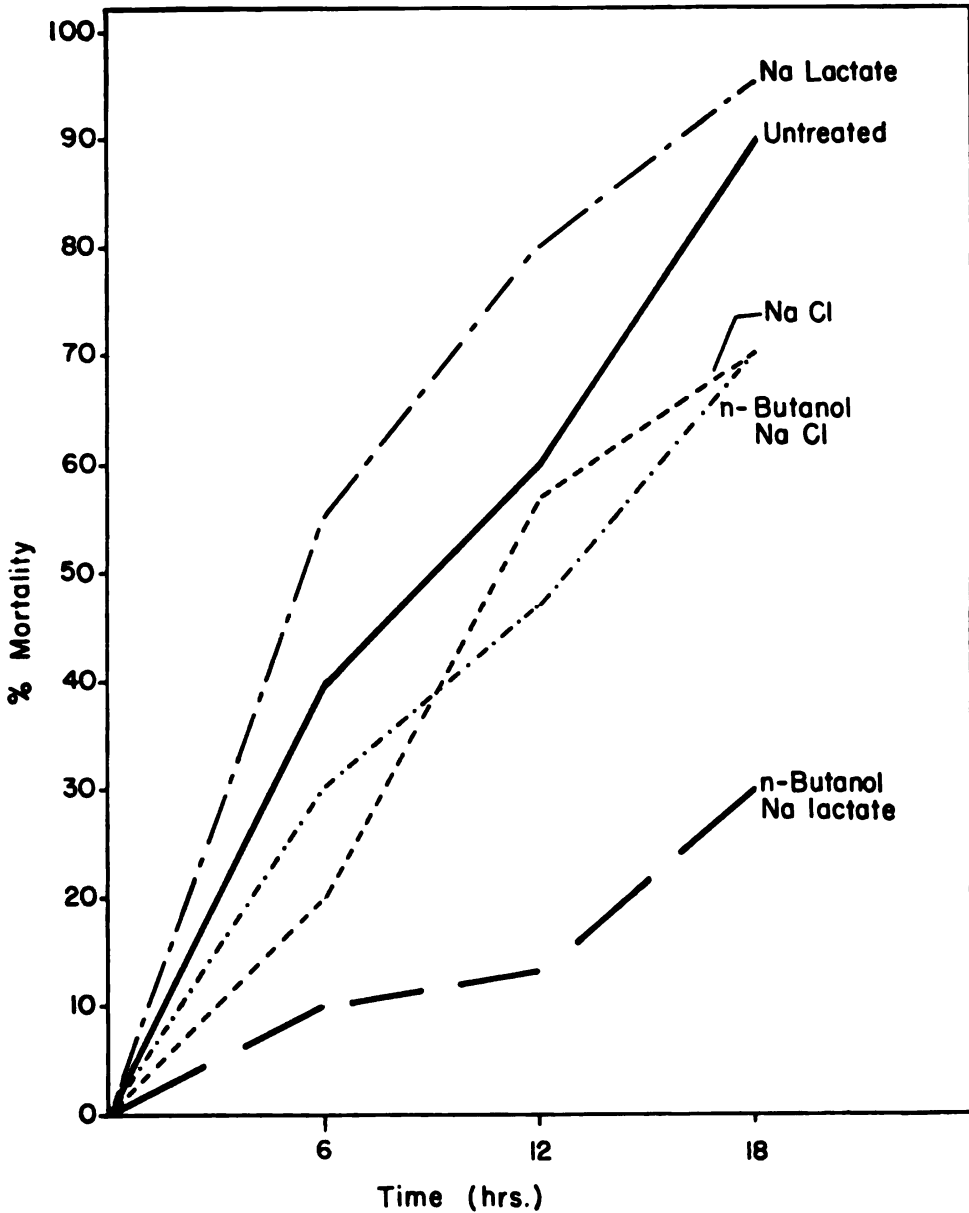


FIG. 138. Influence exerted by different agents upon the mortality of mice scalded for 3 seconds in water at 90°C. While sodium lactate seems even to increase the mortality and NaCl and butanol in saline have little influence, a marked prolongation of the survival time is induced by the mixture of n-butanol and Na lactate.

induced at various levels. In general, the effects are more profound for members with longer chains. This is true for butanol compared to hexanol in the even carbon series and for pentanol compared to heptanol in the odd carbon series. For octanol, most of the effects are diminished. In the group with odd carbon numbers, nonanol has very little or no influence.

On viruses, a protective effect against external influences such as heat or fatty acids is evident. It is more striking for the even carbon group. In microbes, little except an antibacterial effect is produced by members in the even carbon group. The odd carbon group induces Gram positivity, irregularities in form with a tendency toward roundness, and vacuolization.

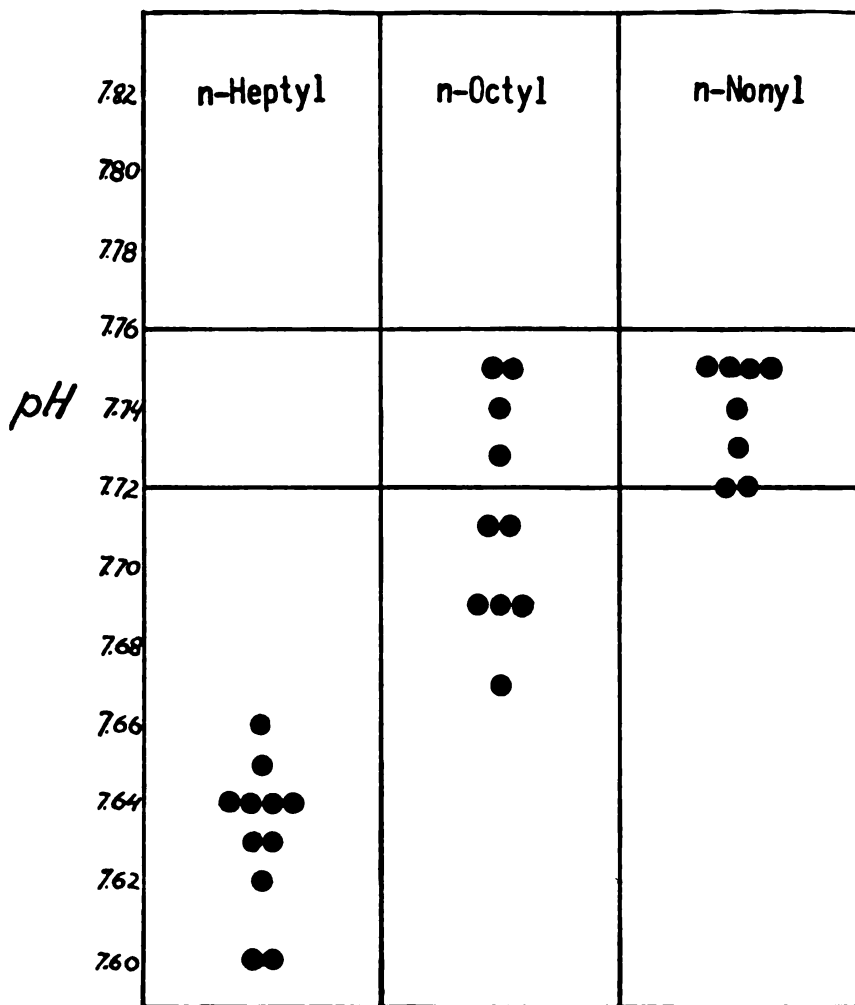


FIG. 139. The influence exerted by heptanol, octanol and nonanol upon the s.d.c. pH. While heptanol induces constantly a lowering of the alkalinity of the second day wound crust, this effect is less constant for octanol and nil for nonanol.

No important changes occur at the cellular level. We have already mentioned the different effects upon wound crust pH for these alcohols. On pain, nonanol has no effect and hexanol and octanol relatively little. But pentanol and especially heptanol show a very marked influence, both immediate and prolonged. It is interesting to note another striking effect at the tissular level, observed only for heptanol. It corresponds to an abnormal accumulation of fluid in certain abnormal tissues. This was first seen in surgical scars even several months old. Edema of the entire scar occurred followed by blistering at the surface, or even by formation of fluid-filled cavities in the scar itself. The same phenomenon appeared in other lesions such as tumors, especially when they were infected, although there had been no clinical indication of infection before the administration of heptanol. The effect sometimes was very intense, transforming an entire lesion, scar or tumor into a cavity with septic fluid exudate, but few leucocytes.

The influence of high doses of heptanol upon inflammatory processes could be judged experimentally in the gas pouch induced subcutaneously in rats or mice by injecting nitrogen and subsequently injected with a low pathogenic microbe. In controls, no unfavorable effects were noted. In animals injected with heptanol subcutaneously, fluid exudate accumulated in the pouch in a few days. (*Note 11*) Subcutaneous administration of heptanol also induced an exudate in the peritoneal cavity in mice and rats injected with the same microbial suspension. This did not occur in the controls. It must be emphasized that these effects were seen only with relatively high doses of heptanol.

At the organic level, while nonanol again showed no activity, the two higher alcohols, heptanol and octanol, had an influence upon the central nervous system. In humans, even in larger doses, such as 200 mgr. six times a day (2 cc. of a 10% solution in oil every four hours) repeated for ten days or more, the two higher alcohols produced no abnormal central nervous system manifestations. In some subjects who had previously had convulsive attacks, administration even in small doses, such as 25-50 milligrams once a day, did induce convulsive seizures. If these substances were given along with desoxycorticosterone, the latter even in doses of 1 mgr. a day, severe and even fatal convulsions were produced. Nonanol had no such effect. Somnolence followed by coma was observed with concomitant administration of cortisone and heptanol or octanol, but nonanol did not produce this effect either.

Of interest was the influence exerted by heptanol upon the different analyses. Fig. 140 shows how these values change toward the offbalance A

under the influence of heptanol. It is to be noted that of all the analyses, the urinary pH and the blood serum potassium are the first to be changed. They are followed by specific gravity, while the urinary surface tension seems to be influenced last.

M. Bier, in our laboratories, has shown that alcohols, when added in vitro to freshly obtained blood, reduced blood clot retractibility. It is interesting to note here the relationship Bier has shown between this effect in

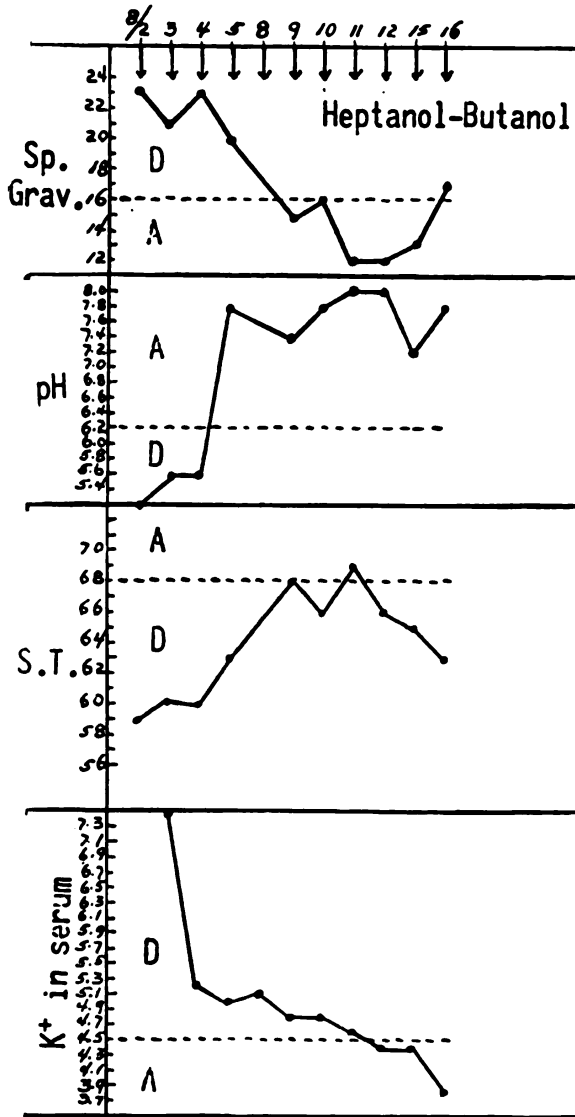


FIG. 140. In a patient with bone metastatic lesions the administration of heptanol and butanol shows a progressive decrease in the values of serum potassium and increase in the urinary pH, toward offbalance type A.

retractibility and other properties of the alcohol series members. Thus, he could demonstrate that there is a critical value for the concentration of each alcohol, when mixed with fresh blood: blood clot retraction is prevented only when this value is exceeded. The critical value varies with the length of the chain, decreasing for the higher members. (*Fig. 143*) Bier also

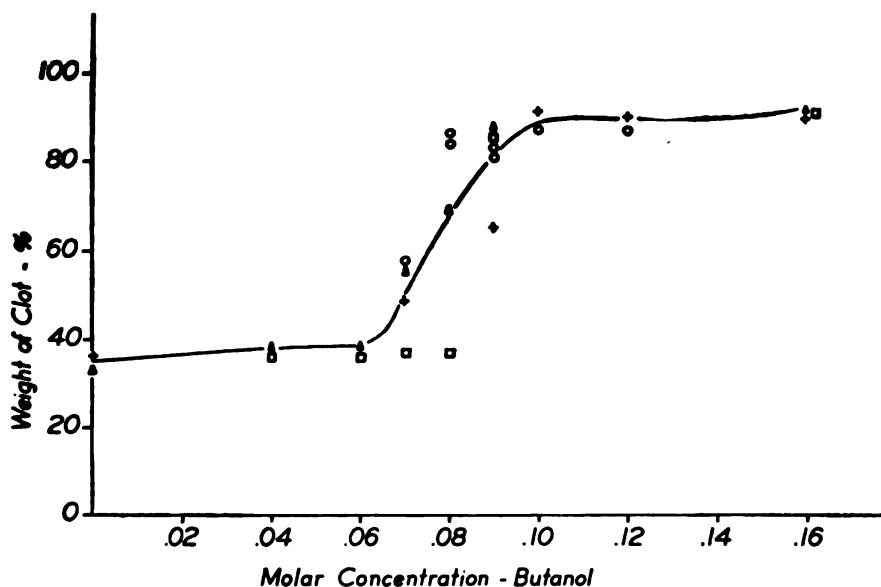


FIG. 141. Clot retraction, measured as percent weight of clot/total weight of blood, plotted against molar concentration of butanol in blood. Different symbols used for blood samples of each animal.

has shown that, since the toxicity of these alcohols seems to be related to the same factor, a correlation can be established between critical concentration values and lethal toxic doses.

This relationship, as shown in Fig. 142, applies to the members of this series of saturated alcohols, but not to alcohols of another series also studied. For the latter, the toxic dose is higher than the critical dilution at which the clot retraction is influenced, and this can be explained by the intervention of the double bond in the molecules.

Systemic effects were seen for these alcohols if administered in sufficient doses. Some special effects also were seen. Heptanol decreased the sulfhydryl index in urine analyses, especially if it had been high previously. Octanol's action was mainly to increase surface tension if it had been low. Nonanol did not show any such activity at all.

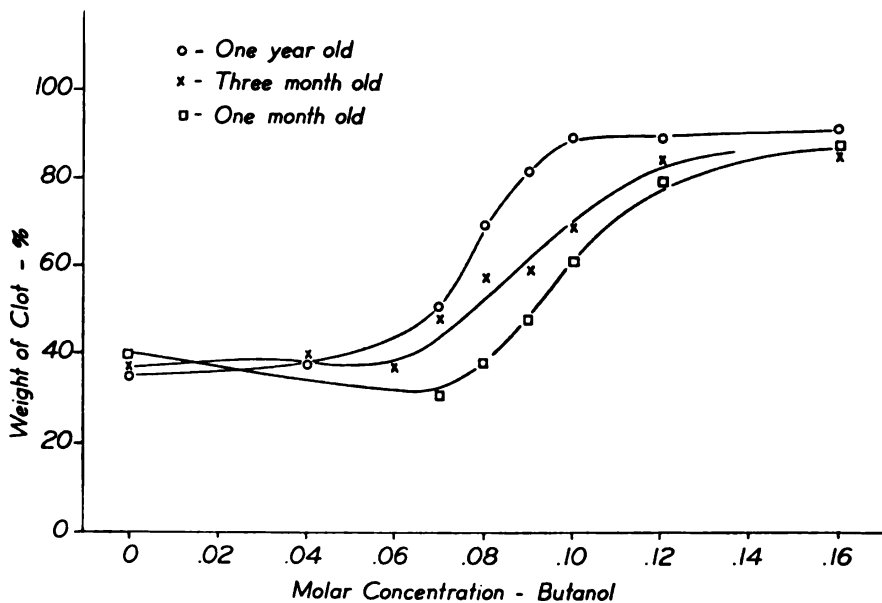


FIG. 142. Clot retraction, measured as percent weight of clot/total weight of blood, plotted against similar concentration of butanol in blood. Averages of different age group animals were studied.

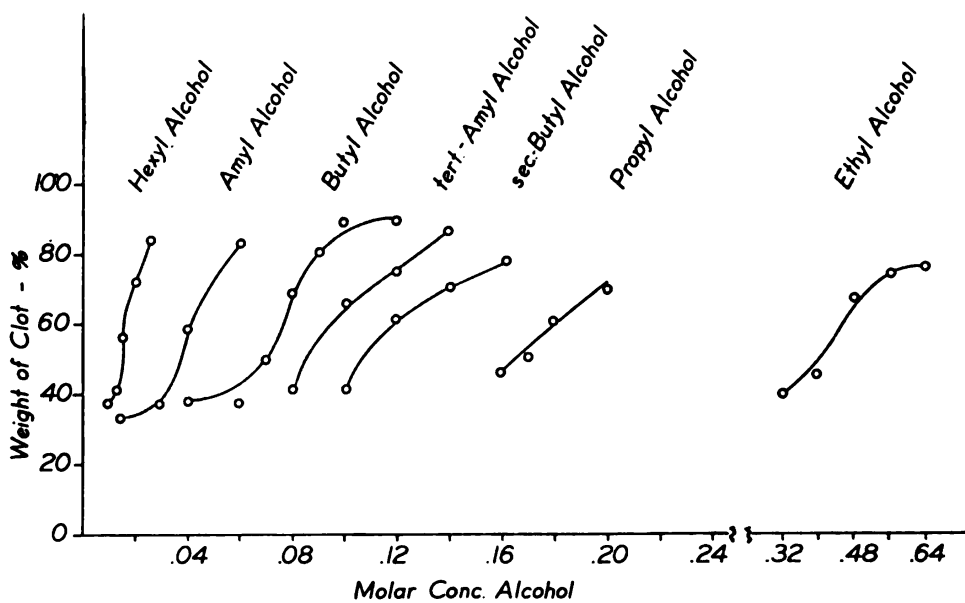


FIG. 143. Clot retraction, measured as percent weight of clot/total weight of blood, plotted against similar concentration of various alcohols in blood.

Polyols

In another study, we considered the polyalcohols, bearing in mind the important role played by glycerol in the biological activity of lipids. In animals, ethylene-glycol and diethylene-glycol proved to be too toxic for parenteral administration. However, near toxic doses produced interesting results especially in tumors. Even in relatively small subcutaneous Walker rat tumors, 2.5 cm. in diameter, for instance, necrosis was constantly induced and followed by skin ulceration. The characteristic influence of these alcohols was to induce a necrotic process not limited to the tumor alone but affecting surrounding tissues.

1.2 Diols

By following the influence exerted by more than one hydroxyl in the molecule, we tried to relate properties of glycerol to those of aliphatic lipoids. We prepared lipoids having a polar formation of 2 or 3 hydroxyls bound to the first carbons of an aliphatic chain. The lipoidic character was induced by the length of the chain. To prepare these substances, we started with corresponding α -hydroxy fatty acids in which the carboxyl was reduced to a primary alcohol by treatment with lithium aluminum hydride. As a prototype, we studied 1,2 octanediol. The lipoidic character was recognized by its high solubility in neutral solvents and a limited solubility in water.

There were no marked differences between the effects of octanol and 1,2 octanediol in systemic analyses. Both raised surface tension values in particular. However, the new component had an effect upon the central nervous system different from most other higher alcohols. As mentioned above, these aliphatic mono-alcohols do not induce convulsions without the concomitant intervention of another factor. The second factor can be a local condition in the nervous system itself, as in subjects with cerebral tumors, or others who have had previous convulsions. It can also be another substance; desoxycorticosterol, coramine, glycerol or glucose, when administered with octanol, for example, induced convulsions in some subjects. However, 1,2 octanediol, in repeated doses of around 200 mgr. daily, induced convulsions by itself. This could be explained by the fact that 1,2 octanediol contains in its molecule a group which energetically resembles glycerol. Beyond this effect, there were no manifest differences between this substance and corresponding mono-alcohols in influence upon pain, tumor growth or systemic manifestations.

Lipoalcohols with Energetic Centers in the Nonpolar Group

We also studied other alcohols with energetic centers in their nonpolar group. From various ethenic fatty acids, we prepared the corresponding alcohols by reducing the carboxyls to primary alcohols through treatment with lithium aluminum hydride. Thus we obtained, in addition to oleic alcohol, linoleic and ricinoleic alcohols for the nonconjugated fatty acids and eleostearic alcohol for the conjugated members, as well as the corresponding alcohols of an entire series of mixtures of fatty acids from safflower oil, cotton seed oil, cod liver oil, acid lipids of organs, etc., and of conjugated fatty acids derived from them. Having two series of substances with the same common nonpolar group, but with different polar groups, COOH and OH, we could relate the effect of these alcohols to their respective fatty acids and thus ascertain once more the fundamental role played by the polar and nonpolar groups in determining the biological effects of lipoids.

Study of the effects induced upon skin viral infection has largely helped to define the differences. The polar group determines the direction of the intervention—increased receptivity or refractivity—but the extent of intervention is determined by the nonpolar group. For example, the effect is very much reduced for oleic and even for linoleic alcohols and it was similarly reduced, in the opposite direction, for the respective acids. Effects were more apparent for polyunsaturated alcohols, ricinoleic and eleostearic alcohols, polyconjugated members and corresponding acids.

The same antagonism between the corresponding acids and alcohols was very clear for systemic analyses, pain, healing of wounds, and effects upon tumors. The extent of the effects in either direction is generally determined by the nature of the nonpolar group and its energetic centers.

This comparative study of acids and alcoholic lipoids has permitted us to arrive at an important conclusion concerning the general behavior of lipoids. Thus, while the nonpolar group is extremely important for the extent of the changes induced, it appears to be secondary in importance to the polar group which determines the direction of the changes. And this explains the role attributed to the polar group in the biological activity of these agents and their separation into two fundamental groups with antagonistic biological properties, which is the basis of our approach to lipoids.

We studied the effects of alcohols and mixtures of polyunsaturated nonconjugated and polyconjugated fatty alcohols on a larger scale. These preparations were obtained from safflower and cod liver oil. The immediate effect upon alkaline pain was nearly complete relief. With prolonged treat-

ment, the relief persisted in most cases. No influence upon tumors was noted in most experiments in animals. In humans, tumor arrest in a few cases was obtained. The effect was more accentuated than with isolated members such as eleostearic, linoleic or oleic alcohols. The convulsant effect was much lower than for any other lipoalcohol of this group; even large doses did not produce convulsions except in patients who previously had had convulsions. Effects upon systemic analyses were the same as for most of the higher alcohols, manifest especially upon urinary surface tension and sulfhydryl index. The polyconjugated alcohol mixture, as an agent acting at the systemic level, produced euphoria but had very little effect upon growth and evolution of tumors.

With the intention of lowering the level at which alcohols would act, we studied a special group characterized by having a double bond between C_2 and C_3 . We were particularly interested in two members of this series, allyl and crotyl alcohols.

Other Alcohols

Crotyl alcohol is a lipid since it is miscible with neutral solvents and only slightly soluble in water. Allyl alcohol, soluble both in water and neutral solvents, appears to be an intermediary substance. Since the 1% solution of crotyl alcohol in saline was painful when given by intramuscular injection, an oily 2% solution was used. No marked differences from the effects of previously discussed lipoalcohols were seen.

We studied polyalcohols having, in addition to a primary alcohol, one or more OH attached to the molecule, such as 9.10-dihydroxy-stearic alcohol. However, this substance did not show any properties other than those noted for oleic alcohol. The alcohol obtained from ricinoleic acid, in which the carboxyl was reduced to a primary alcohol, showed a limited systemic effect. Even in larger doses, the changes were slow and not intensive, although passages from one pattern to the other could be seen more often than with other higher alcohols. A state of euphoria appeared in some subjects. The immediate effect upon pain was less than that obtained with other alcohols but, in many instances, was satisfactory. There was no favorable effect upon growth or persistence of tumors in animals or humans. In several cases, on the contrary, rapid growth of the tumor occurred despite lack of pain and even sensations of well being. In general, ricinoleic alcohol seems to act at the interstitial level and above, but not below.

Lipamines

Theoretically, it was to be expected that lipids with an amine as polar group would have a marked anti-fatty acid action. We studied several of these substances from the standpoint of their influence upon physiopathological changes considered related to lipoidic predominance. The first lipid of the aliphatic amine series is hexylamine. A nonpolar group of at least 6 carbons is required for predominance over the potent amino radical. From commercial sources, we obtained amines corresponding to the usual saturated fatty acids with even numbers of carbons, ranging from 6 to 18; a few unsaturated with 18 carbons; and heptylamine with an odd number of carbons. All these compounds, when injected in mice and rats produced severe local reactions, often followed by skin ulcerations, even when administered in oily solutions. For this reason, we tried salts of these amines usually obtained with acetic or hydrochloric acid. Salts of the lower members of the series, no longer had lipoidic character. However, we could use hexylamine in an oily solution for intramuscular injection. It appeared to be relatively well tolerated locally even in humans. No apparent changes were seen, however, in systemic analyses, and the immediate and long range effects upon pain were minimal. No changes were obtained in experimental tumors except by local treatment, as in ascites tumor, or by injecting the product at the level of the transplant itself, in which case the growth of the tumor was slowed or even halted. A similar effect was seen when the transplant was dipped in the oily solution of the product and the procedure was repeated in successive generations.

On a larger scale, we utilized, both in animals and humans, the salt obtained from hexylamine with nicotinic acid. It showed favorable influence on pain of alkaline pattern, and exacerbated pain of acid pattern, but had no other effects. Heptylamine has been used by others as a hypertensive agent. In our studies, its hypertensive activity appeared to be weak and transitory.

The study of lipamines was the starting point for an entire series of researches into the biological role of the amino group, especially as it intervenes in a complex molecule. We have seen that, like all other polar groups, the amino group will act as a fixing group in a molecule. Its characteristics appear to be related to its capacity to bind the molecule to other molecules in a relatively stronger and more specific way than other polar groups.

The realization of more complex chemical polymers as biological entities evidently is related to this capacity of the amino group. This appears clear when the amino group is bound to various acids in the alpha position

to form the alpha amino acids that enter into the formation of complex proteins. In amino sugars, the amino group shows the same property, producing the polymer formations characteristic of connective tissues. Furthermore, it is the amino group, acting as a second polar group, which gives to alkaline amino acids their fundamental role in the biological realm, as mentioned above. The alkaline amino acids, like other amino acids, form polymers through their amino acid group. However, as these polymers, histones or protamines remain reactive through the terminal alkaline nitrogen-containing groups and it is through these groups that they realize new bonds, such as to nucleic acids.

In a molecule with two polar groups far apart the amino group will fix the molecule, while the other active radical will provide reactivity. The selective fixation upon certain constituents in various places in the organization accomplished by the amino group localizes the intervention of the other active groups of the molecule.

We have considered many of the biological substances containing an amino group and a second active group. Typical examples are the local anesthetics in which the amino group acts to fix the molecule, while the other energetic formations intervene more actively to induce the anaesthetic effect. Similarly, in epinephrine and ephedrine, the amino group serves to fix the molecule, while the hydroxyls later intervene more specifically.

In some molecules such as the alkaline amino acids, the second active group can be another amine or another nitrogen containing group. It was for this reason that we first became interested in investigating natural and synthetic compounds with an amino acid to serve for fixation, and another energetic center to intervene more actively. We studied amino-butanols, but no particular activity could be found. These agents, however, were not lipoids. We were consequently interested in substances having a lipoid character as well as two active polar groups of which one is an amine. A study of these agents is now in progress.

Procaine

In this group of agents we studied procaine. We became especially interested in procaine after we had seen some cases of ulcerations due to varicose veins healed in a few days with only two intra-arterial injections of procaine according to Leriche's method. With the idea in mind that an action through its lipoidic properties intervenes, we studied procaine base. Solutions of procaine base in sesame oil, or suspension in Tween or gum cellulose were prepared. Parallel with these procaine base preparations, we studied also the hydrochloride as well as several salts of procaine, such as

lactate, glycerophosphate, where a further effect was sought through the acids at which procaine was bound. We studied all these agents but only under the aspect of their activity in relationship to the dualistic offbalances.

No special effects were seen upon viruses and microbes from this point of view. Injected subcutaneously to rabbits, it was seen to increase in the skin corresponding to the place of injection, the manifestations of a subsequent smallpox inoculation. Added to the medium for cultures of tetrahymena pyriformis in higher doses, it led to the appearance of almost round forms. We studied the survival time through the capillary tubes method mentioned above. For progressive amounts of procaine hydrochloride added to a culture of tetrahymena, no immediate effect of the life-span of the culture could be seen. In another group of experiments, the procaine was added to the culture before its inoculation and the life-span of the tetrahymena grown on this medium was studied. Under these circumstances a prolongation of the life of the culture itself could be seen, but only in the cultures which were showing also a slow growth.

Procaine in general, and much more evident in the base preparations, was seen to reduce the pH values of the second day wound crust. In mice and rats, the lethal doses were seen to be manifested through the appearance of convulsions. Sublethal doses were seen to lead to convulsions after a few successive days of administration. In humans, an intramuscular injection with procaine base was seen to influence pain but this effect was apparently limited only to the cases with an alkaline pattern present. This and the fact that the effects were no more manifest with procaine base than with other lipoidic preparations with positive polar group, even when administered in relatively high doses such as of 2 cc. of the 5% solution of procaine in oil, indicates that its action other than at the place of the injection, has to be related largely to the intervention of procaine as lipoid. A special mention, however, has to be made for the angina pain which seems to be more evidently influenced by the injection with procaine base than other pains.

The immediate influence exerted upon systemic analyses, if any, was in general reduced even after the administration of 10 cc. of 2% procaine hydrochloride. It was manifested particularly upon the urinary pH, inducing a change toward more alkaline values. This effect was transitory and especially seen for the first injections. With repeated doses, this effect decreased even to the point of disappearing.

The study of the pharmacology of procaine has emphasized the character of its activity as a lipoid with a positive polar group rather than a direct one through its chemical constituents. This view is confirmed by the

fact that the same effects are not obtained with any one of the two constituents of procaine, para-aminobenzoic acid and diethylaminoethanol, administered separated or even together. The only difference in this case between procaine and its constituents resides in the properties of procaine as such, which we related largely to its lipoidic properties.

Furthermore, the study of the different effects induced by procaine can be seen to result from a nonspecific effect in which these agents intervene indirectly upon the metabolic processes which occur at the cells for instance, rather than to a direct influence exerted by procaine constituents upon specific metabolic processes. In this group would enter the effects seen upon different enzymatic processes indirectly influenced by procaine through the nonspecific changes induced.

We have investigated under this special aspect the use of procaine hydrochloride in solutions with a pH between 3 and 4, as indicated by A. Aslan, against the manifestations of old age. The low pH seems to intervene by preventing, as long as possible, the enzymatic hydrolysis of procaine and thus permitting its absorption and action as a nondissociated lipoid. We found that the protection exerted by the low pH would result from the chemotactic negative influence exercised by hydrosoluble acids upon the leucocytes, which thus will reduce the intervention of the leucocytic enzymes in the process of hydrolysis.

Furthermore, the fact that the bond of procaine, as such, takes place through the amino radical of the P A B A explains why a high acidity would prevent this local bond of procaine to occur at the place of the injection and thus would favor its action at other sites in the organism. This action is confirmed by the fact that the analgesic properties of procaine decrease through the low pH, while at the same time, its other metabolic effects increase.

The fact that good effects were observed with procaine in old age and arthritis, schizophrenia and many other conditions, indicates that a nonspecific action would take place. The fact that the effects obtained are similar to those observed in the same conditions with other lipoidic agents with a positive polar group, permits us to see as principal factor in the pharmacological action of procaine, its nonspecific intervention as positive lipoid. Besides this nonspecific lipoidic effect, some others related to its chemical constituents and which would represent specific added factors have to be considered. The relation to the folic acid would be an example.

All these considerations led us to study various preparations in which procaine was bound to different agents, with the aim to enhance its nonspecific intervention. Through procaine lactate, malate and citrate, the

chemotactic negative effect was highly increased and procaine activity enhanced. Bound to maleic or citraconic acids, the anti-fatty acid activity of procaine was further directed toward influencing more specifically, the abnormal changes occurring leading to the appearance of abnormal fatty acids.

The Elements

With the recognition that elements act biologically in two opposite directions, we became interested in those with anti-D character, capable of intervening in offbalance D. We studied the direct action of these agents upon fatty acids, as well as their indirect action upon processes and substances related to the metabolic changes characterizing the offbalance D.

We separated these inducing elements—according to their series and the compartments where they predominantly exercise their influence. The following table shows this systematization.

TABLE XIX
"A" Inducing Group or Anti-D Group

Compartments	Metals						Non Metals		
	IA	Series				IIB	IIIA	Series	
		IVB	VIB	VIII	VIII'		IIIA	VA	VII A
Organism	Li						B	N	F
Metazoic	Na						Al	P	Cl
Cellular	K	Ti	Cr	Fe	Ni	Zn	Ga	As	Br
Nuclear	Rb	Zr	Mo	Ru	Pd	Cd	In	Sb	I
Submorphologic	Cs	Hf	W	Os	Pt	Hg	Tl	Bi	At
Primary	Fr								

To these elements we can add others from the lanthanum and actinium series which have anti-D characteristics. They would act in the submorphologic and primary compartments.

Compartment	Anti-D Elements								
Submorphologic	La	Pr	Pm	Eu	Tb	Ho	Tm	Lu	
Primary	Ac	Pa	Np	Am	Bk				

Many of these elements are known to have influences antagonistic to those of members of the D inducing group. We will consider them in more detail below.

Concerning their influence on fatty acids, some members such as those of the VII A series are known to affect fatty acids with an active nonpolar group by inactivating their double bonds, while other elements have anti-fatty acid action by binding their polar groups. Some exert this influence indirectly through the metabolism in which they take part.

We have studied these different aspects of the influence of the elements which will be presented here only in condensed form.

Monovalent Cations

One interesting aspect of monovalent cations is their correlation with organizational hierarchic compartments. Study of this correlation was first suggested by the selective distribution of monovalent cations according to levels of organization. From the previous discussion, it seems clear that the distribution into compartments can be related to positions of these elements in different periods. Sodium is the principal cation at levels above the cell, forming the metazoic compartment. Potassium, which is the next higher element in the series, is the predominant cation in cytoplasm. According to our hypothesis, ammonium, with properties resembling those of rubidium, can be considered to be the cation of the nuclear compartment.

We have only limited evidence of direct anti-fatty acid activity for members of this I A series. However, they produce characteristic changes in conditions in which an offbalance exists. They induce the type "A," as an antagonistic to the type "D" offbalance. The changes are especially evident in terms of the function of the compartment to which the cation belongs.

Sodium

Sodium, the cation of the metazoic compartment, corresponds to the environment of the sea in which the entities of this compartment developed. We have indicated previously the relationship between the time when the metazoic compartment was formed, the degree of salinity of the sea, and the concentration of the cation established as a constant in the compartment. Any excess of sodium is eliminated through the kidneys in order to conserve the metazoic constant. If an excessive supply is retained for long, it favors the appearance of manifestations, which correspond largely to an offbalance of type A in the metazoic compartment.

We could show that the appearance of aorta atheromas in animals receiving an excess of dietary cholesterol is promoted by concomitant administration of sodium. This occurs not only in rabbits but also in rats in which a cholesterol-rich diet alone does not induce such lesions. Excess of

sodium also favors the appearance of thiamine-induced convulsions in animals. In rats and mice kept on high salt intake, the convulsant dose of thiamine fell from around 150 mgr./100 grams to below 100 mgr./100 grams of body weight. Administration of sodium—in the form of sodium chloride and especially as sodium lactate—favorably influences the state of shock which, as we have seen, corresponds to a change taking place principally at the metazoic level. In superacute and acute shock, we considered the excess of sodium present at still lower levels, such as cells and tissues, to be one of the pathogenic factors. The anomaly lies not alone in the excess but in the fact that the excess is at a level to which the cation does not belong.

The study of sodium metabolism in the light of organizational systematization of elements has revealed the importance of two factors; the combination which is "proper" for an element in its normal compartment and distribution of the element among compartments. In abnormal conditions, the unusual combinations occur. At the metazoic compartment, the bond of sodium to chloride can be considered to be normal. We have seen that, when this combination does not take place, the result is an anomaly characterized by accumulation of excess amounts of sodium in the immediately higher compartment.

In state of shock, for example, the pathogenic anomaly in fatty acids leads them to bind the chloride ion. This removes the normal combining factor for sodium which then passes on to the immediately superior compartment, the gastro-intestinal tract. This explains not only the excessive passage of sodium to the duodenum but also its retention there. The fact that sodium is present in reduced amounts in blood and in excessive amounts in the duodenum in the state of shock, illustrates the rule discussed above which we believe governs the distribution between levels of elements in abnormalities.

Potassium

This same rule would explain the distribution of potassium, another element of the same series. Potassium is the principal anti-D cation for the cellular compartment, as it is one of the principal constituents of the earth's crust, the environment in which the nuclei developed. Excess of potassium in the cell results in a cellular A offbalance with consequent active proliferation. Potassium in excess appears thus to be the cellular growth-inducing factor and its role in cancer has to be considered especially at the cellular level. Through the induced growth, the excess of cellular potassium would thus represent the factor immediately responsible for the invasive phase.

Following the rule of distribution of elements between the levels and compartments, an excess of cellular potassium will result in low blood potassium. This permits us to associate excess of cellular potassium and hypokalemia in cancer with active cellular proliferation. The opposite occurs in the state of shock and in offbalance D. The amount of potassium decreases in the cells. Consequently, the element accumulates and is retained in excessive amounts in the compartment immediately above the cells, the metazoic. Teleologically speaking, while the excess of sodium in the intestines and the excess of potassium in blood could be eliminated easily by means available to the organism, they are kept in high amounts in these superior compartments as reserves, disposable when and if the abnormality disappears and they can be used properly again. We have seen how this same mechanism explains the excessive amounts of copper in the blood in cancer patients.

This redistribution between compartments explains another fact about potassium. An excess of potassium is found in cancer cells: the greater the degree of malignancy, the greater the excess of the element. Along with the cellular excess, the amount of potassium in the blood drops to low values, even below 4 mEq. The low blood value cannot be related to lack of potassium, since quantities of the elements are eliminated in the urine. It has to be considered as a kind of defense through the higher level to an excessive amount of the element at its proper level. This relationship has led to the comparative study of the potassium content of red cells and serum as a means of obtaining indications concerning the intervention of this metal at its proper cellular level. The changes in the potassium content of red blood cells are considered to parallel those occurring in the cells in general. It is not the ratio between these values which is of interest, but each value by itself. Low amounts in red cells and in serum correspond to a quantitative deficiency; high amounts in both, to an excess of the metal; low amounts in cells and high in serum indicate a metabolic anomaly corresponding to a depletion of potassium in the cells as seen in offbalance D; while a high amount in cells and with low values in the serum indicate a cellular offbalance of the type A.

Administration of sodium and potassium as therapeutic aids has to be guided by these findings. Isotonic saline appears to be adequate as a replacement product but it is useless to administer it only because hyponatremia exists, except if this hyponatremia results from a quantitative insufficiency, as in excessive perspiration. The problem to be considered is how to restore the normal bond for the cation at its proper level. Often, what is needed is chloride ions for sodium, not more sodium. Similarly,

with hyperkalemia, if it exists in cases of type D offbalance, it is not the hyperkalemia which has to be directly attacked; efforts must be made to have potassium again normally fixed in its own cellular compartment. The use of glucose, insulin and ACTH seems to accomplish this for potassium. While administration of potassium in cases of cancer with hypokalemia possibly produces some immediate subjective improvement, it is constantly followed by an exacerbation of tumor growth as long as it does not correspond to a quantitative deficiency. In cases where this potassium quantitative deficiency can be eliminated as the cause of hypokalemia, beneficial results are obtained through administration of agents such as magnesium sulfate or calcium salts.

Searching for a cation that might compete with potassium and sodium, we first chose ammonium. Theoretically, it seemed to be a likely choice since it penetrates into the cell and nucleus with ease. In the pharmacology of ammonium, the missing link is the factor or factors—the substances and conditions—which determine the role of this cation in the nuclear compartment. Ammonium proved valueless because it was taken up by the liver and transformed into urea. Therefore, we resorted to the use of another monovalent cation of the same homotropic 1A series but with a higher atomic weight, *rubidium*. This cation is very similar to *ammonium* ion. Rubidium and ammonium, in nitrates, sulfates and especially in double sulfates of aluminum or magnesium, are isomorphic. We tried rubidium salts in animals and found them to have a very low degree of toxicity.

In order to study its influence upon sodium and water retention in lesions in which fatty acids predominate, we administered 1-2 cc. of a 5% rubidium chloride solution in water, two or three times daily. In several cases, this caused diuresis and significant reduction in edema. With the idea of having rubidium act at the nuclear levels, we considered the use of rubidium compounds with anions that seem to intervene at these levels. Rubidium nucleinate was prepared and 1-2 cc. of a 10% solution in water administered to subjects two to three times daily. Although these studies are not yet sufficiently advanced to permit any conclusions to be drawn, it seems that the rubidium salts may be useful in cases of intractable edema related to a local condition.

These studies of the distribution of cations at different levels of organization appear to be extremely important if we want to reach cellular and especially nuclear levels with cations, particularly as radio-active isotopes. We tried to go still further and utilize heavier cations. Experiments with cesium salts seem to present more difficulties, at least for the present, be-

cause of the insolubility resulting from the high atomic weight of this element.

In the VI B series, we know little about chromium. *Molybdenum* appears to be an active agent. The influence exerted by molybdenum is neutralized by the action of methionine, with its active thiol group. Excess of molybdenum found in some pastures induces a deficiency in copper and calcium in animals followed by osteomalacy and bone fractures, just as it induces low fertility. (174) The antagonism between these elements is shown by the inhibitory effect of ammonium molybdate upon oxidase activity of ceruloplasmin, the form in which copper is bound to protein in blood serum. (175)

The anti-D effect of molybdenum is especially marked in microbes, in which it induces morphological and tinctorial changes. *Bac. anthracis* treated with ammonium molybdate shows a cocciform change and abnormally intensive Gram positive staining.

Iron

Iron, a member of the VIII series and an anti-D agent belonging also to the cellular level, is of special interest. Its form of activity as cytochrome oxidase or hemoglobin has facilitated the understanding of its intervention. We could thus relate the high or low amount of the red cells in hemoglobin which corresponds to the amount of iron ions to the respective offbalance. Hypochromia corresponds to a type D offbalance and hyperchromia to a type A. These patterns, which were first recognized through clinical investigations are in accord with the anti-D character of iron at the cellular level where it belongs. The existence of offbalances of A and D types in cancer explains the high and low values of Fe in the immediately higher level, the blood serum. Fever, as we have noted, corresponds to an offbalance of type A at the metazoic compartment. The fact that serum iron is low during fever would indicate increased iron activity at the cellular level, which accords with its A-inducing role. We administered iron compounds to cancer patients with hypochromic anemia to correct the anemia and also because of iron's anti-D effect which might act antagonistically on sulfhydryl groups. In several cases, with very high sulfhydryl index values, ferrous sulfate has been administered in doses as large as several grams daily. In addition to producing an increase in hemoglobin and color index, ferrous sulfate in large doses has been observed to have another effect in some cases, reducing pain of an alkaline pattern. The salutary effect upon pain was noted more often with reduced iron than with ferrous sulfate. No other influence upon systemic changes was observed.

In tumors, iron produced an increase in rate of growth as expected. This peculiar effect of iron administration could be clearly seen in a case of lymphatic leukemia.

B.V., 4 years old, came under our care with the diagnosis of subacute lymphatic leukemia. He had a count of 145,000 leucocytes, of which 96% were lymphoblasts. Butanol administered in small doses reduced the number of leucocytes considerably, even after a few days of treatment. After two weeks, the count was below 5,000 leucocytes, with the proportion of lymphoblasts decreased to 6%. A count of 3,200 leucocytes made us discontinue the administration of butanol. In three weeks the count rose progressively to previous values. Butanol was again administered and again the blood count showed the same marked decrease in leucocytes.

All through this "remission," intensive hypochromic anemia persisted and led us to administer ferrous sulfate in addition to butanol. Within a few days after iron was added, the white cell count increased to 110,000 leucocytes/cmm., and the proportion of lymphoblasts rose to 90%. When the iron was stopped and butanol continued alone, the leucocyte count fell again, to 8,000/cmm. Iron was again administered and the total white count rose a second time in three days, from 8,000 to 80,000, with 96% lymphoblasts. When the iron was discontinued, the count again fell back within a week to between 6,000 and 7,000, this time with less than 30% lymphoblasts. This continued for another two weeks, when iron therapy was instituted for the third time, the count went up again to 38,000 within a single day. When butanol was administered alone, it went back to 5,600 in another five days. The boy died a few weeks later in acute shock during a blood transfusion.

While generalizations cannot be made from these findings, it could be definitely established in this particular case that the administration of iron was followed by a marked increase in the number of leucocytes and in the proportion of lymphoblasts. We saw this repeated, although not so spectacularly, in another case of lymphatic leukemia.

In several cancer patients who received iron in large doses over a prolonged period of time, tumor growth seemed to be stimulated. In animal experiments, tumor transplants grew only slightly faster in animals fed iron than in controls. Mice and rats used in these studies received approximately 0.05 gm. daily of reduced iron per 100 grams of body weight, mixed in powdered Purina chow, or were given a corresponding amount of ferrous sulfate in drinking water. Iron was added to the diet of the animals two or three weeks before tumor transplant, and was fed after transplant. Tumor growth was slightly enhanced and survival time shortened.

Similar studies were carried out using *nickel* and *zinc* alone or mixtures of them with iron. The metals reduced by hydrogen were obtained and a powder preparation was incorporated in powdered Purina chow in amounts calculated to provide approximately 0.05 gr. metal/100 gr. of body weight daily. Significant changes occurred in the evolution of Walker tumor transplants in rats receiving 0.05 gr. daily of zinc or nickel/100 gr. of body weight. In most experiments, two different results were noted. Tumor growth was retarded in a significant proportion in one group of animals, with the tumor disappearing in some cases. In another group with the same Walker tumors, tumor growth was stimulated. It is interesting to note that retardation occurred only in tumors with a necrotic, ulcerative character, while stimulation was noted in those with white masses. The correlation of necrotic and ulcerative tumors to an offbalance of type D and of massive non-ulcerated white ones to offbalance of type A explains this paradoxical result. This would confirm the anti-D or A-inducing character of these metals.

Zinc

Zinc intervenes with a certain specificity in one group of metabolic changes, those related to carbohydrates. Both pancreas "A" cells, which manufacture glucagon, and B cells which produce insulin, contain large amounts of zinc. Zinc regulates glucose metabolism through its influence on insulin. Zinc and insulin give insoluble combinations, Zinc chloride retarding the action of insulin. (176) A diet rich in glucose depletes the Langerhaus islets of zinc, (177) while protein and lipids, or even fat, increase the zinc content of the pancreas. (178) With alloxan, the islets lose their physiological capacity to store zinc. (179) Indirectly zinc appears to have anti-D activity.

A similar anti-D activity for zinc can be seen in the prostate, which is particularly rich in this element. Conceivably, zinc's role would be to favor the persistence of spermatozoids. The capacity to utilize zinc is lost in the abnormal prostate. In adenomatous hypertrophy of the prostate, zinc values decrease. (180) They decrease still more with cancer of the prostate. (181) Although cancer has been induced by excessive administration of zinc, the element's role in pancreas and prostate seems to be indirect, through the metabolic changes it influences. Calcium is antagonistic to zinc, which is to be expected considering the opposite fundamental biological groups to which they belong.

It is interesting to note the influence exerted by the oral administration of zinc powder upon radiation effects in mice of C₃H strain receiving lethal

doses of 1500 r. In different experiments in which 85 to 100% of the controls died in less than twelve days, the mortality rate for animals given zinc ranged from 25 to 50%. In one group, a mortality rate of 15% was observed. There was a much weaker effect when nickel was incorporated in food. No effect at all could be obtained with iron.

Mercury

Mercury, a member of the IIB series was studied. Theoretically, it should act upon the sulfhydryl groups, and thus limit the processes in which these groups take part.

A series of compounds in which mercury is present in the anion, and which are routinely utilized as therapeutic agents because of their diuretic action and their effects on electrolyte metabolism, was investigated. Because of their well-known diuretic effect, we initially used them in patients with generalized anasarca. We extended their use to cases with localized edema which could be related to tumors with local alkalosis. It was noted that the mercurial diuretic, in addition to influencing water and sodium excretion, changed other systemic analyses toward type A, although only temporarily. However, when these substances were administered over long periods of time, other effects were observed which could not be attributed to diuretic action. In animals with slowly growing tumors, mercury was found fixed with a degree of selectivity within these lesions. After treatment for a certain time, peritumoral fats became rich in mercury, as recognized macroscopically through abnormal ash color and confirmed by histochemical analysis. It was interesting to note that mercury appeared largely in the necrotic part of tumors. A beneficial influence upon evolution of tumors was seen, if a type D offbalance was present.

Bismuth

Bismuth, from the VA series was studied. We utilized available anti-luetic compounds. Again localization in peritumoral fats was seen, with the fats this time becoming abnormally reddish. Neither in animals nor in patients could other important effects be recognized.

Arsenic

Arsenic, from the same VA series, belongs to the cellular compartment. Its manifest A inducing or anti-D effect was noted in all compartments if the amount administered was high enough. It is interesting that Bac. anthracis, under the influence of arsenious acid, changes to cocci

highly irregular in dimension, with intensive Gram positive staining, and a creamy character of cultures. (182)

The carcinogenic effect of arsenic has been widely investigated by many authors. In our experiments, arsenic in various preparations did not show a carcinogenic effect. It did, however, enhance the effect of various carcinogens, and thus appears to be an active co-carcinogen. Its action at the cellular level would explain this effect.

Aluminum, from the IIIA series, belongs to the metazoic compartment. In minimal doses, it produces a D systemic offbalance. *Boron*, as boric acid, shows few effects other than in gastrointestinal disorders. This effect may be due to the fact that it belongs to the organism compartment. Insoluble compounds of boron appeared to be useful in the treatment of diarrhea.

The effect of members of the VIIA series appears to be largely correlated with a direct action upon the double bonds of the nonpolar group of the fatty acids.

Chlorine

We have noted previously the capacity of chloride ions to bind fatty acids. The bond represents the first step in abnormal metabolism of sodium chloride. In a second step, sodium forms alkaline compounds by binding with the carbonate anion and, in sufficient amounts, induces local alkalosis. Accumulated in cells along with water, the sodium compound leads to the appearance of vacuoles. In interstitial fluid, the same process induces edema and pain of an alkaline pattern. At the systemic level, it results in a state of shock.

In the last analysis, the influence of the alkaline sodium compounds can be considered to result from the lack of anions other than carbonate available to bind sodium. For this reason, we were interested in studying the effects of substances able to furnish the chloride anion to the organism. Through metabolism of ammonium chloride and calcium chloride, chloride ions are liberated in the body. They have little effects at lower levels. An immediate influence on local pH is seen at the tissue level. Favorable influence on alkaline pain is part of this action. The effect of ammonium chloride in shock is related to the fact that it furnishes the needed chloride ions.

The action of chloride upon alkaline sodium compounds, however, is handicapped by another aspect of its intervention. Studies of the pathogenesis of shock has shown a noxious effect produced by compounds resulting from the bond of chloride ions to fatty acids. The gastric ulcerations

seen in the state of shock with the severe liver damage produced by several chlorine compounds—could be largely related to the bond of chloride ions to fatty acids. This led to the idea of trying such combinations *in vivo* to destroy abnormal entities such as tumoral cells. By using lipoids rich in chlorides, we hoped to achieve this without the noxious effect of free sodium ions.

We administered trichlorethylene and chlorbutanol (the last also used as an antiseptic in many pharmaceutical preparations). No effect was seen at any level in experiments on animals and humans. In a second step, we added chlorine to various lipoids, especially those with negative polar groups. We started with 9, 10-dichlorostearic and 9, 10, 12, 13-tetrachlorostearic acid. The results with these preparations in animals and in a few humans were not encouraging. Investigation of products obtained through fixation of chlorides at the double bond of conjugated fatty acids, has shown that, in large amounts, they are able to induce gastric ulcerations in rats and rabbits. This brought us back to the use of chlorides as anti-D agents—of which sodium chloride appears to be the most effective.

Fluorine and Bromine

In another series of experiments, we tried to replace the chloride ion with another halogen. We studied the influence of fluorine, bromine and iodine compounds, this time upon the processes that induce abnormal patterns related to predominance of abnormal fatty acids. The administration of sodium fluoride and of other compounds containing fluorine did not have any appreciable effect either in animals with tumors or other pathological conditions, or in humans with alkaline pattern of pain. The fact that fluorine belongs to the organism level led us to investigate it in terminal cases. Neither pain nor tumor evolution was changed. Bromine, too except for a sedative effect, did not influence systemic changes, pain or tumor growth.

Iodine

The influence of iodine was rather extensively studied because of its relationship to tumors and because it belongs to the nuclear compartment. Before the days of pathological diagnosis of cancer and serological methods of detecting syphilis, iodine salts were used to differentiate between gummatous and tongue cancers. This was the so-called “*pierre de touche*” treatment, since iodine was assumed to favorably influence luetic lesions but markedly enhance neoplastic growths.

In view of the dualistic concept of cancer, we were interested in ascer-

taining whether the effects of iodine were related to one of the two off-balances present, and if this was so, to try to take therapeutic advantage of it. Iodine was administered principally in the form of potassium iodide solutions and Lugol's solution. In most cases with alkaline pain, the intensity diminished and pain even disappeared soon after iodine administration. In several cases, doses as low as 3-10 drops of Lugol's solution were sufficient to induce such an effect for hours. However, larger doses or repeated doses produced effects that were distinctly undesirable. Edema within the neoplastic lesion was increased by the administration of iodine, sometimes to such an extent as to require discontinuing its use before any other changes in the tumor could be noted.

Research also was done with lipid and lipoid molecules incorporating iodine. The purpose was to determine whether these molecules would act more selectively upon abnormal cells and induce local toxic effects. 9, 10-di-iodostearic acid and 9, 10, 12, 13-tetra-iodostearic acid were prepared and tested in animals and humans. No differences were noted between these substances and inorganic iodine preparations in influence upon systemic analyses, pain or tumor growth, in both animals and humans.

Oxygen

Oxygen, an agent with a negative anti-A character, at the organism level, acts like an anti-fatty acid agent at the lower tissular level. For that reason, we will discuss it here.

At the beginning of our work, we were interested in determining the relationship between cellular membrane permeability and the pathogenesis of the two offbalances. If a change in the permeability of cell membrane was the primary mechanism involved, changing the oxygen tension in or around entities where offbalances occur might result in the correction of the abnormal manifestations present.

Clinical studies were made in which oxygen was administered to patients with acid pain pattern. The pain was not relieved as expected. Indeed, its intensity was even increased. These experiments indicate that impaired cell permeability, if it exists, is not the major factor in the pathogenic mechanism involved in the acid pain pattern. Actually, these studies indicated that another pathogenic mechanism was involved since oxygen administration increased this pain. Accordingly, it had an opposite effect on alkaline pain. The intensity of alkaline pain decreased, the pain being often entirely relieved by administration of oxygen. We found that pain produced by traumatic injuries, which was subsequently identified as invariably of the alkaline pattern, could be satisfactorily relieved by oxygen.

Such relief occurred in patients who had suffered all sorts of traumatic injuries, from superficial wounds to severe comminuted fractures.

A curious phenomenon was seen to occur which limited the practical usefulness of oxygen. After first relieving pain, continuation of oxygen administration led to appearance of a new pain. The patient was able to distinguish between original and new pain by its localization, by the different quality of the sensation, and also by the fact that instead of being relieved by oxygen, the new pain tended to increase with the continued administration of oxygen. It disappeared soon after oxygen administration was discontinued. If oxygen were administered again, the new pain returned within a short time. The new pain might become severe and even unbearable with continuation of oxygen administration. On the other hand, when administration of oxygen was stopped, the original pain again appeared within 10-20 minutes.

The appearance of a "new pain" and the resemblance between these changes and those observed with the use of lipids, suggested a change in the pain pattern itself, although the changes induced by oxygen evolved over minutes instead of days. This was confirmed by following the response to acidifying and alkalizing agents, the only adequate means to investigate the pattern in these cases. By this test the new pain was found to be of an acid pattern.

Because of the possibility of inducing a period of calm between the old alkaline and new acid pain, oxygen administration still seemed to be useful. In cases of traumatic pain, always with an alkaline pattern, successful results were obtained. A necessary condition appeared to be the physical and mental ability of the patient to guide the administration of oxygen. He had to recognize if too little or too much was being administered on the basis of the different sensations felt, and consequently, to adjust the administration to the optimum amount. Extreme pain caused by extensive traumatic injuries was controlled very successfully when the patient could be taught to utilize oxygen properly.

In addition to pain relief, an effect upon evolution of the lesion itself was manifest. In a few days with this form of oxygen treatment, guided by the subjective sensations, the healing process itself was observed to be sufficiently advanced to make the pain disappear entirely. Healing of the wounds seemed to be greatly enhanced by oxygen therapy guided by the patient. In several cases of open comminuted fractures in which amputation was considered inevitable on admission, unexpected improvement was noted. Atonic wounds were transformed, becoming rich in granulations, and healing was rapid.

However, the nature of the treatment was such that it could only be successful when properly applied. If dosages were too low, there was no sedative effect; and if doses were too large, new pain was induced. The physical and mental status of the patient thus appeared to be the determining factor for success. The use of an oxygen tent, in which the amount of oxygen can be carefully adjusted, helped in a few cases to maintain proper dosage. But even in this situation, the patient himself must furnish information not so much about intensity of pain, as about changes in the character of pain.

The relationship between the amount of oxygen administered and the clinical results, especially in pain, has suggested that this factor may be significant in other conditions in which oxygen therapy is used. The fact that, despite its general usefulness in the acute stage of myocardial infarction, oxygen does not alleviate the pain in some cases and may even increase it, suggests that the amount administered might not be adequate. In such cases, a decrease in pain intensity following temporary discontinuation of the use of oxygen would indicate that the amount utilized was too high. If the suppression of the oxygen administration is followed immediately by an increase in pain intensity, the amount previously administered has to be considered too low.

The possibility that too much oxygen can induce a proliferation of vessels and connective tissue, as seen in the fibroblastic retinopathy of premature babies kept in an atmosphere too rich in oxygen, fits in with the data mentioned above. We have noted that too much oxygen induced an anoxybiotic process with anabolic character. This explains the abnormal type of offbalance with proliferative tendencies seen in fibroblastic retinopathy. We will return later to a discussion of this important factor in oxygen therapy.

On the basis of findings in traumatic pain, we studied oxygen in cases of painful cancer. Attempts were made to employ it as a diagnostic aid to help determine the acid or alkaline character of pain present on the assumption that oxygen would intensify the first and would relieve the second pain. In a group of subjects, we compared the diagnosis of the existing pattern through concomitant variations in pain intensity and urine pH, the response to acidifying and alkalizing substances, and response to oxygen. In most of these cases, accuracy of the information furnished by the last method was confirmed. However, this method has shown great limitations. Whereas most of the patients were able to recognize an immediate change, they were less precise about a second change when it occurred. At the present stage of this research, it appears that judgment concerning the de-

velopment of changes could be improved by reducing the concentration of oxygen administered, thus increasing the length of time during which the changes would appear. In general, the results when applied as routine were insufficiently clear to be used as a practical means for the diagnosis of the pattern.

Oxygen also has been tried as a therapeutic agent for controlling alkaline pain pattern in cancer cases. Unfortunately, even in patients who are able to analyze the variations in pain character, the time between the decrease in intensity of the original pain and the appearance and increase in the intensity of the new pain is so variable that it is almost impossible to adjust the dosage of oxygen satisfactorily to obtain a long enough period of calm.

We sought a theoretical explanation for oxygen's effects upon pain. As mentioned above, the reduction of pain of an alkaline pattern and the appearance of a pain of an acid pattern, are in accord with our view of the pathogenesis of these pains through the intervention of the two groups of lipids, fatty acids and anti-fatty acids. A tentative explanation can be found in the active role of oxygen upon fatty acids. In the presence of increased oxygen tension, it is possible that oxygen is fixed in greater amounts on abnormal fatty acids, thus reducing their intervention in chloride metabolism. With less chlorides fixed by fatty acids, alkaline compounds would be reduced. This would explain the influence of oxygen upon pain with an alkaline pattern. The appearance of an acid pain pattern produced by increased anoxybiosis seems to be explained by the fact that inactivation of fatty acids, if it goes beyond certain limits, changes the balance toward a predominance of sterols. Besides this mechanism, another also can be considered. Any action upon fatty acids themselves, would reduce their availability as active agents. It seems possible that under higher tension, oxygen is bound to these fatty acids in a way different than the bond which leads to the appearance of activated oxygen. Through it, the role of the unsaturated fatty acid in activating oxygen for the cells would be to decrease intracellular activated oxygen and thus change cell metabolism to the anoxybiotic type. Since the bonds are labile, return of oxygen tension to normal allows the fatty acids to recover their function of activating oxygen. Teleologically, this process can be interpreted as a mechanism to prevent passage of excess oxygen into the cells when the external oxygen tension increases.

Studies of oxygen in normal and abnormal physiology have led us to consider also the possible utilization of various oxygenated compounds as therapeutic agents. A distinction must be made between hydroperoxides, which occur normally in organisms, and peroxides and epoxides. Peroxides

result from the binding of molecular oxygen, while the epoxides result from binding of atomic oxygen, both under abnormal conditions. Peroxides were administered as adjunct agents in cases highly refractory to therapy with lipoids having negative polar groups. In preliminary experiments, it could be seen that a certain condition was necessary to influence the desired processes. The peroxide used has to be a lipoid if it is to have influence upon the lipoidic system. Some lipoidic peroxides were prepared, and their therapeutic value is still under investigation. The influence of lipoidic epoxides upon the process of carcinogenesis also is under study.

Peroxidases

It has been previously noted that hydroperoxides resulting from the oxidation of mono- and polyunsaturated fatty acids are found normally in the organism, but peroxides appear only under abnormal conditions and particularly when abnormal fatty acids intervene. The manifestations of the type D offbalance in its oxygen phase thus can be attributed to the presence of peroxides. Biologically, the intervention of peroxides would be counteracted by peroxidases and catalases. It was interesting to study a clinical curiosity which could be connected with a probable intervention of peroxidases.

In several patients with frequent headaches, whose analyses showed a typical acid pain pattern, pain was repeatedly intensified or even induced by eating pears. No other fruit had such effect; some had the opposite effect. This led us to consider that the pain intensifying action was not due to an acid-base change. The large amount of peroxidases in pears led us to isolate this enzyme in order to study its direct influence upon pain. Peroxidase could be obtained from pears in relatively small amounts, and showed reduced activity upon peroxides even *in vitro*. We were able to prepare much larger quantities of a highly active peroxidase from horse radish.

After being purified and tested for antiperoxide activity, preparations were administered orally to patients with acid or alkaline pain pattern. While the former was definitely intensified, there was no relief of the latter. It seemed that the effects obtained through the administration of isolated peroxidases were the same as those obtained when pears were eaten.

Antioxidants

The relationship between fixation of oxygen and chlorides has led to the study of antioxidants capable of acting in situations of abnormal oxidation. It was hoped that these substances also would be able to influence the fixation of chloride ions.

We have utilized several groups of known antioxidants, starting with manganese compounds, such as inorganic salts, and later binding these to lipids. It is too early yet to draw any definite conclusions from animal experiments, and we have not used the compounds clinically. However, our studies up to now do not show any influence that could be interpreted as sufficient to warrant hope that these compounds can control the fixation of chlorides on fatty acids.

In the same series of researches, other antioxidants—some of them used for the preservation of edible fats and others for the control of oxidation in other substances such as rubber—were tried. We investigated the influence of tocopherols, the natural antioxidants for vegetable oils. Alpha tocopherol in doses of 100 mg. was administered several times a day to patients having symptoms and signs corresponding to an intervention of abnormal fatty acids. A decrease in the intensity of pain of an alkaline pattern was observed.

Along the same lines, we investigated the influence exerted by maleic acid, used to prevent the rancidity of edible fats. In proportion of 1/10,000 this acid conserves these fats for months. Curiously enough, maleic and citraconic acid have shown an influence upon the abnormal manifestation of the type D.

For these reasons we utilized these two acids—maleic and citraconic—as anti-D agents. In one study, the acids were injected intravenously in proportion of from 0.1 to 1 mgr./100 cc. of saline. In others, the sodium salts of the acid were used, while in still others the butyl esters were prepared and administered intramuscularly in oily solutions. For the present it is difficult to judge the effects obtained.

All the above mentioned attempts were made on the basis of a direct action upon fatty acids and other lipoidic constituents with negative polar groups which intervene in inducing offbalances. For the present, it seems that no single agent can resolve the problems that result from the plural intervention of various abnormal fatty acids at the different levels. The use of various agents acting selectively at the different levels involved seems to be the only available path by which therapeutic intervention against the multiple manifestations at different levels can be accomplished.

Before going further, we thought it useful to have a synoptic view of this special part of the pharmacological activity as obtained through the study of the influence upon pain and the systemic level analyses as seen in humans. To this we added the effect seen upon tumors in humans. Tables XX and XXI which give this information in a very condensed form, were limited to the most important agents tested for each group studied. The effects are indicated as clinical results also for the facility of the presentation.

TABLE XX
 CLINICAL RESULTS WITH AGENTS THAT ACT UPON
 THE OFFBALANCE TYPE "A"

Group	Agent	Systemic Level	Pain	Influences Exerted Upon Tumor
<i>Fatty Acids</i>	Saturated	None	None	None
	Polyunsaturated	Slight	Fair	Some, not consistent, not persistent
	Mixtures from organs	"	Good	" " "
	" from cod liver oil	"	Fair	Fair, not consistent, not persistent
	Irradiated	"	"	" " "
	Conjugated	"	"	" " "
	α —OH	None	None	None
Polyhydroxy	Slight	Slight	None	
Chloro-derivatives	Fair	Fair	Some, not consistent, not persistent	
Oleic	Slight	None	None	
<i>Aldehydes</i>	Crotonic	Slight	Slight	Slight, not consistent, not persistent
	Propionic	Good	Good	Fair
	Heptylic	Good	Slight	Fair
<i>Sulfur Compounds</i>	Thiosulfates	Good	Good	Fair
	S. Colloidal	None	None	None
	Mercaptans	Slight	Slight	Good, consistent, persistent
	Hydropersulfides	Fair	Fair	Fair, not consistent, not persistent
	Methyl thioglycolate	Slight	Fair	" " "
	Tetrahydronaphthalene persulfides	Fair	Fair	Good, consistent and persistent
<i>Selenium Compounds</i>	Alkyldiselenide	Fair	Slight	Good, consistent, persistent
	Perselenide	Fair	Good	" " "
<i>Peracids</i>	Perborate	Fair	Fair	Some, not consistent, not persistent
	Perchlorate	"	"	
<i>Hormones</i>	Testosterone	Slight	None	Seldom, not consistent, not persistent
<i>Mustards</i>	Sulfur mustard	Fair	Fair	Fair, " "
<i>Hydrines</i>	Epichlorohydrin	Fair to good	Slight	Fair, consistent, persistent

TABLE XXI
CLINICAL RESULTS WITH AGENTS THAT ACT UPON
THE OFFBALANCE TYPE "D"

Group	Agent	Systemic Level	Pain	Influences Exerted Upon Tumor
<i>Sterols</i>	Cholesterol	Fair	Fair	Seldom, not consistent, not persistent
	Insapon. fraction of organs of eggs of milk	"	"	" " "
		"	"	" " "
<i>Alcohols</i>	<i>Aliphatic saturated</i>			" " "
	Butanol	Good	Good	
	Pentanol	Fair	Fair	Fair, " "
	Heptanol	"	Slight	Good, consistent, persistent
	Octanol	Slight	"	Fair, not consistent, not persistent
	Octanediol	"	"	Slight
	Nonanol	None	None	None
	<i>Polyalcohol</i>			
	Glycerol	Slight	Good	Good, consistent, persistent
	Inositol	None	None	None
	<i>Unsaturated</i>			
	Oleic	Slight	Slight	None
	Linoleic	"	"	None
	Polyunsaturated	"	Fair	Slight, not consistent, not persistent
Polyconjugated	"	"	Fair, " "	
Crotonic	"	Slight	" " "	
Ricinoleic	"	Fair	Slight, " "	
Salicylic	"	Slight	Fair, " "	
<i>Hormones</i>	Estrogens	"	"	Slight, " "
<i>Amines</i>	Aminobutanol	"	Fair	" " "
	Hexylamine	"	"	" " "
	Heptylamine	Good	"	Fair, " "
	Glucosamine	Good	Slight	None
<i>Nicotinic acid deriv.</i>	Niketamide	"	Good	None
<i>Metals</i>	Iron	Fair	Slight	None
	Mercury	"	None	"
	Bismuth	"	"	"
<i>Halogen</i>	Iodine	Slight	Fair	"
	Oxygen	None	Good	None

CHAPTER 14

THERAPEUTIC APPROACH

BIOLOGICALLY GUIDED THERAPY

THE STUDIES PREVIOUSLY DESCRIBED have identified many factors involved in the pathogenesis of abnormal conditions and have shown that there are similar factors which also govern the pharmacological activity of various agents. Out of this peculiar relationship between abnormal conditions and agents has evolved a therapeutic method which is fundamentally different from methods in common use.

In conventional therapeutic efforts against disease—in chemotherapy of cancer for example—methods as standardized as possible are sought. The goal is to find agents capable of influencing the cancer cells, if not in all tumors, then at least in tumors of the same origin. Within the limitations imposed by the general toxicity of the agent, the conduct of treatment is standardized as far as possible. The criterion of value of a treatment is its ability to overcome individual variations.

In our approach, in clear contradistinction, the effort is to influence the complex condition as it is present at different levels of the organization. It corresponds to treatment individualized as far as possible. Therapeutic efforts are guided in all their aspects—choice of agents, doses to be used—by existing manifestations with their multiple quantitative and qualitative variations. The fact that many of these variations occur during treatment, as a response of the organism induced by the medication itself, increases the individual character of treatment. No prediction can be made about the whole course of treatment to be used for an individual patient because the individual qualitative and quantitative changes which occur during the treatment cannot be foreseen.

In this approach to therapy, the patterns of manifestations constitute the criteria which determine the choice of the group of agents, the specific members of the group, and the dosages to be used. Throughout, clinical and analytical manifestations are the major factors that guide treatment. The clear systematization of the relationship between analytical findings and therapeutic indications is vital.

The fundamental offbalances, their patterns and deviations, thus guide the therapeutic approach. The nature of the fundamental offbalance, in general, indicates which of the two basic groups of agents is to be used; the patterns show which substances from these groups are desirable; while the quantitative changes in these patterns, especially under the influence of the agents, determine the doses to be administered. Any change in biological manifestations is followed by change in therapy. We call this *biologically guided therapy*.

Through the years, although this biologically guided treatment has remained fundamentally unchanged as an approach itself, applications have evolved. Efforts have been made to find increasingly precise criteria and more efficient agents.

Each of the basic physiopathological concepts has greatly helped to develop standards for the guidance of treatment. For instance, the concept of organized conditions has led to the concomitant use of several agents from the same group instead of just one. The idea for this was derived from the fact that the concomitant manifestations at different levels show relative independence; they must be influenced separately. The concept of physiopathological dualism has indicated the need to use, according to the offbalance present, agents from one or the other of the two groups with antagonistic properties. The role of the lipids in dualism has underscored the importance of these substances as active agents able to induce fundamental changes. The dualism of other constituents has been the basis for their use. The mechanism of natural defense has shown the advantage of using two systems simulating, in part, the kind of dualistic response which occurs naturally. As more has been learned about these basic concepts, the therapeutic approach, while it has remained fundamentally the same, has evolved and become increasingly effective.

The value of biologically guided chemotherapy appears clear when we compare the effects obtained by using agents with and without the guidance furnished by this method. Several patients treated at another center of research with a well-known agent, such as a nitrogen mustard gas derivative, have been studied. Analytical data showing the patterns present in these patients were obtained but were not used to influence the conduct

of treatment. Favorable results were seen in a few of these cases—when, by happy accident, the treatment applied was suitable both to the original problem and to the changes occurring during treatment, as revealed by analyses. In the failures, there was no such fortunate coincidence. The fundamental offbalance present called for an agent other than what was used. Or changes occurring during treatment indicated that use of the agent should be discontinued, although this was not done.

We have employed the same agents in some patients but with treatment guided by individual manifestations. In some cases, the analyses indicated the need not only for more prolonged treatment, but even for the use of dosages higher than those usually accepted. In others, on the contrary, they indicated the need to reduce dosage or even to stop the treatment, although the doses were, according to the usual posology, too small. It is interesting to note that in some cases, the treatment has been stopped and restarted several times on the basis of analyses. The clinical results—immediate and long-range—were definitely better than in patients given unguided therapy.

In analyzing the development of clinical applications of this form of biologically guided chemotherapy, progress can be seen to have resulted as knowledge has increased in three areas: criteria, agents used, and method of application.

Criteria

We have discussed the different symptoms and analytical changes with dualistic character encountered in pathological conditions. At various stages, all were considered as potential criteria for guided therapy. The value attributed to them as indications for treatment has changed as research has progressed. Some of the analytical tests have been found to reflect changes limited to a special level, while others of more general value have been found to furnish indications of broader offbalances themselves. The importance of some criteria was established only after many years. Others, once considered of major usefulness, have appeared to be less reliable as time went on. Body temperature, for example, in spite of the frank dualistic aspect often seen, has been considered for a long time to be influenced by too many factors to furnish any valuable information. With the development of our research, however, temperature has become an important criterion for administration of agents but limited toward manifestations at the level of the organism.

Urinary specific gravity and pH; excretion of chlorides, sodium, calcium and sulfhydryl; total blood and serum potassium; and the count of eosinophiles in circulating blood—all have been used individually with the

hope that they would indicate the type of fundamental offbalance present, and consequently, which group of agents should be used. Recently, however, we have come to use these measurements rather as criteria of changes at different levels. Urinary surface tension has thus become important as an indication of the offbalance at the levels above the cells while potassium in blood indicates the offbalance at the level of the cells. Years of investigation have shown conclusively that proper criteria represent the principal condition for success in treatment by guided chemotherapy.

The Agents

The relative independence of the various levels involved in a condition like cancer, which originates below the level of the nuclei and progressively involves higher levels as it evolves until it terminates as a systemic condition, necessitates having several agents chosen specifically for their ability to work at these different levels.

Over the years, we have utilized many agents. The level at which they are most active, the nature of activity from the point of view of dualistic intervention, and integration of activity in the frame of the defense mechanism, represent the factors which determine the specific use of these agents. It must be emphasized that, in the study of pharmacodynamic activity, the value of information furnished by tests in laboratory animals is limited. Because changes in patterns in animals cannot be followed, we have been obliged to follow such changes in humans.

Method of Application

The critical role played by each level of organization in a complex condition—and the independence of these levels—underscores the urgency of applying therapeutic agents capable of acting at specific levels where they are needed. Such applications have been made possible through special affinities of various agents for different levels. Their structure—and especially their content of specific elements which belong to specific levels—account for their tendency to act at specific levels. However, it has often been judged necessary to insure intervention of an agent at a given level by applying it directly at the level itself. The injection of an agent into a tumor or into a region of the body, through surgical chemotherapy, represents one type of procedure insuring level activity. Another procedure has been to inject an agent prepared in vitro so that it is bound to specific body constituents, such as cells or nuclei. In the latter procedure, the specific defense mechanism is seen to take place at the level of the body constituent and thus desired level activity is obtained.

In the development of this research, we faced another problem which is basic to all therapeutic attempts but especially important in cancer: evaluation of the results obtained.

Evaluation

Incontestably, favorable results have been obtained in cancer with many agents. However, because of the variety of manifestations, evaluation of the changes obtained has been the subject of much controversy. Each clinical worker in cancer has his own ideas about the importance of various changes obtained and often utilizes as criterion changes less accepted by other workers. A systematization of evaluating standards appeared necessary and it seems possible to do so under the concept of the disease as an organized complex condition.

In the minds of most workers in the field of cancer today, any therapeutic procedure aimed at the control of cancer must prove itself in tumors in animals. We have already mentioned the reason why control of human and animal tumors represent two different problems. Failure to recognize that the results obtained in animal cancer do not necessarily apply at all in human cancer has led to failure of the tremendous project of screening virtually all known substances for their effects upon grafted animal tumors.

The unguided treatment of cancer in animals, as carried on today, *i.e.*, without any consideration of existing offbalances, seems to explain the limited importance placed upon many changes obtained in these experiments. But even if evaluation is confined solely to the influence exerted upon the cancerous cells in unguided treatment, the same agent can appear active or inactive, depending mainly on coincidental circumstances. Its influence may change from favorable to unfavorable during, and due to, the treatment. Because of this, it is quite probable that many useful agents are not being recognized in the simple screening method used today. Most of the agents which we have found incontestably valuable in guided therapy appeared to be entirely ineffective when used in unguided treatments on small animals. As long as not enough valuable criteria are available to permit guided therapy in experiments in animals, the results would have only a relative value: to furnish useful information about limited problems such as toxicity, special pharmacodynamic activity, etc.

Under the concept of cancer as a complex condition, all manifestations, not just those directly related to the anatomical presence of cancerous tumors, must be regarded as important.

The tendency of almost all cancer workers is to limit evaluation exclusively to changes observed in tumors. Without underestimating in any

way the importance of these changes, we must emphasize the importance of other manifestations. For a subject in the systemic terminal phase, any change obtained in the tumor will have little immediate importance, whereas a beneficial change in systemic metabolic anomalies will be of great immediate value. Similarly, for a subject in the invasive or painful phase, any influence exerted upon the organic or systemic functions will be of less immediate importance than a beneficial influence upon pain or upon the cancerous lesion. With cancer recognized as a complex condition, the decision of many scientists, especially clinicians, to limit evaluation to changes only in the tumors would appear to be unilateral and unrealistic.

We tried to systematize evaluation of results obtained in cancer treatment by considering all the manifestations present in the patient and by assigning to each its relative value. In addition to any decrease or disappearance of tumor masses, various analytical changes, improvement in general well-being, gain in weight and control of pain represent accomplishments, the importance of which depends on the severity of these manifestations in the individual case.

With all these factors in mind, we have evaluated the various results obtained through biologically guided treatment over a period of many years, relating them to agents and criteria which were changed, of course, as research progressed.

The study of different complex conditions has emphasized the fact that many of the manifestations present are common to different diseases. Through the variety of pathological manifestations present in these conditions, we had the opportunity to study many problems specific for these conditions or of general interest. The therapeutic method consequently has been applied in many noncancerous conditions. Before presenting an analysis of the progress of this research in the field of cancer, it may be of interest to review results of the same therapeutic approach in other conditions, each with its specific problems.

THERAPEUTIC APPLICATIONS IN CONDITIONS OTHER THAN CANCER

From the beginning of this study, manifestations, clinical and analytical, present in a variety of abnormal conditions, have appeared to conform to the basic physiopathological concepts presented above. In these varied conditions, however, more often than in advanced cancer, some analyses have shown no abnormal patterns while others have shown them so constantly as to indicate that certain anomalies, often limited to specific levels of or-

ganization, are of great importance. In spite of individual variations, some of the conditions studied have shown patterns and interrelationships of patterns that provide characteristic analytic pictures which will be analyzed in further publications. Furthermore, some of these patterns appear to be so strongly related to a given condition that our attention was directed to the idea of a fundamental relationship between the processes related to the patterns and the pathogenesis of the condition itself. The following examples illustrate this.

An impressive relationship was found between the presence of peroxides in urine and schizophrenia. We mentioned previously the reaction which we devised for detection of these substances in urine. This reaction would indicate the existence in the body of abnormal processes in oxygen metabolism, leading to the appearance of peroxides in the urine. We saw that these processes ultimately could be related to an abnormal intervention of fatty acids, corresponding to the oxygen phase of offbalance D.

Daily urinary analytical patterns were studied in a group of 27 advanced schizophrenics over a period of three years. Over 27,000 urinary samples were examined and more than 135,000 tests performed. Oxidizing substances were found in 87% of these samples. This appears to be highly significant when compared with only 2% positive values in subjects considered clinically normal, and 4% in cancerous cases submitted to various treatments. Not a single negative analysis was seen in some of these schizophrenics during the three years of daily testing. This suggested that the metabolic abnormality, characterized by the appearance of peroxides, might play an important pathogenic role in this disease. (221)

Another example of a pattern revealing characteristic pathogenic processes was seen in geriatric cases. Old people often have a manifest abnormality in urinary S. T. Figure 261, page 648 shows the values encountered in old people compared to those in subjects of mixed ages. The high surface tension in the aged group is related to predominance of sterols at the systemic level. Such predominance is also found at the organic level of the skin, for instance. A clinical test, wheal resorption time, indicated abnormal values for almost all the aged subjects studied, as shown in Figure 68. These data, integrated into the general concept of complex conditions, led us to the pathogenic concept of old age presented above.

The urinary chloride retention index in subjects in a state of shock consistently shows such exceptionally high values that our attention was directed to the study of the role of abnormal metabolism of chlorides in the pathogenesis of the condition itself. This view has been confirmed by further research, as mentioned previously.

The study of the different conditions in terms of fundamental pathogenic concepts has had other consequences. It has established clearer relationships between these conditions and cancer than previously recognized. In fact, many of the data first obtained in the studies of these other conditions have been applied specifically to cancer.

One example is shock. Occurring in the terminal stage and usually leading to death, shock often has been considered to be one of the "complications" of advanced cancer. Under the concept of organized complex condition, however, it could be seen that, in cancer, shock is related to off-balance type D of the terminal systemic phase. The study of shock has greatly contributed to the knowledge of this offbalance in cancer.

The therapeutic approach, in which the choice of agents and the doses used are determined by the different patterns present, has been useful in many noncancerous conditions in which the anomaly apparently is limited to one level of organization or even to a special group of entities. As examples here, we will discuss conditions in which manifestations are produced by an acid-base tissular abnormality.

ABNORMAL LOCAL ACID-BASE MANIFESTATIONS

Pain, itching, vertigo and dyspnea are symptoms of many conditions often far apart etiologically. We have seen that, according to our research, these symptoms are related to an acid-base abnormality at the tissue level. The ideal treatment would be to remove the cause of the symptom, to act upon the etiological factor. This ideal treatment would be entirely different if the symptom stems from a systemic toxic condition, a cancerous lesion, a local inflammatory process or a local allergy, for example. But the great variety of causes that can induce such symptoms as vertigo, pain, itching and dyspnea, often makes this ideal therapy almost impossible, particularly in everyday medical practice.

Another approach to controlling these symptoms would be one which is not especially concerned with the etiological factors involved but with influencing the specific pathogenic changes underlying each of these symptoms. But as such specific changes have not yet been defined, symptomatic treatment has remained as the only practical recourse in these instances.

Recognition in the physiopathological changes present in pain, itching, vertigo and dyspnea of an acid-base pattern, has permitted another therapeutic approach on a different, more precise basis. These symptoms, with their dual pathogenesis, have been treated according to the two possibilities: acid or alkaline pattern. Identification of the specific pattern, as noted

previously, is simple. Furthermore, pain results from an abnormality present at one level of organization, the tissues. With two groups of antagonistic agents, both capable of acting at the tissular level, the therapeutic problem is reduced to the choice between these agents according to the pattern present. The therapeutic problem—previously so complex because of the need to consider so many possible etiological factors so often unrecognizable—is simplified by this approach to a choice between two groups of agents, determined by one easily identifiable factor.

The means used to recognize the acid-base pattern vary with each symptom. We present here a resume of the research made in this direction.

Pain

We have seen that pain can be sensorial or symptomatic, and that the latter has a dual pathogenesis with an acid or alkaline pattern. Reduced to the problem of an acid or alkaline offbalance occurring at the tissular level, the treatment of pain is greatly simplified.

The first problem was to determine the pattern present. The relationship between variations in the curve of pain intensity and concomitant changes in the urinary pH, previously discussed, has been used for such determinations. The simplified method of comparing two urine samples, one corresponding to a period of pain and the other to one of calm, has proven very useful.

Among other analyses, only changes in serum potassium content have appeared helpful in the recognition of the pain pattern. This can be explained by the fact that most of the other routine analyses do not inform us specifically about changes at the tissue level where pain occurs. A high serum potassium level, increasing during pain exacerbation, indicates an alkaline pattern; a low level, decreasing during pain exacerbation, indicates an acid pattern.

Another, sometimes simpler, technique for recognizing the pattern is the response of pain to administration of acidifying or alkalizing agents, as seen above. Also, some substances, while being used as therapeutic agents, indicate the pattern through the responses they induce. Butanol and sodium thiosulfate in adequate dosages (1 cc. of a 6.5% solution of butanol or 1 cc. of a 4% solution of sodium thiosulfate injected intramuscularly) are examples. The intensity of an acid pattern of pain is increased by butanol, and decreased by thiosulfate. The inverse occurs in pain of an alkaline pattern.

With the pattern of the pain recognized through one of these means, agents are chosen from the two groups, anti-A for acid pattern and anti-D for alkaline. In each group however, some agents have been found to be

more effective than others because of their greater activity at the tissue level. The following agents have been found to be most effective against acid pain, in the order presented: lipoaldehydes and especially propionic aldehyde, sodium thiosulfate, sulfurized tetrahydronaphthalene, the acid lipid fraction of various organs, polyunsaturated fatty acids, epichlorohydrin, and selenium in the form of perselenide. For an alkaline pattern, agents with a positive polar group, such as butanol, nikethamide, insaponifiable fractions, glycerol and heptanol are effective in that order.

Once the agent to be used is chosen, the dose which can vary greatly from case to case, is easily determined from the clinical response. In practice, the patient is given a small dose. If the intensity of the symptom decreases but is not completely controlled, the same dose is usually given three hours later. If the symptom intensity remains the same, the dose is continuously increased more or less rapidly, in accordance with the severity of the symptoms, the medication being repeated this time at intervals varying from a half hour to every three hours.

On the other hand, if the symptom disappears after the first administration of the agent, medication is not repeated until the symptom reappears. If the symptom is controlled for less than six hours by the dose used, the same dose is given when the pain reappears. If more than six hours of relief follow a dose, the next dose is usually reduced in proportion to the period of time the effect lasted. If 24-hour relief occurred, the dose is reduced by half; if relief was of two days' duration, one-quarter of the last dose is given. However, if, with three successive doses of medication, the symptom increases in intensity each time, always during the first half hour after the medication is administered, it is discontinued and the entire group of agents to be used is reconsidered. A new test for the pattern is performed. If the pattern is the same as before, other agents from the same group are tried. However, if the pattern now is opposite to the original pattern, the group of substances has to be changed.

This technique has produced, with few exceptions, excellent pain relief. This approach to pain has been the object of several controlled studies. S. A. Barragan Martinez (183) and E. Stoopen, (184) in the journal "Pasteur," confirmed our conclusions. From Stoopen's publication we quote two characteristic observations in *Note 1*.

An intensive study of head and neck pain was made by B. Welt and published in the American Medical Assn. Journal of Laryngology (185), with the following conclusions:

“Summary and Conclusions

A series of 120 patients having the symptom of pain in the region of the head and neck has been studied.

The symptom of pain has been analyzed according to Revici's concept concerning the alkaline or acid pattern of the painful symptom.

Eleven cases were eliminated because no pattern was identified; 109 cases showed an acid or alkaline pattern. The results showed a satisfactory result in 84% of the vascular headaches, 100% in migraine headaches, and 75% in the neuralgic group. These results indicate a correlation of Revici's concepts and the results achieved. The simplicity of this method is indicated.

Additional data about Revici's views are given. The relationship to homeostasis and the biology of the cell is indicated.

The problem confronting the clinician in treating cases of this type, on account of the many factors involved, is simplified according to Revici's concept of dualism.

Two additional active products are presented, one acid and the other alcoholic. The data here presented concerned the incidence of the control of the acute symptoms while under observation. Further experience with this method will be necessary. As the method stands, it is a practical method of therapy for the control of pain. Recurrences were seen and controlled.”

Our method of controlling pain was the subject of a panel discussion at the American Academy of Ophthalmology and Otolaryngology, New York, N. Y., September 21 and 22, 1954, and of an article published by B. Welt and M. Welt in *Modern Problems of Ophthalmology*. (186) (*Note 2*)

Trauma

A particularly interesting application of the method described above is in the treatment of pain related to traumatic lesions. The study of wounds from the standpoint of the offbalance present has revealed a definite pattern in their evolution. In all wounds, there is an initial period during which the offbalance is always type D, corresponding to a predominance of fatty acids. This can be recognized indirectly by measuring the local pH which shows alkalosis, the chloride content which shows a manifest increase, and by cytological and histological studies which indicate a rapid cellular aging process, with necrosis and sloughing. In uncomplicated wounds, in humans, the painful period usually lasts a few days. The pain in this initial period is of an alkaline pattern.

The constancy of the alkaline pattern in pain in traumatic lesions elimi-

nates need for any tests, thus simplifying therapeutic choice by reducing agents to be used to one group—those with positive character.

As already noted, some of the agents are more effective than others in influencing alkaline pain. Butanol and heptanol are particularly useful in traumatic pain, followed in order of activity by polyunsaturated alcohols, nikethamide and glycerol.

One important application of these findings is in routine treatment of postoperative pain. For surgical wounds, which represent typical traumatic lesions, butanol appears to be especially beneficial. Its use has been the subject of extensive studies by B. Welt (187) in surgery in otorhinolaryn-

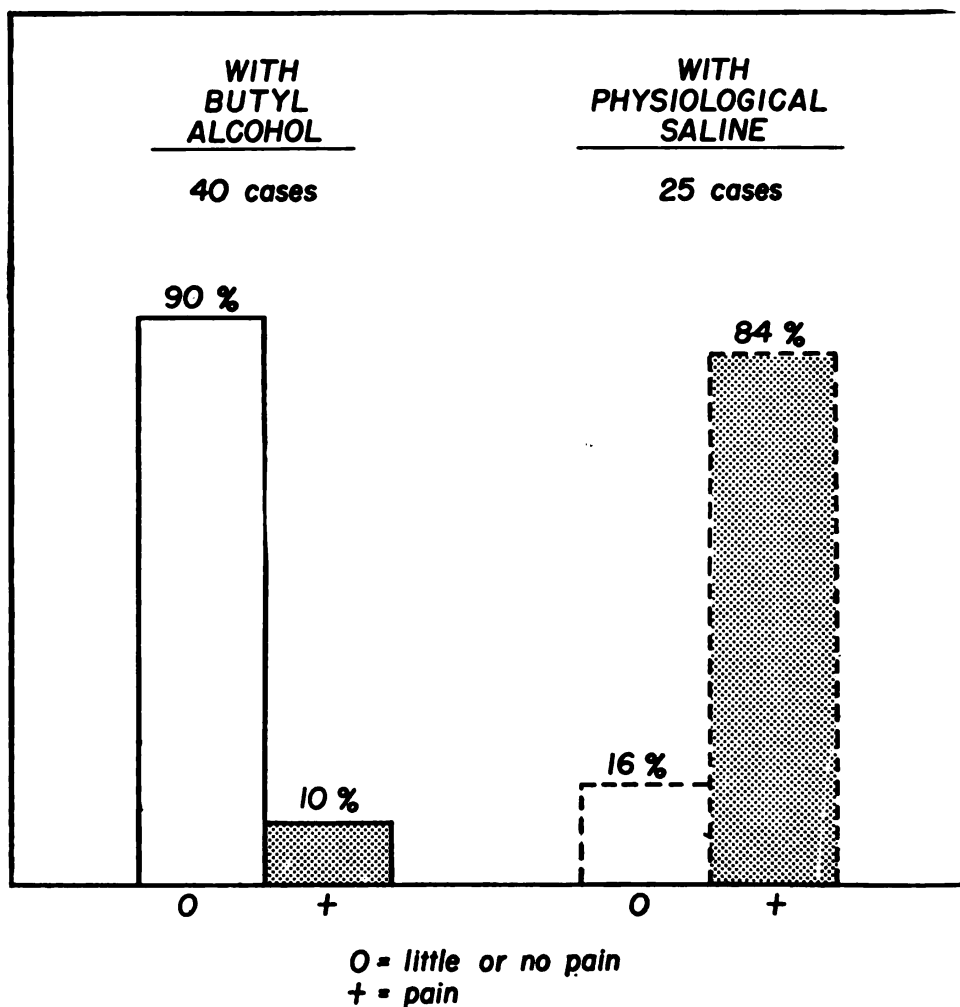
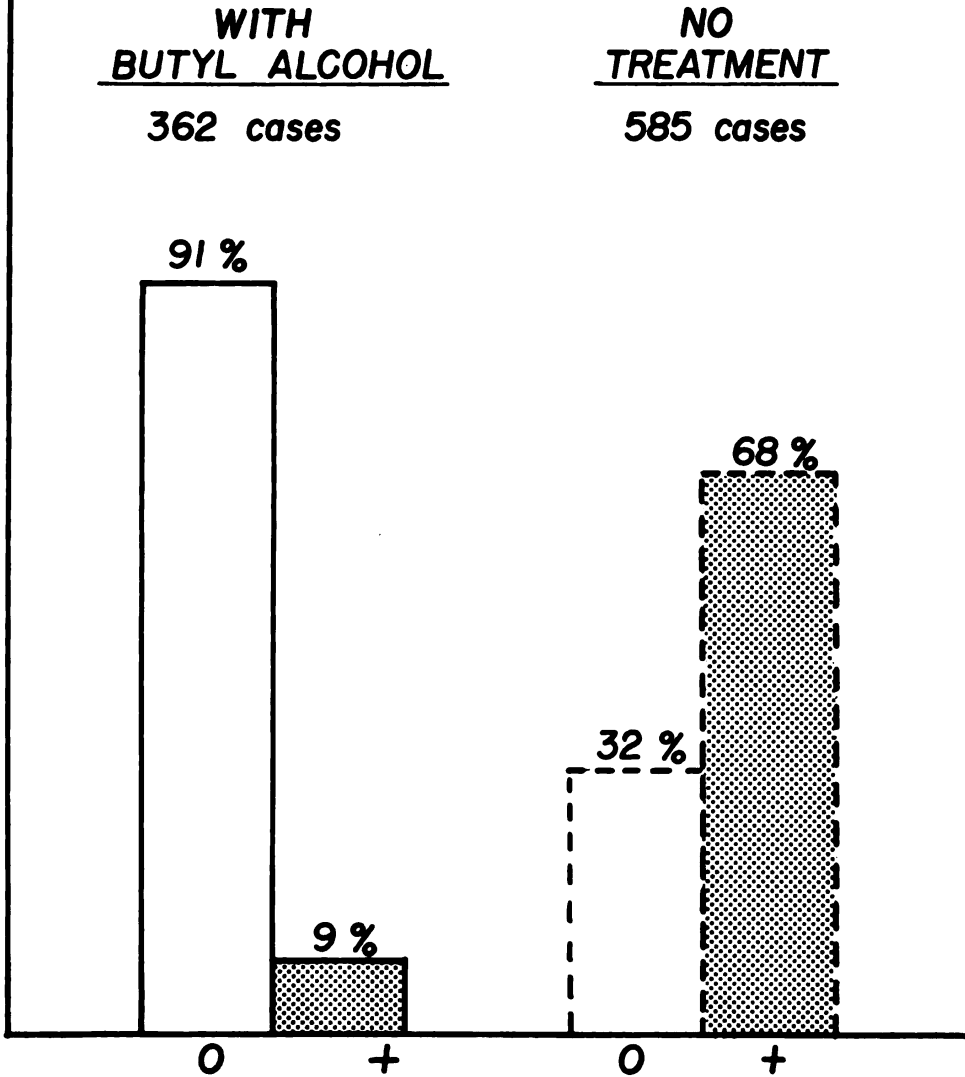


FIG. 144. Results obtained with butanol in postoperative pain—compared with subjects receiving saline as placebo—(From B. Welt—*AMA Archives of Otolaryngology*. 52. 540, 1950.)

**PAIN 12 HOURS AFTER
THE LAST n-BUTYL ALCOHOL INJECTION**



O = minimal or no pain
+ = moderate or severe pain

FIG. 145. Results 12 hours after the butanol injections. (From B. Welt, AMA Archives of Otolaryngology, 50, 590, 1950.)

gology, (*Note 2*) (*Fig. 144*) by M. Welt in ophthalmology (188), by A. Ravich in urology (189) (*Note 3*), and by S. Sheer in plastic surgery. (190)

With more than 10,000 cases treated, butanol seems to be completely safe as well as highly effective. Not a single case of undesirable reaction due to the medication has been noted. The dose necessary to obtain pain relief varies with the amount of traumatized tissue. With an adequate dose of butanol, the patient has a minimum of pain, is conscious, and without impairment of intestinal and bladder function. Butanol also has a marked preventive action against hemorrhage, which will be discussed below.

Success with this medication depends upon adequate dosage. The addition of butanol to the saline solutions customarily used in postoperative care has done much to simplify the problem of administering it in adequate doses without resorting to supplementary injections. Doses as high as 100 cc. or even 200 cc. of 6.5% solution of butanol have been administered in the first days following surgery, with good results and no inconvenience to the patient.

Administered by injection or orally in only very small doses, heptanol is helpful. A mixture of heptanol, butanol and polyunsaturated alcohols constitutes a valuable preparation for controlling postoperative pain. *Butanol, heptanol and glycerophosphoric acid* added to *glucose* and *saline* has proved very helpful to control not only pain but also the other disagreeable *post-operative manifestations*. (*Note 4*)

In other forms of trauma, such as accidental wounds or fractures, the same agents have been equally successful if in sufficient doses.

With their use, the healing period seemed to be shortened, as shown in experiments in rats and rabbits. In animals with standardized wounds, the healing of connective tissue in particular is accelerated. In wounds treated with preparations of cholesterol, sterols or insaponifiable fractions of organs, the healed epithelium shows abnormally high proliferation.

Burns

The pain of burns has been successfully treated with higher alcohols such as butanol, heptanol or polyunsaturated alcohols. However, here the problem is not so simple since pain is only one, and not the most important, of the manifestations. Systemic functions are often so greatly impaired as to represent the immediate cause of death. The higher alcohols are effective in controlling pain and local troubles, while other agents are needed when the condition also involves the systemic level. Glycerol and especially sterols which are present in the insaponifiable fractions of organs such as

placenta, are very helpful in these cases. Anuria of several days' duration has been influenced in several cases, with abundant diuresis occurring only a few hours after the administration of 2-4 cc. of a 10% solution of the insaponifiable fraction of placenta, an effect not obtained with butanol alone, even in large doses. The effect was still more impressive when large doses of butanol, such as 10 cc. of the 6.5% solution every hour, were administered for a few hours before injection of the insaponifiable fraction.

The addition of sodium lactate to butanol in sufficient amount has been seen to favorably influence systemic problems related to burns. Experimentally, we have shown the value of this preparation in extending the survival time of mice.

Under ether anesthesia, adult mice were scalded in water at 90°C for three seconds up to the xyphoid appendix. The survival period for untreated animals was short. Of the various preparations used, the butanol-sodium lactate mixture seemed to be the most active in prolonging survival. (*See Note 13, Chapter 10 and Fig. 138*)

Ultraviolet ray burns, such as occur in sunburn, have been treated with butanol in several hundred cases. We started with 5 cc. of the 6.5% solution orally, and repeated the dose every 10-15 minutes until the painful sensation disappeared. When the burning sensation reappeared, treatment was resumed. It could be seen that butanol not only controlled pain rapidly and completely but also that the skin lesions healed in a shorter time than in untreated subjects.

X-ray and radium burns in animals and humans have responded to the same substances as mentioned above. Standardized ulcerated radiation lesions were inflicted in rats by inserting, between the lips of a skin incision, a needle with radium in platinum or monel metal. A needle with 25 mg. radium in monel metal was kept in place for two hours, one with 10 mg. in platinum for 96 hours. Ulcerations resulted and took four weeks or more to heal. In animals treated with sterol preparations, such as insaponifiable fractions of placenta, wounds healed in much shorter time. Similar effects could be obtained with butanol, although less consistently.

Good results were obtained with the same treatment in radiation burns in humans. In relatively new lesions, pain was relieved after a day or two and rapid healing usually followed. Even in old burns which had not healed for many years, pain was controlled in less than a week and the lesions started to heal. In some of these, scars developed in less than a month.

Vertigo

Another interesting application of the same therapeutic method has been in otological conditions. B. Welt has made a stimulating contribution to the study of ear conditions in terms of the pathogenic mechanism involved and an even more valuable contribution to therapy.

Vertigo was one of the conditions studied. In a few cases, by comparing concomitant variations in the intensity of the symptom and changes in the urinary pH, we had been able to show that acid and alkaline pathogenic patterns exist, similar to those seen in pain.

Going on from there, B. Welt, in an extensive study, has shown the presence of this dualism and has successfully applied the therapeutic method discussed above, to a significant number of cases of vertigo. The major advantage of this method over other treatments for this condition lies in its extreme simplicity.

For vertigo, which has so many different causes, an etiological approach although ideal, has seemed impossible to all workers in the field especially as a routine procedure in medical practice. An initial simplification of the approach could be made by relating vertigo to acid and alkaline patterns, thus reducing treatment choice to two groups of agents. Welt, in a further step, simplified even this procedure, making the method highly applicable in routine medical practice. He administered to patients one or the other of two agents chosen from each group, such as butanol or sodium thio-sulfate, being guided in his choice by clinical aspects such as changes in the symptom with the time of day or the intake of food. A favorable change in the symptom was considered to be a confirmation of this tentative diagnosis of the pattern. The treatment was then continued with the same group of agents. An increase in vertigo led to the use of the opposite group of agents. The clinical results obtained by Welt with this simple method are impressive. (190) He arrives at the following conclusions:

"Summary and Conclusions

A series of 44 patients having the symptom of dizziness has been studied.

The symptom of dizziness has been analyzed according to Revici's concept concerning the alkaline or acid pattern of the symptoms.

In 80% of the analyzed cases, the responses have shown the existence of an alkaline or an acid pattern; 12% showed an inconsistent relationship; 8% showed no result.

A therapeutic approach has been devised which corresponds to the presented results.

The control of the symptom of dizziness by this therapeutic approach has been obtained in 80% of the cases.

As compared with other methods of treatment, which are prolonged and involved, Revici's approach is simple in application and effective in its results.

This therapeutic approach based on the dualistic pattern of the physiopathology of the pathological tissues is especially applicable to the symptom of vertigo, which because of the multiplicity of the etiologic and pathogenic factors make a direct medical attack almost impossible.

The evidence presented in this communication relates to the control of the acute attacks of vertigo. Recurrences were observed in this series and successfully controlled.

In the cases submitted in this communication and in subsequent cases subjected to this form of therapy, further observation by this method will indicate whether or not the lesion is permanently controlled."

Welt completed his vertigo study by using many other members of the same groups of agents as they were studied by us for other conditions. The following conclusions appear in Welt's second publication on vertigo. (191)

"Summary and Conclusions

A series of 106 cases with the symptom of vertigo has been presented in this and a previous paper and analyzed according to Revici's concept of a metabolic imbalance which exists in pathological foci and manifests itself as a local alkalosis or acidosis.

Seven cases were eliminated for lack of data. This left a total of 99 case studies. This figure represents the sum of 42 cases termed the 1953 series and the present series of 57 cases. The two series were combined and analyzed according to sex, alkaline or acid character of the symptom, and clinical diagnosis.

The analysis showed an average good result of 80% for both series. This percentage indicates a consistent correlation of the use of Revici's method and substances with the results achieved. Additional substances from various sources were utilized in the present study. It is here again emphasized that I have submitted this article for the practical reason that the method described is simple and has been successful in its application. In addition, it gives a new systematization to clinical data in the field of otolaryngology. Finally, this communication points to a vast group of sub-

stances from widely differing sources and of different structures which have similar biochemical activities. The substances presented here are but a few, but they open a pathway for the development of other substances having similar biochemical activities. It is to be hoped that these too, may have a practical application in the field of otolaryngology.

Views on cell permeability and their relationship to fatty acids and sterols are added.

The role of foci of infection and psychological aspects in their relationship to the symptom of vertigo is amplified.

The simplicity of this method of therapy is emphasized, and its integration with a new method of systematization of clinical knowledge is indicated."

Hearing Impairment

Deafness remains the most important problem in otology despite good results recently obtained with surgical procedures such as fenestration and stapes mobilization. Since deafness results from long evolving processes, a logical approach to the problem would be not to wait for the advanced stage where surgery must be used but to try to control the processes before they reach this ultimate state which usually corresponds to sclerosis. Studies of the morphological changes related to progressive deafness have been too limited to present a basis for a biological or biochemical therapeutic approach that would have a chance of success. The nature of the lesions, their minuscule dimensions, and their chronic evolution, offer no opportunity for direct information. Consequently, we tried to adapt to this situation the knowledge acquired through research in the field of abnormal processes in general.

Just as for pain, it was observed that some patients with hearing impairment are aware of differences in their acoustic acuity according to the time of day, *i.e.* some hear better in the morning, some in the evening. There seemed also to be a correlation with the intake of food. Based on these observations, cases of various degrees of surdity were investigated for relationship to acid-base changes. Some subjects showed audiometric variations under the influence of acidifying or alkalizing agents, while others did not respond. When two antagonistic agents were used in the same subject and hearing acuity was analyzed, the changes occurred in two opposite directions. We could interpret this only by analogy to changes in pain and other acid-base symptoms. Accordingly, we postulated that in some cases no activity is going on in the lesions since no changes are induced in the

audiogram by administration of acidifying or alkalizing agents; in others, there is activity which is acid or alkaline in pattern.

Thus, the existence of a response was considered to indicate a still active lesion. Time is not the determining factor. Even in relatively recent lesions, biological activity may have ceased while in other cases, even with very advanced hearing impairment, lesions can still be evolving, with processes not yet advanced to the sclerotic scar phase. This aspect has been extensively studied because of the therapeutic implications, since only an evolving state could possibly be influenced by this method of therapy.

The influence of agents used in other conditions with acid-base pathogenesis was studied in cases of impaired hearing. The first attempt made years ago, with fatty acids and sterol preparations, was not successful. Much better results have been obtained with more recently developed synthetic agents. In the last five years, Welt has devoted much time and effort to this research. He has made thousands of complete audiograms and has used a series of active agents with placebos for control. (192) Welt has studied approximately 460 cases to date. (*Note 5*) In the simplified form, an agent from one or the other group was used for a short time and improvement in the audiogram was taken to indicate that a suspected pattern, acid or alkaline, was actually present.

Clinical results have largely confirmed theoretical views. Regardless of degree of impairment, improvement ranged from nil or almost nil in cases with no more signs of activity, to good and excellent in those with still active lesions. In young patients in whom the proportion of active lesions is high, results were particularly impressive. Hearing impairments of 60-70 decibels or more have been overcome, sometimes in only a few weeks of treatment. These results have been observed to persist in many cases, some thus far for more than three years. However, a tendency for impairments to recur, usually following rhino-pharyngeal infections, has been noted. Generally, renewed treatment has been able to restore hearing to previous values in a short time. (*Figs. 146 to 150*)

It appears superfluous to emphasize here the importance of this contribution to the medical and social problem of deafness. It represents the first approach to treat successfully the pathological processes related to impaired hearing before they lead to advanced lesions which can no longer be influenced except by surgery. Every case of incipient or even advanced hearing loss should be investigated by the simple technique devised by Welt to see if correction by this method is still possible. Surgical intervention should be reserved principally for patients with lesions which correspond to sequels and who no longer respond to biochemical treatment. But even

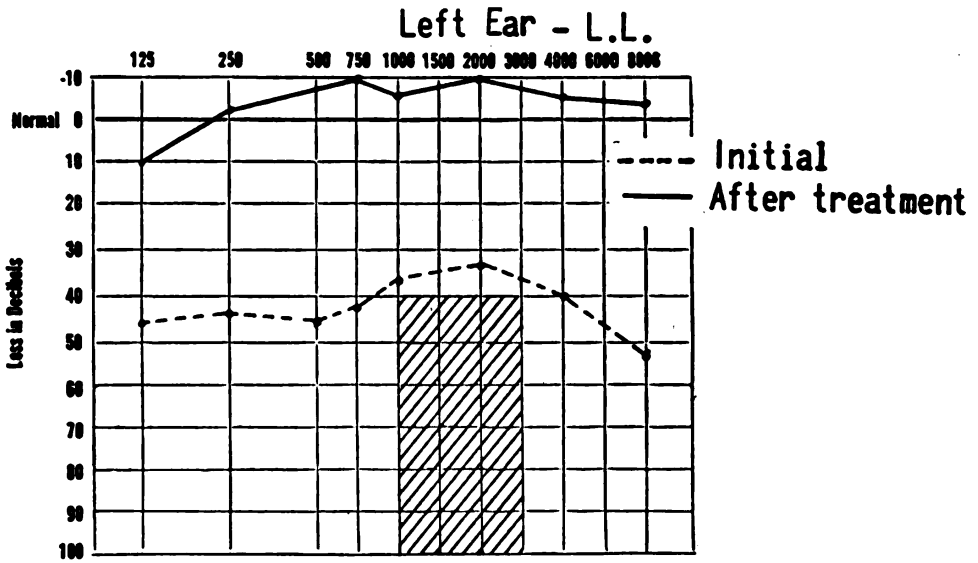


FIG. 146. Manifest improvement in the impaired hearing is obtained in a subject with acid pattern, through guided treatment with negative lipoids. (Courtesy of Dr. B. Welt.)

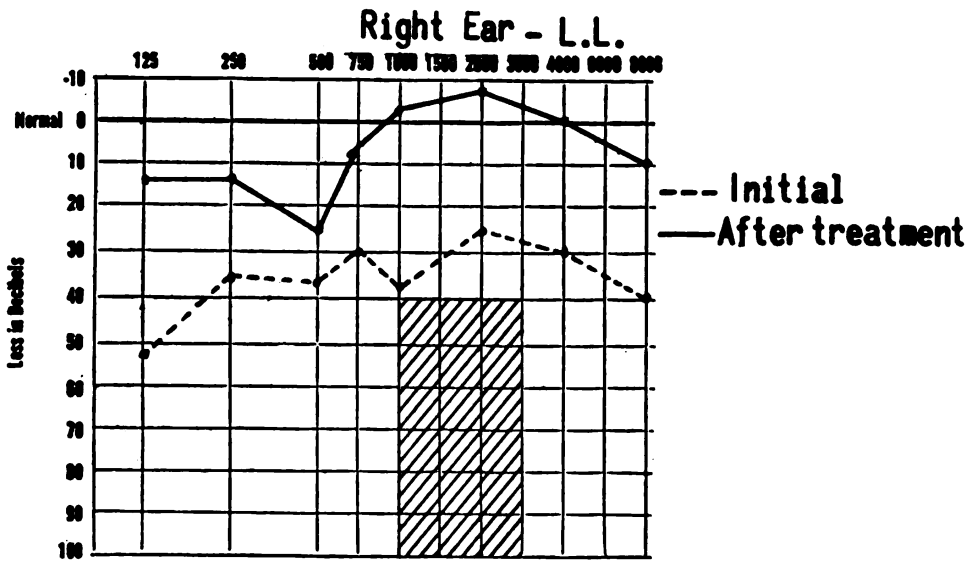


FIG. 146bis. In the same patient as in Fig. 146 the improvement is not as manifest for the right ear as for the left ear.

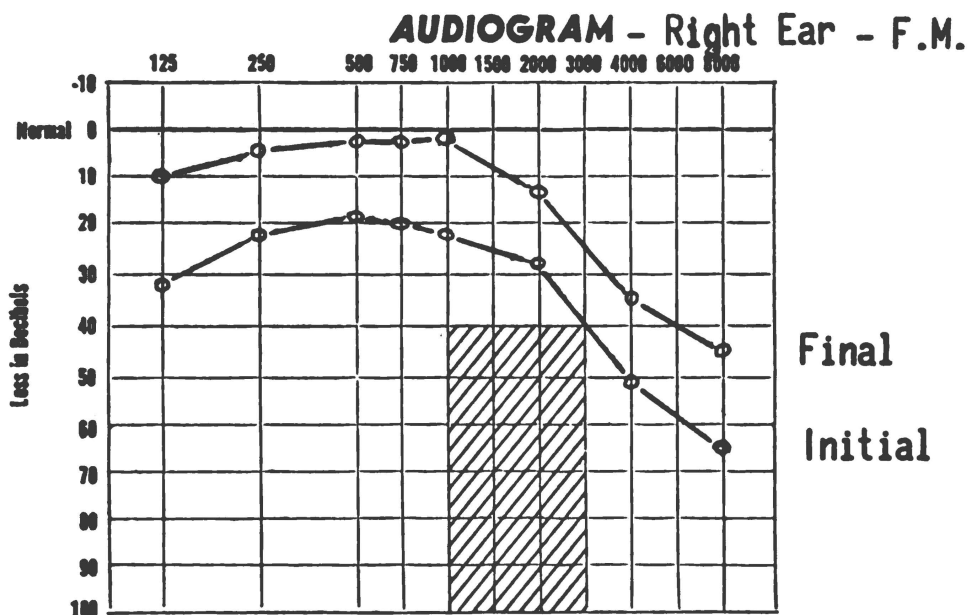


FIG. 147. Only a relative improvement is obtained in a case with alkaline pattern of impaired hearing.

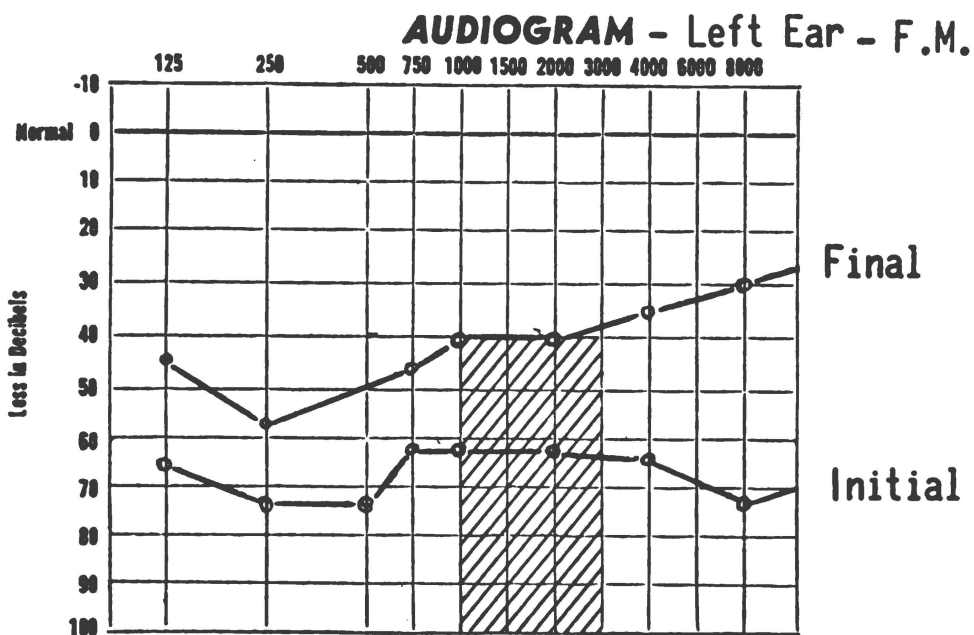


FIG. 148. A still smaller result is obtained in this case for the left ear.

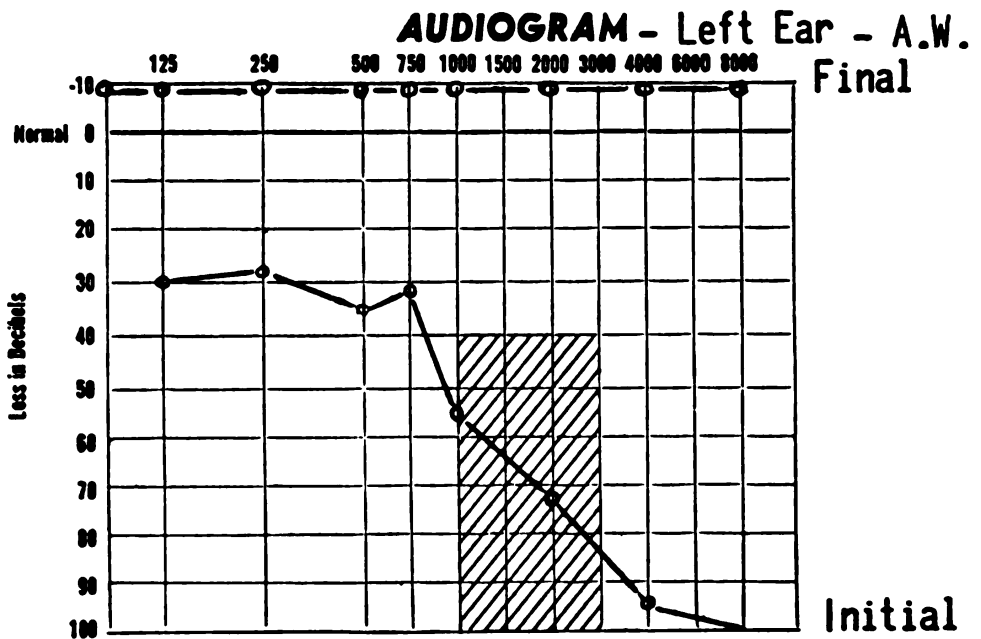


FIG. 149. An exceptionally good result is obtained for the left ear in the case A.W., in spite of an initially very impaired hearing.

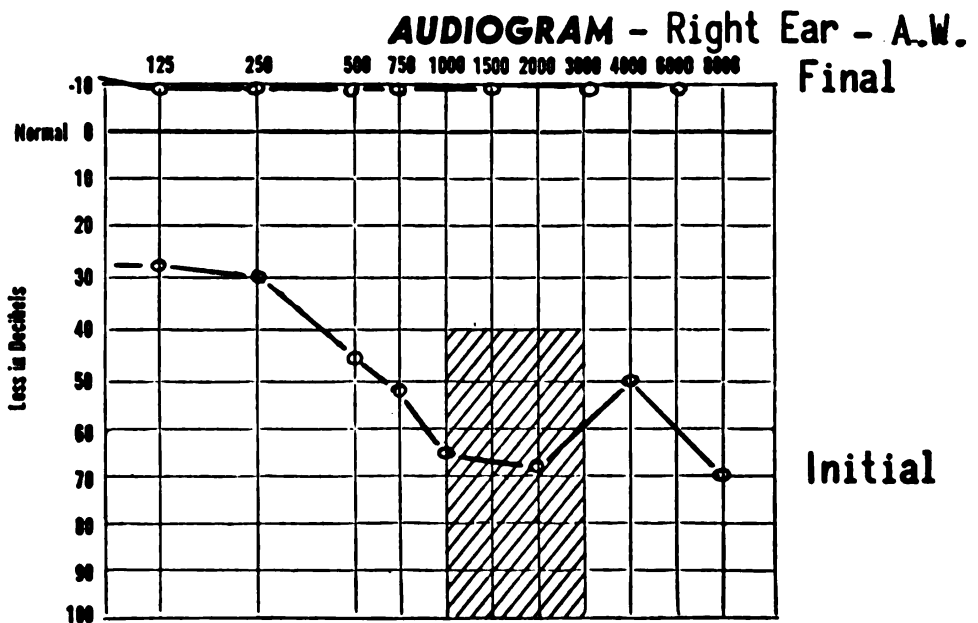


FIG. 150. Manifest improvements are obtained in this case with alkaline pattern of impaired hearing.

surgical cases can benefit from biochemical treatment which could prevent further sclerosis which often follows surgery. Application of this method in time to prevent deafness would be even more important than restoring hearing in far advanced cases.

Itching

Acid and alkaline patterns of itching have been recognized, and treatment based upon dual pathogenesis has been applied. The agent to be used is determined by the pattern found through analyses. Dosage, as for pain, is established according to the subjective response. Following these methods, many cases of intractable itching have been completely controlled. Of the group of agents with positive character, butanol and heptanol have produced the best results; in the opposite group, epichlorohydrin and sodium thiosulfate have been most effective.

Gallbladder and Renal Colic

Attempts were made to influence renal and gallbladder colic by using the same method. Butanol has shown little effect upon renal colic at least in the doses we tried. But the results in gallbladder colic were impressive. A 6.5% solution of butanol in saline injected intramuscularly, or even 15-30 cc. (one or two tablespoonsful) of 6.5% solution of butanol in water administered orally when the patient was not vomiting, controlled gallbladder colic rapidly. Only twice in more than 20 cases in which butanol was used was it necessary to give larger doses, such as 50 cc. of the same solution, to obtain the desired effect.

Arthritis

The analysis of the pattern of pain has shown that often in rheumatoid arthritis the pattern is alkaline, while in osteoarthritis, it is acid. Comparison of variations in pain intensity with changes in urinary surface tension helps to determine the pattern. However, with urinary surface tension values used as a guide both for agent and dosage, favorable clinical results have been obtained in cases resistant to other therapy. Arthritis, painful for many months, was controlled in many instances with several doses of heptanol or of sodium thiosulfate with epichlorohydrin and more recently with propionic aldehyde or sulfurized tetralin. The simplicity of treatment, total lack of undesirable side effects, and the long period of improvement

after even brief treatment in some cases, indicates that this method is worthy of further investigation. Some illustrations of the results are contained in the following observations:

Case #1

Mr. M. R., 63 years old with a long history of arthritic pains. Four years ago he was obliged to stay in bed for three months for severe pains in the right sacroiliac region. Two years ago he was again bedridden for a month and a half because of the same type of pain. A year ago, pain started again in the same sacroiliac region, to be followed by a very severe sciatica which kept him in bed for two months. Repeated X-ray examinations showed advanced arthritic lesions in the lumbar spine and around the sacroiliac articulation. About ten months ago, he suffered another similar attack, with severe pain, in the same region. Urine analysis made at this time showed an offbalance of the type D with low surface tension, low pH and high specific gravity. The blood serum potassium was high (5.3 mEq.). The patient was treated with agents of the group D—1 mg. of heptanol and 30 mg. butanol three times a day. The patient remained free of symptoms for four months, when similar severe pains were again present. This time analysis showed an offbalance of type A, with high urinary surface tension, high pH, low specific gravity and low blood serum potassium (4.0 mEq.). For this reason, different medication of the group A—5 mg. epichlorohydrin and 50 mg. sodium thiosulfate—were administered. The response was as rapid as previously and pain disappeared within a few hours. Since then the patient has been taking 5 mg. epichlorohydrin and 50 mg. sodium thiosulfate twice a day whenever the slightest pain appears. The clinical results are excellent, the patient being now able to move about entirely free of pain, as he has not been able to do for many years.

Case #2

Mrs. F. R., 60 years old, was bedridden for one and a half years about six years ago, with lumbar and sacroiliac arthritic pains. X-ray treatments, short wave, ionization with histamine and ultrasonic treatments appeared entirely ineffective. The administration of urolytic agents had helped at this time. The pains recurred repeatedly in the last three years keeping the patient in bed for from one week to three months at a time. For the past eight months, the patient has been under treatment using medication of the group A or D, according to the urine analysis. With this treatment the pain has been completely and rapidly controlled, never lasting more than a few hours.

Case #3

Mr. N. K., 55 years old, suffered for many years with generalized and very painful rheumatoid arthritis. Prior to coming under our care, he had been bedridden for six months, entirely immobilized with severe pain in arms, back and legs. The patient was entirely incapacitated, unable even to feed himself. Treatments with different cortisone preparations, ACTH, gold, etc., provided practically no relief of the severe pains. He came under our care, entirely immobilized and in severe pain. According to the analysis which showed a low urinary specific gravity, and pH, high surface tension and a low blood serum potassium, the patient received medications of the group A, sodium thiosulfate, epichlorohydrin and heptyldiselenide. Under this medication the patient made a most dramatic recovery. Within a few days, the patient was out of bed without pain, walking normally and with full functional capacity of his arms and legs. While still under treatment the patient went back to entirely normal activity. He gained 35 lbs. in the last months.

Connective Tissue Conditions

We have discussed previously the hypothesis that corticoids actively intervene in the synthesis of an entire group of substances in the organism. The energetic formation between C_{11} and C_{21} of these corticoids would act as a mold or template to attract and keep various radicals in special reciprocal position, thus favoring, as a second step, the synthesis of new substances. These substances would vary according to the energetic formation of the corticoid. In one group, which could be called the "gluco" group, we identified glucose, glucuronic acid, glucosamine, galactosamine, glucosaminic acid, galactosaminic acid, and some other uronic acids. Even ascorbic acid could be related to such a synthesis mechanism.

We investigated some of these substances, particularly in relation to the therapeutic properties of corticoids. In 1951, we chose glucosamine as a substance closely corresponding to the template of cortisone. Glucosamine treatment was used in patients with pemphigus, rheumatoid arthritis, psoriasis, ocular condition and allergy. The following cases illustrate the results obtained.

Mr. H. S., 46 years old, had generalized psoriasis. In the last twelve years, the lesions had progressed continuously to cover more than 75% of his skin. Local treatment had had little effect. Cortisone injections cleared the skin in two weeks but not completely. With

cessation of treatment, the condition returned. The patient remained without treatment for a few months before beginning our treatment: 5 cc. injections of glucosamine 10% solution administered daily. Changes were seen in 3 days, with the lesions becoming paler and less scabby. With two injections daily, the skin was almost entirely normal in about 10 days, only a few lesions remaining. Continuation of the treatment for another week did not make these disappear. Upon cessation of treatment, the lesions regressed to their previous dimensions. In a second course of treatment, with two daily injections of 5 cc. of a 10% solution of glucosamine in saline, the lesions cleared but re-appeared when treatment was discontinued.

We also treated a series of cases of rheumatoid arthritis and found that subjects, who had previously responded well to cortisone, also responded to glucosamine.

Mrs. B. B. had rheumatoid arthritis of the left knee and both hands. Pain and swelling were severe. The patient had responded fairly well to cortisone, but due to retention of water, this treatment was discontinued. In less than 10 days, the arthritis returned. The patient was given glucosamine injections. At first, 5 cc. of the 10% solution in saline was injected once a day. Later, 3 injections daily were used. The symptoms, which had decreased with the lower doses, were fully controlled by the 3 daily injections. Pain and swelling fully disappeared. Moon face was not observed. The treatment was continued with 2 injections daily and, after one week, one injection daily. With this dose, pain and swelling returned. Resumption of 3 injections a day controlled them again. The treatment was discontinued because of the apprehension of the patient over receiving 3 injections daily of 5 cc. each. A mixed treatment with a lower dose of cortisone and one injection of glucosamine daily was continued with satisfactory results for a few weeks, after which the patient stopped her visits.

We treated cases of rheumatoid arthritis with oral glucosamine with fair to good results. Four grams of glucosamine a day appeared to be the minimum requirement. Good results could be seen in some cases after doses of 5 to 10 grams daily. These results were confirmed by B. Welt who, following his research, used the same preparation of glucosamine on a series of 15 patients bedridden with arthritis at the Greenpoint Hospital in Brooklyn, New York. Subjective and objective improvement occurred in patients with rheumatoid arthritis while no changes were seen for those with osteoarthritis.

For more than one year, Welt has treated a case of pemphigus with injections of glucosamine and has been able to prevent the appearance of new lesions.

In a few cases of iridocyclitis, treatment with glucosamine (2 injections of 5 cc. of the 10% solution daily) healed the lesions in two or three days.

Galactosamine produced results almost similar to those of glucosamine. Still better results were seen with glucosaminic acid, used in the same doses as glucosamine. Some strikingly good results in several cases of arthritis were obtained with gluconic acid administered orally in doses of a few grams a day (four tablespoons of a 25% solution).

Hemorrhage

In studying hemorrhage, it seemed necessary first to define precisely the conditions under which this important episode occurs, as we did for pain, itching, etc., since the course of hemorrhage, and particularly its response to treatment, seems to depend greatly upon certain peculiarities related to its pathogenesis. Hemorrhage results from a break in the continuity of a blood vessel, which can be induced by an external influence on a previously normal vessel, or can occur as a result of processes taking place in abnormal vessels. We have called the first type of hemorrhage "accidental" or "traumatic" and reserved the term "pathological" for the second, which appears to be a direct result of pathological changes in a vessel. The latter term is used in the same sense as it is used for fractures where "pathological" indicates only preexisting lesions in the bones.

In a traumatic hemorrhage, the therapeutic problem is limited to stopping the flow of blood. Mechanical means to close the bleeding vascular wound or agents able to increase the capacity of the blood to form clots can be used. They represent the only approach in accidental hemorrhage.

In pathological hemorrhage, other problems arise. The knowledge of the local pathological changes, which lead to the appearance of bleeding, is important both for preventing and controlling hemorrhage. The pathogenic factor involved will be considered along with the problem of hemostasis.

Hemorrhagiparous Agents

Local and general factors are involved in pathological hemorrhage. Ulcerated lesions provide a favorable condition. So does local infection. Anticoagulants may act indirectly upon blood vessels.

Hemorrhagiparous properties of some substances became evident during research on their therapeutic use in cancer patients. For example:

P. T., a patient with carcinoma of the floor of the mouth widely ulcerated in the submaxillar region, bled sporadically from the lesion.

When a dose of 20 drops of Coramine (brand of nikethamide) was given for his general condition, a relatively severe hemorrhage appeared immediately afterward. There was another hemorrhage when a similar dose was administered 12 hours later. Suspecting a correlation between hemorrhage and medication, medication was discontinued and there was no hemorrhage during the following two weeks. When only 10 drops of Coramine solution was given again, a new hemorrhage appeared. After two more weeks without Coramine and without hemorrhage, a new dose was given to check the correlation between medication and bleeding, and was followed again by hemorrhage.

Reviewing cases lost through hemorrhage, we could find several in which lethal bleeding was preceded by administration of Coramine in the usual dose. This hemorrhagiparous effect was noted so consistently as to make us discontinue use of Coramine in cases with ulcerated lesions.

Alerted by this experience, we noted hemorrhagiparous activity in other agents. Glycerol, we found, could induce severe bleeding even when administered in doses as low as 5-10 drops, and two lethal hemorrhages were traced to such doses. Thiamine chloride in therapeutic doses—such as 100 mg. injections—produced hemorrhages. A similar hemorrhagiparous effect was noted for isamine blue. Glucose, administered intravenously in large doses to patients with ulcerated and infected cancerous lesions who had previously hemorrhaged, induced new bleeding. We must emphasize that all the hemorrhagiparous agents produced the bleeding effect, especially in subjects who had previously had hemorrhages from their lesions. This would indicate the importance of local changes. In such patients, other agents also induced bleeding. In some cases of gastro-intestinal cancer, bleeding followed a normal dose of aspirin. But even in lesions which had never bled, the first group of hemorrhagiparous agents—Coramine, glycerol and thiamine—could induce bleeding.

In trying to correlate the pathogenesis of these hemorrhagiparous effects with existing offbalances, an interesting relationship was noted. A tendency to bleed was found to be promoted by sterols. Administration of cholesterol in doses as high as 5 cc. of a 2% solution in oil, two or three times a day, for several days, was followed by hemorrhage in patients with ulcerated lesions. This occurred only in a few cases. But a high sensitivity to other hemorrhagiparous agents often developed. The administration of minimal doses of glycerol produced bleeding in subjects treated with cholesterol and did so even more frequently when large amounts of insaponifiable fraction of organs were administered.

Hemorrhages which follow administration of these hemorrhagiparous agents are usually severe and of arterial character. Examination of such bleeding lesions has revealed transverse severance of small or even medium arteries. Only rarely was there oozing bleeding from capillaries or small veins. In several cases, administration of hemorrhagiparous substances induced petechiae or purpura, but this occurred only when thrombopenia was also present. The petechiae were seen at sites where local circulatory impairment already was present. We believe that this hemorrhagiparous effect must be emphasized for its clinical importance. Products such as Coramine (nikethamide) and thiamine are widely used as therapeutic agents and glycerol is a common vehicle for pharmaceutical preparations. Therefore, we must bear in mind their possible role in hemorrhages. In subjects with ulcerated lesions, their administration has to be banned or special precautions must be used. The same precautions have to be taken for the use of glucose in cases in which a previous hemorrhage has not been controlled by mechanical means.

Antihemorrhagic Agents

Butanol

In 1943, during research studies concerning the pharmacological activity of glycerol on abnormal foci, its hemorrhagiparous effect appeared as a serious handicap. Various hemostyptic substances were tested without sufficient effect. At this time, a new product, to which a hemostatic effect was attributed, appeared on the market. It was a very weak solution (around 1/10,000) of octanol in saline. We could find no therapeutic effect for it. However, we were studying butanol and other higher aliphatic alcohols with lipoidic properties, and we decided to test butanol for its antihemorrhagic activity, hoping that it might counteract the undesirable hemorrhagiparous effect of glycerol. It did and we have since added butanol to glycerol for this purpose.

We observed the remarkable hemostatic effect of butanol years later in a patient with severe hemorrhage, to whom doses of 10 cc. of a 6.5% solution were given intravenously. Hemorrhage stopped in a few minutes. Since then, we have successfully applied butanol clinically in hemorrhages of various origins.

As an antihemorrhagic agent, butanol is administered either parenterally as a 6.5% solution in saline, or orally as 6.5% solution in water. The route of administration—intravenous, intramuscular, subcutaneous or oral

—is chosen according to the severity of the hemorrhage. Doses of 5-20 cc. are given and repeated, if necessary, at intervals of a few minutes. Since butanol is not at all toxic in these large doses, we usually give them with good results in severe emergencies. The following cases illustrate the styptic effect.

R. E., a 64-year-old man with an extensive ulcerated epidermoid carcinoma of the floor of the mouth and large bilateral cervical metastases, had received intensive radiotherapy. Occasionally, there was a small amount of bleeding from the oral lesion, but a sudden hemorrhage of about 500 cc. of blood during a half hour period occurred late at night while the patient was at home. Pressure, applied to the floor of the mouth, was of value but bleeding recurred immediately upon release. Oxidized gauze, adrenalin soaked gauze, vitamin K and vitamin C in large quantities were of no value. n-Butanol solution in saline was finally obtained and 5 cc. injected intravenously. Bleeding ceased during the injection. A second equally severe hemorrhage occurred one week later and again could not be adequately controlled by pressure or oxidized gauze. 10 cc. of n-butanol solution administered intramuscularly stopped the bleeding within 2-3 minutes. Three hours later, the floor of the mouth was carefully examined preliminary to right external carotid artery ligation, and the lesion was found to be free of bleeding. Despite the ligation, bleeding later recurred but was controlled each time by n-butanol administered orally.

S. S., a 30-year-old man, had an adenocarcinoma involving the right maxillary sinus with cervical metastases. During the period of observation, this patient experienced a profuse hemorrhage from nose and mouth. Blood flowed at the rate of approximately 5-6 cc. per minute, and pressure gave little or no relief. 5 cc. of n-butanol in saline solution was injected intravenously and within two minutes, the profuse hemorrhage ceased and did not recur at that time. On several other occasions, bleeding was controlled following the administration of oral doses of 5-10 cc. of 6.5% n-butanol solution in water.

A. M., a 36-year-old man, had multiple pulmonary metastases from a primary malignant melanoma of the left foot. On several occasions, hemoptysis occurred and during three of these episodes bleeding was profuse. 5 cc. of n-butanol in saline administered intramuscularly stopped two of these episodes rapidly, but in the third, an injection of 10 cc. intravenously was needed ten minutes after an initial intramuscular dose. Although the intramuscular injection was ineffective, the bleeding was halted within two minutes after intravenous administration.

In a report in 1951 in "Angiology," (193) we presented the following statistics concerning the control of hemorrhage in cancer cases:

	Group I Untreated	Group II n-Butanol
Number of cases observed	256	344
Number of cases with profuse hemorrhage	18	25
Percent of cases with profuse hemorrhage	7	7
Number of deaths attributed to hemorrhage	12	1
Percent of deaths in cases with profuse hemorrhage *	67	4

* Death attributed directly to hemorrhage.

Since then, these results have been consistently confirmed.

Additional progress was achieved with organic acids added to butanol in adequate amounts. Completely non-toxic in the dosages used, they were observed to enhance the hemostatic effect of butanol. This hemostatic effect has been confirmed many times, particularly in Europe where, following our research, butanol has been widely used as a hemostyptic agent.

A hemostatic effect was also evident when butanol was used with the principal aim of controlling pain in postoperative cases. The hemostatic effect was especially important in cases where pathological bleeding usually represented a major complication, either because of the impossibility of obtaining hemostasis during operation or because the surgical wound could not be kept aseptic, as in tonsillectomy, prostatectomy and plastic surgery of the nose. In a study on the use of butanol for postoperative care in tonsillectomies, B. Welt has been able to show a preventive effect, and more important, a hemostatic one if hemorrhage occurs. (187) (*Fig. 91*) In prostatic surgery, the amount of bleeding was so reduced, that of a group of 40 cases, only one needed transfusion while in a similar number of controls, 8 had to have transfusions. (189)

Still more impressive results have been noted in pathological hemorrhages following plastic surgery, especially of the nose. In a significantly large number of cases, severe hemorrhages tend to occur around the 7th day after operation. We have discussed above the pathogenesis of these hemorrhages and the relationship to the allergic defense mechanism. Such hemorrhages have been difficult to control. The use of antibiotics has only partially reduced their frequency and gravity. S. Scher has obtained very good results with the administration of butanol in such cases, using an injection of 5 cc. of a 6.5% solution of butanol once before surgical intervention and four times daily for two days afterward, followed by oral administration of 15 cc. or one tablespoon four times a day for eight days. No hemorrhages occurred in more than two thousand cases treated. In a

few patients who neglected to take the medication, and in whom a hemorrhage appeared, bleeding was rapidly controlled by butanol. (*Note 6*)

Experimental Research on the Hemostyptic Effect: In a series of studies we sought to find the mechanism by which butanol controls hemorrhage. In an investigation carried out in our laboratory, M. Bier and P. Teitelbaum (194) showed that individual members of the homologous series of aliphatic alcohols decrease the degree of retraction of clots when added in vitro to blood. (*Figs. 141 to 143*) By varying the amounts added, this effect was observed to occur only at values above a critical concentration of the alcohol in blood. Bier could show that the critical value, which differs for members of the homologous series, is proportional to the lethal toxic dose in mice.

This non-retraction of clots in vitro also can be recognized in cases treated with butanol through the gelatinous aspect of the clots at the moment when the hemorrhage stops. However, it is interesting to note that the amount of butanol injected, considered in terms of the amount of the circulating blood, results in concentrations considerably below the critical values needed to produce this effect in vitro. However, concentration of butanol at the site of the wound may explain this. It is also of interest that the same gelatinous character typifies the clots which remain attached to bleeding lesions in animals treated with butanol. In mice, when a portion of tail was cut and butanol was used, the abnormally long clot remained adherent to the wound, differing from that seen in controls.

In spite of changes in the clot, it seems that the effect upon the blood itself, and its coagulation in a wound, represents only one of the means through which butanol controls hemorrhage. The speed with which butanol acts, often within seconds after intravenous injection, is much greater than blood coagulation time. Consequently, changes in clot formation alone do not appear sufficient to explain the mechanism through which the rapid hemostasis occurs.

M. Bier and H. Lerner in our laboratory studied the influence exerted by butanol upon hemorrhage induced by the highly active proteolytic enzyme, ficine. (195) They were able to induce standardized hemorrhages by injecting ficine solutions under the skin of the abdomen of white mice. (*Fig. 151a*) (In other animals and with other sites of injection in mice, the individual variations were too great to make the resulting bleeding useful as material for testing the effect of agents upon hemorrhage.) With adequate doses of ficine, severe hemorrhages followed by skin ulcerations were induced. The bleeding, and even the ulcerations, were almost entirely prevented when butanol was administered. Figure 151b shows the results of

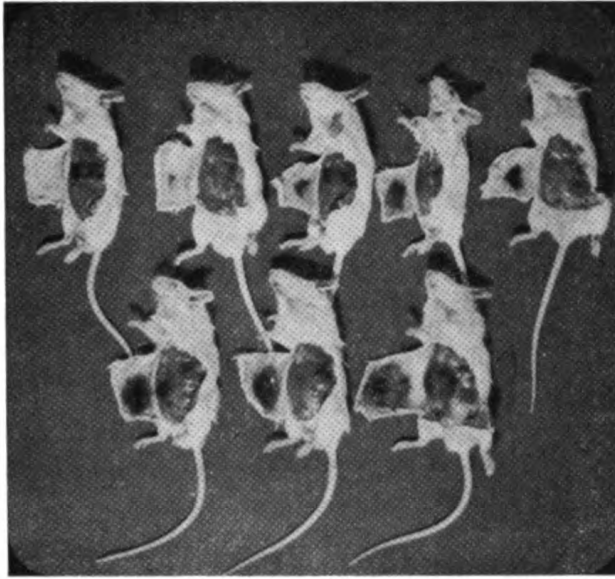


FIG. 151a. Shows graded extent of hemorrhagic infiltration obtainable with progressive amounts of ficin injected subcutaneously in the abdominal region in mice.

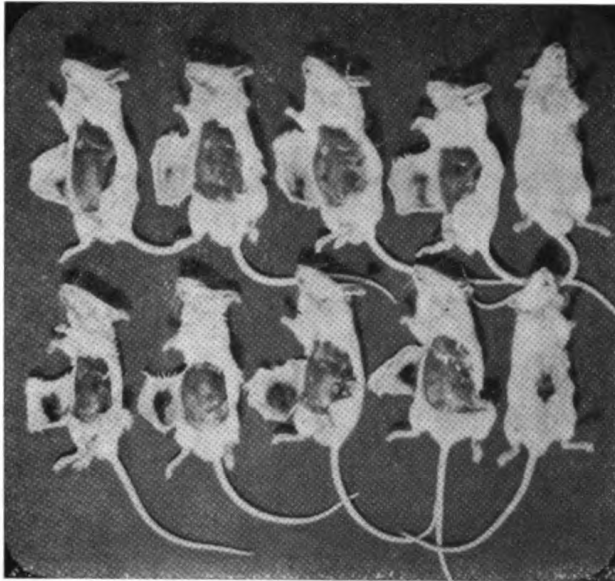


FIG. 151b. The influence exerted by butanol upon the hemorrhage induced by ficin injection.

Top Row. Comparative group treated with butanol. Last animal in each row shows the external appearance of the site of the injection while in others, the skin flap was separated.

Bottom Row: Ficin injected animals.

this experiment, with the manifest differences, following ficine injections, between animals receiving butanol intraperitoneally and controls.

The antifibrinolytic activity of butanol (196) could explain its intervention in protracted bleeding, and especially in cases where the effect of butanol appears after hours or days. However, inhibition of fibrinolytic activity cannot be conceived to intervene in an action taking place in less than a few minutes.

In trying to explain butanol's antihemorrhagic effects, we also considered its pharmacological activities. We have noted the action of butanol upon the acid-base balance of abnormal tissues, as shown by changes in the pH of the second day wound crust. In abnormal tissues, butanol reduces local pH but it does not do this to any great extent in normal tissues. This led us to investigate the difference in the influence of butanol upon pathological hemorrhages. The immediate bleeding induced by standard cutting of the tail in mice was not constant and, in general, was not markedly influenced by administration of butanol. But there was a marked effect upon hemorrhage induced by the displacement of the clots through mechanical maneuvers one to two hours after cutting of the tail. In controls, the bleeding lasted almost the same length of time as bleeding from fresh lesions, while in animals treated with butanol, it often stopped in a very short time.

These data, although interesting, did not seem to offer a completely satisfactory explanation of the mechanism by which butanol stops bleeding, especially in cases in which it acts within minutes or less. It appeared improbable that the formation of a clot alone would stop the hemorrhage under these conditions. An interesting observation led us to another hypothesis.

In several patients with wide ulcerations, we were able to examine the hemorrhaging vessel after bleeding had been stopped by butanol. Contrary to all expectations, we found that the artery, which usually was severed transversely, was not buried in a clot but remained almost isolated and somehow separated from it. It seemed that blood vessels themselves might have a role in hemostasis. The intervention of a spasm of the smooth muscles of the vessels was considered. This was indirectly confirmed when a patient with severe and prolonged bleeding from the bed of a prostate after ablation, was treated with butanol. An intravenous injection of 40 cc. of butanol was followed by such violent contraction of the bladder as to expel, with great force, the catheter together with clots and urine present in the bladder. At the same moment, bleeding, which had persisted for more than a week, stopped suddenly. We connected this sudden spasmodic contraction of the smooth muscles in the abnormal bladder with

the injection of butanol and considered that butanol might produce a spasm of the muscular walls of abnormal blood vessels—abnormal because of the hemorrhagic condition itself. This would explain the rapidity of the hemostatic effect and the selective action upon small and medium arteries with important muscular walls. In fact, we saw that, while very severe arterial hemorrhages were completely stopped in less than one minute after an intravenous injection of butanol, the same effect was not obtained in oozing bleeding.

We tried to investigate further this spastic effect upon blood vessels as the mechanism in butanol hemostasis. Experiments with isolated aorta preparations of rabbits and rats showed that a spastic effect cannot be induced by butanol, even if the vessels previously have been harmed by manipulation. This can be explained by the fact that the aorta does not have muscular fibers. The same lack of spastic effect is seen in normal arteries of the hind legs of rats and frogs.

The administration of butanol to an animal after a small branch of the mesenteric artery was first crushed and, after some time, cut, produced a spastic effect which transformed the jet-like hemorrhage into an oozing one, greatly reducing the blood loss. The hypothesis of vascular spastic contraction as the mechanism in butanol hemostasis has received further indirect confirmation through the study of the effect of butanol upon hemorrhage induced by single traumatic lesions in various organs. Differences were observed according to organs or tissues affected. While bleeding liver wounds are influenced only to a small degree by intravenous administration of butanol, hemorrhage from a kidney wound stopped rapidly. The fundamental difference between the liver portal circulation with minimum muscularity of the vessels, and that of the kidney, where highly developed artery muscular layers are seen, can explain the unequal response to butanol.

As we can see in these cases, the contraction of a pathological artery can insure rapid hemostasis and accords with the fact that the artery is not buried in a clot. This explains why, especially in clinical application, butanol is more active upon arterial hemorrhage and much less active upon capillary bleeding. This mechanism also would explain the same good effect upon hemorrhage from veins with important walls. Failure of butanol seen in three cases of hemorrhage from varices of the inferior esophageal veins can be explained by the almost complete lack of muscular layers in these varicose veins, which would bar a vasculo-muscular contraction.

Parallel to these studies, other possible hemostatic mechanisms have been investigated. We tried to interpret the unusual fact that butanol

stopped hemorrhage while agents such as nikethamide, thiamine, isamine blue, sterols and glycerol induced bleeding—yet all have positive polar groups in their molecules, represented by an amine or amide radical for most of them and by hydroxyls for glycerol and sterols. As we have mentioned before, all agents with such positive radicals induce a shift toward less alkaline values for the second-day-wound-crust pH. Therefore, this could not be considered to be the factor that determines the antagonistic effects on bleeding. The aliphatic or cyclic character of the nonpolar group does not seem to be a factor since glycerol and butanol both have aliphatic chains.

However, correlation with another biological effect could be noted. All the substances with hemorrhagic effect, also produce a convulsive effect if administered in sufficiently high doses. The convulsive effect of Coramine and thiamine has been known for a long time and we used these substances any time we wanted to induce experimental convulsions. We also have seen that convulsions can be consistently induced in animals through the use of relatively large doses of glycerol or sterols. Convulsions in several human cases have followed the use of these agents. Doses as high as 20 cc. of a 5% solution of the insaponifiable fraction of placenta or of the 2% solution of cholesterol in oil, administered for therapeutic purposes have induced convulsions in patients, with a previous history of convulsive seizures. A convulsive effect in animals has been noted for all the agents mentioned above which also have hemorrhagic activity. We were able to induce convulsions in rats, even by injecting 20 cc. of a solution of 10% glucose subcutaneously once a day for a few days. In humans, we also saw convulsions appearing after glucose was administered intravenously in an amount of 100 gm. in a saline preparation to patients treated concomitantly with desoxycorticosterol, although the last substance has no convulsant effect by itself.

On the other hand, the antihemorrhagic butanol produces a hypnotic effect if administered in high doses. The dose of butanol needed to prevent hemorrhage induced by ficine in mice, for example, was enough to provoke hypnotic activity comparable to that of barbiturates, chloroform and even ether. Very interesting is the fact that these agents also are able to prevent ficine-induced hemorrhage if administered in doses sufficiently high to produce hypnotic or narcotic effects. The peculiar correlation between convulsive and hemorrhagic effect on the one hand, and hypnotic and hemostatic effect on the other, provides some further understanding of butanol hemostasis, but does not furnish the explanation for the mechanism through which this hemostasis takes place. The most plausi-

ble conclusion is that butanol intervenes through several mechanisms, some inducing immediate hemostasis through arterial contraction, while others have a later effect through changes in the blood clotting process, with lack of retraction of the clot and an influence upon fibrinolysis.

Contraction would explain why, with only few exceptions, it is the pathological arterial hemorrhage which responds most favorably to butanol. An immediate influence upon capillary or venous hemorrhage is less manifest and, in a very few cases, absent. The same is true for traumatic hemorrhages where, although there are some good immediate results, in general they are less rapid than for pathological arterial hemorrhage. Because of its immediate effect upon arterial bleeding, butanol became the agent of choice for those pathological hemorrhages which, through their arterial origin, could be fatal in a short time.

One of the big advantages of hemostasis induced by butanol over that obtained through other agents resides in the fact that there is no manifest increase in blood coagulability. Only in concentrations which never can be attained in vivo has butanol been seen to change the coagulability of blood. The inherent danger of thrombosis resulting from high blood coagulability limits the amount of the other agents to be administered. This danger does not exist for butanol and no such limitations are placed upon its use. The fact that normal prothrombin time is uninfluenced by butanol while high prothrombin time is reduced toward normal represents another advantage.

In further studies, we tried to enhance the hemostatic action of butanol without increasing blood coagulability. The addition of calcium salts was of no value but an enhancement was seen with potassium salts.

In a series of experiments, it was noted that, when a solution of butanol is kept for a long time in a stoppered bottle, its activity increases. For long-standing preparations, 50% smaller doses were sufficient to protect mice against the action of ficine. The narcotic and toxic effects of these preparations also increased in the same proportion. This led us to add butyric aldehyde, the product of immediate oxidation of butanol, which increased butanol's coagulating effects only very slightly but enhanced its hemostatic effect considerably. The addition of hydrogen peroxide did much the same.

Blood Mixed with Butanol, used against Hemorrhages

S. Akad, working in our laboratory, showed that the coagulation time of blood is also increased if butanol, mixed previously with blood, is added. In the clinical application of this observation, we used the patient's own blood extemporaneously mixed with butanol. In a syringe containing, for

instance, 10 cc. of the butanol solution, 2-5 cc. of the patient's blood is withdrawn. After mixing them, and without removing the needle from the vein, the contents of the syringe are injected intravenously. A similar mixture can be injected also intramuscularly or subcutaneously. The results have been very good. In some cases in which butanol alone was not able to stop a hemorrhage, the blood-butanol mixture did. With this special technique, we have been able, in recent times, to bring most hemorrhages under control within a few minutes.

The fact that agents with positive polar groups, such as sterols, glycerol, coramine, thiamine and others, have hemorrhagic activity led us to try to influence hemorrhage with agents considered biologically antagonistic through their negative polar group.

Many years ago, experimenting with chlorine solutions in saline, we observed a manifest effect upon coagulation time. Intravenous injection of such solutions brought coagulation time to values as low as one minute. The addition of these solutions to butanol greatly increase its effect in vitro upon coagulation time but had less effect upon hemostasis in vivo. Similar but somewhat less manifest effects were obtained by adding hydrochloric acid to butanol solution. On the other hand, organic acids such as oxalic, malonic, citric, lactic maleic or citraconic showed a favorable effect. Without changing coagulability of the blood, these acids were seen to increase the hemostatic effect.

Fatty Acids

The same antagonism to sterols and glycerol led us to use fatty acids from cod liver oil. (197) While results in severe large arterial hemorrhages were not impressive, the effect upon oozing capillary, venous and small arterial hemorrhages was very good in a large proportion of cases. For example:

N. V., 57 years old, with multiple pulmonary metastatic lesions from a hypernephroma, had frequent hemoptysis. At times, the bleeding became more accentuated, the patient expectorating clots as well as uncoagulated fresh blood. Intramuscular administration of two doses of 10 cc. of a 6.5% solution of butanol at half hour intervals had little influence upon the bleeding. Intramuscular administration of 1 cc. of a solution of 10% of the mixture of fatty acids obtained from cod liver oil stopped the bleeding in less than 20 minutes, with the effect persisting for more than two months. A new episode of oozing bleeding was again immediately controlled by injection of the fatty acid preparation.

Other cases with hemoptoic sputum, prolonged bleeding from gastric or duodenal ulcers or from rectal or uterine tumors, all corresponding to oozing rather than to acute massive hemorrhage, have responded to administration of this fatty acid preparation. Almost uniformly, these oozing hemorrhages, which had not responded to butanol, were rapidly controlled. We now use butanol mixed with small amounts of hydrogen peroxide and organic acids mentioned above, to control severe arterial hemorrhages while for the oozing type, fatty acids from cod liver oil are used.

Allergic Conditions

Allergic conditions, which as seen above, are related to the defense mechanism, also have been integrated into the general therapeutic approach. This has largely permitted us to apply to such conditions the same therapeutic measures used in general. The study of the manifestations has, however, shown that except for the anaphylactic shock, the clinical allergy corresponds to the prolonged phase with the predominance either of sterols or lipoacids. The urinary surface tension has appeared as a valuable criterion to indicate the occurring offbalance. In cases with a high urinary surface tension, sodium thiosulfate, aldehydes or epichlorohydrin have given particularly good results, while the cases with low surface tension showed favorable response to heptanol and butanol. Food allergies, asthma, urticaria which had persisted for years and were insufficiently influenced even by corticoids—have responded with the complete disappearance of their manifestations with an adequate dose of one or the other of the medications mentioned above. In most of the cases kept under continuous treatment with minimal doses, favorable results persisted even after the subjects were again under the influence of antigens. The following observations illustrate these results.

Mrs. M. S., 45 years old, with skin and eye allergic manifestations, highly sensitive for the past six years to fish, eggs, alcoholic beverages, some vegetables and fruits, and especially to dogs, showed no favorable response to corticoids. With high urinary surface tension and high eosinophiles, the patient was treated with 50 mg. sodium thiosulfate and 2 mg. epichlorohydrin, four times a day. The symptoms decreased progressively to disappear in a week. After a month's treatment, she was able to take—without any inconvenience—foods and alcohol to which she had been previously sensitive. After another two months, the acquisition of three puppies produced no disagreeable effects. The patient has continued

on the same treatment, but reduced to twice a day, for the past year without recurrence of the manifestations.

Mr. A. L., 58 years old, had frequent attacks of asthma for over four and a half years which left him unable to work for the past year. Because of low urinary surface tension, the patient was put on butanol—5 cc. of a 6.5% solution in water—to be taken every six hours. Although the first doses showed marked objective and subjective changes, the treatment was continued. The patient was free of attacks for four months at which time he stopped medication. Two weeks after stopping medication, he had an attack, the first in four and a half months and this was followed by another the following day. By resuming the medication, he has been free of symptoms for more than a year.

The possibility of preventing allergic manifestations with butanol, which appeared so clear in the traumatic lesions, opens an entirely new view for many conditions where such a pathogenesis intervenes.

The concept of a nervous tissue allergy intervening in the pathogenesis of multiple sclerosis, led us to try similar antiallergic treatments. The low surface tension led us to utilize as agents, lipoids with a positive character. Interesting—although not constant—results were obtained with insaponifiable fraction of cow brain. Good results were obtained with butanol—100 mgr. four times a day—together with an antihistamine preparation.

ARTERIOSCLEROSIS

One of the most important medical problems from all points of view—pathogenic, therapeutic and even social—since it still represents the chief direct cause of death in most civilized societies, is that of arteriosclerosis. The fact that lipids seem to intervene in its pathogenesis, has led us to consider this condition from the point of view of biological offbalances. With the development of our research, we tried to apply to this condition a systematic analysis in accordance with the basic concepts presented above. This attempt has permitted us to arrive at some new views which will be discussed briefly here.

The analysis of the specific manifestations of arteriosclerosis from the point of view of *organization*, that is, as related to the different levels, led us to recognize that it represents a condition principally limited to the level organism, and more especially to its secondary part, the circulatory system. Many of the fundamental characters of the condition could be explained by the relationship of this level to other levels of the organization, as we will see below.

From the point of view of the *dualistic concept*, it was easy to see that arteriosclerosis corresponds to an offbalance type A. All the analyses concerning the systemic level show patterns which indicate this offbalance. High urinary surface tension, low urinary specific gravity, high urinary pH, low urinary sulfhydryl index, found in the routine analyses point to such an offbalance. The long persistence of the skin wheal seen in the subjects analyzed, confirms this diagnosis. The fact that some manifestations of arteriosclerosis can be induced experimentally in animals through the administration of cholesterol, has placed into limelight the pathogenic role of cholesterol. While its administration in high amounts to rabbits or cockerels induces atheromas, it does not induce the complex condition itself. Usually the animals return to normal, even with a rapid healing of their atheromas after the suppression of the administration of cholesterol. Although hypercholesteremia represents thus only one pathogenic factor, it appeared interesting to investigate its intervention in the condition.

The relationship of cholesteremia to arteriosclerosis is certainly not a simple one. The total amount of cholesterol in blood alone, in its free form, and the macromolecules of certain dimensions resulting from their bond to the other constituents of the blood, although related to arteriosclerosis, do not seem to represent by themselves the pathogenic factor of this condition. This latter seems to be related to a more specific intervention of this substance at the level of the blood and circulatory system. Research in this field has led us to recognize this special intervention.

It is a known fact that the appearance of crystals of cholesterol in the cells of the intima of the arteries and in the cells of the vasa vasorum represents an essential factor in the pathogenesis of atheromas. Study of the capacity of blood serum to dissolve or, on the contrary, to precipitate cholesterol has permitted to link it with the appearance of specific arterial lesions in this condition.

In this study, we used the procedure originally devised by Policard when he investigated the relationship of cholesterol and arthritis. Blood is obtained through venous puncture and the serum is separated aseptically. The amount of total cholesterol is determined in the blood serum. A sterile crystal of cholesterol is added to the serum. The treated serum is incubated for 6-12 hours at 37°C. The serum is then separated through filtration from the crystal added, or from those formed during the incubation. The difference between the amount of cholesterol in the serum before and after incubation with the crystal, shows that while some sera increase their content in cholesterol through this treatment, others decrease it.

We could show that the serum of those rabbits which were fed with

two grams of cholesterol daily and which have a tendency to make atheromas, precipitates cholesterol. Oppositely, the resorption of atheromas seen in rabbits after the suppression of the feeding with cholesterol, was seen to occur together with the blood serum capacity to dissolve cholesterol. The relationship between this capacity to precipitate cholesterol and the appearance of atheromas was confirmed by the fact that it could not be seen in rats fed with cholesterol, where atheromas appear very seldom. Further it was seen present in subjects prone to make vascular occlusions. The administration of high amounts of cholesterol to animals with tumors has led to the appearance of vascular occlusions followed by ischemic infarcts in the tumors. The occlusion could be related to the proliferation of the arterial endothelium and the capacity to precipitate cholesterol.

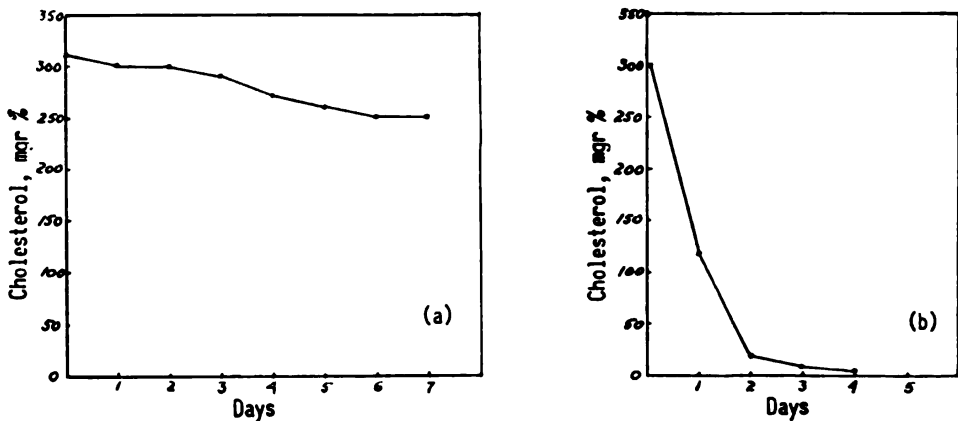


FIG. 152. The incubation of citrated blood at 37°C changes only little the amount of cholesterol in Case (a), while it determines a rapid decrease in Case (b).

In a further study of the cholesterol in blood, we investigated the capacity of the different samples of blood to cause their cholesterol to disappear after incubation at 37°C. We could show that while some samples of citrated blood kept at 37°C under sterile conditions, decrease their cholesterol content rapidly, others do not change it even after days of incubation. Figure 152 shows two such examples. We could also show that in rabbits fed with cholesterol and having atheromas, their blood lacked the capacity to make cholesterol disappear after incubation, differing from what was observed in the majority of the controls.

We then studied in another group of researches, the relationship between red cells and their cholesterol content. We could show that by washing red cells with saline, they lose their cholesterol. By using saline in amounts corresponding to the plasma, this effect could be measured. How-

ever, while in some bloods a manifest loss in cholesterol occurs with the first or second washing, in others the loss occurs very slowly. Sometimes ten such washings are necessary before the cholesterol is low enough to start hemolysis. Figure 153 illustrates two such examples. We could show that the red cells of rabbits fed with cholesterol demonstrated a higher capacity to retain cholesterol throughout saline washings, than did red cells of normal animals.

The analysis of arteriosclerotic cases from the point of view of this relationship between blood and cholesterol has shown that the tendency to precipitate cholesterol, coupled with a low capacity to make it disappear through incubation, is encountered in those cases prone to acute episodes of vascular occlusion.

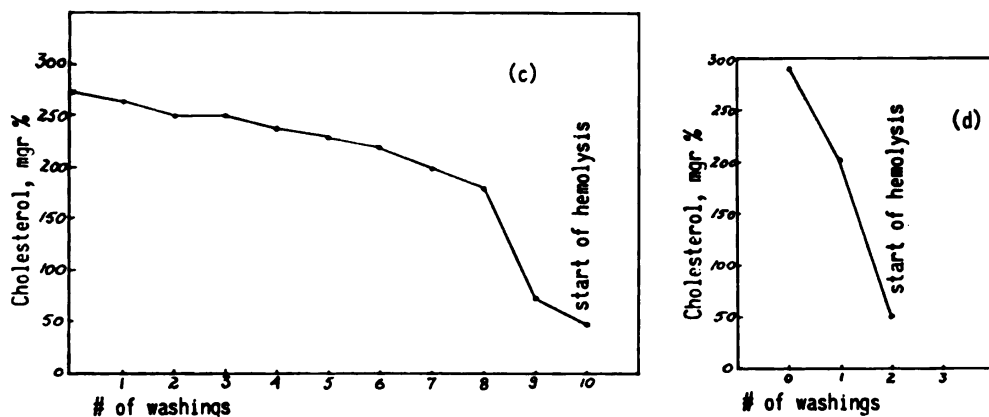


FIG. 153. The washing of human red cells with saline induces a very slow decrease in their content in cholesterol in Case (c). The hemolysis starts in this case at the 10th washing. In Case (d), such an effect appears after the second washing.

The big differences seen in the behavior of blood towards cholesterol has raised the problem of its relationship from an organizational point of view. The application of the concept of a *proper level* in the organization to cholesterol has permitted us to interpret the occurring changes.

Cholesterol represents a cellular constant and the classical studies of Shaffer have shown the importance of its amount in the cells. The quantity of water retained by the cells is largely determined by the ratio between cholesterol and fatty acids of the cells. Under this aspect, we have hypothetically considered hypercholesteremia as corresponding to a kind of defense response of the blood level toward the changes occurring at the level below it, respectively toward an opposite lipidic offbalance occurring at cells, tissues or even organs. We investigated hypercholesteremia under this specific

aspect. We have seen above that in the lipidic system, sterols correspond to an anti-fatty acid agent. This led to the supposition that hypercholesteremia could represent a response at the blood level to changes taking place at a lower level in the relationship between fatty acids and cholesterol. A first fundamental finding in this direction was the fact that the amount of cholesterol in the blood represents—as shown for potassium, copper, hydrogen ion concentration, etc.—values which, while maintained constant by a regulatory system, vary very widely under different circumstances. These wide variations would correspond rather to a secondary response. The amount of blood cholesterol would change as a secondary constant. A balanced system of manufacturing and excreting insures the maintenance of this secondary blood cholesterol amount. In the case of cholesterol, the manufacturing factor seems to be represented by the R E S cells, while the excreting factor by the liver, primarily by the Kuppfer cells and secondarily by the hepatic cells, the cholesterol being ultimately excreted in the bile. We do not know the factor which directly changes the manufacturing or excretion of cholesterol in blood and which consequently maintains its balance. By analogy we consider the changes in blood cholesterol value to result from those occurring at the lower levels as seen for other substances such as potassium, or copper, for which blood does not represent the proper level. According to this view, with cholesterol having the cellular level as its proper level and the blood as superior level, the blood changes would reflect secondary responses to those occurring at lower levels. We saw such changes at the cellular level in old age.

We could find thus that organs of old animals, perfused with saline to wash them from their blood, are richer in fatty acids and poorer in sterols than those of young individuals. The cellular lipidic abnormality, corresponding to aged persons, would correspond to a quantitative predominance of fatty acids. Their analysis showed that these fatty acids correspond qualitatively to those normally encountered in the organisms and especially to the polyunsaturated members. It should be noted at this time that this predominance differs from that found in abnormal conditions which corresponds to offbalance D. In this latter case, the fatty acids are abnormal.

With the concept that cholesterol belongs to the cellular level, we studied as we did for potassium (*See Chapter 5 Note 2*), the concomitant changes in the amount of free cholesterol in plasma and in red cells. This was carried out to obtain information concerning the relationship between cholesterol and abnormal conditions. While a high or low amount in both plasmatic and cellular cholesterol would indicate an excess or lack of this substance, the discordance between these two data would correspond to

an offbalance. A high cellular, with a relatively normal or low plasmatic cholesterol, corresponds thus to an abnormal cholesterol offbalance predominant at the cellular level, while a relatively low cellular and high plasmatic cholesterol, to the opposite offbalance. By now considering cholesterol in its anti-fatty acid role, these changes permit further interpretation.

As we have seen above, cholesterol corresponds rather to the anti-fatty acid constituents controlling the normal polyunsaturated fatty acids and thus differs from the corticoids which represent agents opposing the abnormal fatty acids. The ultimate cause of hypercholesteremia would logically be sought in a quantitatively abnormally high amount of qualitatively normal fatty acids present at the lower levels.

Although hypercholesteremia represents by itself only a response to a fatty acid offbalance taking place at lower levels, the high amount of sterol present in blood can cause, by itself, a series of disagreeable manifestations. Hypercholesteremia can thus induce noxious manifestations although, teleologically speaking, it is directed to correct an offbalance at a lower level. The effect of this chronic richness in blood cholesterol is manifested in the circulatory system and atheromatosis appears as an immediate result. The precipitating tendency for any new increase in blood cholesterol explains the appearance of crystals in the cells of the intima and secondarily the appearance of atheromas.

Therapeutic Attempts

This pathogenic concept of arteriosclerosis presented above, has guided our therapeutic approach. As early as 1942, we used acid lipidic fractions of organs in a tentative therapy to control hypertension and indirectly arteriosclerosis, with interesting immediate results. We learned however, that not only were the effects temporary but also that after some time, the administration of unsaturated fatty acids induced a progressive increase in the amount of cholesterol present in blood.

The concept of hypercholesteremia as a secondary blood response to a cellular fatty acid predominance explained this occurrence and led us also to the further development of this approach. With cholesterol as an anti-fatty acid agent which appears in high amounts in blood, as a response to an excess of fatty acids at the cellular level, we tried to influence this secondary response by acting on the existing primary cellular offbalance. A decrease of this response could be obtained by supplying substances other than cholesterol, acting as anti-fatty acid agents. If the cellular fatty acid offbalance can be controlled, the organism as an entity would no longer be obliged to respond to the occurring offbalance and manufacture blood

cholesterol in excess. Without this need, hypercholesteremia will no longer appear. Under these conditions, the administration of anti-fatty acids has appeared as the logical way to prevent and even to combat an existing hypercholesteremia and its consequences.

Choice of the Anti-Fatty Acid Agent

The next problem was the choice of an adequate anti-fatty acid agent. It appeared advisable to use more than one such agent. One would intervene at the lower cellular level where the primary factor—predominance of fatty acids—exists; another would act at the level of the tissue and blood itself where their presence would act as an anti-fatty acid and prevent more directly the further appearance of cholesterol.

These considerations led us to utilize as active agents, heptanol, glycerol and polyunsaturated alcohols for the tissue level. Butanol was added, being more active at the organ and systemic levels. We found that mixtures of these alcohols were advisable also in view of the plurality of fatty acids intervening in this abnormal condition. Mixtures of polyunsaturated fatty alcohols were obtained through treatment with lithium aluminum hydride, of the fatty acids present in cod liver oil, fish oil, safflower oil, sesame oil, or even in the lipoacid fraction of organs.

Clinical Results

The best clinical results were obtained with a preparation having in its constitution, glycerol, polyunsaturated fatty alcohols, heptanol and butanol. In a series of subjects with persistent high amounts of cholesterol in blood, the administration of this preparation brought the blood cholesterol to low values. The following observations are characteristic.

Mr. M. R., 60 years old, had high cholesterol in the blood for ten years, with values above 350 mgr. %, in spite of severe diet poor in fats and cholesterol. Administration of unsaturated fatty acids brought the blood cholesterol, for a short time, to values between 260 mgr. and 300, returning to values above 350 after cessation of medication. With the mixture—glycerol, polyunsaturated fatty alcohols, butanol and heptanol—the blood cholesterol went down to 150 mgr. % in less than two weeks without any side effects or restricted diet, and with a manifestly good general condition. It remained at this level for the 5 months of observation with only minimal and irregularly taken medication.

L. N., 70 years old, with blood cholesterol varying in recent years between 400 mgr. and 280 mgr. in spite of low fat and low cholesterol diet and different treatments. The mixture of glycerol, fatty alcohols, heptanol

and butanol, brought it down in three weeks to 160 mgr. It remained around this value for more than the six months of observation with no special diet and with only a very small amount of medication.

In a group of 20 subjects with cholesterol above 350 mgr. %, a descent of the cholesterol to values below 250 mgr. % was obtained in all the cases, with a treatment ranging from 10 days to 3 weeks. No inconveniences were observed.

Coronary Occlusion

The coronary occlusion with the consequent myocardial infarction represents the most important complications of arteriosclerosis. Death can occur instantaneously. In these cases it can be considered to result from a lesion of such localization or dimension as to be entirely incompatible with the function of the heart. When death occurs, not instantaneously but at any time after the occlusion has taken place, other factors have to be considered as intervening and leading to the fatal issue. Shock appears to be the most important one. Superacute shock, with death in a few minutes, an acute shock with death in 1-2 hours, or state of shock with death within hours or days, represent the other important intervening pathogenic factors added to the infarction itself. As seen above, these types of shock correspond to offbalances of the type D, this time with a predominance of abnormal lipoacids. A therapy with anti-fatty acid agents represents as shown above, the intervention which could prevent or reduce shock. While the administration of sterols appears contra-indicated, since it would increase the vascular occlusion, that of the non-sterolic anti-fatty acids is especially advisable.

The effect of these anti-fatty acid agents upon pain and the other symptoms which are of alkaline pattern, as well as upon the evolution of the condition, has fulfilled our expectations. We attributed an important role to glycerol in these cases. Its action similar to an anti-coagulant but limited to the level of the existing lesions, was able to prevent further local thrombosis without, however, the danger of a general reduction of blood coagulability. Administered in adequate amounts, guided by the pattern analyses, the mixture of the anti-fatty acid agents mentioned above has been followed by manifest clinical improvements.

L. K., 58 years old, with a history of several myocardial infarctions, was seen in a very severe state of shock. The electrocardiogram showed that besides the old lesion in the posterior wall, a new infarction of the anterior wall was present. Butanol was administered in doses of 5 cc. of the 6.5% solution together with 0.1 cc. glycerol every hour until the complete

cessation of symptoms and was continued 4 times a day afterward. The favorable effects continued in an unexpected form, the patient being without pain in less than 3 hours and without symptoms the third day. The cholesterol was found to be 135 mgr. % the fifth day.

This view of arteriosclerosis opens a new way for further research concerning many pathogenic problems, and a logical therapeutic intervention in this condition.

CHAPTER 15

THERAPEUTIC APPROACH TO CANCER

ONE OF THE ULTIMATE AIMS of our research has been to try to utilize in cancer the knowledge obtained from investigations of the general problems of pathology and therapy. Encouraged by the results of biologically guided therapy in many other conditions, we have applied it to the treatment of malignancy.

As we have mentioned before, differences between animal cancers, both experimental and spontaneous, and human cancers represent one reason why an agent, however good its results in animals, may not apply to human malignancy. Another factor, conduct of treatment, is no less important. The main characteristic of our therapeutic approach resides in the fact that treatment is continuously guided by data representing the actual condition of the subject. At least for the moment, it appears impossible to recognize, through suitable tests, the patterns present in animals so as to apply them to guided therapy. Therefore, we have been obliged to do our therapeutic research in humans, reserving animal studies for limited problems. This situation had led us to emphasize, always, the experimental nature of our therapeutic efforts in humans. Although we started with desperate terminal cases, frank immediate subjective and objective benefits, even though temporary, were obtained frequently enough to encourage us to go on. Together with the above mentioned considerations, they seemed to justify the continuation of therapeutic research in human patients. We will try to review as objectively as possible the results obtained with therapeutic methods and agents evolved over the years.

In 1927, a 33-year old woman with typical preterminal cancer of the stomach came under our care. In the highly emaciated patient, a hard,

irregular mass filling the entire epigaster was palpable. Radiological examination indicated a prepyloric gastric tumor. Laparotomy showed an inoperable tumor of the stomach, with the omentum and lymphatic glands greatly involved and evidence of multiple peritoneal and liver metastases. In view of the patient's general condition and the fact that the pylorus was only partially obstructed, no surgical procedure was performed other than biopsy of one of the metastases in the omentum. The biopsy showed an adenocarcinoma Grade III of gastric origin. Treatment was not prescribed.

I saw the patient two years later in apparently good health. Clinical and radiological examination at that time showed no tumor. The patient attested to receiving no treatment. At the time of the operation she had been two months' pregnant. We had attributed her amenorrhea at that time to the advanced cachectic condition. She had given birth at term to a normal girl. Hers was one of those cases usually catalogued as "spontaneous remission."

Since then, I have analyzed many of the published observations of cases of so-called "spontaneous remission" of cancer always to find a turning point that coincided with the intervention of some event usually considered to have no possible significance for malignancy. The fact that such events have not induced similar changes in other cancer patients has made them seem unimportant to many investigators.

While not regarding them as the only cause of favorable changes, we have not eliminated the possibility that such events may have a contributory role. We must recognize that, if such events in themselves appear to be powerless to change the course of cancer, they may intervene in conjunction with, and potentiate, another factor also powerless in itself to induce a change.

It was with this concept in mind that we reviewed the case of the woman with stomach cancer. We considered the possible effects of two factors which apparently intervened concomitantly: pregnancy and surgery. We then began a series of experiments.

Ehrlich mammary carcinoma was grafted in two groups of female mice, one pregnant and the other not. In each group, half of the mice were kept as controls while the other half was submitted to a sham surgical procedure consisting of a laparotomy in which multiple ligatures were performed. Growth of the tumors and survival times were noted. Compared with non-operated, nonpregnant mice serving as controls, both the pregnant mice and the surgically treated mice showed a slowing down in the evolution of cancer lesions. It was in the group of mice, both pregnant and surgically treated, that a temporary arrest in tumor evolution was seen. In some ani-

mals even temporary regression was noted; in 1/20 the tumor regressed entirely.

Placenta Extracts

These experiments led us to try an extract obtained from placenta autolysates which, in our opinion at the time, would reproduce, up to a point, some of the conditions present in these experiments. Human placentas were autolyzed by being maintained from several hours to a few days at 37° C, and an alcoholic extract was obtained. The alcohol was eliminated through distillation in vacuum. The residue proved non-toxic in animals and was injected intramuscularly in some terminal cancer cases.

Impressive results were observed in the first cases. Pain was markedly diminished and, in some instances, disappeared entirely. Objective changes in the tumors could be noted. While only temporary results were seen for most of these cases, for some the results appeared to last a long time. Their number would exclude pure coincidence.

Mr. H. B., 56 years old, came under our care with a cancer involving more than half of the right part of the tongue. Multiple large submaxillar and cervical gland metastases were present, two of them being approximately 8 cm. in diameter. The mouth lesion was very painful and bled occasionally; there was moderate pain in the ganglionic metastases. A biopsy performed at a much earlier stage had shown a squamous carcinoma. Considered inoperable, the subject had not received any treatment except for pain palliation.

We administered daily intramuscular injections of 5 cc. of the placenta extract. Except for a limited local reaction at the site of injection, no disagreeable effects were seen. On the contrary, after each injection, the pain in the tongue was reduced for a few hours. It disappeared entirely after one week of treatment. During the second week of treatment, the tumor of the tongue, as well as the metastases, began to decrease in size. The local reaction at the site of the injections increased, however, to such an extent that we were obliged to stop treatment after 5 weeks. In spite of this, the lesions continued to decrease so that the tongue tumor was no longer palpable after two months. At that time, the gland metastases were reduced to approximately one and a half centimeters in diameter. The patient's general condition was much improved and he gained weight. In another month, except for a scar on the tongue, no other pathology could be found. We followed this case without treatment for another year and a half during which time there was no recurrence. After that, the patient left town and we were unable to reestablish contact with him.

Mrs. B. A., 44 years old, came under our care with a massive tumor filling the entire vagina. The condition had been diagnosed 8 months previously as carcinoma of the cervix which had invaded the parametria and was propagating toward the vagina. A biopsy made at that time indicated squamous carcinoma Grade III. As the patient was considered inoperable and refused any other treatment, only sedation was prescribed. When we examined her, the tumor was protruding from the vagina as a hard mass. Rectal examination revealed invasion of the entire recto-vaginal wall. The patient received a daily injection of the placenta extract preparation for 45 days, after which she interrupted the treatment. The pain had been entirely controlled in less than a week, but no other changes had been observed.

She returned three months later, having received no treatment in the interval. Examination revealed complete disappearance of the vaginal tumor, with the cervix entirely replaced by soft scar tissue. We followed this case for two years, during which no further treatment was given and the patient showed no recurrence.

Mr. A. N., 40 years old had an extensive cancer of the cheek, with massive ulceration resulting in a large communication between oral cavity and exterior. Occasionally small hemorrhagic episodes were experienced. The patient had had several courses of radium therapy. When he came under our care, he had multiple lesions, and several biopsies performed at that time revealed active carcinoma in all lesions tested. The patient received intramuscular injections of 5 cc. of the placenta extract preparation daily for 17 days. A massive hemorrhage occurred at this point, treatment was stopped, and he went home without further medication. When the patient returned three months later, scar tissue covered all areas where the tumor had been seen previously. Clinically no trace of tumor could be found. In a few months, the patient's condition was good enough to allow his surgeon to attempt a skin graft to cover the big opening in the cheek. This was not successful. The graft from the skin of the neck unfortunately underwent necrosis.

In several other cases, similar subjective and objective changes were observed with use of the same alcoholic extract of human placenta autolysates. During this time, we attempted to substitute cow placenta, utilizing both fetal and maternal parts, which are easily separable in the cow. In a relatively small number of cases in which these products were used, we could see no differences in the influence of placenta extract according to origin. Poorer results were obtained with extracts using fresh placenta in-

stead of the autolysate. However, certain interesting clinical results indicated that fresh placenta still has a capacity to influence what can be considered to be the normal course of cancer. The following case is an example.

Mrs. C., 54 years old, had a tumor of the rectum which was considered inoperable. Only a colostomy was performed. Pain was slight and no other treatment was instituted. Several months after the colostomy, the patient came under our care. At that time, the tumor filled the entire rectal ampulla. Treatment with the fresh cow placenta alcoholic extract was started, using intramuscular injections of 5 cc. daily. After less than a month of treatment, the tumor diminished in size, leaving a small passage for the examining finger. After another month and a half, the tumor had entirely disappeared and the rectal ampulla was wide open. Proctoscopic examination showed only normal mucosa. This case was followed for two and a half years with no evidence of recurrence. Thereafter, because of the war, we lost touch with her.

In spite of such results in a few cases however, extracts of fresh placenta were judged to be much less effective in general than extracts of placenta autolysates.

At the beginning of our research, still unaware of the dualism intervening in cancer pathogenesis, we observed a series of cases in which the placenta preparations in general produced undesirable results, such as increase in pain intensity. Furthermore, when used in higher doses over a longer period of time, it induced new pains which clearly increased with each subsequent injection. For a while, this fact made us limit the use of the product to only those patients showing favorable responses in pain, until we could find an explanation for these paradoxical results.

With the progress of our research and recognition of dualism in the pathogenesis of pain, we limited the use of the placenta extracts to patients with an acid pattern of pain. This improved the subjective and objective results, and reduced the cases in which undesirable effects occurred. In over 100 terminal patients treated with this preparation between 1935 and 1938 in different hospitals in Paris, objective improvement was observed in 20%. In a few, tumors disappeared. Acid pattern pain was relieved. In many of these cases, however, after a period in which the tumor decreased in size, or even clinically disappeared, it started to grow again and could not be influenced by further treatment. Furthermore, when the dose was increased, other pathological manifestations appeared. The following cases are examples.

Mrs. B. B., 42 years old, came under our care with severe pain result-

ing from a widely ulcerated cancer of the cervix involving the parametria and the vagina. 5 cc. of the cow placenta extract was administered daily and the patient remained without pain for almost three weeks, after which time the pain returned. An increase in dosage—to two injections of 5 cc. daily and then to two injections of 10 cc. daily—resulted not only in an increase in pain but also caused the appearance of an abundant watery vaginal discharge. In a few days this reached several liters a day. Despite the fact that we stopped treatment, the exudate continued to increase. At one point, it amounted to 8 liters in 24 hours. The very concentrated urine was reduced to less than 200 cc. in 24 hours. The patient died in ten days in spite of all attempts to stop the excessive secretion.

Mrs. G. L., 48 years old, had a radical mastectomy for a left breast adenocarcinoma. A rapidly growing local recurrence was seen 6 months later. The patient came under our care with an ulcerated tumor occupying the entire left half of the chest. Administration of 5 cc. of cow placenta extract for two weeks not only increased the burning sensation present but caused the appearance of an abnormally abundant watery exudate. As is often true in such cases, an infection with *B. pyocyaneus* was seen. A clear fluid was observed surging in drops from the ulcerated lesion. By weighing the dressing, the amount excreted was measured and found to exceed 10 kilos a day. Despite use of saline infusions, calcium preparations, vitamin C in high doses, atropine, and other measures, the patient expired in less than a week. The appearance of such complications, the frequent changes toward alkaline patterns of pain, and the increase of intensity of alkaline pattern pain, made us reduce and ultimately stop use of these placenta extracts in spite of some good results obtained.

Cod Liver Oil Fatty Acids and Sterols

At the same time, progress in our research had led us to recognize, in addition to dualism in the pathogenesis of many manifestations, the special role played by lipids. In 1938, we began to use two groups of antagonistic lipids, fatty acids and sterols. We started with a mixture of fatty acids prepared from cod liver oil for one group and with cholesterol for the other. Later we utilized only the polyunsaturated members from the group of cod liver oil fatty acids.

Fatty acids were administered intramuscularly in oily solutions or in gelatinous capsules by mouth. As with administration of placenta extract, the immediate effect was favorable on pain of an acid pattern, and adverse on alkaline pain. In both cases, the effect occurred in a few minutes. Therapeutic attempts with fatty acids were consequently limited to patients with

an acid pattern pain and with this restriction, pain was efficiently controlled. We used the effect upon pain as a criterion, and we discontinued treatment in any case in which fatty acids induced or increased pain.

Subsequently, along with the effect upon pain, we used urinary pH and specific gravity as criteria for treatment with fatty acids. A persistent high urinary pH and a low specific gravity were indications for the use of these substances. In addition to the control of severe pain, interesting objective changes occurred. Unfortunately, most of them were only temporary. The following two examples taken from a group of 15 similar cases are illustrative.

L. B., 66 years old, had cancer of the right lung for which he had received only symptomatic treatment. For more than a month the patient had complained of pain in the right chest, with increasing breathing difficulty. Chest X-ray examination revealed a tumor of the right lung extending from the mediastinum into the medium lobe. A diagnosis of bronchogenic cancer was made. Subsequent X-ray examinations showed rapid growth with several tumors in the upper lobe and in the left lung. The general condition was rapidly and progressively deteriorating, the dyspnea and pain increasing. Two months after first symptoms, the patient was bedridden.

When the patient came under our care a few weeks later, he was dyspneic, slightly cyanotic, had persistent cough, was extremely fatigued and in almost continuous pain. By this time, we had started to use urinary specific gravity and pH as criteria for the recognition of the offbalance present. Because of low specific gravity and high urinary pH, the patient was given oral treatment with cod liver oil fatty acids. Gelatinous capsules containing 0.25 gm. of the fatty acid mixture were used in a starting dose of 0.5 gm. a day, and were increased progressively to 1.5 gm. a day. The patient made an impressive gain in a few days of treatment. The pain disappeared entirely, as did the dyspnea. The cough also almost disappeared in a few days, and in two weeks the patient was able to get out of bed. The improvement continued, and in less than two months, the patient was even able to go horse-back riding. Radiologically, the tumors also showed progressive regression. We continued the treatment with a relatively high dosage—2 grams of cod liver oil fatty acids daily—for a total of two months, with evidence of continued improvement. Then, suddenly, symptoms of pulmonary congestion became apparent and the general condition rapidly became worse. Urine analyses now showed a high specific gravity and a low pH. In spite of discontinuing the medication, the patient was back in bed with increasing dyspnea. He died two weeks later with symptoms of pulmonary edema.

Mrs. D. A., 68 years old, had a cancer of the left breast for which she had undergone a radical mastectomy four years previously. Pathological examination of the lesion had shown an adenocarcinoma Grade IV, with ganglionic involvement. When the patient came under our care she was bedridden with a diagnosis of multiple bone metastases. Radiological examination showed multiple osteolytic lesions in the pelvis, femur, lower spine, ribs and skull. We instituted treatment with cod liver oily fatty acids in gelatine capsules. The dose was progressively increased, by 0.25 gm. increments, until it reached 3 grams a day. Ortho-phosphoric acid was added orally in doses of $\frac{1}{4}$ cc. of a 50% solution given in water in order to control the pain which appeared after administration of the capsules and was of an alkaline pattern. Improvement began in a few days and continued so satisfactorily that in less than six weeks the patient was up and about. Five months later, with bone lesions healed, the patient went home. I saw her in 1941, almost two and a half years later, during which time no treatment had been given. When examined at that time, she appeared in excellent condition. Subsequently, because of the war, I lost contact with her.

The increase of pain, and especially the frequent appearance of pain of an alkaline pattern after extended treatment, considerably limited the use of these cod liver oil fatty acid preparations. Furthermore, an inconsistency in objective changes was seen even when administration was guided by the acid or alkaline character of the pain. In most patients, favorable objective changes were only temporary.

During this research, we observed a very favorable response in some cases of hemorrhage, especially of the long-term oozing type, treated with these preparations. Bleeding usually stopped after one injection of 1 cc. of a 10% solution of unsaturated members of cod liver oil fatty acids. We still use this preparation for this purpose, as mentioned previously.

Among the group of lipids opposed to fatty acids, we first used cholesterol with the intention of trying to influence pain having an alkaline pattern. The effect was much less impressive than that obtained with fatty acids in pain of acid pattern. In some cases, objective changes also were observed although they were less frequent and less profound than those seen with the fatty acid preparations. Cholesterol alone never produced total clinical disappearance of tumors.

Acid Lipidic Fractions and Unsaponifiable

The development of the concept of dualistic pathogenic intervention of two groups of lipids led us to a treatment employing these two types of lipid constituents of the body chosen according to the character of the

manifestations. We obtained from different organic sources the insaponifiable fraction as well as the acid lipid fraction. Human placenta was widely employed. The two preparations, acid lipid and insaponifiable fraction, were used until 1943 on about 200 patients (in France, and Mexico). Some good subjective and objective results were observed. The subjective changes were most impressive. Frequently, an injection of only 1 cc. of the human placenta acid lipid preparation (5% in oil) controlled pain in a few minutes, with relief lasting for hours or sometimes even days. With the same preparation, alkaline pain increased after only a few minutes and sometimes became unbearable. In cases treated with placenta acid preparation, using acid pain pattern as a criterion, we observed some significant objective changes.

Mrs. B. B., 54 years old, with a papillary adenocarcinoma of the ovary and multiple peritoneal metastases found during exploratory laparotomy, had rapidly reproducing ascites. The patient required repeated paracenteses at short intervals. In the month just prior to coming under our care, it had been necessary to tap her once a week or even every five days. Treatment with acid lipids of placenta was instituted, with daily injections, first of 1 cc. and then of 2 cc. of the 5% oil solution. In less than two weeks, the pain was controlled and much less fluid accumulated. The patient had two more paracenteses at two and three week intervals, after which fluid no longer was a problem. The multiple tumor masses, which were very easily felt through the skin after each paracentesis, were seen to decrease rapidly and disappeared in about two and a half months of treatment. After four months, treatment was discontinued and no recurrence was seen during the three years we followed this patient.

We saw Mrs. L. S. N., 73 years old, in 1942 in a subcomatous state, with deep jaundice and with a history of primary tumor of the stomach and multiple big metastatic lesions of the liver. Her condition, which had started a few months earlier, was getting rapidly worse. When we examined her, the liver was occupying the abdomen until the pubis, and practically each of the individual metastatic tumors present at the surface of the liver was easily palpable through the thin abdominal wall.

Guided by the urine analyses—with a high pH and a low oxireduction index—we started with a treatment with 10% solution in oil of a human placenta lipoacid preparation. The doses were increased according to the analyses until they reached 3 injections daily of 2 cc. each. The patient improved, and in less than a week she was conscious again. Her condition continued to improve for more than a month when a rapid change for the worse took place. As the analyses at this time showed the opposite offbal-

ance present, the treatment was changed. In addition to infusions with glucose and saline, glycerol in a dose of 8 drops daily with 20 drops of coramine was given. Again the response was impressively good. The general condition improved rapidly and in less than a month, the patient was out of bed and started to take care of her home. By this time, the jaundice had almost completely disappeared, although the liver remained almost of the same dimension. The patient continued to take glycerol for more than 6 months, leading an absolutely normal life. It took almost one year for the liver to come back to normal dimensions. The patient remained in perfect health for the next 9 years. Several coronary occlusions led to her death at the age of 83, from a myocardial infarction. She showed no objective or subjective signs of recurrence of either her stomach or liver condition.

Unfortunately, uncontrollable changes toward rapid tumor growth ultimately occurred in most cases treated with placenta acid lipids despite favorable objective changes at the beginning of treatment.

Clinical use of the insaponifiable fraction preparations supported observations made in animals, indicating the importance of other factors for obtaining favorable changes in tumors. With the insaponifiable fractions of placenta, marked clinical effects could be obtained only when the condition of the patient permitted the treatment to be continued for a long time. Temporary regression or even clinical disappearance was effected in several cases, only to have the tumors start growing again, this time beyond control by the medication. Even at this point, it was obvious that favorable influence with these two antagonistic groups of lipids was dependent on using the lipid which corresponded to the pattern present. It became increasingly evident that changes in the pattern occurred during treatment. Administration of acid lipidic and insaponifiable fractions induced unfavorable responses in patients with tumors in which a predominance of the same lipids was indicated by analyses. Pain increased and unfavorable changes occurred in the evolution of the disease. For example:

Mrs. A. D., a 42-year-old woman, operated on for an adenocarcinoma of the breast 18 months prior to coming under our care, presented a few skin lesions near the operation scar. Radiological study revealed a few small osteolytic lesions in two ribs, and one in the skull. The analytical data showed low urinary pH, high specific gravity and high chloride index, indicating an offbalance which we attributed to predominance of fatty acids. Treatment with 2 injections daily of 1 cc. of a 5% oily solution of the insaponifiable fraction of placenta was started. This was later increased to 2 cc. twice a day. The patient left the city for a summer vacation and took the medication with her. Disregarding our instructions that treatment must

be guided by further analysis, she continued it without interruption for four weeks, despite a rapid change in her condition and a constant increase in the pain after each injection. When we saw her again a month later, all the analyses had changed markedly, indicating the appearance of an opposite offbalance. Clinically, the condition also had changed. The skin was extensively involved in the vicinity of the operative scar and multiple, rapidly growing metastases were seen all over. Radiological study showed extensive new lesions in many bones. The condition had progressed in one month in a manner never seen before in any patient and we had to relate it to continued use of medication after a change in the offbalance. This change was similar to that seen in animals with massive administration of the insaponifiable lipidic preparation. Switching to placenta acid lipid preparations quickly changed the evolution of the condition in this patient. Pain was controlled and for three months the condition seemed arrested. In spite of treatment, however, it started to evolve rapidly again after that and the patient died five months following her return from vacation.

Similar deleterious effects were seen with acid lipid preparations obtained from organs when their administration apparently was at variance with the pattern present.

W. S., 56 years old, had a carcinoma of the cheek mucous membrane which led to wide perforation. Biopsy of the edges of the ulceration showed squamous cancerous tissue. Based upon the urine analysis, which indicated low specific gravity and high pH, treatment consisted of two daily injections of 1 cc. of the acid lipid fraction of placenta in a 5% solution in oil. As the patient was treated on an ambulatory basis, he was advised to see us in a few days. He continued the treatment without any control for two weeks. When next seen, a marked gelatinous edema of the tissues surrounding the ulceration was found and the patient complained of severe pain. Biopsy at this time revealed, in addition to interstitial edema, a high vacuolization of the cancerous cells which had not been seen in the biopsy done the day prior to beginning treatment. The pain became unbearable a few minutes after each injection. These local changes were accompanied by a marked deterioration of the general condition, the patient complaining of a sensation of weakness. The unfavorable changes which occurred in only two weeks were very impressive.

Favorable results were obtained even in terminal cases with these fraction preparations. In some cases, arrest or disappearance of tumors was noted. In most cases, however, these effects were only temporary. After being arrested for months or even years by these lipid preparations, some tumors began to grow and to become painful and could not be as readily

controlled again by the same preparation. In a small number of patients, about 3% of the group of 200 treated with these preparations, the favorable results could be maintained over a number of years.

Even with the relatively strict guidance of therapy by the analyses available at the time, results were not always favorable. We attributed this both to the agents used for therapy and the criteria employed for recognition of offbalances. For a long time, research was devoted to developing means to permit better recognition of offbalances and to ascertain the value of the various analyses used as criteria for the conduct of treatment. Each new urine or blood test was investigated as a criterion for the group of lipids to be administered. This led to better results in controlling pain, improving the general condition and even in objective changes in tumors.

However, the temporary character of the effects obtained with lipids derived from normal organs appeared more and more evident in long-term appraisal of results. We changed from human placenta to other sources for both acid and insaponifiable fractions. We prepared and used lipids from different organs of cow, pig, fish, and chicken. We also used mollusks, chicken embryos, molds and even microbes, as well as milk and eggs as source for these lipids. In one group of investigations, we even tried to use lipids of the organ from which the tumor derived. Most of these preparations satisfactorily controlled pain, and in some cases, good results were seen in the growth of tumors.

The following observation concerns a case treated with the lipoacids of human blood.

A. M., a 56-year-old man, was referred to us by his physician with a diagnosis of cancer of the rectum. Difficulty in defecation, mucosanguinolent discharges, and pain in the rectal region had been increasing in the three months prior to the diagnosis. Examination had revealed a tumor of a cauliflower type, starting at about 4 cm. from the anal orifice and almost entirely filling the rectal ampulla. A biopsy had shown it to be an adenocarcinoma, Grade III. The patient had refused surgical intervention because, years before, a minor operation on his right hand had led to local infection followed by amputation of the hand.

At the time he was referred to us, his main complaints were pain in the rectum, radiating to the left leg, and tenesmus with frequent mucosanguinolent discharges. We employed daily injections of 1 cc. of a 5% oily solution of the acid lipidic fraction obtained from human blood. The treatment was continued for six weeks, the injection being given daily during the first two weeks and twice a week thereafter. After one week, the pain and tenesmus disappeared and there was a decrease in the mucosanguinol-

ent discharge. There was also an obvious decrease in the size of the tumor. In less than a month the tumor regressed to one-fourth its original size; in six weeks, digital and proctoscopic examination showed no clinical tumor. A whitish scar could be observed in the posterior wall of the rectum. Thereafter, the condition of the patient was followed indirectly through reports from his physician. There was no tumor recurrence in spite of the fact that he received no further treatment. He died six years later from an acute paratyphoid infection.

Our clinical experience provided ample evidence that the preparations rich in polyunsaturated fatty acids would influence pain as well as the growth and evolution of human cancers. Using the same amounts of polyethenic fatty acids prepared from various sources, no differences in effects could be noted. The effect upon tumors in all instances was relatively limited.

Our next effort was to try fatty acids unlike those found in the organism. They included norbixine—the monomethyl ester of the bicarboxylic acid, bixine—which we used in a group of patients between 1938 and 1940. With urinary specific gravity and pH as criteria, daily doses of from 1 mgr. to 100 mgr. were administered to 30 preterminal and terminal patients with patterns corresponding to predominance of sterols. Even with small doses, the changes toward a predominance of fatty acids were impressive. Superficial, massive tumors were often seen to melt away within a few days, usually leaving ulceration in their place. This rapid change of a massive tumor into an ulcerated one, however, usually was followed by a manifest deterioration of the general condition. With this preparation, once the offbalance was changed from the original to the opposite type, attempts to control the new offbalance were usually unsuccessful. This led us to discontinue its use at this time in spite of the rapid and intensive changes it induced in tumors.

Groups of Agents

Parallel to these researches on fatty acids, the use of agents with positive polar groups also underwent changes. As previously mentioned, it appeared increasingly clear that no single agent could be effective in itself if an offbalance corresponding to predominance of fatty acids was present. Quite early in this research it could be observed that the simultaneous use of two agents from the same group appeared to be a better procedure than using either agent alone. In a limited number of patients treated with single agents, without impressive clinical changes, better effects were obtained when combinations were tried. Although it was difficult to ascertain in

individual cases that favorable effects were due exclusively to change in medication, the following cases are interesting.

A. Ch., a 53-year-old woman, had a radical mastectomy for an adenocarcinoma of the right breast with axillar and supra clavicular ganglionic involvement. Almost two years later—during the three months immediately prior to the time we first saw her—she showed rapidly developing multiple metastases for which only symptomatic treatment was applied. Along with multiple bone metastases, and a recent pathological fracture of the inferior third of the right femur, there were liver metastases and a right pleural effusion for which she had been tapped three times. When she came under our care, she complained especially of pain in the lower back caused by lumbar and sacrum metastases. Her condition was considered terminal so that the surgeon did not think it advisable even to apply traction for the fracture of the femur. It was under these conditions that we started to treat her with two injections a day of 1 cc. of a 5% solution in oil of the insaponifiable fraction of human placenta. Except for the unexpected survival of the patient, no apparent change was seen after two weeks of treatment. The pain, pleural effusion and general condition remained the same.

The treatment was changed to 5 drops of glycerol three times a day, and the dosage was progressively increased to 15 drops of glycerol t.i.d. After ten days without change, Coramine in doses of 15 drops was given when necessary to control the typical alkaline pain. After another week there was still no change. The pain remained almost the same, except for a decrease in intensity immediately following administration of Coramine. When all three substances were given concomitantly—the insaponifiable fraction by injection and glycerol and coramine orally—the situation changed impressively. Within a few hours, pain disappeared completely, and within one week other manifestations had totally changed. The pleural effusion, for which the patient had been tapped regularly each week or every 6 days, disappeared. The fracture which, until then, had appeared entirely inactive, showed a consolidation so rapid that in less than two weeks a solid callus was present. In three weeks the patient was out of bed on crutches. X-ray pictures taken two months after the change in medication showed most of the osteolytic lesions replaced by new bone tissue and the fracture replaced by an abnormally solid callus. There was no fluid in the pleura. All treatment, except the glycerol, was discontinued after another three months when, at the start of the war, the patient left Paris. We heard that she continued in good health without further treatment for three more years, at the end of which time she developed a recurrence, with liver metastases, and died shortly thereafter.

M. R., a 58-year old woman, the wife of a professor of gynecology, had an ulceration of the cervix two years before coming under our care. Biopsy had revealed squamous carcinoma, Grade III. After local treatment with radium, she underwent total hysterectomy. Six months before we saw her, she developed multiple abdominal metastases for which only symptomatic treatment was prescribed. When she came under our care, she had a distended abdomen in which masses of various dimensions were easily palpable. Besides several large tumors, two of them about 15-20 cm. in diameter, there were many smaller ones which gave the distended abdomen a very irregular appearance. The abdominal pain, her generally poor condition, as well as severe edema of the legs, kept the patient bedridden. She showed a high urinary specific gravity and low pH, and treatment consisting of a daily injection of 2 cc. of a 2.5% solution of cholesterol in oil was prescribed. When no subjective or objective changes were seen in three weeks, the treatment was changed to 10 drops of glycerol orally, three times a day, for another three weeks. There was still no obvious change.

After another three week period, this time without treatment, during which her general condition deteriorated, mixed treatment with cholesterol and glycerol was started. The patient now made a sudden remarkable recovery. The edema of the legs disappeared rapidly and in less than a month the tumors were no longer palpable. The abdomen, however, continued to be distended, but instead of the previous irregularity with multiple well-delineated tumors, a single huge mass was recognized. It filled practically the entire abdomen. We made the diagnosis of a large ovarian cyst which had probably been present before but had been obscured by the multiple tumors. The patient was operated on three months later and the cyst was removed. Not only were no tumors found in the abdomen, but there were no adhesions which the surgeon had feared. White patches were seen at the sites previously occupied by the tumors. There were no recurrences during several years of follow-up, after which we lost track of the patient.

Similar results were obtained during the following years, indicating the value of mixed therapy. We made it our standard clinical treatment except when the pharmacodynamic effect of a specific agent was being investigated.

As an example of the objective changes obtained through mixed treatment for type D offbalance, we give an abbreviated form of the following observation.

Miss S., 39 years of age, came under our care with bone metastases from an adenocarcinoma of the breast, for which she had a radical mastectomy 1½ years previously. At admission in very severe pain, besides other multiple bone metastases, she showed especially a marked destruction

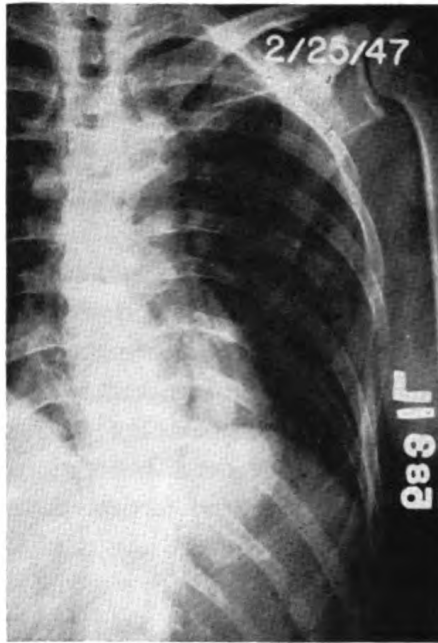


FIG. 154. Arterioposterior view of the chest of patient S at time of admission showing an osteolytic process in the 6th and 9th left ribs.



FIG. 155. Arterioposterior view of the chest of patient 5 months later, with the appearance of the new bones replacing the part of the ribs previously destroyed.

of the 6th and 9th left ribs. (*Fig. 154*) The analyses showed an offbalance type D and consequently she was treated with butanol and glycerol. The patient showed rapid changes not only in her subjective feeling, but also objectively. *Fig. 155* shows the rib osteolytic lesions healed and the missing bone replaced by new bone.

In general, however, in spite of some favorable cases, the results were not satisfactory. Even in patients in whom tumors regressed and disappeared, recurrences were seen anywhere from a few months to several years after discontinuation of treatment. By prolonging treatment over a period of years, the period of improvement was lengthened in some cases. Still, all too often the response to treatment was only temporary.

Mercaptans

Other substances with lipoidic character but with a polar group different from the carboxyl were tested. Mercaptans, as lipoids with a thiolic negative polar group, were used. In 1942, we started to study the therapeutic effect of ethyl mercaptan injected intramuscularly, in a 10% solution in oil. (326)

Use of ethyl mercaptan had to be limited to subjects with an offbalance corresponding to a predominance of sterols. Although only a few patients were treated because of the offensive odor, the results were satisfactory as indicated by the following case histories.

F. C.—This patient, at the age of 66, had a small carcinoma of the tip of the tongue resected at Columbia Presbyterian Hospital on May 6, 1941. At the same time, a second carcinoma of the left lateral border of the tongue was found infiltrating into the deeper portions. This lesion was treated with radium needles with a total dose of 2500 mg. hours. In September 1941, a prophylactic left radical neck dissection was performed. The patient was well for 8 months thereafter, and then began to experience soreness in the region of the scar on the lateral side of the tongue.

In August 1942, 16 months after the tumor had been irradiated, the patient came under our care. At the juncture of the anterior and middle third of the left lateral border of the tongue, there was an induration of 2/1 cm. in dimension with an ulceration of 1/0.5 cm. covered by necrotic tissue. The indurated base was especially developed anteriorly to the ulcerated lesion. There was no evidence of recurrence at the scar of the tip of the tongue nor at the left side of the neck. The latter lesion was very tender. A Wassermann analysis was negative. Biopsy of the edge of the ulcerated tumor revealed squamous cell epithelioma.

The patient was treated with placental acid lipid fraction for the first

week without any subjective or objective change. The treatment was changed and the patient received 1 cc. of a 10% solution of ethyl mercaptan in oil intramuscularly, three times a day. The dose was increased after three days to 2 cc., three times a day. By the end of one week under this treatment, pain had disappeared, although there was still some burning sensation. The appearance of the lesion was unchanged. The treatment was continued. By the end of the second week, the edema was reduced, and after another week of the same treatment, the induration was gone. After one month of treatment with ethyl mercaptan, epithelization of the lesion was noted. The treatment was discontinued. The lesion appeared completely healed, without induration, burning sensation or pain, less than a week later. The patient has remained without treatment since, and there has been no recurrence in the last 18 years. Three years ago, the patient had a basal carcinoma of the skin of the nose, which responded well to local treatment with radium in Mexico.

Mrs. L. F.—In June 1942, the patient then 50 years old, observed an induration on the right border of her tongue. Biopsy revealed a squamous cell carcinoma. After the biopsy, the lesion progressed so rapidly that it was judged inoperable. Without having received any other treatment, the patient came under our care in August 1942. At that time, the tumor had involved the right half of the tongue and multiple submaxillary and neck nodes, the biggest being 2 cm. in diameter. The lesion was extremely painful. Urine analyses showed low specific gravity and high pH and the patient was treated with 10% ethyl mercaptan in vegetable oil. We started with three ½ cc. injections daily. The dose was progressively increased until it reached 6 cc. daily. The pain disappeared entirely in less than a week.

Treatment was continued for only 3½ weeks at which time there was a marked improvement in the tongue lesion and lymph nodes. Except for an inflammatory reaction at the site of injection, no side effects were seen. A month after the start of treatment, the lesions had completely disappeared. No treatment has been given since. The patient is still well today, free of recurrence, 18 years after treatment with ethyl mercaptan.

H. A.—In May 1942, at the age of 52, the patient developed hematuria, pyuria and tenesmus. In June 1942 an infiltrating tumor of the right side of the trigone was revealed by cystoscopy and cystogram. The patient came under our care at the end of August 1942. Having high urinary specific gravity, he was treated first with insaponifiable fraction of placenta, receiving 1 cc. of a 5% preparation in oil three times a day. Hematuria and the other symptoms increased under the treatment which was then changed to ethyl mercaptan, 10% solution in oil, starting with ½ cc. three

times a day. The dose was progressively increased to 3 cc., three times a day by the tenth day. Hematuria decreased in the first 48 hours and ceased completely on the fourth day. Other symptoms disappeared. The treatment was continued with this dose for another 2½ weeks. Disappearance of the tumor was seen in follow-up cystograms. Without further treatment, the patient remained well until the beginning of 1955, 12½ years later, when a recurrence of the tumor of the bladder was noted. Being in Mexico, he did not receive treatment by this method and died from generalized carcinomatosis after 9 months. (*Figs. 156 and 157*)



FIG. 156. Cystogram of patient H.A. before treatment.

Similar favorable results were obtained for other patients with patterns corresponding to sterol predominance. We treated only three patients with patterns indicating fatty acid predominance. The use of ethyl mercaptan in these cases caused an exacerbation of symptoms and rapid deterioration of the general condition.

The odor of ethyl mercaptan was so offensive that its use posed insurmountable problems. Patients were forced to be social recluses and it was practically impossible to get nurses to administer the injections because of persistence of the odor on skin and clothes. We had many complaints that the odor of the medication polluted the atmosphere of a large area for

a long time. Obligated to discontinue its use, we sought other preparations containing thiol groups or bivalent sulfur that we hoped would have similar biological effects.

We investigated a large number of such substances in animals. Only a few were extensively studied in patients. Of the homologous series of aliphatic mercaptans, we utilized propyl, butyl and amyl mercaptans. These offered no advantage over ethyl mercaptan, being less active but hardly less offensive in odor.

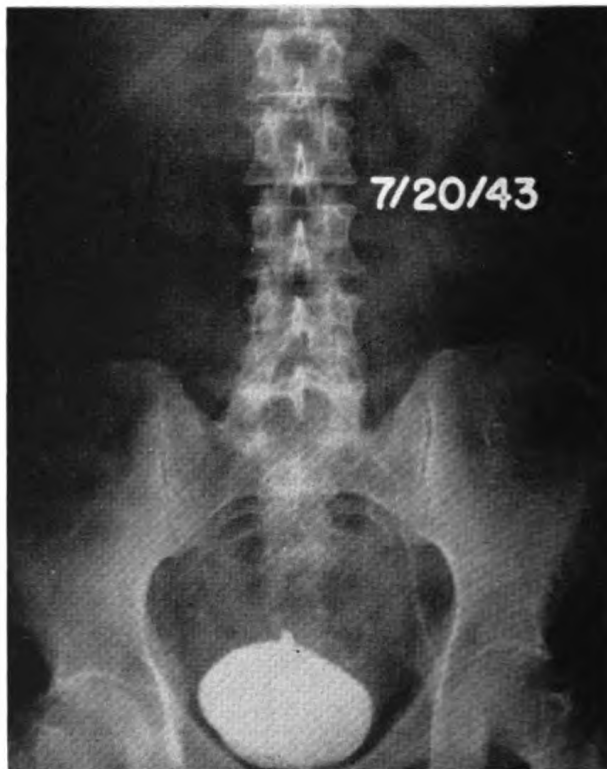


FIG. 157. Cystogram of patient H.A., after treatment with ethyl mercaptan.

Hexyl mercaptan was the first of the series that had a more bearable odor but it was definitely less active. Although objective changes in cancer were observed with its use, the tumors did not disappear as they did in some cases treated with ethyl mercaptan, and many favorable responses were only temporary.

Of the higher mercaptans, dodecyl and hexadecyl were most extensively studied. While their odor was far less objectionable, they produced less favorable results than the lower homologues. Much larger doses were required to influence pain, and even then the effects were reduced and tem-

porary. The striking results obtained with ethyl mercaptan could not be duplicated with any of the higher homologues. For this reason, we reluctantly abandoned the use of mercaptans.

Sulfurized Oil

During the years that followed, we tried to achieve results similar to those obtained with ethyl mercaptan by using other agents with bivalent sulfur. The one most commonly used was the so-called "sulfurized oil" containing fatty acid hydropersulfides, whose pharmacological characteristics have been discussed previously. Sulfurized oil's effects on pain and systemic manifestations were less impressive than those of the mercaptans but better than those of unsaturated fatty acids and their derivatives. In several cases, tumor disappearance was actually observed. Generally the clinical results were neither as consistent nor as persistent as with the mercaptans. With the use of this product alone, however, long-term favorable responses were the exception. For example:

Mr. I. G.—White male, was operated on at Maimonides Hospital in January 1950 at the age of 56. A pyloric mass was found and a subtotal gastrectomy was performed. Diagnosis of adenocarcinoma of the stomach was made. Microscopic examination showed a large area of replacement of gastric mucosa by atypical glands, with a great mass of abnormal cells invading the submucosa. These cells extended into the first part of the duodenum. There were post-operative complications with abscess formations in the wound, which were incised and drained. With new complaints of pain in the upper abdomen, and rapid loss of weight, the patient was admitted to Monticello Hospital in July 1950, and to Kings County Hospital twelve days later. He was then transferred to a nursing home with a diagnosis of terminal cancer with recurrent tumor in the upper abdomen and metastases to the chest. He remained at the nursing home for seven weeks. In September, he came under our care.

At this time, he had lost 39 lbs., and complained of extreme weakness, pain in the lower chest and upper abdominal region, and cough with hemoptoic sputum. The pain was only slightly relieved by narcotics and the general condition of the patient was considered very poor. A large mass was found occupying the entire upper abdomen; X-ray examination of the chest showed masses in the right lung. No fluid was obtained from several chest punctures.

Based on the urinary analyses, the patient was treated with a preparation of hydro-persulfide. The response was excellent. Not only was his pain rapidly relieved but the mass in the abdomen progressively decreased in

size. Evidence of lung involvement slowly disappeared in X-ray studies. After November 1950, he continued the treatment at home for over 13 months after which he resumed his old job as a millinery cutter. He had gained 55 lbs. since beginning treatment. For the past 7½ years, he has worked without interruption and there has been no clinical evidence of malignancy. The extreme condition under which the patient came into our care can explain the length of time needed for general recovery and his inability, despite disappearance of the tumoral masses within a few months, to resume his job for more than a year.

Thiosulfates

We also utilized sodium thiosulfate in many patients where symptoms such as pain, vertigo, itching, etc., could be related to a local acid pattern. In these specific cases, the results were generally satisfactory. Sodium thiosulfate was administered either orally in drops of a 10% solution in water, or parenterally in a 4% solution in water. Intramuscular and subcutaneous injections were well tolerated even when doses were as high as 10 cc. Doses as small as 10mgs. were observed to influence symptoms in certain patients. However, in some cases it was necessary to give as much as 5 gr. of the substance—125 cc. of the parenteral solution—in 24 hours to obtain any effect. In these cases there were no apparent side effects even when this dosage was continued for many days. Effects upon tumors with the use of thiosulfate alone were seen in several cases but the treatment did not produce complete disappearance and results usually were only temporary.

The use of sulfurized oil in conjunction with sodium thiosulfate has been tested in a sufficient number of cases (more than 75) to enable us to recognize that the combination produces changes in pain and systemic analysis, as well as reduction in the size of tumors, especially when given in adequate amounts over a long enough period of time. In several cases, tumors disappeared for many years following this treatment. The following are illustrative cases:

G. M.—In March 1944, this patient had an ulceration of the cervix. Biopsy showed squamous cell epithelioma, Grade III. A total hysterectomy was performed. She was treated with 3,600 mg. hours of radium in and around the cervix in April 1944. Five months later, there was evidence of local recurrence and the patient was given 1800 r. of deep X-ray therapy. In July 1945, examination revealed no evidence of disease. On October 28, 1945, the patient was examined at the Scott and White clinic in Temple, Texas, and a diagnosis of extensive metastatic carcinoma of the para-

metria was made and further deep X-ray therapy was advised. The patient refused this.

She came under our care in November 1945. She was extremely weak and showed evidence of considerable weight loss, weighing only 86 lbs. Hematuria and dysuria were the principal complaints. Multiple large tumor masses were palpable in the pelvis and extended into the abdomen above the umbilicus. The largest mass palpable, about the size of a big grapefruit, was in the right lower quadrant. The tumor was found to have invaded the bladder, too.

The treatment with which we started, t.i.d. intramuscular injections of 1 cc. of placenta fatty acids, 10% in oil, was changed after one week, in view of the preterminal condition of the patient. A hydropersulfide preparation containing 1% sulfur, and sodium thiosulfate 10% was administered orally. We started with a dose of $\frac{1}{4}$ cc. three times daily of hydropersulfide and $\frac{1}{2}$ cc. thiosulfate and increased it progressively, with amelioration of the general condition and disappearance of the hematuria. After a month, the dosage reached 3 cc. of the first and 9 cc. of the latter preparation daily. Under this treatment, the patient continuously gained strength and weight. The hematuria did not reappear.

In May 1946, she was admitted to the University of Chicago clinic. A large fixed, firm, irregular tumor mass was still present in the lower abdomen rising from the pelvis to the umbilicus. Although her general condition had improved, the patient again had urinary frequency and urgency, and cystoscopy revealed a severe cystitis and several small stones in the bladder. An intravenous pyelogram showed a right hydro-nephrosis.

The treatment with hydropersulfide and sodium thiosulfate was continued for 4 months in Chicago during which time the abdominal mass became smaller, softer, less fixed and was no longer tender. By August 1946, her weight was 136 lbs., a gain of 50 lbs. since start of treatment. The treatment was continued during 1947, although abdominal examination did not reveal any palpable masses. On rectal examination, however, the pelvis appeared to be frozen but no definite mass was felt. Cystoscopy showed severe cystitis, bladder calculi and a distorted bladder. Although she passed several stones and gravel, her urinary symptoms persisted.

In December 1948, an attempt was made in Texas to remove a bladder calculus transuretherally after lithotripsy. The bladder was perforated during this procedure and a recto-vasical fistula resulted. The patient's local physician in Texas believed that the patient was terminal, but we insisted upon This was done, and the surgeon reported that there was no evidence of any a colostomy to divert the fecal stream as an immediate first procedure.

pelvic or abdominal masses. The patient made a slow recovery. According to reports to this date, 16 years after start of treatment, no recurrence has been noted. Recently the colostomy was closed, the patient being in good condition.

Mrs. M. L.—In November 1941, at the age of 40, the patient had a left oophorectomy for a multi-loculated ovarian tumor with ascites and peritoneal implants. The pathological finding was papillary cyst adenocarcinoma of the left ovary. Without any other treatment, she remained free

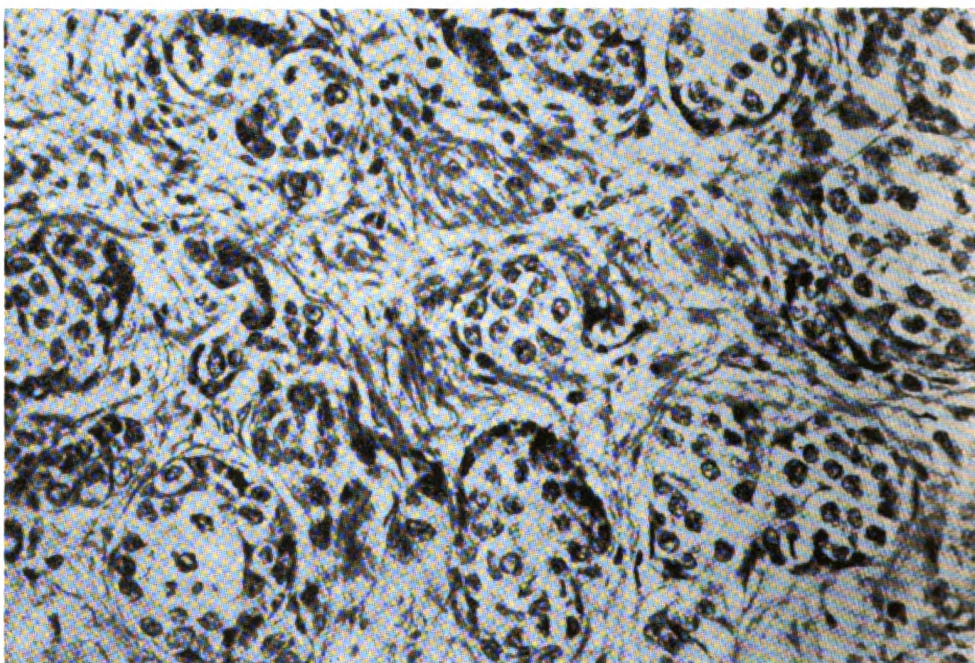


FIG. 158. Photomicrograph of lymph node from Case E.H. showing metastatic adenocarcinoma Gr III (400 x).

of symptoms until the beginning of 1945, when she started to complain of abdominal discomfort in the lower left quadrant. A mass was found at the site of operation. Growth was noted in further examinations. The patient had no treatment until December 1945, when she came under our care. On examination, a tumor of 11/6 cm. with limited mobility was found. No abdominal fluid was present at this time. She was started on amylercaptan in doses increasing to 6 cc. daily of a 10% solution in oil. The treatment was discontinued after a week because of the odor. No manifest changes could be seen. A preparation of hydropersulfide containing 1% sulfur, in a dose of 1 cc. three times a day orally, was used. The mass in the left parameter disappeared entirely in about 2 months. She

continued with the same medication for another 14 months. There has been no recurrence to date.

Mrs. E. H.—In April 1947, at the age of 46, this patient had a right radical mastectomy. The pathological diagnosis was adenocarcinoma, Grade III, with metastases to axillary lymph nodes. (Fig. 158) A course of post-operative irradiation was administered. Menses had been interrupted 8 years before by a total hysterectomy and bilateral salpingo-oophorectomy.

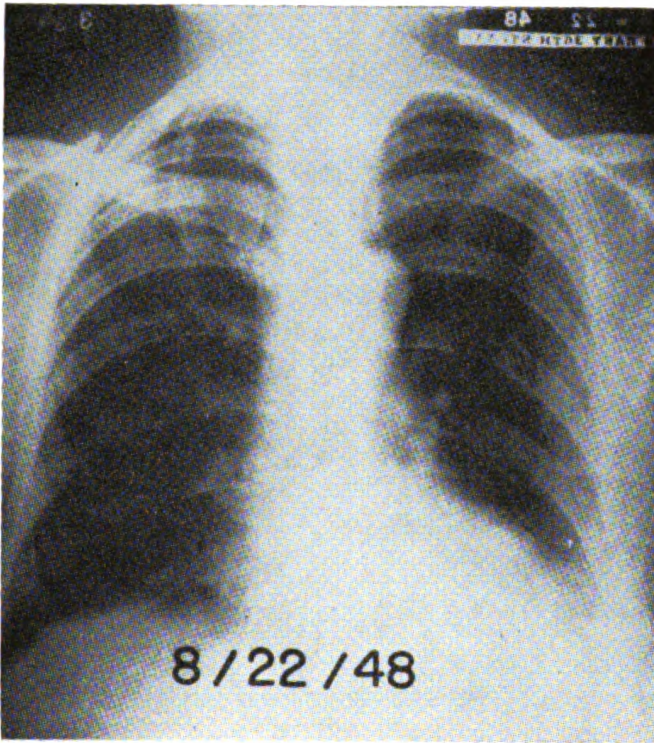


FIG. 159. Anteroposterior view of chest in Case E.H. at conclusion of testosterone and deep X-ray therapy to spine, showing destruction of medial $\frac{1}{3}$ of left clavicle and metastatic rib lesions.

The patient was free of symptoms until July 1948, when she began to complain of back pain and difficulty in walking. X-ray examination revealed osteolytic metastatic lesions in the medial third of the left clavicle, pelvis, thoracic and lumbar vertebrae, with collapse of the ninth thoracic and third lumbar vertebrae. She was hospitalized and deep X-ray therapy was applied to the thoracic and lumbar vertebral regions and the right hip, 1800 r. being delivered to each of the three fields. A total of 600 mgm. of testosterone propionate was also administered in four weeks (50 mgm. three

times a week). Clinically, there was improvement and the patient was able to walk with the aid of a back brace and cane upon discharge. X-ray examination on August 22, 1948, at the conclusion of this period of therapy, revealed continued spread of osteolytic lesions, involving the bodies of the lower cervical, lower thoracic and lumbar vertebrae and pelvis. Numerous lesions were observed in the left ribs and in the upper thirds of both femurs. There was further destruction of the left clavicle. (*Fig. 159*)

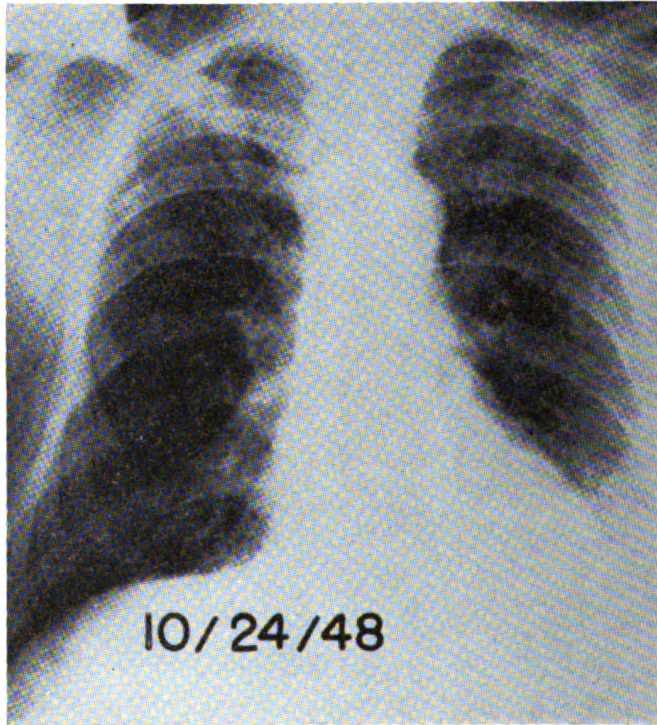


FIG. 160. Anteroposterior view of chest in Case E.H. two months after stopping testosterone and X-ray therapy, showing further involvement of medial $\frac{1}{3}$ of left clavicle.

After discharge, the patient did not receive any further X-ray therapy or testosterone. The clinical improvement lasted for only a short time, the back pain and difficulty in walking recurring within a few weeks. Radiographic examination at the end of October revealed further increase of the previously described lesions, with new areas of involvement. (*Fig. 160*)

The patient received several injections of an unknown medication at home but her condition continued to grow worse. Pain was more severe, and required increasing amounts of narcotics. The patient was confined to bed and there was evidence of increasing nerve involvement, culminating,

by the end of November, in paralysis of both lower limbs with loss of sensation below the level of the ninth thoracic vertebrae. There was no bladder or rectal dysfunction.

The patient came under our care in this condition on December 21, 1948. Pain was so severe that a body cast appeared indicated, but the orthopedic consultant considered the patient's condition too far advanced to warrant this. The urinary pH was alkaline.



FIG. 161. Lateral view of thoracic spine in Case E.H. at time of admission, showing extensive metastatic involvement of vertebrae with collapse of fifth and ninth vertebrae.

A hydropersulfide preparation with 0.5% sulfur was administered in doses ranging from several drops by mouth to 1 cc. twice a day intramuscularly. Sodium thiosulfate in a 10% aqueous solution was given at the same time by mouth, and after a few weeks a 4% solution administered intramuscularly was substituted and was given in increasing doses up to as much as 11 cc. every few hours. For a short period, colloidal sulfur was administered in doses of 100 mgm. orally every three hours.

During the first few weeks, with small oral doses of sulfur in oil and sodium thiosulfate, there was no evidence of improvement. 2 cc. doses of sodium thiosulfate provided definite pain relief for a short time after each injection and the gradual increase of the individual dose to 11 cc. over a

twelve week period gave complete pain relief. During this time, the patient's general condition improved rapidly. Motion and sensation returned to the toes, feet and finally to the whole leg. By April, the patient was able to sit out of bed. By the end of May, she was ambulatory without requiring a brace or cane. Her only complaint was a mild facial acne that developed during the course of treatment.



FIG. 162. Anteroposterior view of left shoulder region in Case E.H. four months after stopping testosterone and X-ray therapy at time of admission, showing involvement of entire left clavicle and continued spread in left seventh and eighth ribs posteriorly.

Radiographic examinations were made at the beginning of treatment and each month thereafter. At the beginning, four months after the last X-ray treatment and doses of testosterone, osteolytic metastases were observed in all the vertebrae of the cervical spine and the bodies of the lower thoracic and lumbar vertebrae, with compression fractures of the third, fifth and ninth thoracic vertebrae. The entire pelvis was involved (*Fig. 163*) and there was destruction throughout the entire length of the left clavicle, in the left acromial process, both humeri and several ribs on the left side. (*Fig. 162*) Vascular markings were moderately increased in both lung fields.

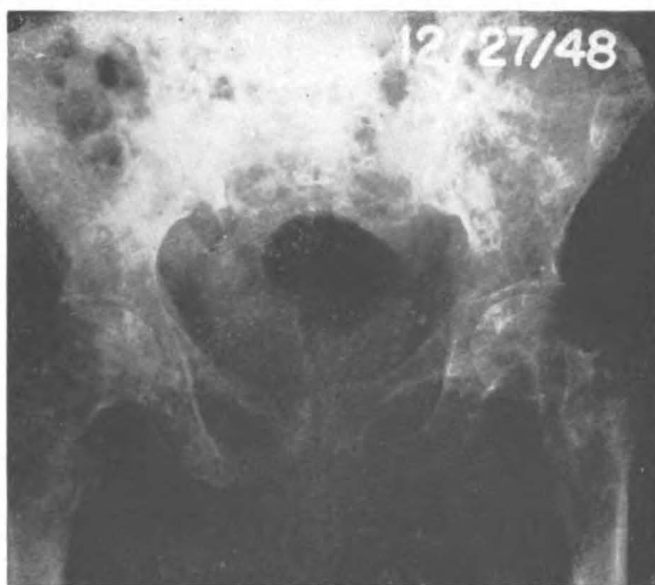


FIG. 163. Anteroposterior view of pelvis and upper $\frac{1}{3}$ of both femurs in Case E.H. at time of admission, showing widespread osteolytic process.



FIG. 164. Lateral view of thoracic spine in Case E.H. four months after beginning of treatment, showing considerable bone regeneration in all vertebrae.

Comparison with previous films showed definite evidence of continued spread of the metastatic process.

Films in February showed no change, but in March, slight regressive changes were observed, especially in the left clavicle, left humerus and pelvis. During this time the urine became acid and remained so almost continuously. In April regressive changes were observed in the ribs, pelvis,

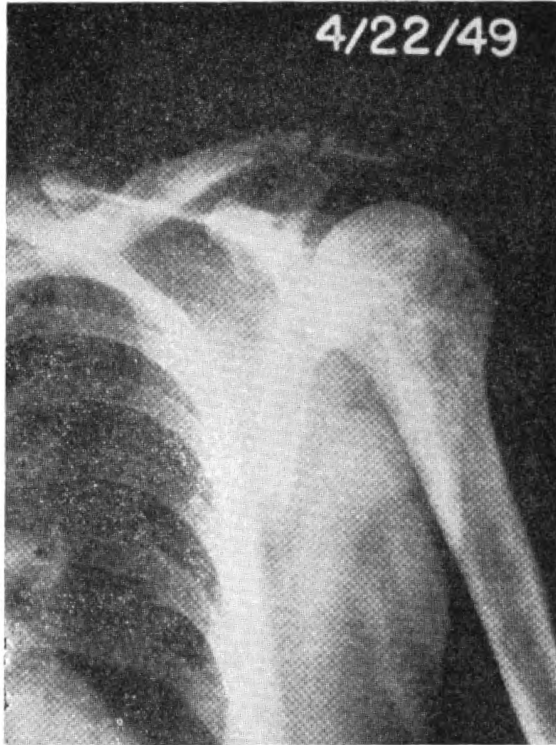


FIG. 165. Anteroposterior view of left shoulder region in Case E.H. four months after beginning of therapy, showing considerable repair of left clavicular and rib lesions.

femurs and left shoulder girdle. Elsewhere no further involvement was noted.

In July 1949, regressive changes were found to be continuing in all the involved bones. (*Figs. 164, 165, 166*)

At this time, all medication was discontinued and the patient returned home. In August, the patient again complained of pain in the back, right thigh and left shoulder, and had increasing trouble walking because of difficulty in moving the right leg. The urinary pH again was alkaline. Sodium thiosulfate and sulfur in oil again were administered with relief of

pain and considerable improvement in the ability to walk. A few months later the patient had a stroke from which she died in a few days.



FIG. 166. Anteroposterior view of pelvis and upper $\frac{1}{3}$ of both femurs in Case E.H. four months after beginning of treatment, showing considerable bone repair.

Hydronaphthalene Persulfides

The exceptionally good results obtained with mercaptans in treating cancer in humans could only partially be reproduced by the different agents with bivalent sulfur in the polar group we tested. In addition to the hydroper-sulfides of the fatty acids, we tried to prepare and study other groups of persulfides. The great ability of the products of hydrogenization of naphthalene, such as tetrahydronaphthalene (tetralin) and decahydronaphthalene (decalin) to fix oxygen as peroxides, led us to try to fix sulfur as persulfides on their molecules. These substances were treated with sulfur in conditions similar to those which led to fixation of sulfur to fatty acids. The agents obtained through this fixation on tetralin were particularly studied.

We have mentioned the pharmacological study of these products. Based on their biological action, they appeared to be intermediary between mercaptans and fatty acids persulfides, with the big advantage of having a bearable odor. In humans, we utilized this produce in cases of which, most are still under observation. In general, the results obtained were good.

Subjective changes and objective ones upon the tumors were obtained. We found that only minimal doses are to be used, corresponding to micrograms of sulfur and milligrams of tetralin. With these doses, no side effects were observed. When given slightly higher doses, some patients felt a sensation of weakness and also, in a few cases, of dizziness.

This agent has shown a marked influence upon the existing patterns with a special facility to induce, in most cases, an offbalance of type D at the cellular level. With higher doses, the systemic offbalance which is also influenced, can be changed back to offbalance type A only with difficulty. This fact indicates the need for reduced doses, acting almost exclusively at the cellular level. The dosage must be guided by a continuous control of the analyses, and especially by those of serum potassium for the cellular level and of urinary surface tension for the systemic. With values above 5 mEq potassium in serum (and low in blood red cells) and urinary surface tension of less than 68 dynes/cm., corresponding to a systemic offbalance of the type D, the decrease or even suppression of the medication is indicated.

We utilized the agent in cancer cases where the rapid disappearance of the tumor appeared as the capital aim. More time is needed to judge the value of those results already obtained. Among the cases treated, the following observation represents an interesting example.

B. P., 32 year old male, was operated for a wart at the right ear 2½ years before coming under our care. Pathological examination had revealed malignant melanoma. A month later, a dissection of cervical glands was made. The analyses of the obtained glands showed no cancerous cells. Two months before coming under our care, a checkup revealed a new tumor in the right side of the larynx. With the growth of the tumor, edema of the right face was also increasing. Examination showed a tumor 4 cm. in diameter on the right side of the larynx. The tumor was adherent to the skin. Laryngological examination showed the tumor protruding in the pyriform sinus. Because extensive surgery would have been necessary for the tumor removal, the patient refused such surgery. He was admitted and first treated with only limited change in the tumor. Treatment was changed to tetralin persulfides in a dose of 10 drops of a 10% solution in oil, administered 3 times a day. Under this treatment, the tumor involuted very rapidly, and practically disappeared in 3 weeks. Subjective feeling, such as dizziness, made us discontinue the administration of the preparation. The treatment was changed to epichlorohydrin and sulfur in the form of fatty acid hydropersulfides, administered in small doses. The patient has continued this treatment at home for the past 2½ years with no apparent recurrences.

Butanol, Glycerol

During the period when mercaptans and other sulfur-containing agents were being studied, attention also was centered on butanol in the group of anti-fatty acid agents. While butanol's effect upon pain and other subjective manifestations appeared evident from the beginning of its use, the influence upon tumors seemed small. Together with glycerol, however, it produced several long-lasting objective changes. Characteristically, in most of these cases recurrences appeared only after many years of normal active life during which there was no clinical manifestation of cancer. In some cases, however, there were no recurrences.

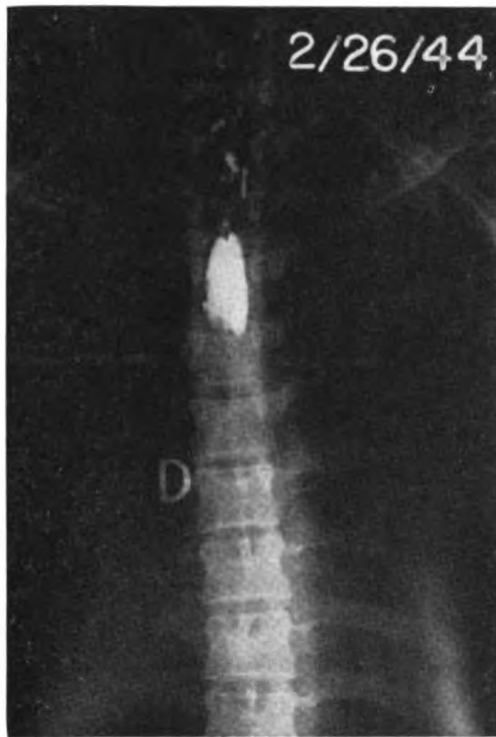


FIG. 167. Myelogram of patient M.H. showing the flow of lipiodol arrested at the level of 4-T.

Mrs. M. H.—This 45-year-old patient experienced, in June 1943, sensory and motor disturbances which progressed so rapidly that in September 1943 she presented a complete paraplegia below 4-T. She came under our care in February 1944, a paraplegic for 5½ months. The myelogram taken at that time showed complete obstruction, with the flow of lipiodol arrested within the spinal canal at the level of the 4-T. (*Fig. 167*)

The urine analyses showed an offbalance of the type A, and she was treated with the acid lipid fraction of human placenta, and with hydro-persulfides. The symptoms continued to progress and the pain was more severe. Following a change in the urine analyses toward the offbalance D, the treatment was changed to butanol and glycerol. The pain was controlled in a few days, and a slow regression of the paraplegia occurred. After four months of this treatment, there was complete remission and the patient was again ambulatory. The myelogram repeated at the end of November 1944, showed complete disappearance of the obstruction. (*Fig. 168*) The

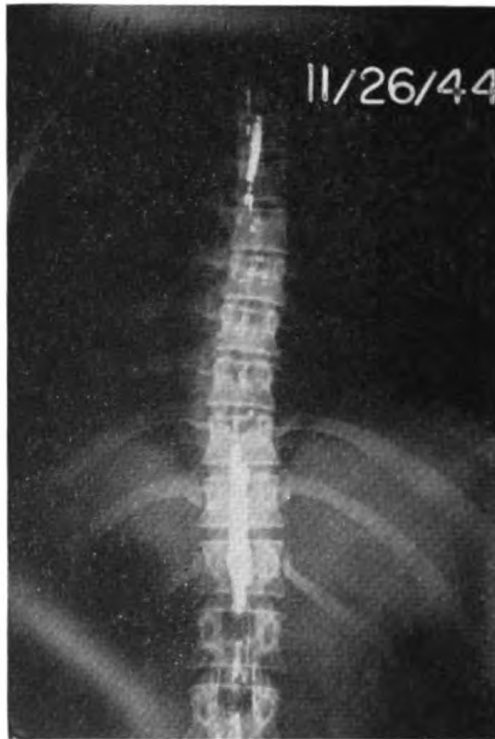


FIG. 168. Myelogram of the patient M.H., showing the complete disappearance of the obstruction.

patient remained entirely well, without treatment and free of symptoms for eleven years. We were informed that, subsequently, a recurrence appeared, followed again by paraplegia and multiple lung metastases. The patient died after four months of paraplegia.

Mr. I. H.—In 1938, at the age of 30, the patient underwent surgery for a tumor of the right parotid diagnosed as chondromyxosarcoma; in 1940, a recurrent tumor was removed and was followed this time by facial

paralysis. In 1943, another recurrence was treated surgically. In June 1945, the same procedure was repeated. Immediately after the last operation, there was still another recurrence and the tumor this time started to grow rapidly. Severe pain was only slightly relieved by narcotics. Radiotherapy was refused, in spite of the massive tumor and pain.

The patient came under our care in December 1945, with several tumors occupying the right parotid region and extending below the mandibula. He was using various narcotics with little effect. With the urinary chloride retention index, pH and specific gravity as criteria, treatment with

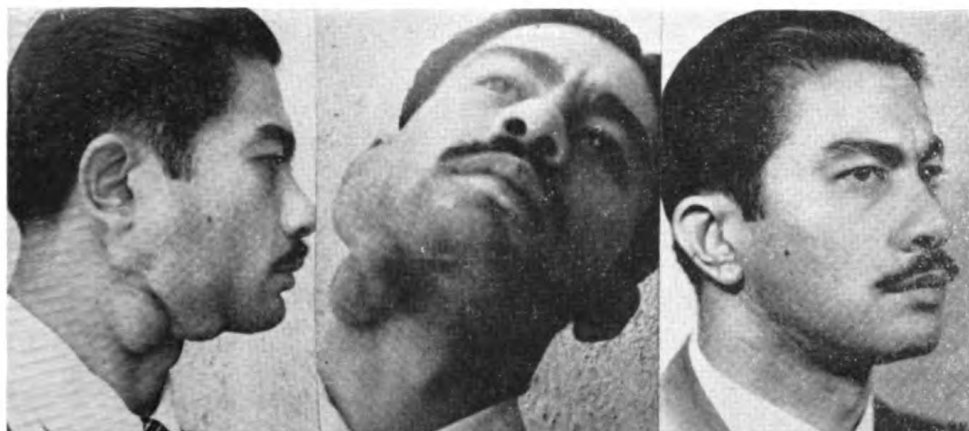


FIG. 169. Patient I.H. with a recurrent chondromyxosarcoma of the right parotid gland before and after treatment. The scar is from repeated previous surgical interventions.

sodium thiosulfate and hydropersulfides was started. Under this treatment, which lasted a week, the lesion appeared to be unfavorably influenced and pain increased. With the urine chloride index used as a criterion, the treatment was changed. 1 cc. of butanol 6.5% was administered orally three times a day along with 0.3 cc. of glycerol. After 4 days, the dose of butanol was increased to 2 cc. three times a day. Pain was relieved in a few days. Rapid disappearance of the tumor masses followed. The same treatment was continued for one year. Since then, the patient has been well and is enjoying good health without any recurrence as of this date. (*Fig. 169*)

E. M.—In 1935, at the age of 42, this patient had a right radical mastectomy for adenocarcinoma of the breast. In 1940, recurrent nodules appeared in the line of the scar. One of these was biopsied and showed a recurrent adenocarcinoma, Grade III. The patient was then treated with deep X-ray therapy, 3800 r. being delivered through five fields to the

right chest and axillary regions. A daily dose of 200 r. was given for nineteen days between December 1940 and January 1941, using the following factors: 200 kv., 25 ma., 50 cm., $\frac{1}{2}$ mm. Cu and 1 mm. Al filter. In May 1941, the wound area and recurrent nodules (*Fig. 170*) were excised and a skin graft was used to repair the defect.

In July 1943, skeletal metastases, predominantly osteolytic in nature, were reported in the fourth, fifth and twelfth thoracic vertebrae and first, second, fourth and fifth lumbar vertebrae, the first sacral segment and the left ala of the sacrum. There was also involvement of the outer portion of the left ilium and the inner portion of the right ilium near the sacroiliac joint. The patient received a second course of deep X-ray therapy over the spine and posterior pelvis, the total dose being 3800 r. with the same factors. Following this, her menses ceased. The pain in her back, which had confined her to bed, was considerably relieved and she became ambulatory.

By January 1944, however, pain had recurred and the patient was again confined to bed most of the time. X-ray studies showed metastatic involvement in practically every thoracic vertebrae, especially marked in the fourth, fifth, eighth and twelfth. All the lumbar vertebrae were involved,

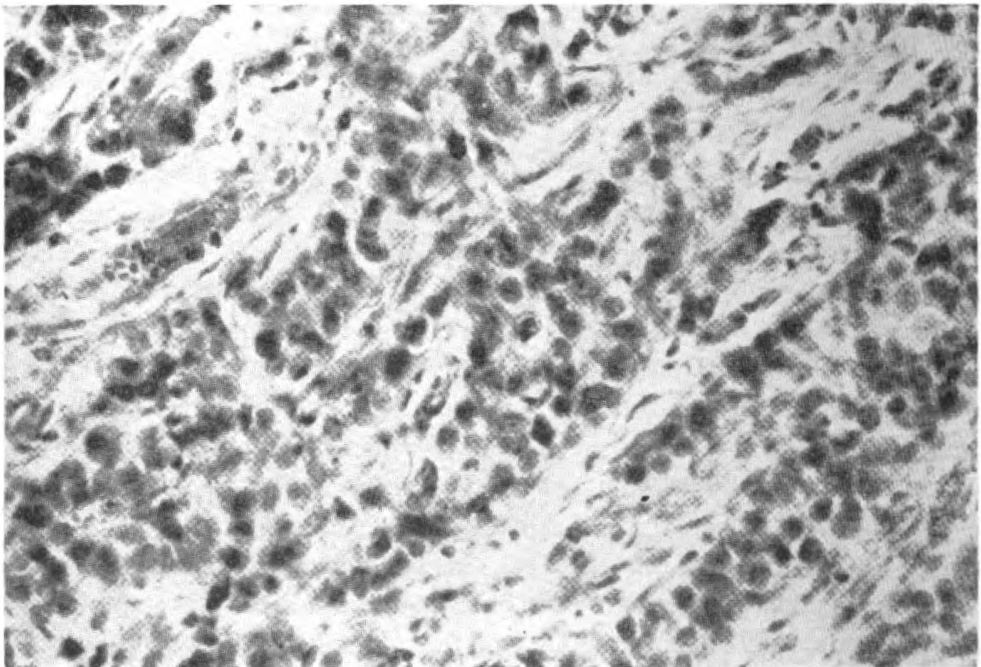


FIG. 170. Photomicrograph of recurrent skin nodule in Case E.M., showing adenocarcinoma, Gr III (400 x).

especially the first, fourth and fifth bodies and transverse processes. Deposits were present throughout the sacrum, in both iliae, the right ischium, left acetabulum and upper femurs. Another series of deep X-ray treatments was used on the same areas of the spine and posterior pelvis as before, the total dose this time being 2000 r., using the same factors. There



FIG. 171. Anteroposterior views of thoracic spine in Case E.M. at time of admission, showing metastatic involvement of vertebrae.



FIG. 172. Lateral view of the thoracic spine in Case E.M. at time of admission, showing metastatic involvement of vertebrae.

was again relief of pain, although the patient was kept in bed and a body brace was applied to reduce pain associated with motion and to avoid fracture.

We first saw the patient on March 9, 1944. She had moderately severe back pain, was confined to bed with a back brace, and complained of weakness. Blood pressure was 90 systolic, 60 diastolic. Operative scars of

the right chest region were well healed and there was no evidence of local recurrence of the tumor. There was no superficial lymphadenopathy. The liver area was tender to pressure on deep inspiration but the liver was not palpable. There was tenderness over most of the vertebrae with pressure. Patellar reflexes were hyperactive bilaterally. X-rays showed widespread skeletal metastases involving the dorsal and lumbar vertebrae, the sacrum and the pelvis. The lesions were predominantly osteoplastic. (Figs. 171, 172, 173)

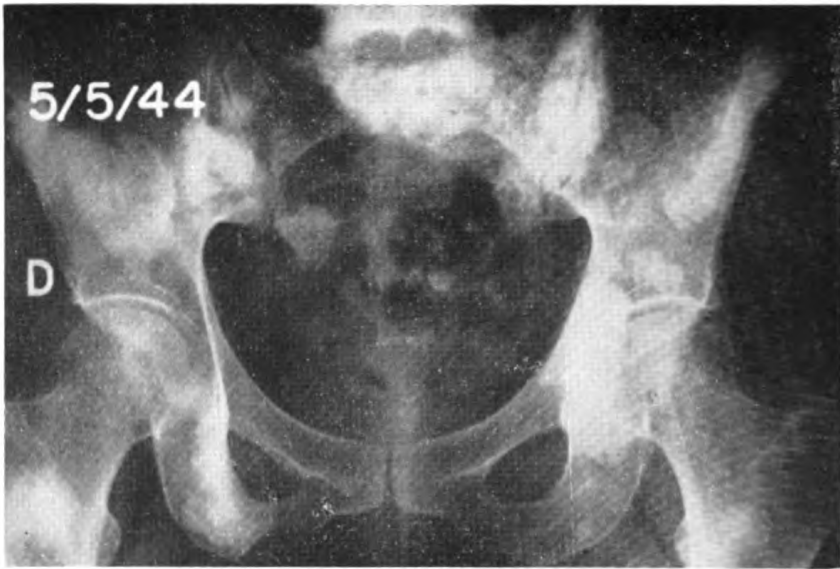


FIG. 173. Anteroposterior view of pelvis in Case E.M. showing widespread metastatic involvement in fifth lumbar vertebrae, sacrum, both iliac and femurs, two months after onset of treatment.

The patient was hospitalized and treated experimentally from March 8 to December 5, 1944, a total of nine months. The substances employed were n-butyl alcohol, cholesterol and glycerin, administered singly and concurrently at different periods. n-Butyl alcohol was administered as saturated water or saline solution (7.9%) in doses of from 3 drops every two hours to 20 cc. three times a day by mouth, or from 1 to 5 cc. three times a day. 2.5% cholesterol in neutral oil solution was administered intramuscularly in doses of 1 to 8 cc. three times a day. Glycerin was employed orally in 0.5 to 1 cc. doses three times a day. Dosages of all medication were increased progressively, the aim being to bring about and maintain alkalization of the urine.

At the time of admission, the daily urine pH was almost constantly

acid. After five months of treatment, the urine became alkaline and remained so until the patient was discharged from the hospital. (*Fig. 174*)

Clinically, pain was completely relieved after about one month. The patient's appetite improved and she began to gain weight and to feel stronger. After five months, she was mobilized with a brace and showed good progress in the ability to walk.

No changes were observed in monthly X-ray studies during the first four months of treatment. In the X-rays taken in July, the fifth month, at the time of urinary pH change, a few lesions began to show areas of decreased density. These changes progressed fairly rapidly thereafter.

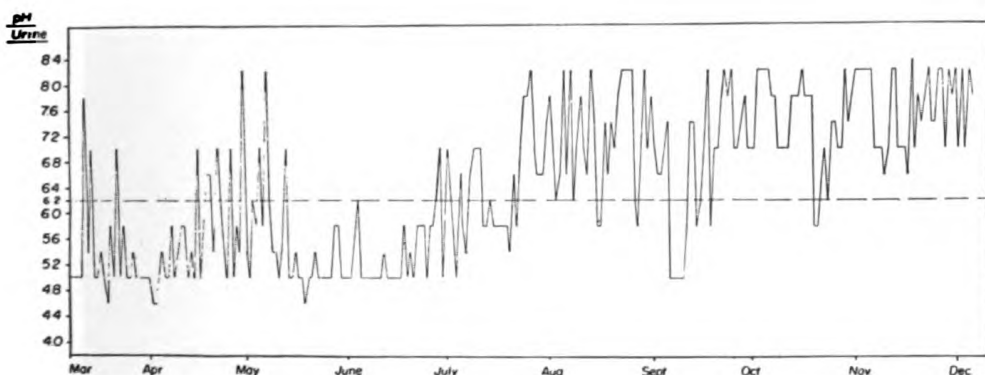


FIG. 2

FIG. 174. pH of daily morning urine specimens in Case E.M. determined colorimetrically, showing changes from acid to alkaline 5 months after the beginning of the treatment.

Following her discharge from the hospital, the patient continued to take 0.25 cc. of glycerol three times a day for another six months. All medication was discontinued after that and the patient has received no further treatment since. She returned to her old clerical position and after several years, when the X-ray changes appeared to warrant it, the brace was removed.

X-ray pictures taken fifty-seven months after beginning of the experimental treatment, (*Figs. 175, 176, 177*) no longer showed osseous pathology and indicated virtually complete restitution of normal appearing bone. The clinical condition was excellent and remained so in 1956, when we saw her. We were indirectly informed that later, in Texas, she suffered a right pleural effusion and died shortly thereafter.

M. H.—In February 1948, at the age of 18 months, this patient was admitted to the Good Samaritan Hospital in Dayton, Ohio, because of

abdominal pain. An exploratory operation revealed an obstruction caused by a tumor of the bowel that had spread to the lymph nodes throughout the abdomen. A by-passing operation was performed to relieve the obstruction. A piece of the mass and some of the involved lymph nodes were removed. The pathological diagnosis was fibro-sarcoma.



FIG. 175. Anteroposterior views of thoracic spine in Case E.M. fifty-seven months after onset of therapy, showing almost complete restitution of normal bone structure.



FIG. 176. Lateral view of thoracic spine in Case E.M., fifty-seven months after onset of therapy, showing almost complete restitution of normal bone structure.

On March 3, 1948, the patient came under our care. At that time, almost a month after surgical intervention, a mass the size of a tangerine was found in the right side of the abdomen. Based upon her analyses, the patient was treated with $\frac{1}{2}$ cc. glycerol and 2 cc. of butanol solution three times a day. She continued the same treatment without interruption for

two years, gained weight and grew, and no recurrences were noted. It is now 12 years since this little girl started treatment. She is well, attending school, and carrying on all the usual activities of a child of her age.

Paralleling these clinical investigations, a study was made of the elimination of surface-active substances. This led to the use of surface tension as a criterion for the recognition of offbalance patterns. A series of cases was treated according to this criterion. With the progress of research, new agents also were utilized.



FIG. 177. Anteroposterior view of pelvis in Case E.M. fifty-seven months after onset of treatment, showing almost complete restitution of bone structure.

Conjugated Fatty Acids

In 1947, we started therapeutic trials of conjugated fatty acids, first using eleostearic acid, the conjugated triene obtained from tung oil, administered orally or parenterally. The effects upon pain, systemic changes and particularly tumor evolution, were not up to expectation although subjective changes were immediately more manifest than for unconjugated fatty acids. In a short time, however, it was found necessary to continuously increase the dosage in order to maintain the effects. The intervention of a defense mechanism against these preparations often was evident. Cancer patients who had responded to administration of eleostearic acid with relief of pain and even with an arrest of tumor growth were found to require increasing amounts of this substance. After a while, they no longer

responded. Even very large amounts of this conjugated fatty acid, well tolerated in these cases, no longer had an effect upon the tumor and its manifestations. This fading effect limited the clinical usefulness of eleostearic acid. In this respect, it appeared to resemble many other constituents or even heterogeneous agents which have therapeutic effects that fade rapidly.

We have noted previously that intervention of the adrenals is directed especially against the conjugated trienes, substances related to traumatic noxious influences. Therefore, we tried to utilize other conjugated members, some with a higher number of double bonds, in the hope that the body would not be able to efficiently fight their intervention. We obtained conjugated fatty acids with four double bonds by treating mixtures of fatty acids rich in arachidonic acid, such as salmon oil, then fractionating the mixtures through their solubility in solvents, especially acetone, at low temperatures. We also obtained the same type of compound directly from *parinarum laurinum nuce* as *parinaric acid*, a tetraconjugated acid. Conjugated pentaenic and hexaenic acids were isolated from the mixture of conjugated fatty acids obtained from salmon, sardine and cod liver oils. When these preparations were tried in patients with cancer, no apparent improvement over the results obtained with mixtures of non-conjugated fatty acid was seen.

Having in mind the plurality of levels at which they would act, and especially considering the influence exerted by methylcholanthrene upon carcinogenic activity, mixtures of fatty acids from cod liver oil, sardine oils and from normal organs and tissues were conjugated and used. While the effects on pain and systemic changes were more intense and longer lasting, the effects upon tumors were not strikingly different from those obtained with the non-conjugated isomers. Of approximately 140 cases in which these conjugated fatty acid preparations were used, 45% showed subjective changes. In 25%, objective changes occurred, including clinical disappearance of malignant tumors in a few cases. Most of these results, however, were temporary. The tumors later grew again and no longer could be controlled by administration of these lipids. In some cases, the good results persisted and the following illustrates three of these cases.

B. T., 46 years old, had a left mastectomy in 1948, for an adenocarcinoma. 1½ years after the operation, progressively increasing generalized pain appeared, with the general condition going rapidly downhill. Pain, more than the general condition, obliged her to become totally bedridden. Successive X-ray examinations showed rapidly progressing osteolytic

lesions. X-ray treatment for three regions was started with the intention to control the pain which was most severe in skull, ribs, spine, pelvis and femurs. Because of the general condition, this was discontinued after a few treatments. When the patient came under our care, she was entirely immobilized and in severe pain. X-rays revealed (*Figs. 178, 179*) multiple osteolytic metastases in skull, femur, pelvic bones, spine. In view of the analysis

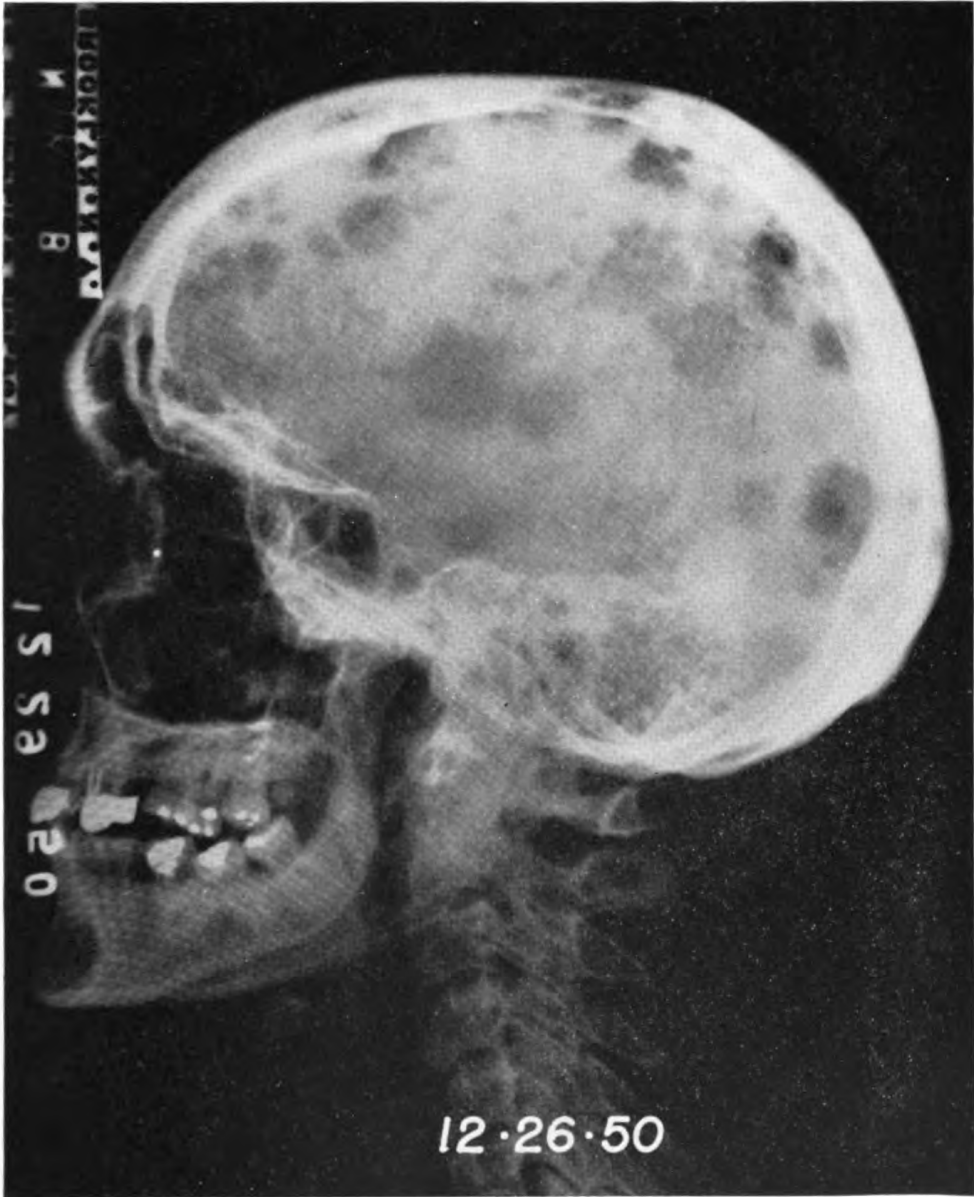


FIG. 178. Lateral view of the skull of patient (B.T.) at the time of admission, showing multiple osteolytic metastases.

as a typical A offbalance, treatment with hydropersulfide and conjugated fatty acids was instituted.

In her case we saw a peculiar form of response encountered also in several other subjects, and which we considered in general as corresponding to as a favorable response. During the treatment, while pain in general was relieved, one lesion was seen to become progressively more painful. It remained severely painful for 2-3 days after which the pain disappeared. The same change was seen to occur successively in one lesion after another with the same temporary increase of pain until it became very severe, followed by disappearance after 2-3 days. Not only did the pain fail to return in the same lesion, but usually the lesion was seen to involute after such a change.

With this kind of treatment the patient made a very rapid recovery and was out of bed in less than two months. The radiological changes, although showing progressive repair of the osteolytic lesions, took more time to be completed Fig. 181 shows the healing of the bone metastases in progress, while Figs. 180 and 182 the results after almost 2 years. The patient



FIG. 179. Anteroposterior view of the pelvis and upper parts of the femurs of the patient (B.T.) showing multiple osteolytic metastases.

resumed normal life for 3 years after which recurrences appeared on skin, lung and liver. These responded less favorably to the same treatment. The patient left our care and died a few months later.

Mrs. S. T., 47 years old, came under our care in a subcomatous state, 2½ years after a left breast mastectomy for an adenocarcinoma. For three months before, the patient complained of generalized pains and especially of severe headaches, and for a month had symptoms of diabetes insipidus.



FIG. 180. Lateral view of the skull of patient (B.T.) after 22 months of treatment. Most of the lesions have disappeared.

An X-ray examination of the skull, made prior to her admission (*Fig. 183*) showed extensive skull metastases with an advanced destruction of the clinoid bones.

Because of the diabetes insipidus, the urine analyses could not furnish the needed indication for the treatment and we recurred, therefore, to the number of blood leucocytes and to the body temperature, as tests able to



FIG. 181. Anteroposterior view of the pelvis and femurs of patient (B.T.) after four months of treatment, showing the lesions decreasing.

indicate the existing offbalance. With 14,500 leucocytes and a constant temperature of above 98.6°F, we considered the offbalance to be of the type A and administered conjugated fatty acids obtained from cod liver oil, and sodium thiosulfate together with posterior pituitary hormone for her diabetes insipidus. Probably due largely also to her electrolytic balance the patient regained consciousness and made a rapid recovery. In less than



FIG. 182. Anteroposterior view of the pelvis and femurs of patient (B.T.) 2 years later, showing most of the lesions disappeared.

two weeks she was out of bed and resumed a normal life. She continued with the same treatment on an ambulatory basis. An X-ray examination four months later showed a manifest healing of the previous lesions. (*Fig. 184*)

After another four months however, without any recurrence of her malignancy the diabetes insipidus could not be adequately controlled. She refused hospitalization and left our care. She died a short time later with symptoms of electrolytic offbalance.

Mr. L. N., 64 years old, had a long history of vesical troubles, with

biopsies showing cancerous lesions. In spite of repeated fulgurations, the vesical tumors grew rapidly with constant hematuria and tenesmus. Three months before coming under our care, the patient suffered severe pains in the left groin which X-ray examination showed to be due to a bone metastatic lesion. Fig. 185 depicts the lesions upon admission. The analyses showed an offbalance type A, and a treatment with conjugated fatty acid obtained from cod liver oil and sodium thiosulfate was instituted. The pain disappeared in a few days, as did the hematuria and dysuria. The patient continued to improve. An X-ray examination, four months after treatment was started, showed the appearance of a callus at the place of the bone metastases. (*Fig. 168*) The patient continued the treatment for a few more months after which time we lost track of him.

Heterogeneous Agents

Because of the organism's defense against the fatty acids with which it comes in contact under normal and abnormal conditions, more hetero-

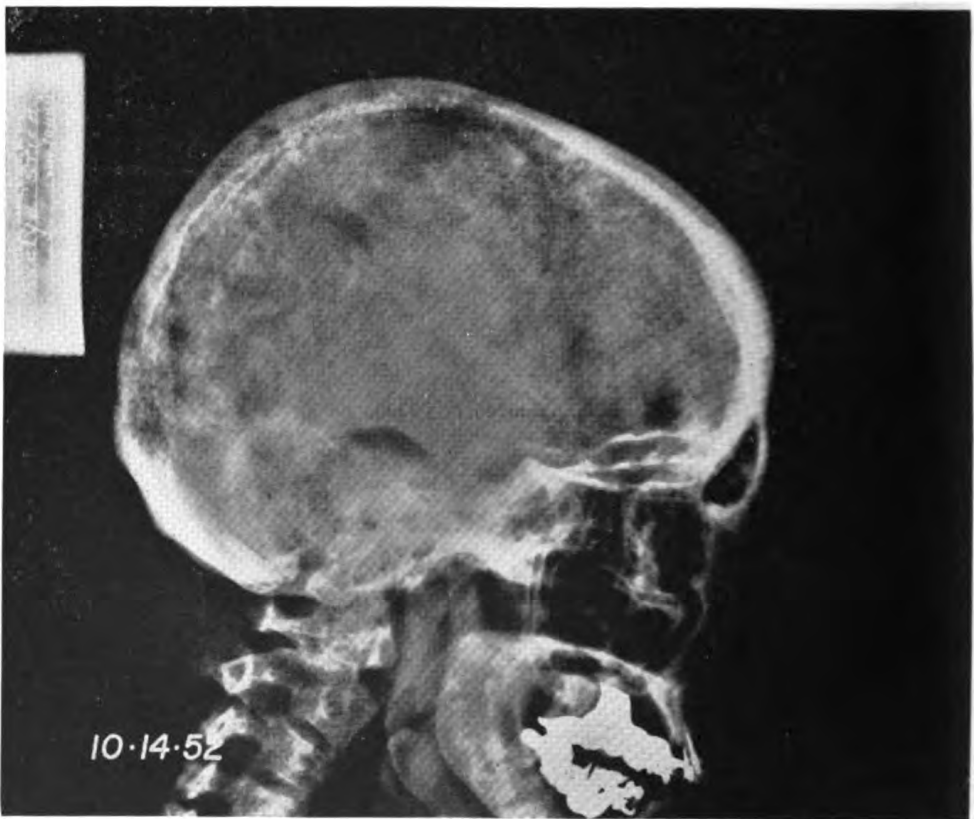


FIG. 183. Lateral view of the skull of patient (S.T.) showing multiple osteolytic processes.

geneous agents were sought. We first resorted to the alpha hydroxy fatty acids. Isolated members and mixtures of the acids, after being prepared and tested for toxicity in animals, were used in patients. We have discussed previously the striking and specific effect obtained upon lymphosarcoma in C_3H mice with alpha hydroxy caprylic acid. Although we were not able to account for this effect, we did attempt to determine whether the acid would have a similar favorable influence upon human lymphomas, especially



FIG. 184. Lateral view of the skull of patient (S.T.) showing most of the lesions disappeared.

Hodgkins' disease. Several patients with Hodgkins' disease were treated by oral administration of preparations of alpha hydroxy fatty acids from caproic to stearic acids, or with mixtures of them. Only in a few subjects were very limited effects, such as a small decrease in the lesions, observed. Changes were not considered to exceed those known to occur spontaneously in such cases. These effects were inferior to those obtained with the



FIG. 185. Anteroposterior view of the pelvis of a patient with an adenocarcinoma of the bladder, showing the destruction of the left ischion bone.

fatty acid preparations previously tested. There were no effects upon evolution of other lymphomas or in other types of cancer. Alpha hydroxy preparations produced limited subjective changes in less than 10% of cancer patients, and no marked objective changes at all.

Other heterogeneous fatty acid preparations were obtained and, after study of their pharmacological activities, were applied in humans. Polyhydroxy fatty acids, peroxides of fatty acids, and fatty acids in which chlorine was fixed at the double bonds, were tested in only a limited number of patients, but enough cases to show that effects were no different from those obtained with conjugated fatty acids, for instance.

Parallel to these efforts to find new agents for patients with the one type of offbalance, other agents for use against the opposite type of offbalance were investigated.

Sterols and nonsaponifiable fractions were treated in various ways to obtain heterogeneous substances not found in living organisms. We used heat at 300°C or ultraviolet light, according to the procedures employed by Roffo, in order to induce changes in sterols which would tend, accord-



FIG. 186. Anteroposterior view of the pelvis of patient of Fig. 185, 4 months later, showing the healing of the lesion.

ing to him (198) to make them carcinogenic. We considered these heat or ultraviolet treated sterols and nonsaponifiable fractions to represent abnormal lipoids. They were administered in oily solutions to animals and to a few patients with advanced malignancies. Injected intramuscularly daily for a few weeks, they induced no undesirable results. Their effects upon pain and systemic changes were not significantly different from those of corresponding untreated preparations. The studies of other changes in cancer patients treated with these preparations do not allow any conclusions to be drawn at this time.

We prepared and studied various sulfurized fatty acids, of which the conjugated were used on a broad scale in therapeutic trials. Clinically, these sulfurized fatty acids produced marked results in several cases, but did not constitute a significant advance over sulfurized oil in which sulfur was bound to triglycerides rather than to free fatty acids.

In the search for more active thiolipoids, we prepared several products, one of which, methylthioglycolate, was given a broad clinical trial. Although it produced some interesting objective results, they were neither sufficiently intense nor consistently reproducible nor persistent enough to make methylthioglycolate a distinct advance over the other sulfur preparations used. The compound also had the disadvantage of disagreeable odor although it is not as obnoxious as the mercaptans. As a result, we abandoned the use of this substance after a year of clinical experiments.

Of 131 patients treated with methylthioglycolate, 39—or 30% showed subjective changes and 19—or 15%, also showed objective positive changes.

Another synthetic thiolipoid, hexylthionic acid, was utilized in a few clinical cases. Only a small number of patients showed objective clinical results and these were neither consistent nor persistent enough to warrant using this substance for further research. While the results obtained with agents other than mercaptans having a thiol polar group were interesting, these compounds had too little influence upon tumors, especially in cases where the pattern indicated persistent predominance of sterols.

Selenium Preparations

We have previously noted the considerations which led us to study lipoidic compounds containing bivalent selenium. The compound used in clinical research was hexyldiselenide, a lipoid with an -Se-Se- as a polar group. Oily solutions in various concentrations were given by subcutaneous or intramuscular injection. Doses as low as 4 micrograms or as high as 400 milligrams were employed several times a day. For oral administration, capsules containing the product in solution in hydrogenated oil in amounts from 4 micrograms to 100 milligrams were employed. A short time before the experimental therapeutic use of selenium compounds, the means of recognizing the existing offbalance were implemented with the sulfhydryl index, a measure of urinary elimination of the sulfhydryl group.

Despite negative results in animal tumors, hexyldiselenide was used clinically in the hope that, with treatment guided by the data furnished by urinalyses, satisfactory results could be obtained. The sulfhydryl index served, at the beginning of this study as the principal indication for the administration of the selenium compound. Later we used urinary surface

tension as the criterion, and lately we have used the changes in serum and total blood potassium. In general, we administered the medication only if the sulfhydryl index was below 1.5, the surface tension above 68. A marked influence upon the tumor itself was seen in a relatively high proportion of cases. The results also are of theoretical interest since the compound had less influence upon symptoms at the tissue level, such as pain, or at the systemic level, and more on those at the cellular level. The effect on pain was slow to appear, often requiring days. But once relief of pain was achieved, it persisted for a long time, in contrast to the brief effect produced by other agents such as thiosulfate or hydropersulfides acting directly at the tissue level. Primarily because hexyldiselenide alters the pattern present at the cellular level, it must be emphasized that determining proper dosage at least in the beginning, appeared more difficult than for any other substance with which we have had experience.

At the beginning, we used doses in the range of 10-80 mg. but in a number of cases a persistent change to the opposite pattern occurred after one or two doses. This led to the utilization of smaller and smaller doses in order to avoid too rapid change to the opposite pattern. Also with small doses, we hoped to limit the therapeutic response to the cellular level only. We decreased the daily dose to 5 mg., then to 1 mg. and eventually even to micrograms. With these small amounts, the immediate clinical effects seemed to be almost entirely limited to the cellular level. The changes in pain and the systemic pattern were minimal. The choice of dose to be given was determined in the second part of this research primarily by urinary surface tension. It was observed that microgram doses may influence lesions without changing the values of the other analyses corresponding to the systemic level.

The clinical results obtained with the use of hexyldiselenide in humans warrants detailed consideration. Good results were obtained with greater consistency after the problem of dosage was resolved and the relationship to urinary analyses was established. Important objective changes could be achieved by using urinary analyses as a guide for dosage, as illustrated by the following cases.

A. B., 68 years old, male. In October 1949, the patient had an amputation of the left leg at the hip-joint performed at the Memorial Hospital because of a tumor of the femur. The pathological diagnosis was sarcoma. He was well until July 1955 when he began to cough and have recurrent episodes of hemoptysis. X-ray examination revealed right pleural effusion and infiltration of the right lower lobe. He was readmitted to Memorial Hospital in October 1955 and thoracentesis revealed bloody fluid. Bron-

choscopy showed partial narrowing of the right lower lobe bronchus. Examination of pleural fluid and bronchial washing by the Papanicolaou method showed cells that were suspicious for malignant disease, but not conclusive. It could not be determined whether a primary lung cancer or metastatic sarcoma was present. An exploratory thoracotomy was advised but refused by the patient, who signed himself out.

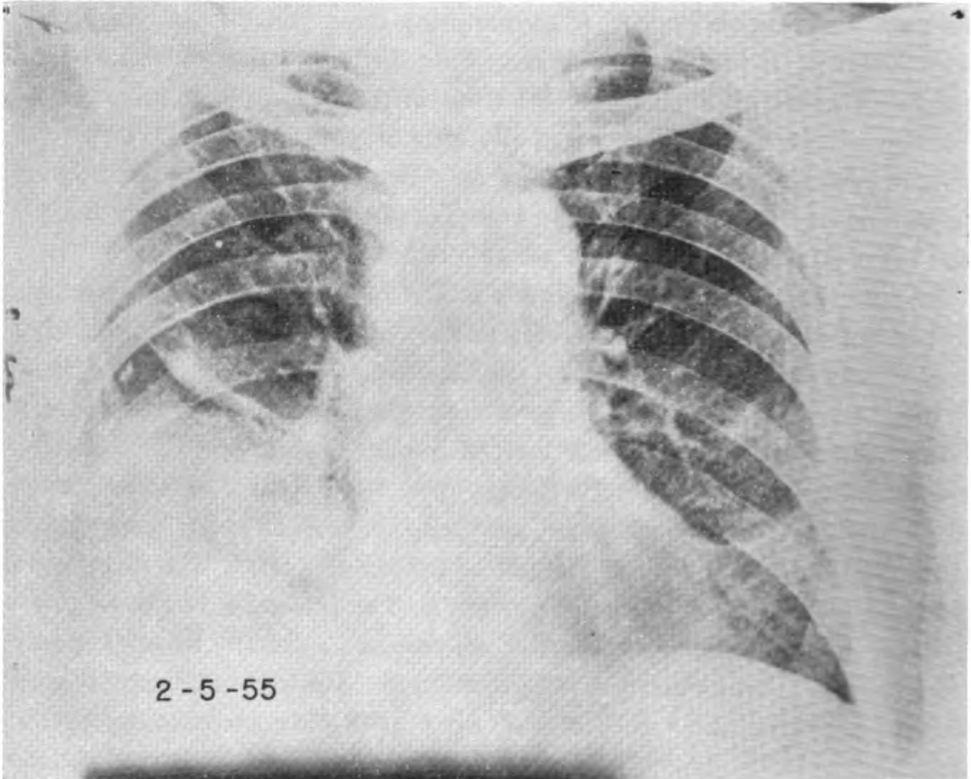


FIG. 187. Anteroposterior view of chest in Case (A.B.) at time of admission showing the presence of a mass in the lower part of the right hemithorax.

Two weeks later, he came under our care and has been an ambulatory patient since then. His chest pain had been considerably relieved with the thoracentesis and there was no bleeding. He complained of distress and tightness in the chest as well as perspiration at night. A physical examination revealed dullness in the lower right hemithorax below the seventh rib. Blood pressure was 208/165. X-ray examination revealed a large round mass occupying the right lower lobe. (*Fig. 187*)

Urinalyses showed a low surface tension, low specific gravity, high pH and low sulfhydryl excretion. Hexyldiselenide was chosen as the only chemotherapeutic agent. Treatment was started with a tenth of a milligram

twice a day, and was increased gradually to half a milligram twice a day. Chest pain and hemoptysis decreased in the following weeks. The general condition improved. He felt better and had no cough. X-rays a month and a half later showed that the right lower lobe mass was slightly smaller in size.

In January 1956, a striking reduction in size and density of the lower right lobe mass was seen. It was now about 60% as big as a month before.

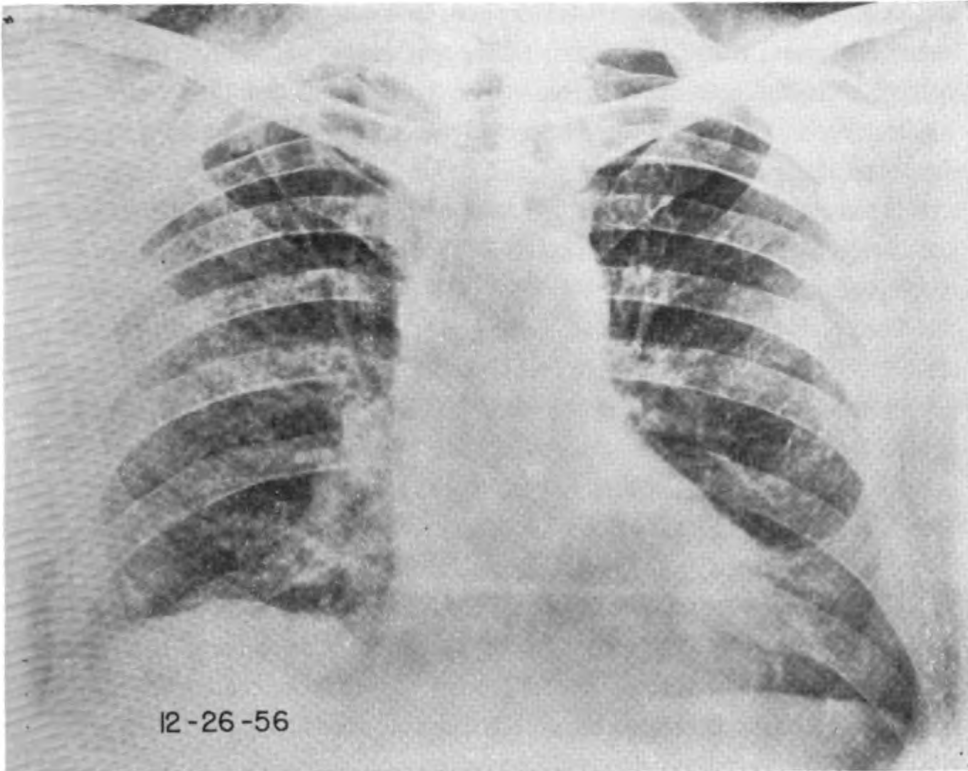


FIG. 188. Anteroposterior view of the chest of the patient A.B. after ten months of treatment with hexyldiselenide.

At the beginning of February, the mass in the right lower lobe was almost entirely gone. The interlobular thickening of the left lower lung still persisted. In April, further clearing of the right lower lobe was seen. (*Fig. 188*) The patient received treatment with hexyldiselenide for a few more months. He continued in excellent condition without further treatment for the next three years. At the end of that time, there was a recurrence of pain and the mass in the right lower lobe reappeared and grew rapidly. Treatment with hexyldiselenide was resumed. The pain disappeared again within a short time, and the tumor again regressed.

I. A.—This 58-year-old patient had diabetes beginning at the age of 30. It was controlled by insulin. At 35, he had rheumatic fever and remained in bed for 6 months. Angina developed at 53. In January 1956, he was awakened by a pain in the right side of the abdomen. The pain continued to be severe for months and the patient lost weight. Barium enema revealed nothing. He entered Jewish Hospital in Brooklyn with jaundice in April 1956. Upon operation, the gall bladder was found enlarged to twice its normal size and the common duct was dilated. With a finger inserted through the foramen of Winslow, a hard, stony mass involving the head, body and most of the tail of the pancreas, was felt. The tumor involved almost the entire pancreas. The lymph node of the common duct was enlarged. The liver showed no evidence of metastases. The general condition of the patient, in spite of the extensive involvement of almost the entire pancreas, did not justify a total pancreatectomy. Therefore, a palliative surgical procedure was done. The gall bladder was anastomosed to the jejunum.

The post-operative course was good. No other treatment was prescribed. When the patient came under our care at the end of May 1956, the jaundice had disappeared but the pain was the same as it had been before operation. A mass occupying the upper abdomen was felt. Treatment was started with a dose of 30 micrograms of hexyldiselenide a day. This dose was increased later to 300 micrograms a day. The abdominal discomfort lessened; pain in the upper abdomen disappeared. The patient remained on this treatment until 1957 when epichlorohydrin was added to the hexyldiselenide. With the mixed treatment, the patient continued to improve and the tumor, which had been palpable in the upper abdomen, disappeared after a few months. Except for diarrhea, which occurs from time to time, the patient has made a very good recovery. He has continued on hexyldiselenide and epichlorohydrin and, at present, four years later, is in good general condition. No tumor can be felt and he is at his regular job.

C. M., 52 years old, male. In 1946, the left breast of this patient was removed because of a malignant tumor. In 1947, the right breast was removed but the tumor proved to be benign. In 1954, the patient, showing blood in the urine, was admitted to the Presbyterian Medical Center where a right kidney tumor was diagnosed. In February 1955, the patient underwent surgery. A tumor of the right kidney with extensive lymph node involvement above and below the renal vessels was found. A simple nephrectomy was performed, the lymph nodes being considered inoperable. The pathological report revealed "clear cell carcinoma of the kidney with ex-

tension into the renal vessels and surrounding tissue." There was no evidence of pulmonary or other metastases.

The patient did not undergo any treatment at this time and felt well until September 1955, when he experienced increased fatigue, flatulence, slight pain in the right kidney region, and some abdominal pressure. No abdominal mass or lymph node involvement was found. He was treated with hexylselenide, starting with 200 micrograms a day. This dose was increased progressively until it reached 2½ milligrams a day.

Under this treatment, most of the patient's pain disappeared and no palpable mass could be found. The patient continued treatment, with the same dose, until October 1957, when epichlorohydrin was added. At first, with the new medication, the patient was more tired and there was a noticeable increase in perspiration. However, after a short time, he continued to improve. At present, he is still taking 15 milligrams of epichlorohydrin, and 100 micrograms of hexylselenide daily. He feels well, continues normal work, and no tumor is palpable now four and a half years since the beginning of the treatment.

W. H.—In March 1954, at the age of 11, this boy had the first of three brain operations at the Jersey City Medical Center. He had complained of persistent headaches for about a year. A brain tumor was removed and on pathological examination, was first thought to be benign, but later proved to be malignant (spongio-blastoma). By August of 1954, his symptoms recurred and a swelling appeared in the area of the scar. At the second operation, it was possible to remove only a part of the recurrent tumor. In November 1954, local swelling and headaches returned. X-ray treatments failed to give relief and a third operation was performed, but only a piece of tumor was removed. It showed the same pathology.

He came under our care May 3, 1955, and was treated, because of low sulfhydryl urinary index, with hexylselenide, in dosages ranging from 300 micrograms to 1 milligram per day. This treatment was continued for one year. He has done remarkably well since. He has had no headaches, is more alert and less drowsy than at any time since he first became ill. There has been no evidence of recurrence. Since treatment, there has been a definite reduction in involuntary movements of his head, extremities and body, which appear to have been related to the tumor growth. There have been no abnormal manifestations to date, five years since the beginning of the treatment. The patient goes to school and engages in all the activities of a normal boy of his age.

Mrs. A. L.—This patient first noted a lump in her neck in the summer of 1953 when she was 26 years old. In February 1954, a second lump

appeared. Surgery was performed at the Ottawa Civic Hospital. The pathological examination showed a cancer of the thyroid (papillary adenocarcinoma). It involved both sides of the gland and many of the lymph nodes. The entire thyroid gland was removed and bilateral lymph node dissection was done in two stages. Since the surgeon felt that he had not removed all the affected areas, the patient received deep neck X-ray therapy following the operation. However, by July 1954, a new mass developed on the right side of the neck and this was removed in November. The pathological examination proving it to be the same type of tumor.

The patient was first seen by us on January 10, 1955. Although it was only two months since the last operation, there were several recurrent tumor masses in the lateral right side of the back of the neck, as well as infiltrations into the area of the last operative wound. The patient was treated with hexyldiselenide, in doses ranging from 300 micrograms to 1 milligram daily. Under this treatment, the masses progressively decreased and, after 3 months, disappeared. She continued the treatment for another six months. Now, after 5½ years, she is feeling well, has had no recurrences, and is carrying on her usual activities as a housewife and mother.

Hexyldiselenide, although it produces impressive results, very often is not of itself able to provide enduring benefit. Many other patients have had recurrences, some in spite of impressive first results and continuation of treatment as shown in the following observation. J. D., 10 years old, came under our care in a preterminal state, after an exploratory laparotomy revealing an extensive carcinoma of the liver. (*Fig. 189*) The response to hexyldeselenide treatment was impressive with the patient making a perfect recovery. His liver which had filled the abdomen, returned to normal dimensions. The patient continued a normal life for 2 years when, in spite of the continuation of the treatment, generalized recurrences appeared. These could no longer be controlled.

Tetralin Perselenide

The good effects obtained with persulfides on one hand, and with selenium on the other, have led us to investigate the corresponding compound—tetraline perselenide. With its low toxicity, the compound was administered to humans in which the destruction of the tumor appeared the immediate aim. The effect upon pain was good although not immediate, the same as for the systemic level. It was at the cellular levels where these were the most manifest. Research with this agent is still in progress and for the moment the influence exerted upon the tumors seems to be very fa-

avorable. Similar good results were obtained with naphthalene perselenide and other similar preparations of aromatic hydrocarbons.

Parallel to studies with synthetic negative lipoids, synthetic positive lipoids were investigated. The problem was quite different because of the fundamental differences in biological roles of the two antagonistic groups. Among negative lipoids we singled out an effect against sterol predominance and a destructive activity through the induction of rapid cellular aging.

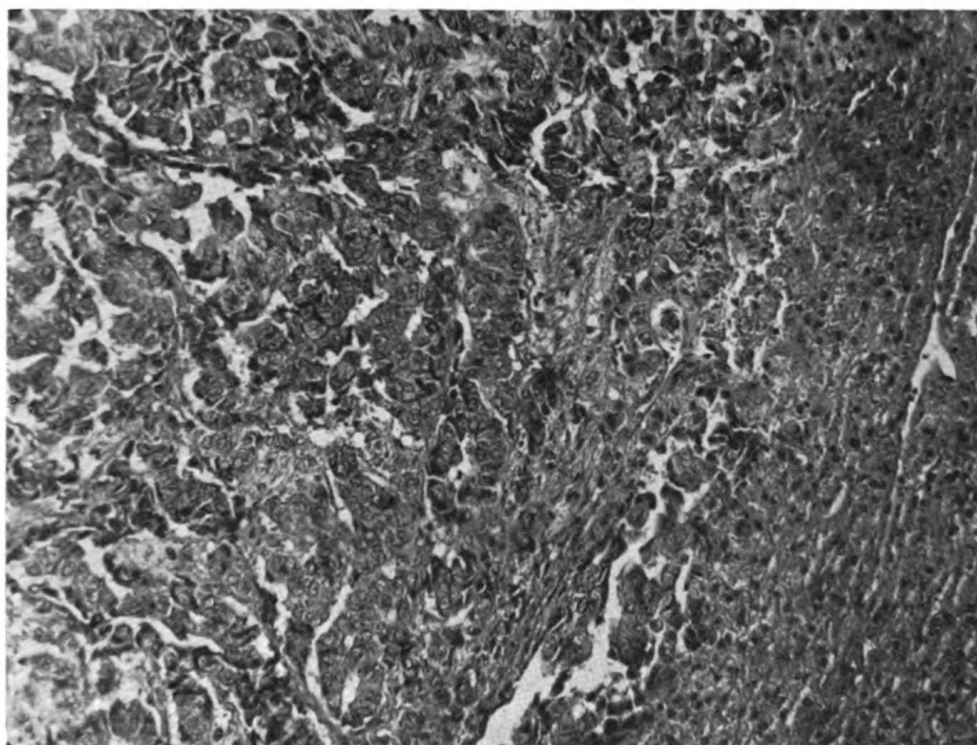


FIG. 189. Photomicrograph of a liver biopsy of patient J.D.

Among the positive lipoids, we sought agents able to correct the noxious effects induced by fatty acids. As noted previously, this led to a search in one group of experiments for substances with higher specificity for binding particular fatty acids and in other experiments for substances with broad spectrum acting against acid lipids in general. We have discussed previously the pharmacodynamic characteristics of many of these synthetic positive lipoids. Clinical results have improved with the development not only of new substances but also of new means of recognizing the pattern present and of following the changes that take place. We have mentioned the results

obtained with butanol, the first of this group of synthetic lipids with positive character to be used in humans.

Butanol was unable by itself to influence the growth of tumors, although it was effective in controlling pain of an alkaline pattern. This beneficial effect upon pain was still more manifest for other aliphatic alcohols, and especially for heptanol. In high doses, however, heptanol probably acts beyond the tissue level. Besides influencing pain, it induces severe edema and changes in the evolution of the tumor. It has little influence at the systemic level upon hemorrhage, even with high doses. For tumors with offbalance of type D, a mixed treatment appeared indicated. The use of heptanol-butanol, however, was not fully satisfactory although it has been employed in some cases with good clinical results.

During the progress of this research, it became increasingly important to have an accurate knowledge of the existing offbalance, and of the adequate use of the available therapeutic agents. The following observations show how the results obtained by the treatment are a function of the correct application of this concept of guided chemotherapy.

M. S.—This 52 year old woman started to lose weight in September 1953 and her abdomen became very distended several months later. An exploratory laparotomy was done in July 1954 at Brooklyn Hospital and revealed a large mass in the lower abdomen with metastases. A lymph node biopsy was performed and showed lymphosarcoma. (*Fig. 190*) Subsequently, she had 36 X-ray treatments, followed by another course of 12 X-rays, the last in December 1954. She felt relatively well until the first week in February when abdominal pains recurred. A mass in the middle abdomen, the size of a large grapefruit, could be felt.

Under treatment with sterols, the tumor first increased slightly in size so that by the middle of April, it extended, filling up the entire left side of the abdomen. At the end of the month, the pain became stronger while the abdominal mass remained unchanged. The patient was treated, according to her analyses, with 1 mgm. of hexyldiselenide daily. The tumor became much reduced in size. Pain recurred at intervals and, although only a small mass was still palpable after 1½ years of treatment, the patient's general condition started to deteriorate at that point. Analyses then revealed a change in the pattern present. The treatment was changed to a mixture of higher alcohols—octanol, heptanol and polyconjugated alcohols. The tumor rapidly regressed and, at the beginning of 1957, the mass had entirely disappeared. She continued in good general condition until August 1957 when she had a coronary occlusion. At present, two years later, the

patient is in good general condition and without any sign of recurrence of the tumor.

In this case, the first treatment with sterols, using urinary pH as a criterion, brought some subjective improvement but this could also be considered to be the result of the radiation. The improvement was transitory and the appearance of more symptoms, probably reflected the waning effect of radiation. The change to hexyldiselenide brought improvement but could

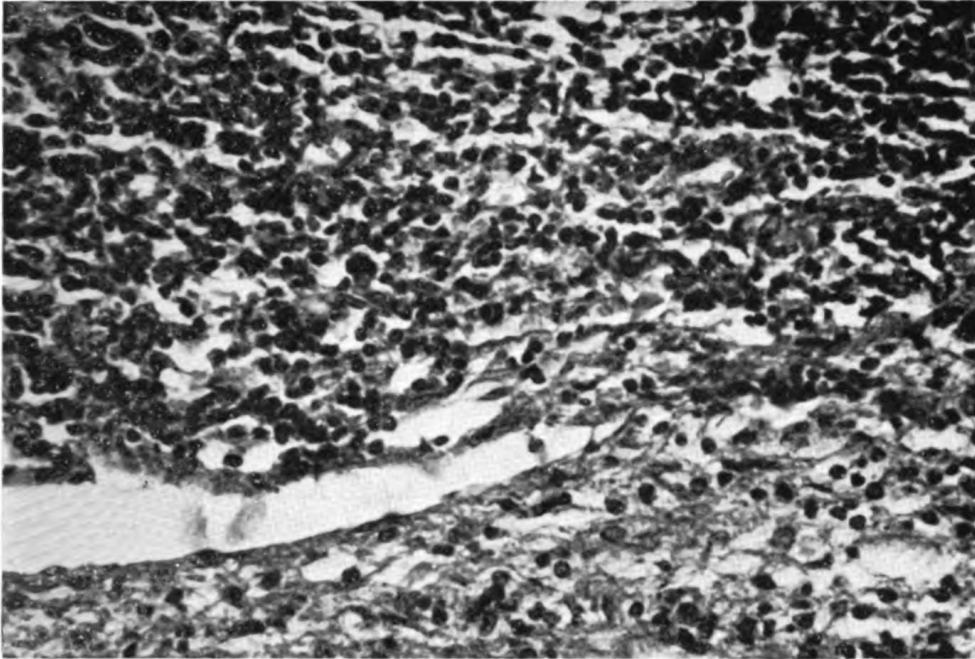


FIG. 190. Photomicrograph of a lymph node of patient M.S. showing a lymphosarcoma.

not entirely control the condition. It was with higher alcohols that important objective as well as subjective changes were achieved. The tumor decreased rapidly. Interruption of treatment, due to the cardiac condition, did not seem to influence the favorable progress of the condition.

M. B.—Toward the end of 1950, at the age of 45, the patient began to complain of right lower quadrant and intermittent left upper quadrant pain. She discovered an abdominal mass by herself. In February 1951, an exploratory laparotomy was performed at Lenox Hill Hospital with the following findings: "Situated in the left side of the pelvis, a huge cystic structure the size of a football was found. The superior wall of this mass was attached to the mesentery of the loop of the small bowel. The anterior

cyst was attached to the posterior leaf of the broad ligament and contained the left ovary. On the ovary and within the wall of the cyst were several papillomatous structures. On the right side of the pelvis was another cystic mass containing a greenish turbid fluid. This cyst contained the right tube and ovary and on its walls were several papillomatous projections. The parietal peritoneum, the liver and omentum were studded with tumor implants and several sections of bowel were matted together by the same tumoral tissue. Biopsy specimens were obtained from several areas."

The gross pathological diagnosis was papillary carcinoma of the ovary with metastases to peritoneum, liver, intestines and duodenum. The report on the frozen section was malignant. Microscopic examination confirmed the diagnosis given at the time of the operation and revealed a fibroid fatty tissue extensively infiltrated by a malignant neoplasm of epithelial origin.

The patient came under our care 11 days after her operation. The abdominal mass was palpable, rising from the pelvis to a level slightly above the umbilicus. Vaginal examination revealed large cystic masses filling both fornices and cul-de-sac. The pelvic structures were partially fixed. The urinary specimen showed a pH between 7.4 and 7.8 and the surface tension was 68 to 71 dynes/centimeter. Treatment was instituted with a mixture of conjugated fatty acids, derived from cod liver oils, and a preparation of hydropersulfides as well as sodium thiosulfate. The first preparation was administered intramuscularly in a 5% oil solution in doses of from 2 to 4 cc. daily. The sulfur preparation (corresponding to 0.5% sulfur) and 10% solution of thiosulfate were administered in doses ranging up to 6 cc. daily. The treatment was continued without change for 1 year and 8 months. The abdominal mass was found somewhat smaller a month after starting treatment. A month later, a surgeon's report showed that the tumor was about $\frac{1}{3}$ the size at the time of operation. After several months, no mass could be felt on abdominal and vaginal examination. After twenty months, the treatment was discontinued for one year. At the conclusion of this period, the patient began to relapse and a cystic mass in the cul-de-sac, palpable under finger examination, was found. Treatment with the same medications as before was instituted but did not change the dimension of the recurring tumor. Despite treatment, the tumor continued to grow and in April 1954, the abdomen was distended. X-ray also revealed a large liver and elevation of the right diaphragm. The patient was readmitted to Lenox Hill Hospital where a small abdominal incision revealed two masses, one above the liver and another one in the lower abdomen. Fluid reaccumulated rapidly and the patient's general condition became poor. On several occasions it was necessary to tap the subdiaphragmatic cyst and

lower abdomen separately as emergency procedures because of acute distress.

Because analyses now showed a low pH (around 5.2) and low surface tension (around 61 dynes/centimeters), and also because she had obviously failed to respond to conjugated fatty acids, treatment with butanol and nonsaponifiable lipids of intestine was instituted. By July the situation appeared to have been brought under control again. Fluid was no longer

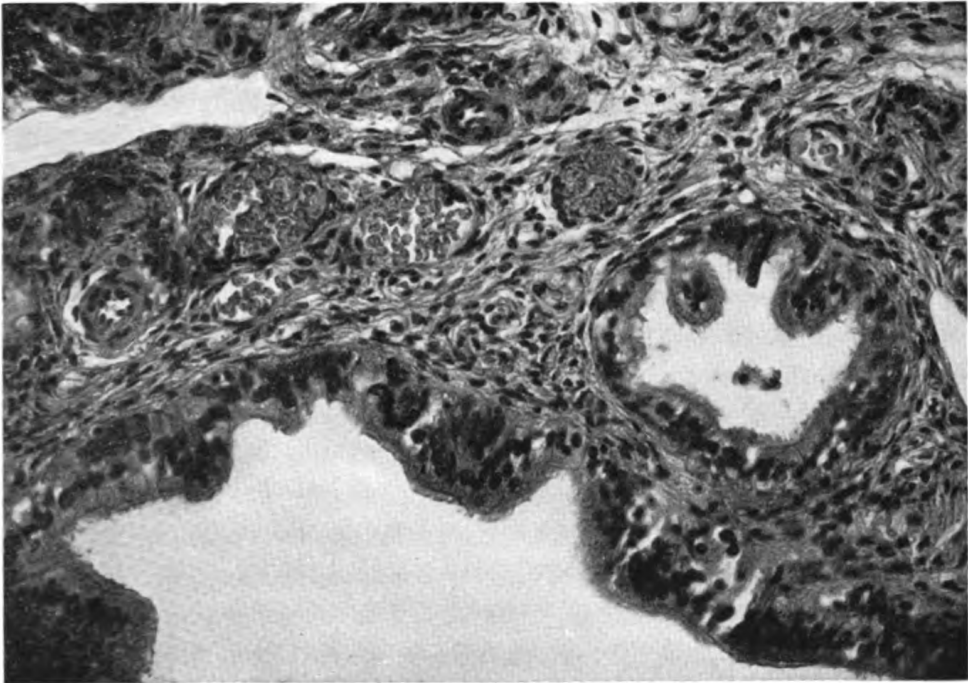


FIG. 191. Photomicrograph of a lymph node biopsied from patient M.B. showing metastatic adenocarcinoma.

accumulating and leg edema, which had been pronounced, was gone. At the end of 1954, no masses could be felt. The subjective complaints disappeared slowly. In February 1955, the nonsaponifiable medications were replaced by heptanol and octanol. The patient continued to improve with this treatment. In March, the abdomen was a little swollen. By the end of April, a mass could be found in the abdomen just above the umbilicus. At the end of May the mass had increased and the patient was hospitalized for about three weeks. A large bloody cyst was drained. A small lymph node was biopsied and microscopic examination showed the same metastatic adenocarcinoma. (*Fig. 191*) The patient was put on epichlorohydrin and the mass did not grow back. She has remained on epichlorohydrin

and for four years has had no subjective discomfort. No mass can be felt in the abdomen and the patient is well now.

Radiation and Chemotherapy

Parallel to the guided chemotherapy, the idea of mixed radio- and chemotherapy has led us over the years to several tentatives. In one of them, in collaboration with Dr. L. Goldman on a larger scale, chemotherapy was added to radiotherapy. (*Note 1*) In spite of the interesting immediate results, if chemotherapy was not further pursued, the ultimate fate of the patients thus treated was no better than that of the patients who had received radiation alone. Analysis of these various attempts has permitted us, however, to establish the conditions under which such a mixed treatment would appear especially indicated. Consequently, it is the type of offbalance present which is seen to determine the relationship between the two therapies, and respectively the procedure to be followed. The same relation has permitted to define the conditions under which chemotherapy would be indicated and added to radiotherapy. It should not be forgotten that through its action upon the fatty acids, radiation represents indirectly an agent of the same group to be added as the negative lipoids.

The cases with a type A offbalance which seem to respond insufficiently to medication with agents, represent an indication for the mixed treatment. Acting in conjunction with radiation, chemotherapy has appeared especially active. Chemotherapy started before, is continued actively during radiotherapy and following radiation, for a long time, even for years. The radiation acting as an adjuvant agent is usually applied in small doses, from only several hundred r to a few thousand r, in general much below those dosages known to induce by themselves alone therapeutic effect upon tumors. In cases with type D, as the radiotherapy represents an agent increasing the actual offbalance, an added chemotherapy with positive lipoids would have the role of correcting not only the existing manifestations but of preventing some of those which would be induced by radiotherapy. It would in fact have the specific aim to permit the continuation of radiotherapy while limiting its noxious influence.

The mixed therapy has to be guided by the routine test, with frequent analyses, in view of the rapid important changes which have been seen to occur. In these cases, it appears useful to follow especially the changes of the chloride index, those of peroxides in the urine which together with the surface tension, are seen to be not only particularly influenced by radiation but able to indicate the important change in offbalance.

Exceptionally good results were seen in the cases in offbalance type A treated by this mixed method when chemotherapy has been added to radiotherapy. These cases are especially interesting because of the persistent result obtained. The abnormally small amount of radiation often used, applied only on a localized spot, has served in these cases as an adjuvant to help to resolve particular local problems, while the chemotherapy, continued for a long time thereafter, to prevent the appearance of recurrences.

In the case of offbalance D, as the radiotherapy will increase the actual offbalance and the role of chemotherapy is to reduce the intensity of this offbalance and thus permit the continuation of radiation for its direct target effect the results are less interesting, differing less than in the first case from those obtained by radiation alone. The continuation of chemotherapy however after the radiation has been completed, has appeared especially helpful.

Level Chemotherapy

In recent years, the course of our research has been directed parallel toward the precise application of available agents as well as finding new substances. For it has become increasingly evident to us that it is the basic independence of the different levels of organization in the body which represents the critical factor in the pathogenesis of cancer and its manifestations and which is also critical to the most effective use of therapeutic agents. This concept has led us to focus our research efforts in certain areas. Attempts are made to find criteria capable of indicating changes at specific levels of organization. Similarly, a growing awareness that each element belongs to a specific level of biological organization and exerts its biological activity primarily at this level has led us to try to use specific elements in correcting dysfunctions at various levels. Because of the independence of the levels, we have attempted to trigger the defense mechanism at appropriate individual levels rather than indiscriminately. This is especially important when the failure of the defense to operate at some one level represents a major factor in allowing pathological states to advance.

While each of these developments has been important, it has been the use of all three which has brought marked progress in the clinical application of the method in the last years.

With the concept of independence of levels, the use of more than one agent is not simply a matter of synergistic activity, but rather of employing several agents, each capable of acting at its proper level in complex conditions where more than one level is involved. To make this possible, it

has been necessary to relate analytical data to changes occurring at specific levels. For example, changes in potassium in serum and red cells have been related to cellular level abnormalities; urinary surface tension changes, to metazoic; specific gravity to systemic; urinary pH and blood eosinophiles, to tissular. This has guided the choice of agents: selenium preparations, epichlorohydrin and heptanol for the cellular level; sulfurized hydronaphthalenes, lipoacids, unsaponifiable fractions and glycerol for the tissue level; magnesium and sodium thiosulfates, propionic aldehyde and butanol for the organ and organism levels. Through this approach, therapy has evolved toward what we can now consider to be *biologically guided level-chemotherapy*.

The following observations show the role of these level indications in the conduct of the treatment.

F. R., in March of 1957, had a left mastectomy for an adenocarcinoma of a mammary gland. In July of 1958, she began to experience pain in the lower back and legs. In the three months prior to coming under our care, several skin nodules and some progressive difficulty in breathing was evident and there was a loss of 25 lbs. in weight. On admission, multiple skin and subcutaneous lesions, some of them measuring 3-4 cm in diameter were found, as well as 3 or 4 nodules in the right breast. The ambulant patient started treatment with selenium and epichlorohydrin. Although treatment was followed with irregularity, improvement was seen in the local lesions. In December, 1959, however, the difficulty in breathing had markedly increased and oxygen administration was needed. In less than a week her condition worsened. The treatment with more selenium and epichlorohydrin appeared unable to control the situation. She was admitted to the hospital in extreme dyspnea. The suppression of oxygen for even a few minutes was followed by convulsions. Radiological examination showed a very limited exudate especially in the right hemithorax, but multiple metastases in both lungs. All the analyses showed an offbalance of type A. Considering the condition as manifested also at the organic and systemic level, to the treatment with epichlorohydrin, acting at the cellular level, we added bixine and propionic aldehyde. The first agent was considered to act at the tissular level and the latter at the systemic level. With this treatment the patient made a very good and constant recovery. In less than two weeks it became unnecessary to use oxygen and her general improvement progressed so that 3 months after treatment was started, the patient was able to resume part of her housework. With mixed treatment—epichlorohydrin acting at

the cellular level, and bixine and propionic aldehyde at the organic and systemic level—the condition seems controlled. The pulmonary metastases seen in previous X-rays have also disappeared and all the skin nodules decreased rapidly, most of them having completely disappeared. She is at present in good state of health, doing all her own housework.

Mrs. C. H., 60 years old, came under our care two years ago with a history of lymphosarcoma with two positive biopsies of the inguinal glands, complaining especially of pain in the abdomen. On examination, inguinal, axillar and cervical glands were present, some of them 4 cm in diameter. With treatment of sodium thiosulfate and fatty acid hydropersulfides in relatively small doses, the pain was sufficiently controlled. After two months of treatment, the patient experienced extreme pain and a tumor of the head of the right humerus. In view of the local lesions with analyses which all showed an intensive offbalance of type A, the treatment was changed to epichlorohydrin and heptyldiselenide. Administering these agents in relatively high doses, it was possible to not only control the pain in a few hours, but to have the lesion disappear in less than two weeks, as did also all the abnormal glands. However, in spite of these objective very good results, the general condition became unsatisfactory, especially with marked weakness. Changes in the doses of medication or the temporary discontinuation of the medication, failed to correct it. It was only when propionic aldehyde considered to act upon the organism level was administered, that a rapid change toward a feeling of general well-being was obtained. At present, with small doses of propionic aldehyde the patient is entirely free from any subjective or objective abnormal manifestations and has been so for almost a year.

Mrs. E. R., 42 years old, had a radical mastectomy for an adenocarcinoma of the breast. After 1½ years, she experienced persistent back pain which was first diagnosed as arthritis. X-ray studies and a myelogram made at Montefiore Hospital showed two metastatic lesions at the 1st and 2nd lumbar. Surgical intervention was thought to be not indicated. X-ray therapy neither relieved the pain nor made it possible for her to leave her bed. At admission under our care, the patient was in severe pain and unable to even turn in bed, although she was still able to move her legs and their sensitivity was conserved. A treatment with heptyldiselenide, propionic aldehyde and bixine made the pain disappear and up to date the patient is leading a normal life, after having been bedridden for 8 months.

Mrs. M. McB., 62 years old, came under our care for a basocellular carcinoma of the left side of the face, near the inferior eyelid. Advised to

undergo surgery, which would enucleate the left eye, she refused the operation. A biopsy was performed (*Fig. 192*) showing the presence of a basocellular carcinoma. She was treated with hexyldiselenide and with sodium thiosulfate, and the lesion disappeared within a few weeks. No recurrence was observed during the past 6 years.

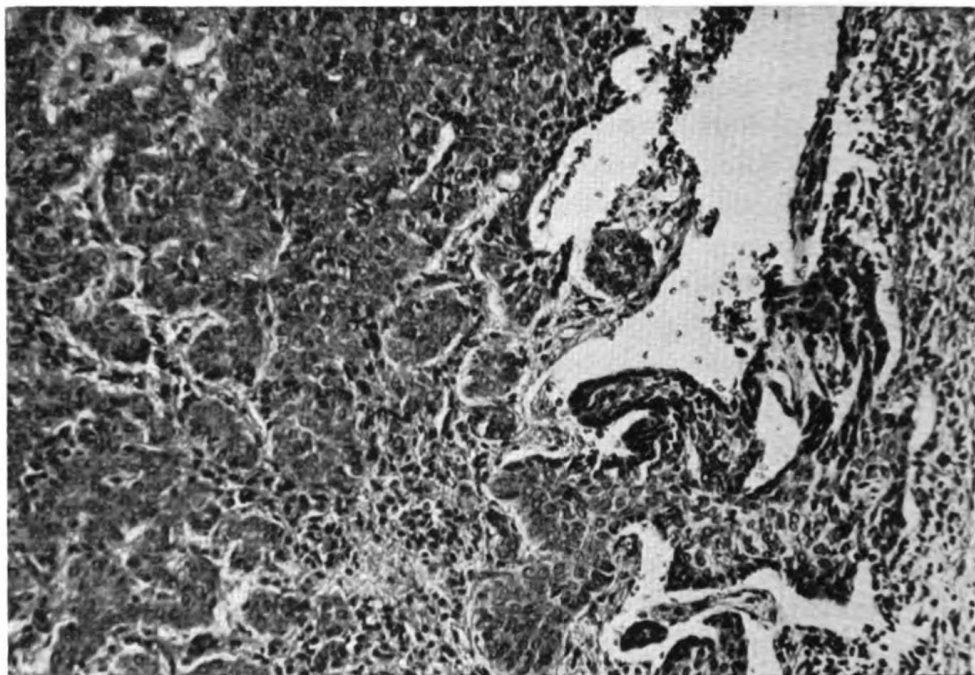


FIG. 192. Photomicrograph of the biopsy made on patient M.McB. showing a basocellular carcinoma.

Mr. G. Z., 56 years old came under our care for a lesion of the upper lip. Biopsy proved it to be a squamous cell carcinoma. (*Fig. 193*) The patient refused surgery or radiation which we advised. Following the biopsy the tumor started to grow rapidly, as seen in *Fig. 194*. According to the analyses, the patient was treated with fatty acid hydropersulfide. The lesion disappeared in less than 2 weeks. (*Fig. 195*) No recurrence was observed although the patient was no longer under treatment. The patient died 8 months later from a coronary occlusion.

The ability to induce changes at single specific levels has altered completely what was once a gross dualistic approach. Until recently, we had considered it inadvisable to induce therapeutic changes at a single level if offbalances were present at more than one level. With the concept of level independence, it has become part of the method to attempt to influence



FIG. 193. Patient G.Z. before treatment.



FIG. 194. The tumor grew rapidly following biopsy.



FIG. 195. Patient G.Z. after treatment.

the level in which the predominant abnormality is present rather than to induce gross changes at all levels. In cases with general offbalance A but predominant at the cellular level, therapy to induce offbalance D limited to the cellular level alone, with the metazoic remaining at offbalance A, has produced interesting objective clinical results. Similarly, good results have been obtained in cases with predominant offbalance D at the cellular level and in the metazoic compartment, with treatment directed at changing the systemic and tissular offbalance D into type A without influencing the offbalance D at the cellular level. It is interesting to note that in both types of cases the changes lead ultimately to the same overall pattern of offbalance—D for the cellular level and A for the metazoic compartment.

Level chemotherapy with selenium, heptanol, propionic aldehyde and other agents, has given highly gratifying results. It led us to the present form of treatment, with particularly good results. In a variety of tumors, some impressive because of their huge dimensions or because of their high degree of malignancy, the immediate objective response has been striking. Massive lung metastases from breast cancer, generalized abdominal metastases from colon carcinoma, bone metastases from breast or prostate, and metastatic melanoma are among the cases which have responded and we are now waiting for time to indicate whether the results have lasting value.

While we were convinced in the past of the inherent potentiality of the method in general, because of results with many different agents and criteria, we have been greatly encouraged by the most recent applications. We believe the method now provides a means of controlling a significant proportion even of preterminal and terminal cases of malignancy considered otherwise entirely beyond any hope. The particularly favorable results obtained in the cases which came under our care before the disease had progressed to advanced stages indicate that we are fully entitled to prefer this therapeutic method even for those cases where the presently used procedures might still have a chance to help.

CHAPTER 16

PRESENT FORM OF TREATMENT

THE THERAPEUTIC MEASURES against cancer which have evolved thus far out of the pathogenic and pharmacodynamic concepts described in these pages have proved, as we have shown above, to be useful. All along in their development, they have fallen short of producing uniformly, the full measure of benefit which, we have continuously hoped, one day will be attained in most and possibly in all cases of malignancy.

Yet the results achieved with biologically guided therapy, imperfect as they have been, have continuously indicated the great potential of the method.

What has been accomplished during the years has been hardly considered as a final measure of the effectiveness of this basic new approach to treatment but only of the available criteria and agents. With the criteria and agents the method itself has been evolving. In its present form, the method represents a valuable tool for helping many cancer patients who are entirely beyond help with present day methods. In spite of its accomplishments further advances along the same lines—both in techniques for recognizing fundamental offbalances at different levels of organization and even in new compounds more effective in correcting them—are to be expected.

Equal in importance with the current results with biologically guided therapy is the fact that new applications are evolving; that this approach helps us to better understanding and treatment of malignancy and of other pathological conditions as well; and that, by its very nature, the method has the capacity to furnish the guidance needed for improving it.

We are presenting here the form of treatment which we currently use.

In this form, when correctly applied, biologically guided therapy can, in many cases, bring under control even far-advanced malignancies. The importance of the correct application of agents based upon specific criteria makes it necessary to emphasize how agents are chosen and used.

Criteria Used: Recognition that no test is able to indicate by itself the existence of more than an offbalance at a specific level, and that cancer is a complex condition involving many levels, has led to the use of a group of tests able to offer the necessary information on offbalances at different levels. We use the following routinely:

Urinary—specific gravity
 pH
 surface tension
 calcium excretion index
 Blood— potassium in serum
 potassium in total blood
 Pain pattern
 Body temperature

In exceptional instances when the routine tests do not suffice, we use:

Urinary—chloride retention index
 Blood— chlorides in serum
 leucocytes count
 eosinophiles count

The offbalance indications provided by these tests are shown in TABLE XXII.

TABLE XXII

Test	Offbalance D	Average Values	Offbalance A
Specific gravity	high	1.016	low
pH	low	6.2	high
Surface tension	low	68	high
Serum potassium	high	4.5 mEq	low
Total blood potassium	low	38 mEq	high
Body temperature	low	37°C	high
Leucocytes	low	7000/cmm	high
Eosinophiles	low	100/cmm	high
Chloride index	high	2.1	low
Calcium index	low	2.5	high
Chlorides in serum	high	525 mg %	low
Pain pattern	alkaline	—	acid

Whereas the other analyses give direct information concerning the off-balances, the values of potassium in serum have to be correlated with the values in red cells or in total blood potassium for a recognition of the offbalance present. A serum potassium above 4.5 mEq and a low total blood potassium below 38 mEq indicate an offbalance D, while a low serum potassium below 4.2 mEq with a high total blood potassium above 40 mEq, an offbalance A. Low values for both analyses indicate a quantitative deficiency of this element in general, while high values for both an excess of this element in the organism.

As related to the different levels of the organization, specific gravity changes reflect processes taking place especially at the systemic level. The pH reveals, indirectly, changes at the tissue level. Surface tension indicates offbalances at the metazoic compartment; both serum and total blood potassium indicate cellular level offbalances. However, while potassium measurements give an indication of cytoplasm changes, calcium indicates cellular level changes, especially in the membranes. Eosinophile counts indicate acid-base changes at the tissue level, and temperature, systemic off-balances.

As we have seen, any abnormal value is most likely to accurately reflect a fundamental offbalance at its corresponding level when the same value is obtained in several repetitions of the test. Tests on two or three successive days are most helpful in ascertaining the existence of an offbalance, especially if it is limited to only a few levels.

The offbalance determines which agents are to be used.

As anti-A agents, we now use:

propionic aldehyde
epichlorohydrin
hexyl or heptyl diselenide
tetralin perselenide
tetralin persulfide
sodium or magnesium thiosulfate
mixture of lipoacids

As anti-D agents, we use:

heptanol
polyunsaturated alcohols
butanol
glycerol
insaponifiable fraction of liver
glycerophosphoric acid

The preparations and usual doses are:

Propionic aldehyde: 10% sol.—for oral administration, used from 50-1000 mgr. daily; for parenteral administration: 2% sol. in saline.

Epichlorohydrin: 0.5% solution in isotonic saline, used from 1/10 mgr. to hundreds of milligrams daily for parenteral and oral administration.

Hexyl or heptyl diselenide: in solutions from 20 micrograms to 50 mgr./cc. for intramuscular injection. Orally, we use either capsules containing from 10 micrograms to 10 mgr. or, still better, a solution of 0.4% in oil, which corresponds to 100 micrograms per drop. The doses vary from 10 micrograms to 50 mgr. or more daily.

Tetralin perselenide: This preparation has 40 mgr. of selenium for 100 gr. of tetralin and is used orally as drops, from a solution of 10% or 1% in oil. For injections, a solution containing 10% in 100 cc. of sesame oil, is used in doses ranging from 0.1 cc. to 10 cc. daily. Instead of tetralin, naphthalene or other aromatic hydrocarbons are used. One cc. of a 10% solution of these preparations in oil, contains 0.1 mg. of selenium; the doses used range from 0.1 cc. to 10 cc. daily.

Sodium or magnesium thiosulfate is used in a 10% solution for oral administration or in a 4% solution for intramuscular injection in doses ranging from 25 mgr. to 5 grams or more daily.

Tetraline persulfide: This preparation contains 5% sulfur in oil and is used orally from 1/20 cc. to more than 10 cc. daily. In intramuscular injections it is used from 1/10 cc. to 2 cc. daily.

The acid lipids mixture is a solution in oil of 1% bixin, 2% cow liver lipoacids and 7% cod liver oil fatty acids. It is administered in doses of from 1/2 cc. to 6 cc. daily by intramuscular injection.

Heptanol in a solution of 0.5% or 5% in oil is used for parenteral administration; a solution of 5% in oil is employed for oral administration. The doses range from 1 mg. to hundreds of mgs. a day.

Polyunsaturated alcohols are safflower oil fatty acids with the carboxyl changed to a primary alcohol. They are used in a 10% solution in oil with 1/4 to 2 cc. injected intramuscularly up to four times a day.

Butanol in a 6.5% water solution is used for oral administration. A 6.5% saline solution is employed for parenteral administration. Usual doses are from 1/4 cc. to more than 100 cc. daily.

Glycerol is used as a 50% solution for oral administration or as a 20% solution for parenteral administration in doses ranging from less than 0.2 gram to a few grams daily.

Insaponifiable fraction of pork liver in a 5% solution in oil is used for intramuscular injections in doses from 1/2 cc. to 8 cc. daily.

A preparation of a mixture of polyunsaturated alcohol, heptanol and butanol also is used for oral or parenteral administration.

If, during treatment, any other medications appear necessary for various concomitant conditions, it is preferable to choose them with consideration given to the influence they will exert upon the patterns present.

TABLE XXIII shows the effects of some commonly used therapeutic agents upon the fundamental offbalances, which would indicate their use in cases with one or the other offbalance.

TABLE XXIII

EFFECTS UPON OFFBALANCES A AND D OF VARIOUS AGENTS
USED THERAPEUTICALLY

<i>Having an anti A effect</i>	<i>Having an anti D effect</i>
Dicoumarol	Glycerol
Digitalis	Glucose
Antipyrine	Coramine
Aminopyrine	Acetyl salicylic acid
Acetophenetidine	
Atropine	Procaine
Quinine	Codeine
	Morphine
	Demerol
Caffeine	Aminophylline
Liver extracts	Iron
Vit. A, D, B ₆	Vit. B ₁ , B ₂ , K, E
Testosterone	Progesterone
Epinephrine	Stilbesterol
	Desoxycorticosterone
	Glucosamine
Penicillin	
Streptomycin	Cortisone
Aureomycin	
Sulfas	Insulin
	Barbiturates
	Mercurhydrine
	Benzedrine
	Benadryl

In using the various agents, we have to keep in mind the effect upon the existing offbalances.

Conduct of Treatment: Although there may be some variations depending upon the circumstances of individual cases, treatment is conducted generally as follows:

Urine and blood analyses are performed. Values for two or three consecutive days are usually determined before starting treatment. If all values indicate the same pattern, the diagnosis of the offbalance is clear. If the analyses indicate the presence of different patterns, an interpretation is made on the basis of analyses showing the offbalance at specific levels. For patients in whom manifestations involve the metazoic compartment, urinary surface tension is the important criterion. Urinary specific gravity and urinary pH, are important when systemic or tissular manifestations are present. Potassium is the criterion when changes at the cellular level are most important. The body temperature and the other complementary analyses are used when discordant patterns are encountered. They help to recognize the type of offbalance at the different corresponding levels.

Once the level offbalances are determined, suitable treatment is instituted. The agent is chosen from the proper group according to the level

TABLE XXIV
AGENTS CHOSEN ACCORDING TO THE TESTS

Level	Test	AGENTS	
		Offbalance A	Offbalance D
Cellular	Potassium in blood Urinary calcium	Selenium preparations Epichlorohydrin	Heptanol
Tissue	Urinary pH Blood eosinophiles Surface Tension Pain pattern	Lipoacids Tetralin persulfides Hydropersulfides Mg Thiosulfate	Polyunsaturated alcohols Unsaponifiable fraction liver Glycerol Butanol
Organ and Organism	Urine specific gravity Surface Tension Body temperature	Mg or Na Thiosulfate Propionic aldehyde	Glycerophosphoric or lactic acid

to be influenced. Since, in invasive cancer, the offbalance occurs at the cellular level, the agents used are selenium preparations and epichlorohydrin, for the offbalance A and heptanol for the offbalance D.

For the tissue level, indicated by pain as well as by urinary pH or eosinophiles, lipoacid preparations, Mg thiosulfate and Tetralinpersulfides are used for offbalance A, and polyunsaturated alcohols, unsaponifiable fractions and glycerol and butanol for offbalance D.

For the organ and systemic levels, with the offbalance recognized through urinary specific gravity, surface tension and body temperature, magnesium or sodium thiosulfate and propionic aldehyde are used for offbalance A, and glycerophosphoric acid for offbalance D. (Table XXIV)

Conduct of Treatment

If the patterns of the different tests and clinical manifestations are concordant, concerning the offbalance present, the agents chosen are from the respective group. Special attention is given however to the level which, clinically or analytically, shows the most abnormality, so that for a patient with a limited tumor, but without pain and in good general condition, the factor guiding the therapy will be the analyses related to the cellular level (as revealed by the potassium in blood). If the general condition is poor, indicating rather a predominant systemic condition, the treatment will be directed especially by the abnormalcy at the organism level revealed by the corresponding analytical tests—such as urinary specific gravity, surface tension and body temperature.

This interpretation of the most needed intervention becomes still more important when the data obtained—clinical and analytical are discordant. The treatment will follow the indication furnished by the level which appears the most important. In a case with a limited tumor, and no other clinical manifestations, the pattern of the cellular level, will determine the nature of the treatment, even if the other analyses show different patterns.

For a patient with a tumor and severe pain—it is the pattern of the pain which will indicate the agent to be used—even if this is discordant with that of other analyses. The same is true for a systemic severe condition, the respective analyses determine the agent to be used, even if these are discordant with the analyses concerning the other levels. In general, the decision of what level will represent the guiding factor in the treatment, represents seldom a problem, the condition of the patient directing the attention toward the principal anomaly.

In general, treatment is started with small doses. If the offbalances, and especially the clinical manifestations persist, increased doses are indi-

cated. Larger amounts are used and are administered more often. Once the desired analytical and clinical effect is obtained, dosage is maintained. If analyses corresponding to the offbalance pass far enough on the opposite side, the amount of the medication is first reduced. If this change persists or increases, treatment is discontinued for several days. If the new offbalance still persists, and especially if new clinical symptoms develop, use of the opposite group of agents is to be considered. A slight passage of an offbalance into the opposite is usually salutary and treatment is continued as long as clinical improvement persists.

It appears to be of great importance that treatment be continued for several months after all subjective and objective manifestations have disappeared. In a number of patients, we have been investigating the value of continuing medication for years in very small doses as a prophylactic measure to prevent recurrences. The results have been highly encouraging. No inconveniences have been noted with controlled continued use of any of the substances.

Results obtained

With this form of treatment most of the results obtained are striking. With naphthalene or tetrahydronaphthalene perselenide, epichlorohydrin and bixine as principal agents for the type A and heptanol-glycerol for the type D, the subjective and objective manifestations were seen to be well controlled. Pain, if present, disappeared in a few days, the tumors progressively diminishing until they disappear, even in cases considered as far advanced. The following few recent observations of such cases, give an idea of these results, up to date.

Mrs. M. C., 59 years old, had 3 years ago a mastectomy for adenocarcinoma. She came under our care with metastases in the right 8th rib and in the 11th and 12th dorsal vertebrae, liver metastases, ascites and pleural effusion. With dyspnea, severe pains and almost continuous vomiting, her general condition was judged very poor. Paracentesis was performed, but the fluid accumulated rapidly, needing a second paracentesis 10 days later. In offbalance A, the patient was treated with perselenide, bixine propanal and epichlorohydrin. Shortly after the beginning of the treatment, the pain decreased in intensity and later disappeared completely. The pleural effusion decreased and after the two paracentesis, the ascites no longer reproduced. The general condition changed rapidly for the best, together with the objective changes. Liver reduced in size after three months of treatment was within the normal limits. Radiological examination, two months later showed the bone metastases completely healed. The general

condition continued to improve. The patient resumed her normal life and now does not show any clinical abnormality.

Mr. J. S., 71 years old. Two years prior to admission, the patient had persistent hematuria, for which a prostatectomy was performed. Hematuria reappeared. Cystoscopic examination revealed tumors of the bladder, for which he was operated 1½ years ago. Since then, he has had almost constant hematuria, with frequent micturitions during the night and almost every hour during the day. Pain in the lower abdomen became progressively stronger. The patient was admitted and treated, in accordance with the analyses, with perselenide, bixine and epichlorohydrin. In less than a week, the hematuria disappeared, as did the dysuria, the patient being able to pass clear urine every 6 to 8 hours. With the interruption of the treatment for almost a month, the symptoms reappeared, with hematuria and dysuria. With the treatment resumed, the condition responded well again, the hematuria and dysuria being controlled and pain disappeared.

Mrs. R. A., for five years, had symptoms of gastric ulcers, more accentuated in the summer, which improved with treatments. For six months prior to coming under our care, the patient had progressively marked difficulty in swallowing anything other than fluids. Even after taking fluids, she experienced very severe retrosternal pain, almost always followed by vomiting. X-ray examination showed slight dilatation of the esophagus with a clearly visible growth in the stomach near the cardia. According to the analyses, the patient was treated with perselenide in injection, and bixin and epichlorohydrine orally. Two weeks after treatment was started, the patient was able to swallow not only fluids but also finely ground food. The improvement continued, the patient being able after 5 weeks of treatment to swallow food of almost normal consistency.

Mr. J. R., 56 years old, came under our care with severe pains in the right side of the neck and hemoptoic sputum. At examination, a submaxillar gland of 6 cm. diameter was seen. Laryngoscopic examination showed a tumor in the right pyriform fossa—Biopsy revealed a squamous cell carcinoma. The very severe and constant pain and the constant bleeding caused the patient to be hospitalized. According to the analyses, perselenide by injection, epichlorohydrin and bixine were administered. In 24 hours the pain was fully controlled. The bleeding stopped after 4 days, and the gland started to decrease—10 days after the beginning of the treatment. The laryngoscopic examination showed the tumor transformed into a graying mass, which was progressively decreasing.

Mrs. A. D., 60 years old, admitted to the hospital with dyspnea, cough and pain in the right hypochondrium, epigastrium and generalized weak-

ness. For 30 years, the patient had complained of pain in the right hypochonder, related to the presence of gall bladder stones. In February of 1960, a laparotomy was performed and a tumor of the gall bladder with metastases to liver was found. Only a biopsy was performed which showed a carcinoma. At admission under our care, the patient was in very poor general condition with marked dyspnea, deep jaundice and severe pains in the upper abdomen, emaciated. A right pleural effusion was found and a thoracentesis performed. An irregular mass was found in the right hypochondrium arriving until the umbilicus. She had clay colored stools, typical for obstructive jaundice. In spite of thoracentesis the dyspnea continued to be severe and the patient was kept under oxygen. The patient was placed under chemotherapeutic treatment with epichlorohydrin, bixine and perselenide in accordance with her urinalyses. The patient's condition improved progressively. The stool returned to normal color; fluid in the right chest did not reproduce and the mass on the right hypochondrium decreased progressively to have the liver in normal dimensions. At present, the patient with all the subjective and objective symptoms improved considerably, is ambulatory.

Mr. S. S., 64 years old, was operated in 1953 for a hypernephroma of the right kidney. Two years later, massive metastases were seen in the left femur and pelvic bones. Pathological fracture of the neck of the left femur was treated surgically. Further X-ray examinations revealed extensive metastases of the femura, and pelvic bones, with multiple lung metastases. When the patient came under our care, he was suffering agonizing pain especially in the left hip. An X-ray examination showed an almost complete disappearance of the upper part of the left femur, with multiple metastases in the right femur and pelvic bones, and multiple metastases in both lungs. According to the analyses, the patient was treated with perselenide, bixine, and epichlorohydrin. The condition improved rapidly, the patient being able to sit up and even to walk a little. He was discharged from the hospital to follow the treatment at home which was done very irregularly. He was readmitted a month later with very severe pain and the treatment resumed. The pain subsided gradually and the general condition improved markedly. Recent X-rays revealed a manifest recalcification of the upper part of the left femur which, in previous X-ray examinations, had no longer been visible. At the same time, many of the metastatic lesions of the lung disappeared while in others, a marked decrease in their size was seen. These subjective and objective improvements are continuing constantly, up to date.

F. G., 61 year old female, in July 1960 had partial cecostomy for adenocarcinoma. The mesenteric lymph nodes were found involved. A

month later, because of vaginal bleeding and an erosion of the cervix, a biopsy was performed, showing the same malignancy. With constant bleeding and pain in the abdomen, the patient came under our care. On examination the tumor was seen to occupy all the upper part of the vagina, with infiltration of the recto-vaginal wall. According to the analyses, a treatment with perselenide in injection, epichlorohydrin and bixine was instituted. The bleeding stopped completely after one week, as did the pain. While the patient is still under treatment, the lesion has been seen to regress constantly, up to date.

W. M., 48 year old male. In 1956 he had a left nephrectomy for hypernephroma. He was well until early in 1960 when a mass was found in the left side of the abdomen which was progressively growing. At the same time, he had hemoptoic sputum. The x-ray examination of the chest showed multiple lung metastases. Five weeks before coming under our care, a very marked edema of the left leg with very severe pain in the back and leg appeared. He came under our care especially for the unbearable pain. According to the analyses, a treatment with heptanol, butanol and glycerol was instituted. The pain disappeared in 2-3 days and has not returned in the two months which have elapsed since then. The edema of the leg also disappeared. The tumor which, at the time of administration, was occupying the entire space between the ribs and the ileac crust, was seen to become first much softer, and progressively to reduce its dimension. Actually two months after the treatment was started, the patient is leading a normal life with the tumor decreasing progressively.

We want to emphasize that benefits, often impressive even in terminal cases, have been obtained only by following the above rules. Treatment guided closely by changes observed in the patterns indicated by analyses appears to be the condition *sine qua non* for the attainment of good results.

The results obtained and especially their high proportion, even in far advanced cases, permits a fair judgement of the place of the present form of application of this method in the fight against cancer. Based on these results, we are fully entitled to consider it, not only a highly beneficial treatment which can be offered now for this disease, but even a major step nearer to the solution of the problem of the therapy of cancer.

NOTES

Chapter 1, Note 1. Subnuclear Organization

The analysis of the available data concerning subnuclear particles shows that while an unsuspected number of different particles are progressively discovered, no satisfactory relationship between them—from the point of view of the organization—can be established. The recognition of a pattern concerning their organizational relationship would fill an important gap in the knowledge of this entire field. The fact that the same pattern governs the organization in general, from atomic nuclei up, has induced us to attempt through an extrapolation, to search it for the subnuclear realm.

As seen above, the study of the organization has permitted us to define the following concepts as characteristic for the organizational pattern:

1) All the entities in nature can be identified by their place in a hierarchic organization, in which the entities are connected through a superior-inferior relationship. An entity enters in the formation of other entities which are considered “superior” to it, and is formed by entities which are hierarchically “inferior” to it.

2) Each entity is formed by a principal and a secondary part, the principal part being represented by entities hierarchically inferior to it, while the secondary part, by elements taken from the immediate environment in which the entities forming the principal part have existed.

3) Entities with similar principal parts belong to a same level. In the hierarchic progression, there are entities of the same level which are grouped together to constitute the principal part of an entity of a level immediately superior.

4) From the energetic point of view, the principal part in the organization of each entity appears more positive than the secondary part to which it is bound.

5) The hierarchic progression of the organization from one entity to that immediately superior to it, is made through two processes with two different intervening forces. Forces of columbian nature bring and keep the electrostatically opposite principal and secondary parts together. A new entity appears however only when quantum forces intervene, organizing the relationship of the two constituents and especially their reciprocal movement. The immediate aim of this organization is to prevent a reciprocal total annihilation of the two parts, positive principal and negative secondary which would occur if the electrostatic forces alone would be present.

6) In the hierarchic progressive development of the organization for

each passage from one level to the immediately superior, these two kinds of forces—electrostatic and quantum—were seen to intervene alternatively. The fulfillment of one force is seen to induce the appearance of the other. From an energetic point of view, an entity will appear inactive when its electrostatic forces are fulfilled but with quantum forces present, or energetically active with quantum forces fulfilled and the electrostatic forces present. The example of atoms and ions is a typical illustration of this relationship for the atom level.

As a work hypothesis, we tried to apply the above schematically presented concept of hierarchic organization, to the subnuclear realm. It is only by using analogies that such an attempt can be made. The scarce data available seem to confirm however, this view. According to it, the electron and positron would represent the lowest entities of the subnuclear realm with the smallest mass and opposite charge. If these two corpuscles, when attracted, encounter one another, they will annihilate each other with liberation of two photons. This annihilation is prevented however, although the two corpuscles remain bound together through their electrostatic forces by the intervention of quantum forces organizing their reciprocal movements. The result is a new entity, of a level immediately superior to the positron, in which the electron is kept electrostatically bound to the positron but kept into an orbital movement. Hypothetically, it can even be conceived that through differences in the resulting movement, more than one solution would exist.

Residual Charge

Due to the intervention of this movement, the resulting electrostatic neutralization between positron and electron is incomplete. A “residual” positive charge would characterize the new entity. This charge alone would not be sufficient to keep another electron by neutralizing its charge. However several such entities grouped together can have the sum of their “residual positive charge” such as to be compensated by a new electron. The two electrostatic forces, that of the group of entities and that of the new electron will keep these two parts together, while the quantum forces will again organize the movement of this new added electron, preventing this time again the annihilation of these two parts. A new level, this time of the third order, is thus realized. It is easy to conceive that several solutions can exist for each case, since the sum of the residual positive charges does not correspond exactly to that of the negative electrons. Several solutions appear thus possible. Besides this in which a small group of entities would be compensated by one electron, a higher number of entities would be kept together with the sum of their residual charges approaching that of two or more electrons. For each level, several such solutions are conceivable. With the progressive passage toward higher levels, the number of the solutions increases.

The fact that the two electrostatic positive and negative parts of the entities do not compensate perfectly, leads to the possibility that the compensation takes place either with an excess or lack of negative charge.

The difference is induced by an additional electron. An entity with a positive or negative charge would result. With one or the other charge prevailing, two energetically active, positive or negative forms, differing by the mass of an electron exist, for each entity. The analysis confirms this existence.

According to the hierarchic organization, the different particles of the subnuclear realm can be separated in various levels. Promezons, mezosons, protons would represent such levels—each one with respective neutral, positive and negative entities. The same as for the higher levels—atoms and molecules—the different entities forming each of the subnuclear levels will differ through the number of the entities entering in the principal parts. A systematization of the subnuclear realm on this basis can be confirmed by the fact that the different entities of a level represent sums or multiples of the entities of their inferior level in the same way that the different nuclei represent multiples of entities of the protonic level protons and neutrons or the different molecule multiple of entities of the atomic level.

In the progression of the hierarchic organization, it is seen that the passage from one level to the other results in an exponential increase in the numbers of the kinds of entities (from around 100 different atoms it passes to around 100,000 different kinds of molecules, to millions of kinds of genes and trillions of individuals. This fact supposes that the number of the existing particles decrease with each inferior level, in the subnuclear realm, to arrive to two—positron and electron—at the bottom of this realm.

Chapter 2, Note 1. C-N-C-N

As far back as 1905, Kossel has had indicated the existence for the important alkaline aminoacids, arginine and histidine, of the C-N-C-N group, found also in the nitrogen containing bases of nucleic acid. The hypothesis which we advance that this C-N-C-N group would represent the starting point of the biological realm itself, can surely be subject to discussion.

Progressively more evidence is being obtained that important organic compounds can appear from the constituents of the atmosphere itself, under the influence of electrical discharges or of ionizing irradiation. While Henriot (268) was the first to show that formic acid is present in rainwater, it was Loew (269) who obtained glycine from the constituents of the atmosphere submitted to electrical discharges. By utilizing, under the same condition, mixtures similar to those considered to have been present at the time when life is supposed to have started, Miller obtained, through electrical discharges, many amino acids and other substances especially glycine and formic acid (270, 271). Miller's results were extensively confirmed (272 to 279).

The irradiation of the mixtures of gases considered present in the atmosphere millions of years ago has led to the synthesis of many other substances such as formic, acetic, propionic, succinic and even tricarboxylic acids (280, 287). From these, we consider of especial importance the

members with a second nitrogen group far in the molecule, as diamino-succinic acid, iminodiacetic or iminoacetic-propionic acid.

The synthesis of the strongly positive C-N-C-N group which we consider as the starting point of the biological realm, seems thus to have taken place rather under the influence of radiation. This fact appears especially important since it would relate more directly the beginning of the biological realm to the intervention of the radioactive elements, which according to our systematization of the elements, form the period which corresponds to the lowest levels of the hierarchic organization. (See Chapters 2 and 5)

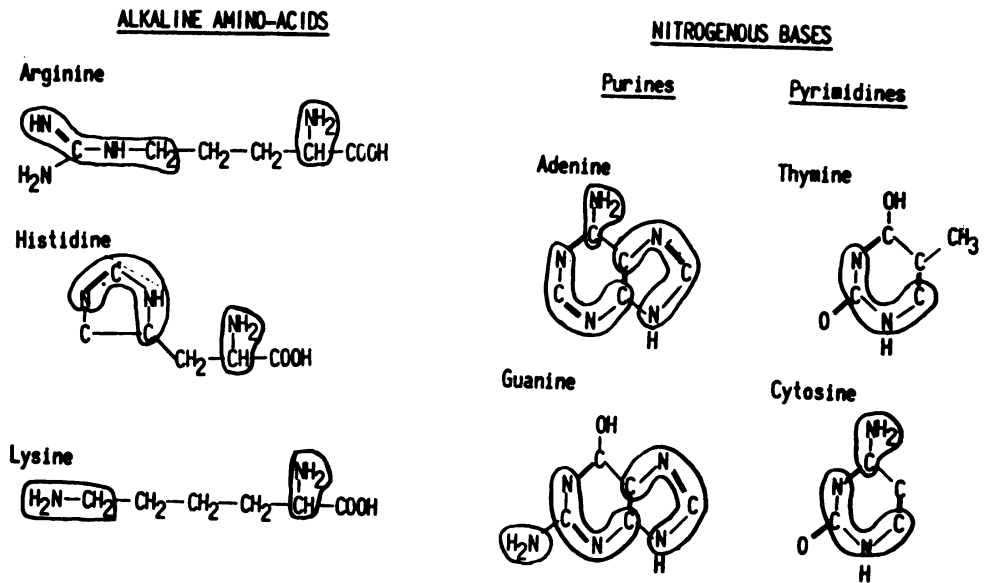


FIG. 201. The NH_2 and C-N-C-N groups appear as entities taking part in the formation of alkaline amino-acids as well as of nitrogenous bases. The bond to a chain having an amino acid group in the first case, results in a new entity—an alkaline amino acid—which polymerizes through the amino-acid group. Through the alkaline amino acid it conserves its positive electrical character. In the nitrogenous bases, the C-N-C-N group is part of the cycle. Bound to phosphoric acid, the results are acid entities with negative charges.

The further evolution of the C-N-C-N formation seems to have taken place in two directions—one in which one or two such groups have formed a cycle and given rise to the nitrogenous bases, purines and pyrimidines, and the other in which this energetic group has bound an aliphatic amino acid chain, this last probably originated under the influence of electrical discharges. The two principal alkaline amino acids, arginine and histidine, have thus appeared. (Fig. 201) The double capacity of the alkaline amino-acids, to bond other amino-acids through their amino-acid groups and thus to form polymers, and to bond acid substances through their alkaline polar groups and make new hierarchic entities, has given these substances their peculiar organizational role. C-N-C-N, alkaline amino-acids and histones

(or in fish, the protamins) would thus represent the first hierarchic steps in the progression of the biological series.

A few words should be said about lysine, the alkaline amino-acid with an amino group as alkaline terminal group. Although together with the other alkaline amino-acids, it enters in the formation of histones, it seems to have another important biological role, that of an agent intervening in the metabolism of lipids.

Chapter 2, Note 2. Distribution of Potassium and Sodium

As mentioned above, potassium is the cation of the cytoplasm, the secondary part of cells, while sodium is the cation of the secondary part of the metazoic compartment, that is of the fluids of this compartment. According to the view presented above, the peculiar distribution of these two cations in the biological realm results from their similar distribution in the environments from which these respective secondary parts, cellular and metazoic, are considered to have been derived. As we related the cytoplasm to mud, respectively to the lithosphere, and the fluids of the metazoic compartment to the sea, we looked for a confirmation of this view in the comparison between the amount of these cations in the two biological compartments and in the two environments which we consider to correspond to them.

Although potassium and sodium are in almost equal amounts in the general constitution of the earth's crust, potassium is found almost entirely in the solid parts while sodium forms the principal constituent of the salts of the fluid part of the earth. The distribution of potassium found between cells and extracellular fluids seems very near to that which exists between lithosphere and hydrosphere. Potassium is found in a proportion of 2.46% of the lithosphere and only in 0.04% of the hydrosphere (201). The ratio of these respective concentrations corresponds to a $\frac{1}{61}$ value. This seems near enough to the ratio found in biology. While the extracellular potassium represents only 5 mEq per liter, with a total of 70 mEq (2.7 gm.) for a normal body, the intracellular part corresponds to 115 mEq per liter of cells, with a total of 4,000 mEq (160 gm.) for the body (202). The ratio of $\frac{1}{59}$ for total extracellular and intracellular is accepted today although generally considered too high when compared with the previous data given years ago by Shohl (265). This value of $\frac{1}{59}$ appears impressively near the ratio of $\frac{1}{61}$ found in the comparison of the potassium content of the lithosphere with that of the hydrosphere.

A similar resemblance is encountered when comparing the proportion between sodium and potassium in two fluids: the interstitial fluid of the body and of the sea. The two ratios of these elements appear close enough. For instance, the Atlantic Ocean has 10.464 gm. of sodium per thousand and 0.725 gr. per thousand of potassium, while the Pacific Ocean has 10.233 gr. per thousand of sodium and 0.634 gr. per thousand of sodium (266). The ratios between sodium and potassium are respectively 14 and 16. In the blood serum, the ratio is 16 when the average is considered as

320 mg.% of Na, and 20 mg.% of K. Table XXV shows these comparative values.

TABLE XXV

- (a) Comparison between the Extracellular and Intracellular Potassium and the amount present in Hydrosphere and Lithosphere.

	<i>Ratio</i>
Potassium extracellular-total body 2.7 gm.)	
Potassium intracellular-total body 160 gm.)	1/59
Potassium in the hydrosphere 0.04%)	
Potassium in the lithosphere 2.46%)	1/61

- (b) Potassium and Sodium in the sea and in the body fluids.

	<i>Na</i>	<i>K</i>	<i>Ratio</i>
Atlantic Ocean	10.464 gr. 0/00	0.725 gr. 0/00	14.4
Pacific Ocean	10.233 gr. 0/00	0.634 gr. 0/00	16.0
Blood Serum	320 mgr. 0/0	20 mgr. 0/0	16.0

These values seem to bind the distribution of K and Na, seen between the cellular and metazoic compartments, to that which exists between the environments from which we consider these respective secondary parts to have been derived.

Chapter 2, Note 3. Social Hierarchic Organization

The organization of nature with the characteristic hierarchic structure so evident in the biological realm, has suggested a similar structure in social organization.

All the factors which were seen to characterize hierarchic organization appear clearly in an analysis of social organization. (*Fig. 202*) The entity, immediately above that of the individual, is the family. Here, parents and children—as a grouping of entities of the same level form the principal part. The secondary part is made up of elements of the immediate environment, which are kept organized around this principal part, and as such are integrated in the new entity, the family. Housing, goods, even psychological factors, ideas and habits, characterize these added factors. A boundary formation is often much more visible than expected. Living quarters and common possessions are well delineated, and characterize the family. As expected, most of them are not considered to belong to an individual but the family as entity. “This is family property” is a common expression.

Almost always, numerous families are grouped in nearby dwellings, although this fact alone does not lead to the immediate superior entity, the community. When the group of families organizes together and limits certain possessions taken from the environment, as common to the group, the entity “community” appears. The principal part is made up of the group of families, the secondary by the material and even moral goods which are attached to the group of families in common. The community has prop-

erties which belong only to the community—streets, for example—as it has, by definition, a boundary. The limits of these social entities are well defined and these three factors—principal part, secondary added part from the environment and boundary—characterize these entities as they characterize the entities in the entire biological realm. The same pattern applies for the county where groups of communities form the principal part, and

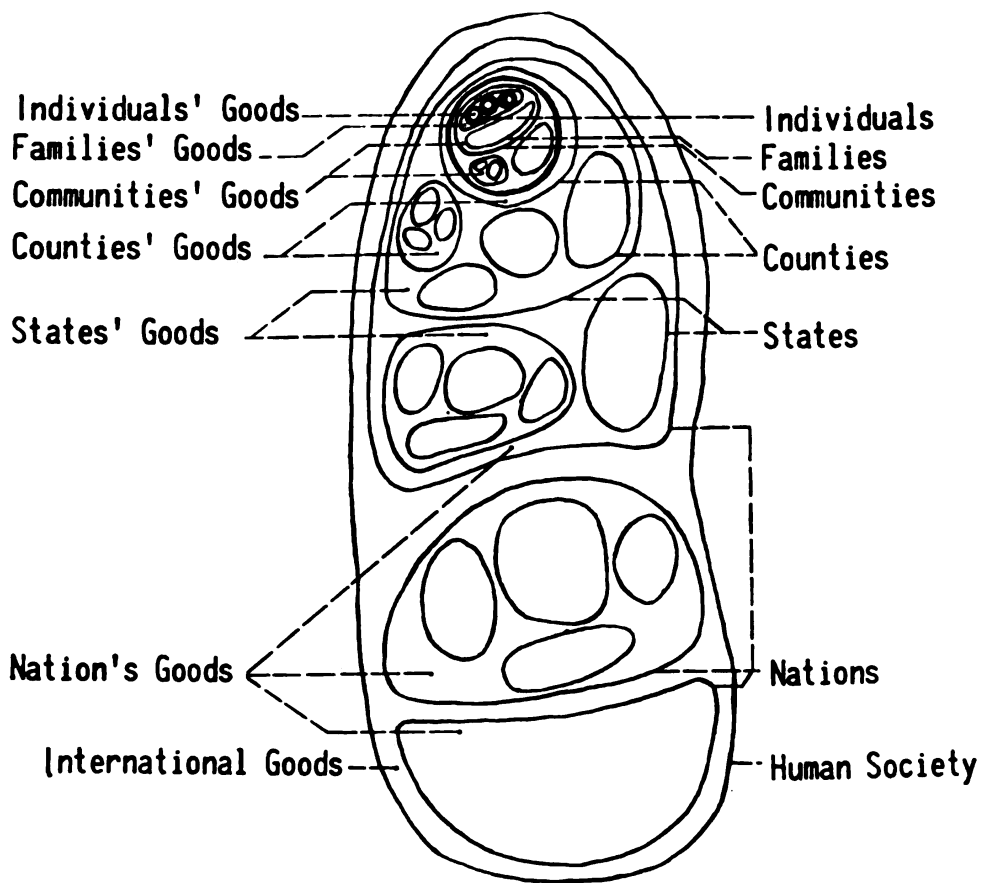


FIG. 202. The *social hierarchic organization* follows the same pattern as the organization of matter or of the biological realm. Each entity results from the bond of a group of lower entities with a secondary part taken from the environment and limited by a proper boundary.

proper parts taken from the environment and common only to this new entity form the secondary part. This entity also is defined through its boundary. It is easy to see how through the same hierarchic pattern we pass from counties to states, nations, hemispheres and world which represent successively higher hierarchic entities. It is interesting to see how, in each one of these social entities, the same manifestations which we have found to characterize the biological entities also exist. The relationship between entities and especially many of their functions shows that the

social entities are not artificial mental concepts, but are the result of the intervention of the same forces in which heterotropic organization opposes the lawless homotropy. It has appeared interesting to see how much of the knowledge of the physiological and especially the pathological manifestations of the lower entities, we can apply to understand manifestations occurring at the social hierarchic levels.

Under this aspect, sociology finds a new basis not only for the analysis of many of its problems, but can have an insight to how nature, through its own organization, has tried and often succeeded in resolving problems. With the concept of unity in all organization, from subatomic to social entities, we can understand how the evolution of the environment, represented by material and intellectual goods, can produce changes in social entities. The concept of higher social entities, organized so as to conserve the characteristics of the lowest social entities, gives a new aspect to the relationship between individual, family and society. A science of social physiology can be created by systematizing hierarchic social entities much as we did for entities in the biological realm. The same approach can be applied to social pathology and social therapy as well. Such an approach, will be the subject of other presentations.

Chapter 3, Note 1. Precancerous Lesions

Precancerous lesions were identified especially in cases in which cancerous lesions were induced and where a manifest polycentricity of lesions was present. (203) Polycentric lesions permit us to study the entire successive changes from normal to invasive cancer.

Induction of cancer in the stomach of rats through carcinogens and detergents (204) has furnished excellent material for such study; it has also permitted us to characterize the specific changes. Among cells which appear grossly normal, there are some in which certain morphological characteristics of the nucleus, notably size and form, appear abnormal. The existence of an anomaly is much more evident when the cell divides. It may be limited to just a few chromosomes which are abnormal in their dimension and form. This chromosomal abnormality appears still more evident when compared to cells in mitosis in controls with normal mucous membranes. (309)

Chapter 3, Note 2. Non-invasive Cancer

We have emphasized the character of the cytoplasm of the cells in non-invasive cancer. The nuclei show a number of changes which, together rather than separately characterize a cancerous entity: an irregular shape of the nucleus with a manifest increase in size; a sharp nuclear border formed by a dark pigmented nuclear membrane having fine chromatine particles; a hyperchromatism with clumps of chromatin separated in bizarre, irregular fashion; and an uneven, irregular distribution of these chromatin clumps, concentrated near the nuclear membrane. Also often

encountered is the presence of one or more irregular enlarged nucleoli, with a distinct nucleolar border and especially with a manifest acidophilic staining.

In the non-invasive cancer, all these nuclear anomalies contrast with the relatively normal cytoplasm, which has not only an acidophilic reaction—colored in orange with Papanicolau's trichromic staining—but also a well-defined cell membrane with fairly clear cell border. The size of the cytoplasm—compared to other cells—is normal, although the nuclear-cytoplasmic ratio is increased due to the big nucleus. Due to the character of the cytoplasm, these cells were called the "third type differentiated cells" by Graham. (205) We emphasized the "normal" aspect of the cytoplasm of these non-invasive cells, in contrast to the invasive cells where the abnormality includes both the nucleus and the cytoplasm. This explains why most of the invasive cells have little cytoplasm, an indistinct cellular border and a basophil cytoplasmic staining. (206) But besides these cells with totally abnormal cytoplasm, there are some invasive cells with an apparently differentiated cytoplasm. Although their staining is orthochromatic, their cytoplasm shows marked abnormality in form. The tadpole cells found in the exfoliative cytology in epidermoid carcinoma, (207) or the fiber cells (208) with abnormally long fibrillar cytoplasm revealed in other forms of invasive cancer indicate a participation of the cytoplasm in the abnormality. The cells found in so-called "Bukhead's disease" with minimal abnormal cytoplasm thus appears to be at the boundary between non-invasive and invasive cancerous cells.

Chapter 3, Note 3. Abnormal Amino Acids

We have seen above how the concept of hierarchic organization brought us to consider the alkaline amino acids and the histones which they form as one of the first members of the biological realm. Anomalies can be conceived to result from a process of resonance which occurs constantly on a statistical basis. As work hypothesis, we consider such resonance entities as corresponding to these abnormal forms, which in hierarchic development would lead to cancerous entities.

The naturally existing levorotatory alkaline amino acids represent the constituents which, through their number and role in further organization, represent normal entities. Opposed to them, the dextrorotatory alkaline amino acids would represent abnormal entities. Their existence and their role has made the object of many discussions without, however, bringing sufficient light to this problem. The constant existence in the body of specific enzymes against these dextrorotatory amino acids in spite of the fact that they are not recognizable analytically, indicates a certain defense against them. The concept of their appearance as a resonance phenomenon would explain easily this occurrence. Dextrorotatory amino acids, although abnormal for the organism, exist in practically all individuals as a resonance form, but they are not able to develop—or develop in extremely reduced form—because of the enzymes which attack them. They are, how-

ever, able to develop the lowest levels of cancerous entities as they are recognized to exist practically in all normal individuals particularly after a certain age. There are these considerations which lead us to believe that it is the dextrorotatory resonance form of alkaline amino acids which represent the abnormal entities at the lower levels.

Chapter 4, Note 1. Physiological and Pathological Pain

Physiological Pain

Physiological pain may be defined as a specific sensorial sensation induced in normal tissues when external stimuli are applied with sufficient intensity to endanger tissue integrity. Because pain may be induced by a wide variety of stimuli, it has not always been accepted as constituting a sensorial sensation. Considerable evidence exists, however, to indicate that physiological pain is a specific sensation, similar to the other sensorial sensations. One indication that pain is a proper sensorial sensation lies in the fact that it has its special nerve system.

Blix (5) and Goldscheider (6) found that certain areas of the skin were sensitive to painful stimuli from a pinprick while others were not. Strughold (7) demonstrated that, in various areas of skin, pain points were concentrated in varying degree. Microscopic study of areas of skin showing high aggregations of spots of specific forms of sensibility has indicated that special sensory nerve and organ structures are apparently associated with different types of sensation. Thus, Krause's corpuscles are considered as receptors for cold; Ruffini's endings and Golgi-Mazzoni corpuscles for heat; and Meissner's corpuscles, Merkel's discs and the basket endings around hair roots for touch. (8) Woolard (9) described unmyelinated, finely beaded, branched free endings as the specific nerve end organs believed to be responsible for the reception of pain impulses. Certain areas such as the cornea and the mucous membrane of the nose, which are generally considered sensitive to pain alone, have been shown to have these free endings as the characteristic nerve endings at these sites. Weddell has found only this type of end structure in areas of skin sensitive solely to pain during nerve regeneration.

That pain constitutes a specific form of sensation is further indicated by the evidence that its impulses are carried along definite nerve pathways to special centers in the thalamus. By temporary asphyxia, by cocainization, or by cooling, differential interference with conduction of the special sensations of pain, touch, heat and cold along a nerve can be produced. The existence of individuals without the sensation of pain, but with sensations of touch, cold and heat, has confirmed this view of pain as a proper sensorial sensation.

It is characteristic of the sensation of pain that it may be elicited by a wide variety of stimuli. Below the pain threshold, the incitation induces specific sensorial sensations according to the stimulus used. Above this threshold, the sensation felt is pain. When different noxious stimuli produce pain, the subject cannot distinguish the nature of the incitation. In effect,

when it is below the threshold, the incitation informs about the nature of the stimulus; above the threshold, the individual is conscious of another fact: that the stimulus is of such intensity as to endanger the integrity of the tissues. Pain thus appears to be the sensorial sensation of a specific character of stimuli—sufficient intensity to represent a danger for the tissues, and it is this which differentiates pain from the other sensorial sensations, and puts it into a special category. Pain is independent of the nature of the stimuli. By constituting a warning to the body, that its tissues are in jeopardy, physiological pain induces a general response involving brisk, rapid movements, a rise in pulse rate, and a sense of invigoration. (10)

The fact that sensorial pain results from the intensity of the external incitations has prompted investigators to study this kind of pain largely in terms of the threshold of incitation. It must be emphasized that for each stimulus there exist two thresholds, one for intensity values required to produce specific sensations, and the second for intensity needed to produce pain. There is a considerable difference, for example, between the heat intensity necessary to produce a sensation of warmth and the amount that will produce a sensation of pain.

Pathological Pain

Pathological pain differs profoundly from physiological pain. It is a psychic response to impulses originating in tissues which are abnormal either because of damage produced by external stimuli or because of inflammatory, circulatory, neoplastic, or other processes. When pain is present as a consequence of tissue damage or disease, it can no longer be considered as a warning of danger but constitutes a sign of injury.

The general response to pathological pain is totally different from the response to physiological pain. Instead of the organism being prepared for fight or flight, its efforts are directed toward placing the painful injured area, or the entire body at rest; and, to protect the painful area from further injury, the pulse rate generally slows, the blood pressure falls and often there is sweating and nausea. (10)

The local nature of the changes responsible for pathological pain has raised the problem of the several possible mechanisms of action which may intervene in inducing this pain.

1. Locally originated stimuli produced by damaged tissues themselves may act directly upon the pain end organs to induce pain impulses. Lewis has suggested that the pain associated with tissue damage is a result of the action of locally elaborated abnormal chemical substances. (10) This possibility was first considered by von Frey (11) although actually the second pain described by him was due to different rates of pain impulse transmission. Lewis (10) and his associates have studied pain in erythralgia which represents a typical form of pathological pain. (12, 13) They have shown that when skin has been injured and thus rendered hyperalgesic but not actually painful, simple arrest of circulation to this injured area may induce pain. A similar phenomenon is evident when a muscle is exercised vigorously while its circulation is arrested. If the constricting blood pressure cuff

is released, the pain that is experienced during the period of ischemia disappears, but if the cuff is reinflated, pain may recur without further exercise. In both instances, no new stimulus is required to arouse pain. It has been found that in erythralgia, neither vasodilatation nor change in skin temperature is the factor responsible for lowering the pain threshold. According to Lewis, when the circulation to the affected area is severely reduced, accumulated stable chemical substances elaborated by the damaged tissues may act directly as the pain stimulus. No definite evidence has been offered by these researchers, however, as to the chemical nature of the elaborated substances involved.

2. Local changes in damaged tissues may bring about a lowering of the nerve threshold for pain. Lewis has demonstrated the spread of the lowered threshold to nerves far beyond the site of the lesion itself. He studied the cutaneous hyperalgesia following tissue-damaging excitation of a tiny area of skin by a tapered forceps or faradic current. By producing damage in a previously anaesthetized area, he found that the local changes brought about by the damage did not produce hyperalgesia in the surrounding skin until the effects of the local anaesthetic wore off. The localized nerve changes then created a wide zone of hyperalgesia for prolonged periods. Tower (14) has presented evidence to show that the receptor end structures for pain have an arborizing rather than a plexiform arrangement, thus making unnecessary the postulation of an autonomically unidentified "nocifensor" nerve system, as proposed by Lewis, (15) to account for the type of spread of the hyperalgesia. The extent and especially the distribution of this area of hyperalgesia has clearly indicated that it is the result of a lowered threshold in the arborizing branches of the cutaneous nerve, a few branches of which were originally intensely stimulated. When a few fibers of a cutaneous nerve were directly stimulated, the same effect was observed. The findings suggested that a local tissue change lowers the threshold for pain for the nerve endings of the damaged area, and that this effect may spread through other branches of the cutaneous nerve involved as well as through larger nerve trunks so that the resultant area of hyperalgesia becomes very extensive.

3. Local changes may alter end organs ordinarily concerned with other forms of sensation in such a way that the impulses originated by them evoke the sensation of pain. Certain areas such as the appendix and the mucosa of the stomach apparently cannot, under normal circumstances, be incited to respond painfully to any form of stimulation. (16) However, in the presence of inflammation, the same stimuli may give rise to pain in these areas. The relationship between the end organs or nerves ordinarily concerned with the reception of other forms of sensation and those of pain has been considered by several authors. Weddell (17) has demonstrated that the various complex end organ structures are supplied with accessory fibers, unmyelinated and beaded, analogous to those considered to be pain receptors. Head (18) has shown in experiments on the glans penis that there may be a fusion of various sensations into a single concept and that one sensation may inhibit another. According to Feng, (19) the balance in

excitability between touch and pain receptors may be upset peripherally by liberation of a chemical substance as the result of injury.

Considerable evidence exists to indicate that pain is the most primitive form of sensation. It is possible that in the presence of pathological disturbances, through dedifferentiation complex systems for the reception and transmission of other modalities of sensation come to act as pain receptors.

Whatever the exact mechanisms may be, the findings of different investigators have led them to the conclusion that abnormal chemical substances are released from pathologically affected tissues and that these chemical substances may play an important role in the production of pathological pain.

Chapter 4, Note 2. Blood Titrimetric Alkalinity and Urinary pH

The important role of the kidney in regulating the acid-base balance of the blood has been described (209) and a general relationship between daily acid excretion and plasma bicarbonate has been recognized. (210) However, a consistent relationship between blood acid-base variations and urine changes has not been clearly established.

The determinations of blood pH and CO_2 combining power are the most commonly employed methods for following acid-base changes. However, they indicate only certain distinctive factors intervening in acid-base balance. The pH is a measurement of the dissociated elements in the blood and is maintained within narrow limits by the buffer mechanisms, while the CO_2 combining power is a measurement of only one of the multiple factors in the buffer system, the bicarbonate group. (211) The inconsistent relationship between variations in urinary pH and blood values indicate that changes in urinary pH depend upon factors other than the blood's dissociated substances and bicarbonate-carbonic acid buffer mechanism. The phosphates, proteins and hemoglobin are among the members of other important buffer systems that have a role in the control of the acid-base balance of the blood. (*Figs. 203, 204*)

The titrimetric alkalinity of the blood represents a measurement of the totality (reserve supply) of the substances, both dissociated and non-dissociated, that are involved in the maintenance of the acid-base balance of the blood. (212) We considered it interesting to examine the relationship between blood titrimetric alkalinity and urinary pH. Concomitant variations were compared.

Human subjects and dogs without apparent kidney dysfunction were used. Blood was obtained by venipuncture with an accurately calibrated dry syringe. After the needle was introduced into the vein and before withdrawing blood, the tourniquet was released for several minutes to avoid changes due to stasis.

Exactly 5 cc. of blood was introduced directly into a flask containing 30 cc. of a 0.001N sodium hydroxide solution. The flask was immediately closed with a rubber stopper and the mixture agitated sufficiently to assure homogeneity. If determinations were not carried out at once, flasks were

stored at 5°C and then brought to room temperature (20°C) before analysis. Fifty cc. of distilled water was used as a wash when flask contents were transferred to a beaker for titration. The total alkalinity was determined by electrometric titration to pH 7.0 against a .01N hydrochloric acid solu-

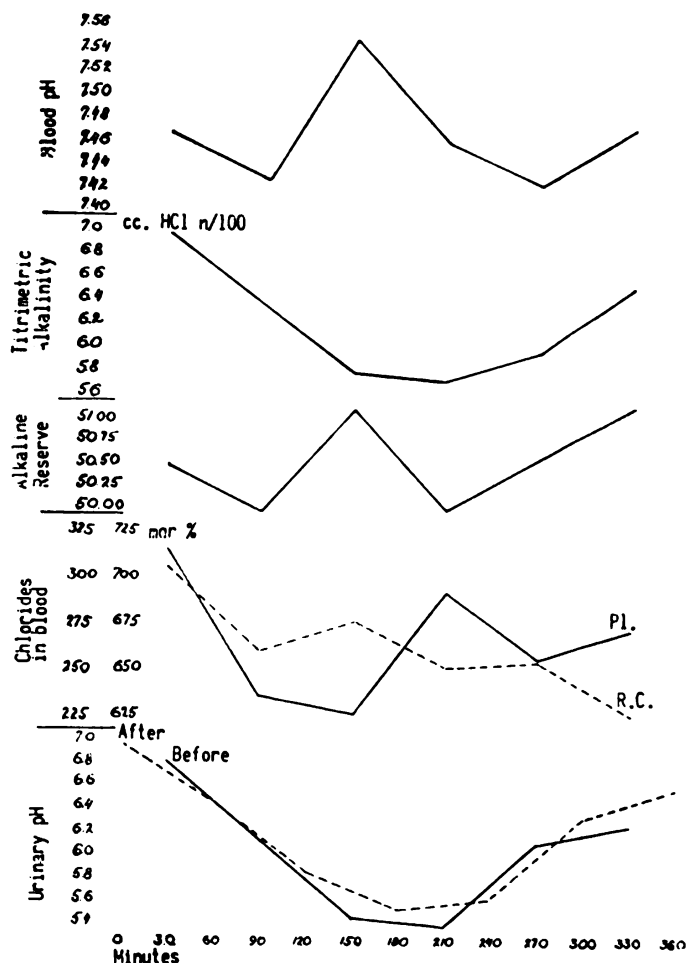


FIG. 203. The comparison between the concomitant changes seen in various blood and urine analyses concerning the *acid-base balance* of the body. It shows that the variations of the titrimetric alkalinity of the total blood are the only values which constantly parallel those of the urinary pH. (Patient with breast cancer)

tion using a Beckman pH meter, Model G, and a mechanical stirrer. Blanks of 30 cc. of the sodium hydroxide solution were stored and treated in the same manner.

Urine specimens from the human subjects were obtained through complete emptying of bladder contents by voluntary micturition. An indwelling catheter was used for dogs and some humans. Specimens were placed in containers closed with rubber stoppers and stored at 5°C. They

were brought to room temperature before tests. The pH values were determined electrometrically.

Blood specimens were collected each hour for at least five consecutive hours. Urine samples were obtained every thirty minutes, as specimens ac-

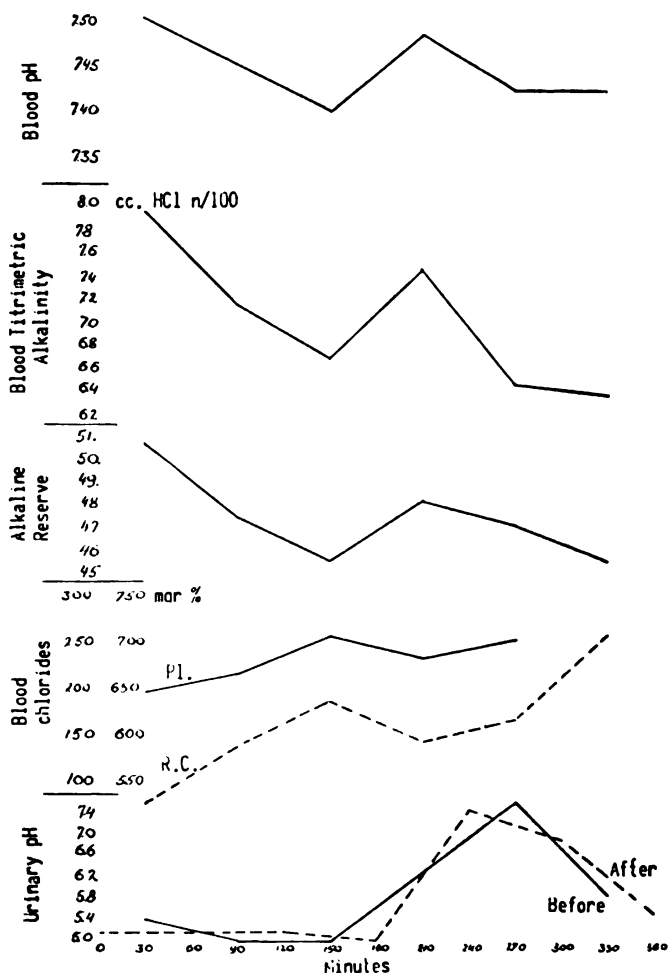


FIG. 204. In some cases the changes in several blood analyses parallel the changes of urinary pH. (Subject with metastatic melanoma)

cumulated in the bladder during the half hour preceding bleeding and again during the half hour following bleeding. The pH values of the urine specimens were plotted separately on graphs as A and B curves. Comparison was then made between the two urine curves and the curve representing the values of the blood titrimetric alkalinity, using time as abscissa. In another group of experiments using dogs, the bladder contents were drained at intervals of from five to ten minutes and blood specimens were obtained every thirty minutes.

Several preliminary tests were carried out to determine the degree of accuracy of the methods used. By employing a 0.001N NaOH solution, a probable error of no more than 0.1 cc. was found.

Comparisons between titrimetric alkalinity of hourly blood specimens and half-hourly urine specimens were made in thirty human and seven

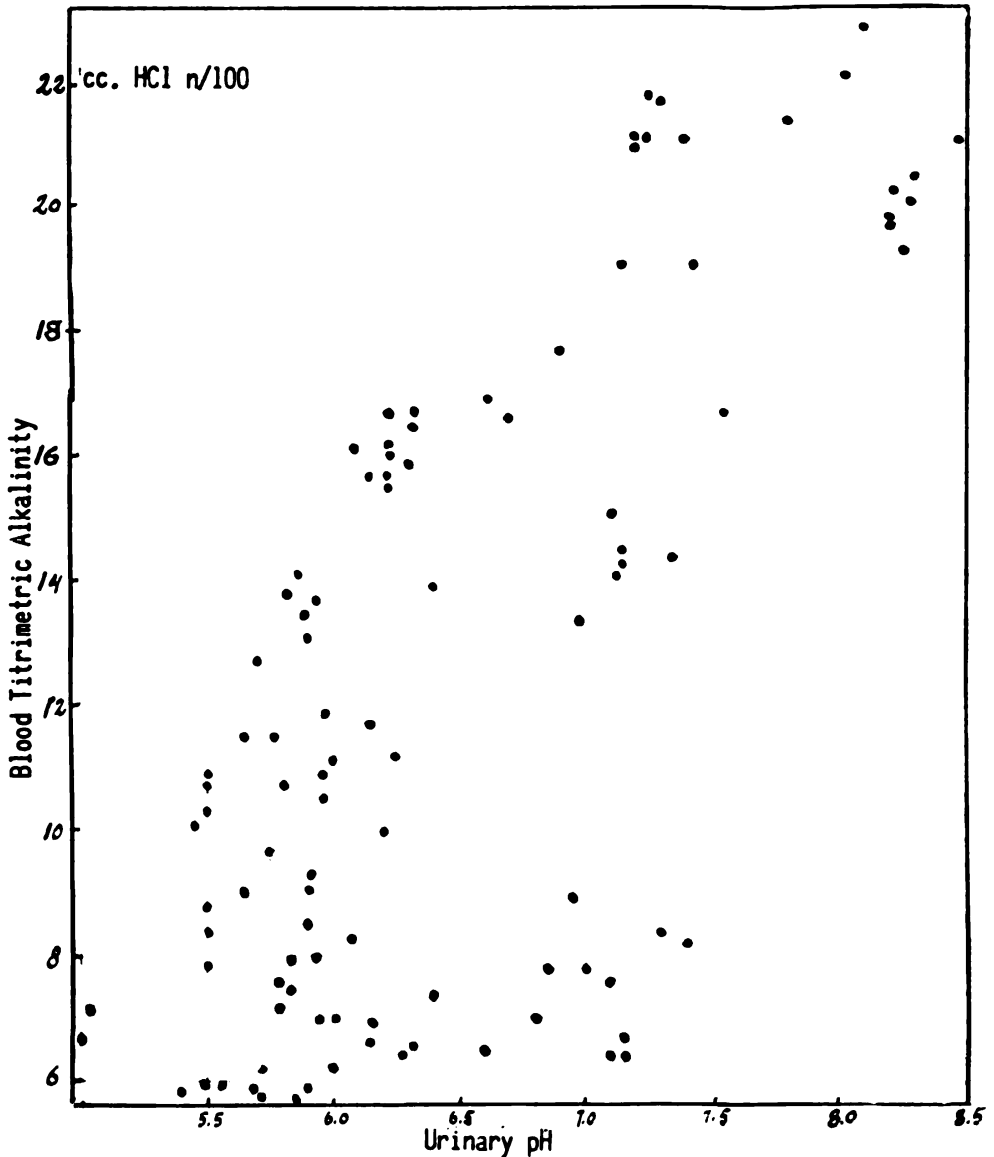


FIG. 205. The comparison between the concomitant values of urinary pH and of the titrimetric alkalinity of the blood shows that this relationship concerns more the occurring changes and less the absolute values of the findings. Urine samples with the same pH, in different subjects, are seen to correspond to blood samples with different titrimetric alkalinity.

canine subjects. In all cases, the curves of blood titrimetric alkalinity values showed a consistent parallelism to the pH curves of urine specimens that accumulated in the bladder during the thirty minutes preceding the bleeding and were collected at the time of venipuncture. (Fig. 206) The curves representing the pH values of urine specimens accumulated in the bladder dur-

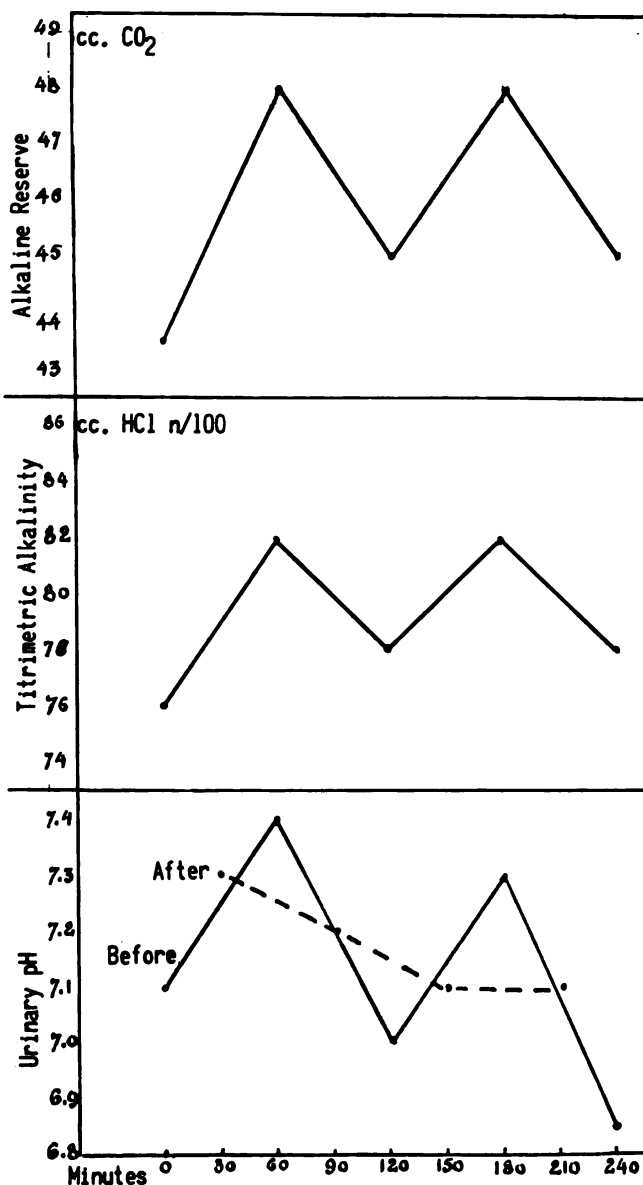


FIG. 206. Comparison of the hourly blood titratable alkalinity (in terms of cc. of .01N HCl) and half hourly pH curves in a human subject. Urine curves A and B represent the before and after bleeding specimens. The parallelism between the titratable alkalinity of blood and the urine curve A is clearly shown. Curve B shows no correlation.

ing the thirty minutes after each bleeding (B curves) did not show the same consistent correlation to the blood titrimetric alkalinity. (Fig. 207)

In several tests, collections of half-hourly urine specimens were made fifteen minutes before and fifteen minutes after each bleeding. The same parallelism was found between the pH of urine accumulated in the bladder during the period from fifteen minutes before to fifteen minutes after bleeding, and the titrimetric alkalinity of blood specimens drawn in the middle

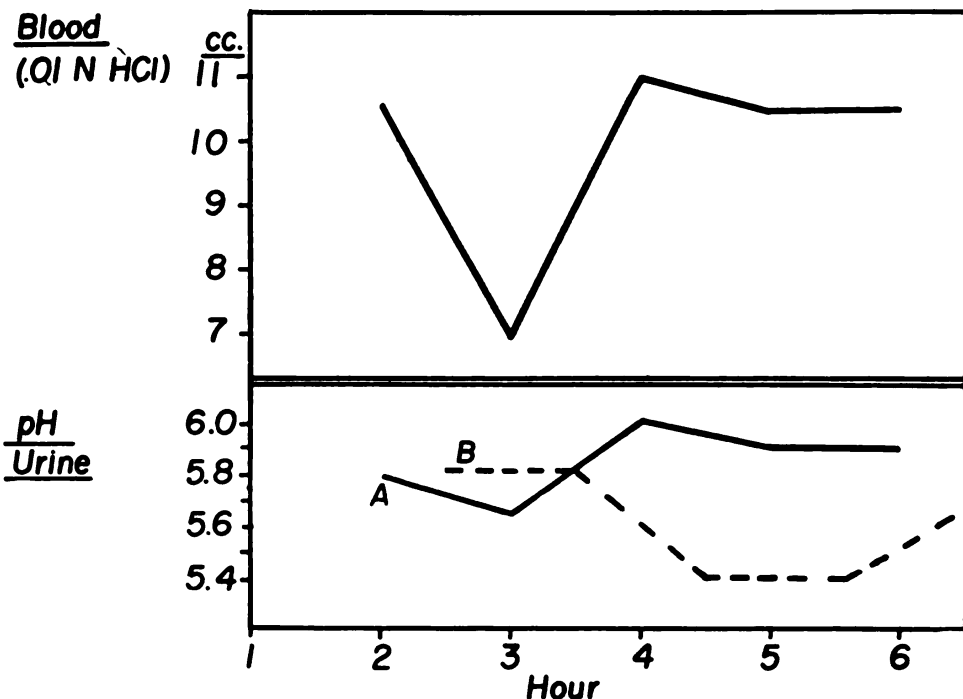


FIG. 207. Comparison of the curves representing hourly blood titratable alkalinity (in terms of cc. of .01N HCl) and urine pH in a human subject. Urine pH curve "Before" shows values of specimens accumulated in bladder during the half hour immediately preceding and collected at the time of bleeding, while urine pH curve "After" is for specimens collected one half hour after bleeding. There is a definite parallelism only between the curves of the titratable alkalinity of blood and the urine pH curve A.

of the urine collection period. The pH curves of urine specimens accumulated during the period from fifteen to forty-five minutes after each bleeding showed no consistent correlation.

When urine and blood specimens were obtained at shorter intervals, the same tendency of urine pH changes to precede the changes in blood titrimetric alkalinity was observed. In Figure 208 a rapid rise in urine pH is seen to begin within twenty minutes of the time of administration of sodium bicarbonate. The blood titrimetric alkalinity does not show an elevation for at least forty-five minutes.

These studies have shown that urinary pH variations correspond closely to changes in the values of an important factor reflecting acid-base balance changes of the blood, the titrimetric alkalinity. As a result, it has been possible to employ variations in urinary pH as indications of qualitative changes in acid-base balance of the blood for other studies.

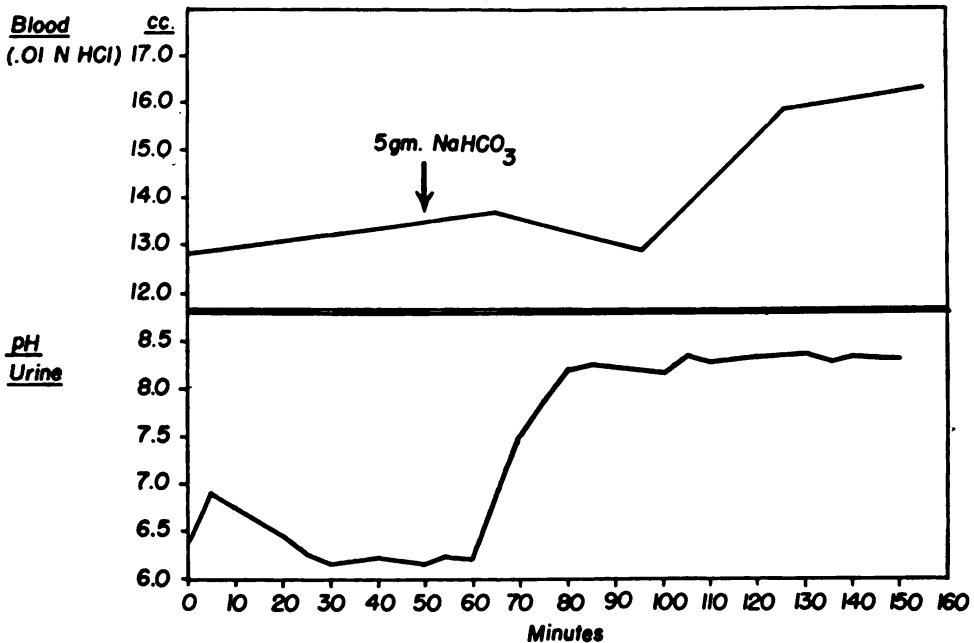


FIG. 208. The effect of the administration of 5 grams of sodium bicarbonate upon the blood titratable alkalinity and urine pH curves in dog. The elevation in urine pH is seen to precede by twenty-five minutes that of the titratable alkalinity of the blood.

Chapter 4, Note 3. Acid Pattern of Pain and Lactic Acid

We have investigated the relationship between pain of acid pattern and the appearance of lactic acid resulting from abnormal metabolism of carbohydrates. For this purpose we used the technique of Friedemann, Cotonio and Shaffer. In several patients it appeared possible to establish this relationship by measuring the lactic acid content of efferent blood from tumors during intensive pain of acid pattern. In a young man with a huge sarcoma of the knee, for whom the acid pattern of the pain had been established through its relationship to the changes in the urinary pH, such analyses could be carried out in the blood obtained from the big easily accessible efferent veins. At the moments of very severe pain, the amount of lactic acid had markedly increased. Values as high as 128 mg./100 cc. blood were found during these painful periods, contrasting with values around 30 mg./100 cc. blood in the period of calm.

Chapter 4, Note 4. Itching

Although we were especially concerned with pathological itching, we also became interested in physiological itching, especially in its relationship to sensorial sensations in general. Physiological itching can be regarded as a distinct sensation, not just a gradation of another sensation. Itching seems to have its own end organs. The propensity of certain regions of the body—such as the nasal mucous membranes, the skin near the nostrils, and the perioral and perianal skin—to itch in response to external stimuli can be correlated with the presence of such end organs. The proteopathic character of itching would also prompt us to consider less myelinated or even nonmyelinated nerves as its conductors. By analogy with pain, the existence of proper central centers could be conceived.

The most important characteristic of itching is that it can be induced by stimuli which, at other intensities, result in a different sensation such as touch, for instance. Although less manifest, other stimuli, such as heat and cold, also can induce itching. We have seen that stimuli which usually induce other sensations can produce physiological pain if they have an intensity above a threshold level. It is the intensity of the stimulus which determines whether it causes pain or a sensation of touch, heat or cold. Since pain appears if the stimulus is above the threshold level, it serves as a warning of a damaging incitation.

In studying itching under a similar aspect, it can be seen that it, too, is induced by nonspecific stimuli. But, for itching, the intensity of the stimuli is low. Everybody knows that an essential condition for the induction of itching is that the incitation be slight. This is easily seen for the skin, and especially the nasal mucous membrane, where a stronger stimulation will not induce itching but a touch sensation. Just as the intensity of a stimulus determines whether pain or touch is produced, so the intensity also determines whether itching or touch is felt. While the sensorial sensation of touch is induced by stimuli with intensities below those required for pain, itching is induced if intensities are below those required for touch.

The relationship of intensity of stimulus to itching, sensorial sensation of touch, and pain is shown in Figure 208 bis. This correlation explains why itching is present sometimes for a brief period when skin or mucous membrane sensorial sensation or even pain is induced. Immediately after an injury, for example, itching may be felt for a short time only to disappear just prior to the development of pain. The low intensity of the stimulus required explains a striking characteristic of itching: its disappearance when a stronger stimulus is applied. Thus scratching, which adds more intensive stimulation, makes itching disappear. The more violent the scratching, even to the point of inducing pain, the more effective it can be in eliminating itching.

The general reaction toward itching also appears related to the character of its induction. The individual responds to pain by fleeing or fighting in order to escape the intensive noxious incitation. As the incitation that produces itching is minimal by definition—the presence on the skin of a

minor irritant such as a fly or mosquito, for instance—scratching is sufficient to eliminate it. With a fly on his skin, the individual need not flee or fight, but only scratch. With the concept that itching can result from exactly the same type of stimuli as pain and touch, we integrate it in the group of sensorial sensations. We can then establish a separate sensorial subgroup for itching and pain. While other sensorial sensations inform us of the nature of the excitation—heat, cold, sound, taste, etc.—itching and pain inform us only about the intensity of the stimulus, not its nature.

Pathological itching, like pathological pain, is related to the existence of abnormalities. In addition to the differences in stimulus intensity required to induce itching and pain, their different nervous formations help explain their clinical separation. No patient we have studied has ever indicated any confusion as to whether his discomfort was due to severe itching or pain. The two sensations are seldom concomitant; usually they succeed one another. The fact that proteopathic pain and itching both seem to be conducted through unmyelinated nerves indicates why they can appear under similar conditions, as in nerve regeneration. This seems to have led to confusion between itching and pain. However, itching and pain observed during nerve regeneration can be clearly differentiated by the patient. The fact that the itching sensation is produced by stimuli of low intensity also explains why itching is so often present on skin or mucous membranes without appreciable pathology. Minimal changes appear sufficient to induce the sensation.

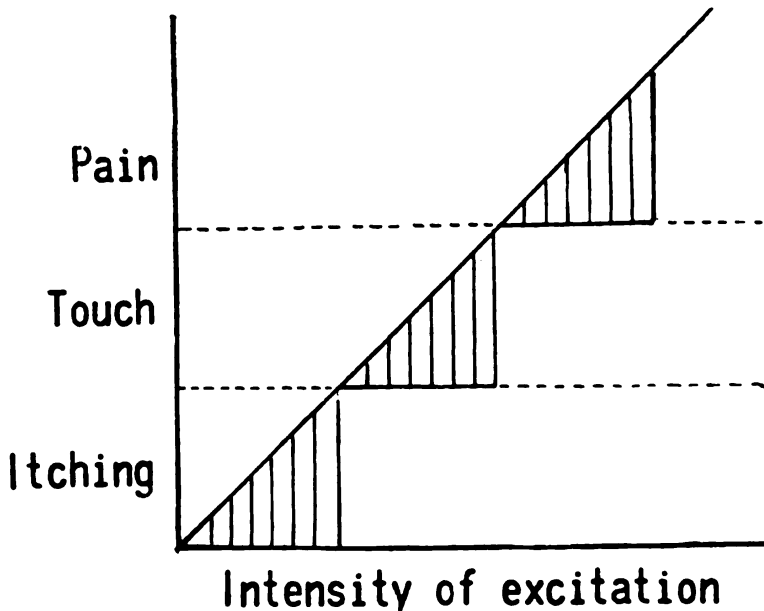


FIG. 208 bis. Similar to pain, *itching* represents a special kind of sensation, with the aim to inform about the intensity of the excitation. If this is very slight, it induces *itching*. If above the threshold, at which the incitation acquires a noxious character, it induces pain.

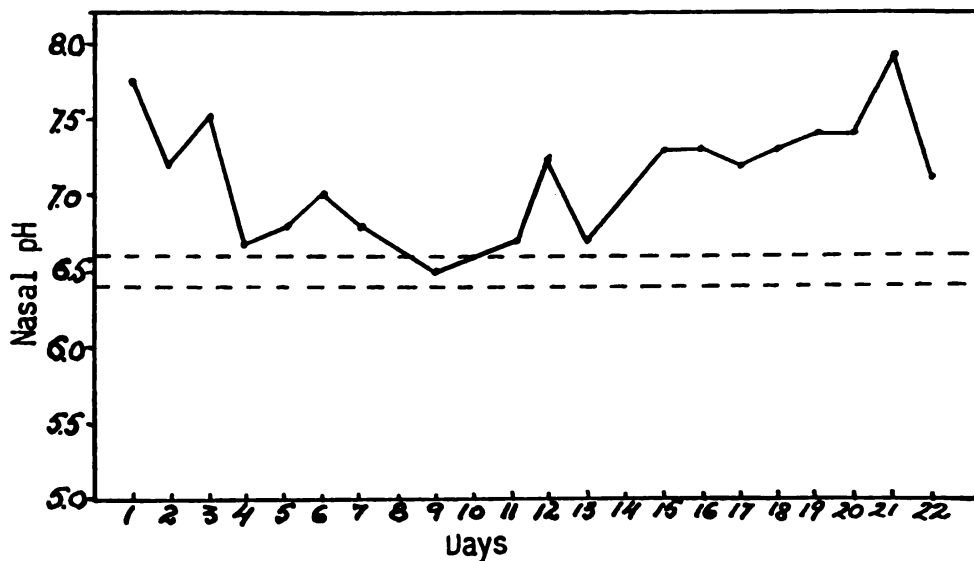


FIG. 209. The nasal pH measured with a glass electrode introduced deep in the nose shows the same dualism as the other analyses. With 6.5 as the average value, the curves of the nasal pH has more rapid and broader variations than other analyses. Curve of daily analyses shows values above the average line in a case of generalized melanoma.

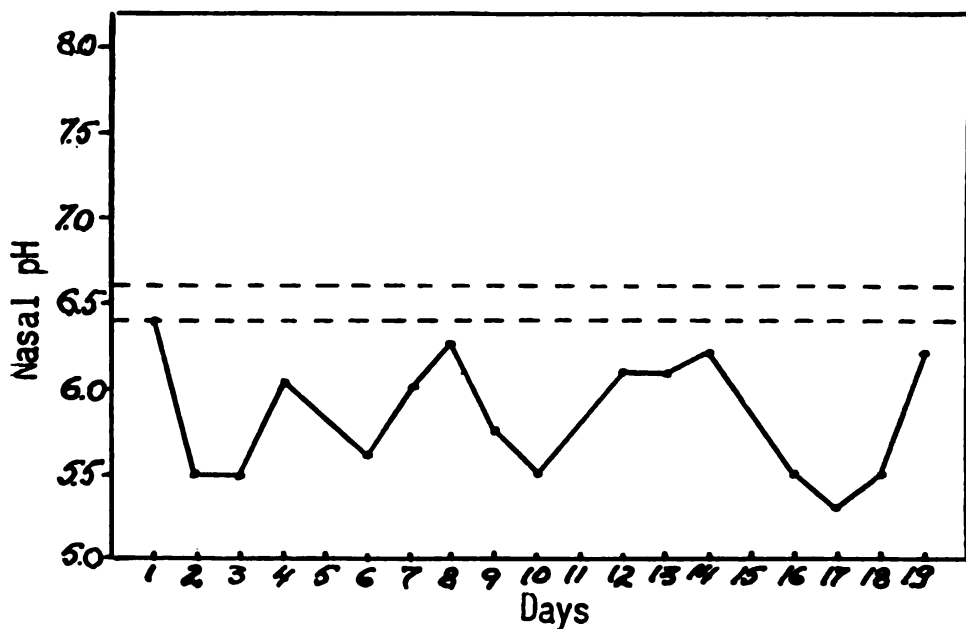


FIG. 210. The nasal pH shows persistent low values in a case of cancer of the liver.

Chapter 4, Note 5. Nasal pH

Nasal pH was measured using a portable Beckman pH meter and a glass electrode small enough to penetrate deep into the nose. In a research made with N. Buchanan it was found that valid data could be obtained only if the electrode touched the turbinate, otherwise marked differences in values were noted.

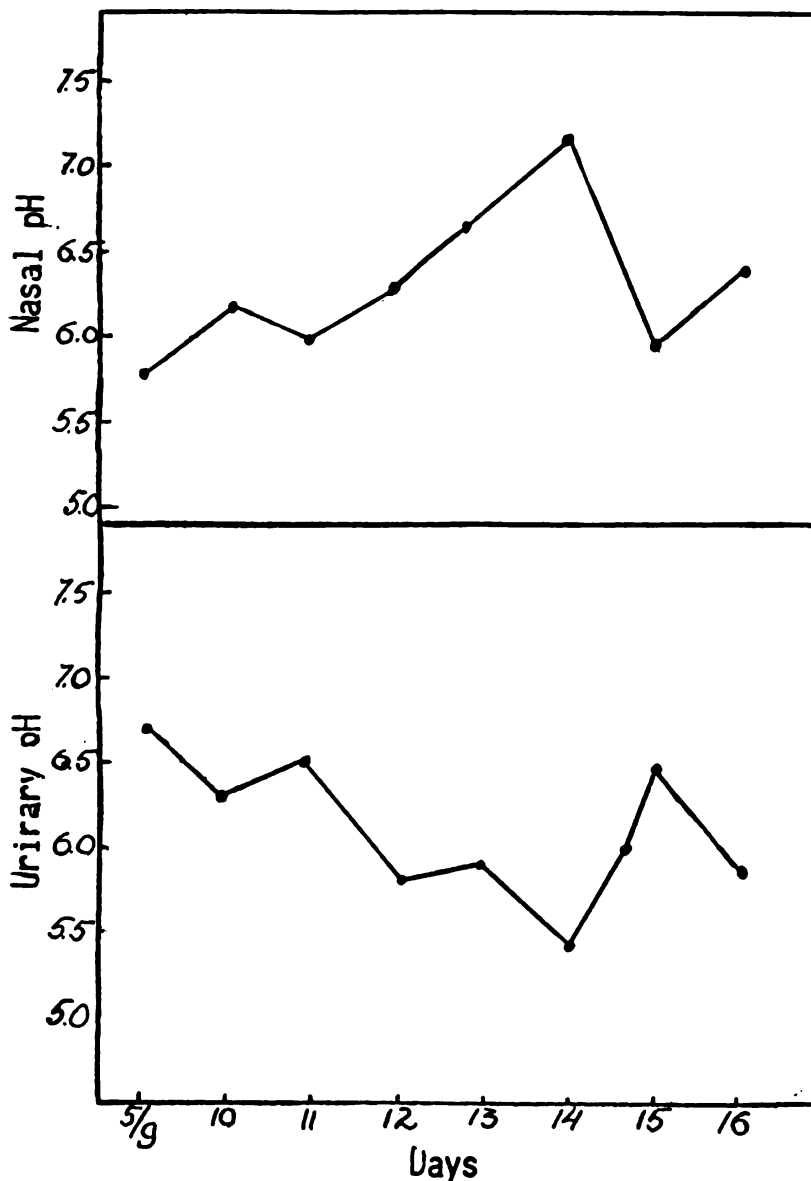


FIG. 211. The relationship between daily changes of the nasal and urinary pH shows opposite variations.

In a simplified method, cotton applicators were soaked in Guillaumin indicator solution with methyl red and bromothymol blue and left to dry. They were easily introduced to sufficient depth in the nose and left in place for at least two minutes. Color of the wet spots was checked with a colorimetric scale. Data obtained with glass electrode and colorimetric applicator were found to coincide closely.

Two offbalances could be seen, one with the pH elevated sometimes even above 8. Figures 209 and 210 show curves of the offbalance in two patients. It is interesting to note that the changes in the nasal pH values parallel these seen at the level of lesions and are opposite to those concomitantly occurring in the urinary pH (*Fig. 211*) which parallel those of the titrimetric alkalinity of the blood.

Chapter 4, Note 6. Wheal Resorption

Interesting information could be obtained by analyzing the absorption of fluid injected intradermically in various subjects, and correlating the results with the existence of metabolic offbalances. We used the technique proposed by McClure and Aldrich, in which they measured the time needed for the disappearance of a wheal, resulting from an intracutaneous injection of a saline solution. A relatively extensive study of absorption was made in more than 500 subjects—both normal and abnormal. We present here a few of the conclusions from this study.

The average time necessary for resolution of the wheal obtained by the injection of .2 cc. of 7% NaCl solution, in normal subjects, was 23 minutes; the range was from 15 to 30 minutes. When deviations from these values were observed, they were consistent, in the sense that tests repeated at short intervals in the same general area in the same subject gave values in the same abnormal range. Abnormal values occurred in two directions. Resorption time was shortened in some cases and values as low as 1 to 2 minutes were noted. In the opposite direction, values as high as 90 minutes were observed. These deviations from normal time could be related to local and general conditions. The presence of local or regional edema shortens the resorption time so much, that in some cases with massive edema, no wheal could even be realized. Shortening of time was found to be true for an edema, regardless of cause—inflammation, impaired local circulation as in phlebitis, impaired general circulation as in cardiacs or in renal failure. Lengthening of resorption time in cases of phlebitis provides valuable information on the evolution of the condition. The return of resorption time to normal values seems to indicate sufficient improvement to permit mobilization of the patient.

In subjects in whom no local factor could be considered to be responsible for changes in the resorption time of the wheal, we could see that abnormal variations had a direct relationship with the general offbalance present. In some subjects with a manifest offbalance of type D, wheal resorption time was shortened. Values as low as 4 to 5 minutes were obtained. Analysis of a number of cases indicated that this shortening of

resorption time meant a bad prognosis. A few patients with only values of 2 to 4 minutes died within a few days although other symptoms gave no indication of a fatal outcome within a short time.

Extended resorption time has been found in subjects with an offbalance of type A. Values as high as 60 to 90 minutes were found in subjects in whom all other analyses indicated this offbalance. It is also interesting to note the existence of slow resorption time for aged subjects. In a group of 80 patients ranging from 70 to 90 years of age, an average resorption time of 90 minutes was found. (*Fig. 68*)

Chapter 4, Note 7. Eosinophiles

The role of the blood as the secondary part of the entity organism has explained many of the peculiarities of its cells. Aside from the phagocytary functions that can be considered as a particular form of capturement, the leucocytes have to be recognized as acting as holocrine monocellular formations whose specific constituents are liberated by cellular lysis. We have seen that in the case of the neutrophilic granulocytes, the hydrolytic enzymes so liberated, strongly resemble the external secretion of the pancreas. Under this aspect, we have investigated the blood eosinophiles with a role similar to the Paneth cells of the duodenum.

The physiology of these leucocytes has to be sought in the acidophilic character of their granules. Morphological analysis of the eosinophile granule shows that it is formed by a content and a membrane, the last clearly seen in preparations in which the granules have lost their content. Like many other membranes, that of the eosinophile granule can be easily identified as being made partially at least by lipids being stained with dyes dissolving in lipids, such as black Sudan or Scharlach. However, it is the content of the granule with its ability to combine with acid dyes that indicates its specific characters. Under certain circumstances, when the blood is maintained *in vitro* between the slide and cover object for a certain time, the membrane and granule content are seen to separate. Before this occurrence, a lysis of the eosinophile leucocyte itself takes place. This is manifested through the breakdown of the cellular membrane with the lysis of the nucleus. It is in a second step that the eosinophile granule loses its content. Following it, besides the empty granules and lysed eosinophiles, characteristic Charcot-Leyden crystals appear. The correlation between these crystals and eosinophiles has been recognized and is generally accepted as occurring *in vivo* and *in vitro*.

Ayer (215) has shortened the process of lysis of the eosinophiles *in vitro* by treating the blood preparations with a detergent, aerosol. By repeating Ayer's experiments, the relationship between the appearance of the Charcot-Leyden crystals and the more complex process of lysis of the eosinophiles has become apparent. It could be seen that the crystals would appear at the site where the nuclei of the eosinophiles disappeared through lysis, and where careful observation of the granules reveals the loss of their eosinophilic content. The presence of empty granule membranes

stained by the fatty dyes, in addition to the lysed nuclei, would indicate the conditions under which Charcot-Leyden crystals appear. The eosinophilic content of the granule and products induced by the nuclear lysis represent the two factors that together result in these crystals.

Concerning the relationship between Charcot-Leyden crystals and eosinophiles, it is interesting to note the difference that exists between eosinophilic granules in various animals. Besides the morphological aspect which can be very different, apparently no Charcot-Leyden crystals are obtained from species other than humans and certain simians. This indicates that when the biological role of the eosinophiles is considered, we have to seek another common factor in addition to the morphological and chemical ones. It would seem that it is in their basic reactivity, *i.e.* in their capacity to bind substances of acid character, that the common character of all eosinophile granules has to be sought. This is also true for the duodenal cells.

Following this view, we initially tended to accord more importance to an antacid property than to any other, seemingly agreeing with other data obtained from this study. Among the substances found to be the principal constituents of these eosinophile granules, the alkaline amino acids, of which arginine is the principal one, assume a very important role. According to the hypothesis we advance, these alkaline amino acids would represent the active factor of these granules and would be liberated by the eosinophiles when they disintegrate. The eosinophiles would intervene in physiology for the specific purpose of furnishing certain alkaline compounds in whose constitution the alkaline amino acids enter. The solubility of the granule content, when liberated, and the Charcot-Leyden crystals indicate, according to this view, that the main character of the eosinophile granule is its capacity to furnish alkaline compounds. Under special circumstances, they are able to act against substances with acid properties that result from the lysis of the nuclei, and together to form the Charcot-Leyden crystals.

The relationship of the disintegration of the eosinophile to the surface tension lowering agents is also interesting for the further liberation of the content of these granules. Just as for other granulocytes and lymphocytes, lysis is the characteristic fate of these cells and would constitute their most important character. As seen above, it can be related to the role of blood in the organization, *i.e.* as the secondary part of the organism level.

As for the other leucocytes, an important factor in the holocrinic role of the eosinophiles has been seen in the necessity of a maturation of these granules for their active intervention. When lysis was induced, it was seen to affect only the cells that had reached a certain degree of maturity, not only for the cells themselves but also for the granules. Young cells, recognized by more intense basophily of the cytoplasm, by lack of, or reduced lobulation of the nucleus, and especially by a neutrophilic or even basophilic character of the granules, do not break down. As in the circulating blood, immature elements are seen, the delay observed in inducing eosinopenia by various agents can be interpreted as corresponding to the time needed for the circulating eosinophiles to reach maturity, as an essen-

tial condition for their lysis. This situation was apparent in a particular case, that of eosinopenia induced through administration of the adrenal corticoids. Although this appears to have a direct effect upon the eosinophiles, a definite time, often even 24 hours, is seen essential in order to achieve the disappearance of the eosinophiles from the circulating blood. This delay has been related to the presence of eosinophiles, allegedly "resistant" to the corticoids. In fact, in studying the eosinophiles which persist after the administration of these hormones, we could see that they represent only immature elements, probably prematurely liberated in larger amounts from the bone marrow. The cells from which some will persist even for 24 hours after administration of corticosterone hormones, do not show lysis *in vitro* nor the appearance of Charcot-Leyden crystals, and they present the tinctorial characters of immaturity for the cytoplasm and especially for the granules.

Granule maturation, which corresponds to the acidophilic character, seems to be the essential condition for the lytic intervention of these cells. In the physiological role of eosinophiles, an important aspect of maturation was seen in the relationship between the richness of these elements in the circulating blood and the processes in which a manifest local eosinophilia is induced, as through injection of parasite larvae or vegetal oils. A direct relationship between local and sanguine eosinophilia was apparent, the value of the former being the function of the latter. The ability of bone marrow to rapidly compensate the transitory eosinopenia following the passage of these cells into the tissues, has further directly connected the local richness in eosinophiles to the bone marrow's capacity to send new cells into the circulation. In all these changes, the prevailing factor has apparently been the degree of maturity of the eosinophile granules, which seems to require a certain time to reach the desired degree which is the principal condition also for their physiological intervention.

Correlation between the biological intervention of the eosinophiles and the acidophilic character of the granules and their richness in alkaline amino acids has been confirmed in a study of the basophiles of the blood cells with granules having an opposite character. These granules have an acid content, as seen by their tinctorial affinity for alkaline dyes. They were also observed to contain heparine, a polysulfonated mucoid of frank acid character. The biological antagonism between heparine and alkaline proteins is well known. Protamines, the correspondent of histones for fish, are used to correct the excesses of heparin in the body, especially as therapeutic measures. Therefore, the antagonism between eosinophilic and basophilic granulocytes goes beyond their tinctorial characters.

Through the alkaline reactivity of eosinophiles as related to the fundamental separation of intervening constituents according to their positive or negative character, the antacid eosinophiles could be considered to be in the former group, while the basophiles, rich in lytic heparin, are in the latter.

We shall more fully discuss below the nature of the intervention of the eosinophiles after studying the role of a special group of constituents. For

the present, it seems that under abnormal circumstances, exaggeration in the amount of eosinophiles would indicate an existing predominance of conditions that correspond to agents of positive character, *i.e.*, with heterotropic tendency. The more precise antacid character of these cells further indicates the place that has to be reserved for the eosinophiles in the group of heterotropic agents. Under this aspect, the eosinophile would be seen as an agent of anti-acid character in the blood and tissues, conceived to act as a holocrine cellular gland, *i.e.*, through the lysis of the corresponding cell. Therefore, the richness of the blood and tissues in eosinophiles would indicate a predominance of heterotropic tendency, while paucity in eosinophiles or their absence would indicate a homotropic trend.

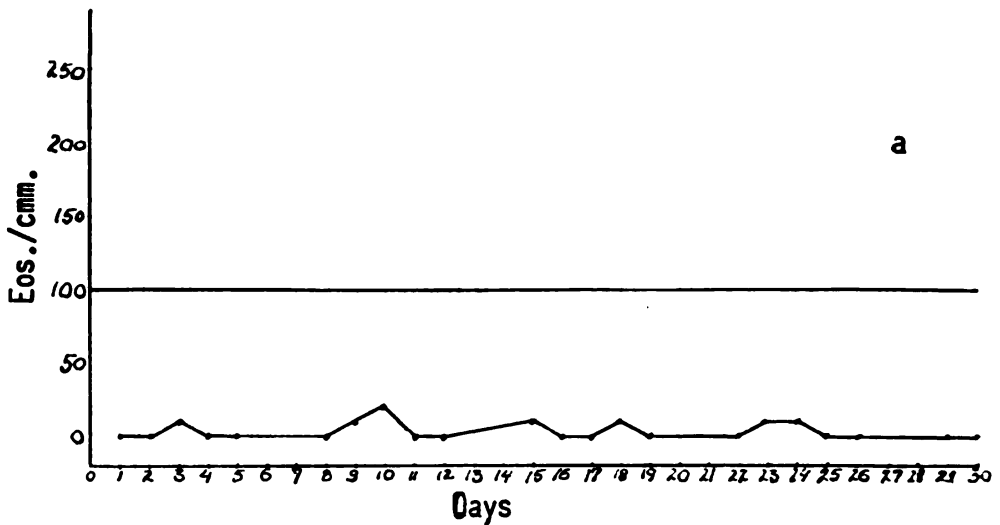


FIG. 212. Curve of blood eosinophiles in a case of breast adenocarcinoma with multiple metastases, showing values persistently below the average line of 100.

In order to understand this aspect of the eosinophiles, we tried to follow the changes in their amount in the blood in relation to normal and abnormal physiology. Study of the changes in the number of eosinophiles in the circulating blood under physiological conditions has indicated the existence of the same 24-hour oscillations as seen for many other constituents of the blood. A relationship is apparent between the periods corresponding to higher or lower quantities of circulating eosinophiles and the degree of activity of the individual. This appears to be opposite in humans who show diurnal activity, and mice and rats that show nocturnal activity. By experimentally changing the hours of light and dark for mice and rats, and through it the time of rest and of activity, the rhythm of change was reversed.

Following the concept of the intervention of eosinophiles in biological balance, we further investigated this aspect of the problem in relation to the dualism in abnormal conditions. Just as for other tests, we obtained an

average value in a large series of normal human subjects. Utilizing the Dungar technique for a direct count of eosinophiles, the value of 100 cells/1 cmm. was found to be the average value. An impressive direct correlation could be found between the amount of circulating eosinophiles and the two patterns of abnormality. In one group, that corresponding to type A, the number of eosinophiles appeared not only high but with their values fixed above the average value. High values were observed to persist for long periods of time. Figure 213 shows such a case. For the opposite pattern, corresponding to the fundamental type D, these values appeared to be below 100 and very often 0, persisting for a long period of time. (Fig. 212) In these dual patterns, the degree of abnormality could be related to the deviation in the number of these elements from the average value of 100 elements/1 cmm.

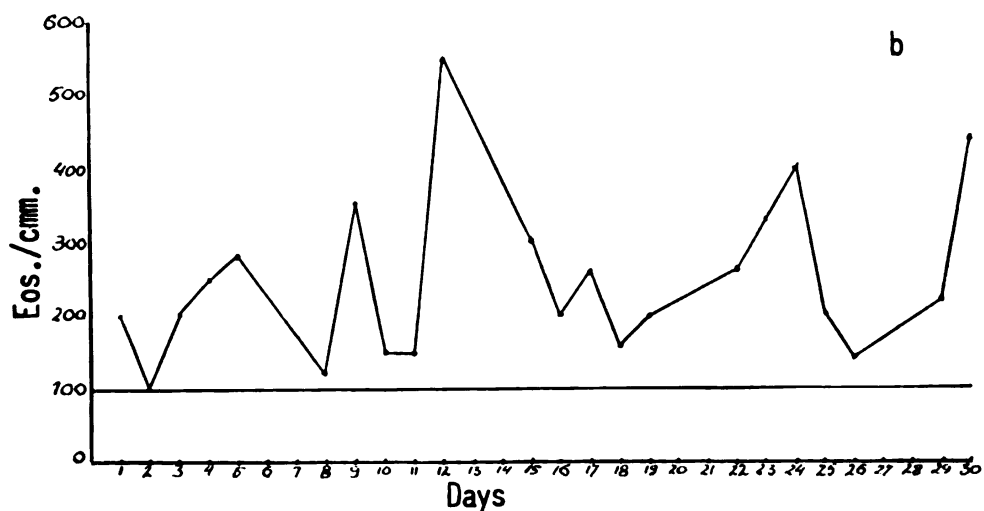


FIG. 213. Curve of the blood eosinophiles in a case of generalized melanoma showing values persistently above the average line of 100.

The relative facility with which the number of eosinophiles in the blood of an individual can be determined, has made it an important research tool for information regarding the balance between the two fundamental biological tendencies.

Chapter 4, Note 8. Total Blood Potassium

For a large-scale investigation—requiring as many as one hundred determinations a day—the technique of separating red cells from plasma appeared to be impractical. In view of the relatively minute amounts of potassium in plasma as compared to cells, we could utilize total blood instead of the cells. It was also found that by diluting the blood 1/10, the values obtained were in the same range as for serum potassium, a fact which permitted the use of the flame photometer without any change in the

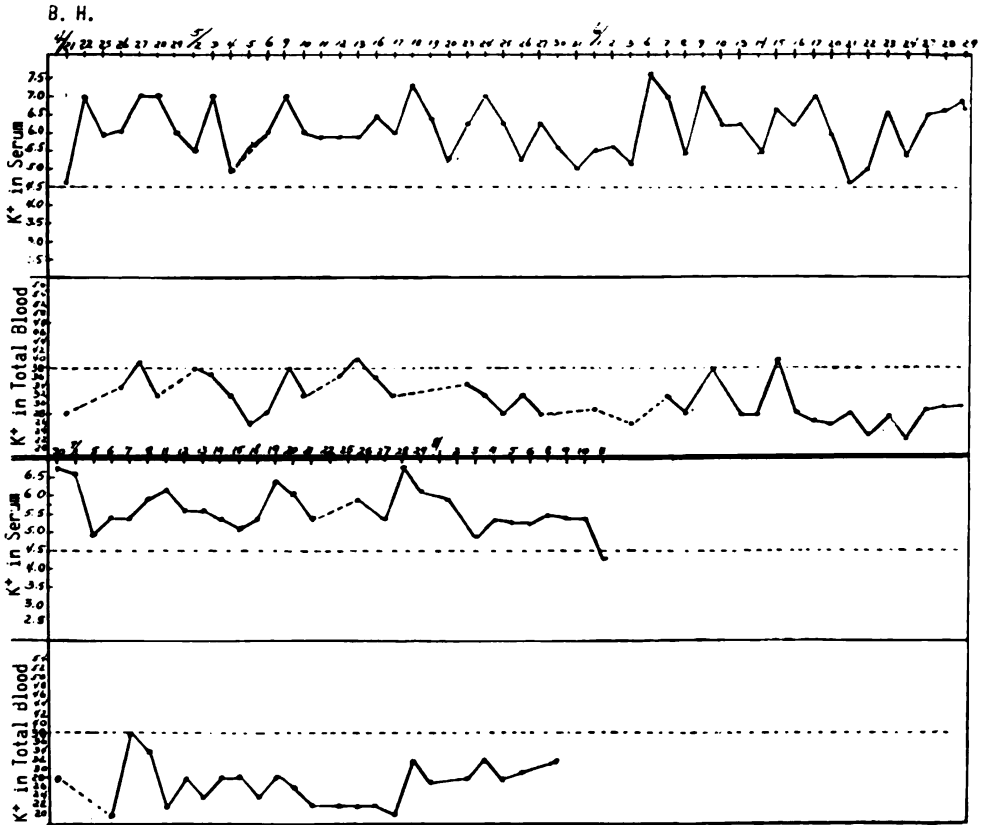


FIG. 214. Relationship between serum K^+ and total blood K^+ permits to recognize the nature of the changes concerning the intervention of this element. In a case of periarteritis nodosa, the high values of serum potassium and low values of the total blood potassium indicate an offbalance type D.

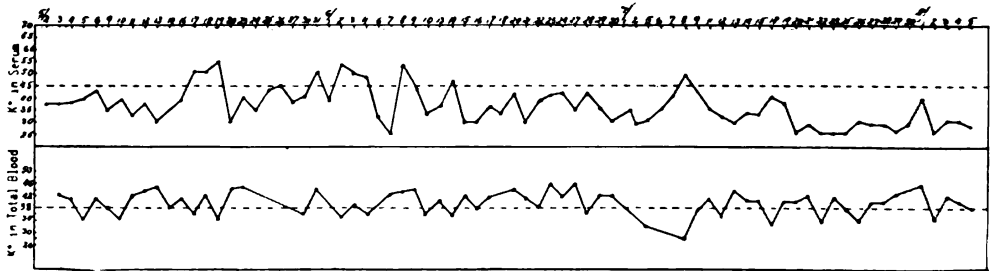


FIG. 215. Low values of serum potassium and high values of total blood potassium indicate an offbalance type A in a case of cancer of the gallbladder.

set-up of the apparatus. The blood was diluted with a 1% acetic acid solution in the pipette used for counting white cells. The pipette was shaken as for the count of cells, and the necessary amount taken from the diluted content. The potassium amount was determined and the result multiplied by 10. While the average value for the total blood was found to be around 38 mEq., values as low as 20 or as high as 60 were seen. (Figs. 214, 215, and 216)

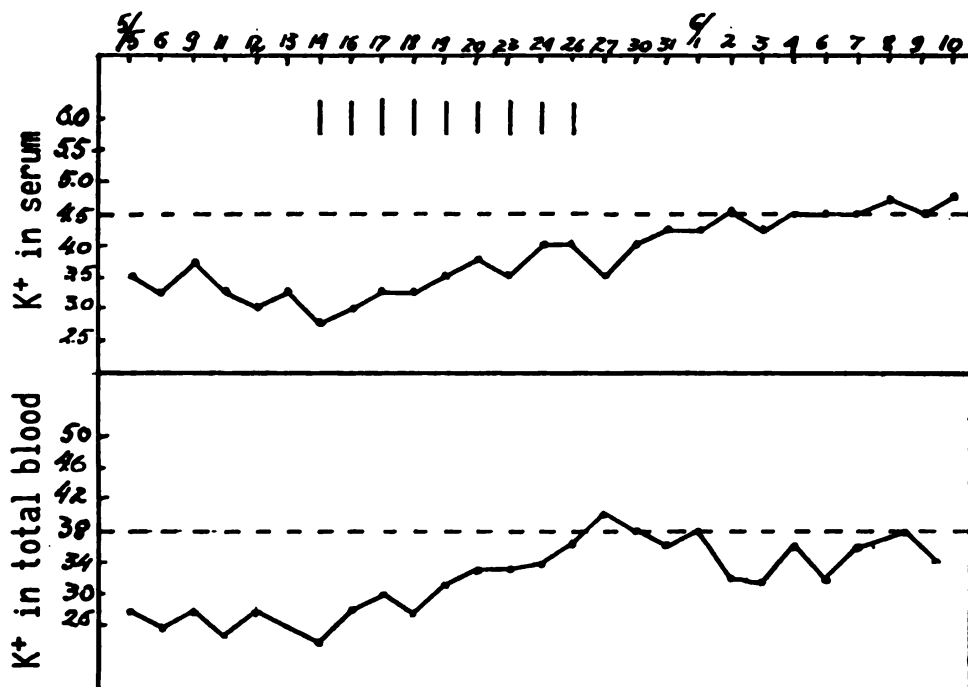
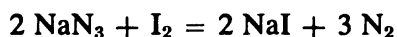


FIG. 216. Low values of potassium in serum and in total blood indicate a quantitative deficiency, in a subject with a liver adenocarcinoma. The administration of 40m Eq KCl daily, for 9 days brought the two curves to normal.

Chapter 4, Note 9. Sulfhydryl Determination

The catalytic effect of sulfhydryl groups on the oxidation of sodium azide by iodine was first described by F. Raschig (214), and F. Feigl (217) utilized it to develop the most sensitive qualitative test for the presence of sulfhydryl containing compounds. The reaction, initiated by mercaptans, sulfides, thiosulfates and thiocyanates, takes place as follows



While this equation implies that the sulfhydryl compounds do not take part in the reaction, this is not entirely correct, because simultaneously, the sulfhydryl groups are oxidized by the free iodine. Accordingly, the reaction is carried out in a Warburg apparatus, where 1 ml. of 0.2 M sodium azide

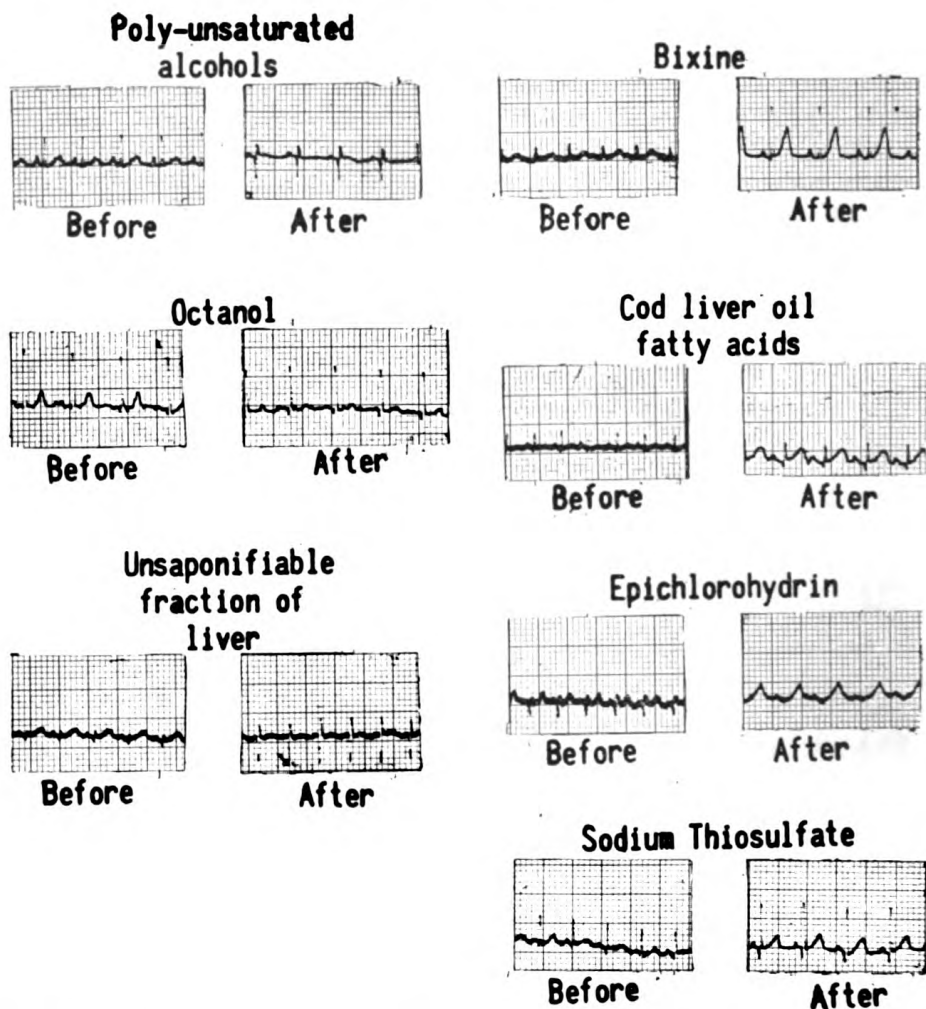


FIG. 216B. Electrocardiograms, in first lead in rabbits injected intraperitoneally with sublethal doses of different agents. In the group with lipoids with positive polar groups besides other changes, a flattening of the wave T is induced, which contrasts with a more elevated T for the group of lipoids with negative character.

and 1 ml. of 0.1 M iodine-potassium iodide solutions are mixed, while the sulfhydryl containing solution is kept in the sidearm, and then added to the reagents after temperature equilibrium is reached. Upon complete mixing, there is rapid nitrogen evolution, which, however, ceases within 13 minutes. The amount of nitrogen evolved is found to be linearly proportional to the content of the sulfhydryl groups, and on the average, 1 ml. of urine, 0.05 ml. of blood or 1 ml. of a 3×10^{-4} M sulfhydryl containing solution are amply sufficient for an assay. The method is thus well applicable to the determination of sulfhydryl levels, provided the method is standardized with the appropriate compound to be tested, as the catalytic effect of all mercaptans is not the same. (218)

Chapter 4, Note 10. Calcium in Urine

1 cc. of the urine was diluted in a test tube with 8 cc. of distilled water and the optical density of the mixture was determined. To the mixture, 1 cc. of a 1% solution of potassium oxalate and 3% of oxalic acid was added. After standing for 5 minutes, the tube was shaken and the optical density again was read. The difference, multiplied by 10, was divided by the two figures of the specific gravity of the sample. The value obtained was called the calcium index.

Chapter 4, Note 11. Urinary Surface Tension (ST)

The role of changes in the surface tension of various body fluids in normal and abnormal physiology has become of increasing interest. Some authors have gone so far as to consider the surface tension forces present at the interfaces separating entities, to be the most important factors in the boundary formations which serve to individualize these entities.

Considering multiple aspects of the problem, it appeared interesting to attempt, as a first step, to obtain information about the surface tension of different body fluids. It was as part of this program that urinary surface tension was investigated with the intention of utilizing the data to gain insight into changes related to the dualistic offbalances. Before we could proceed, it was necessary to resolve several problems, including the technical difficulties in measuring surface tension that result from the special constitution of the urine.

Technical Problems

Successive measurements of surface tension, when made on fluids formed by a single substance, consistently furnish the same value. But for fluids composed of two or more constituents, values vary from one moment to the next. This is explained by the fact that molecules of constituent substances have a tendency to migrate in the fluid, some accumulating at the surface, others concentrating in the bulk. (Gibbs dictum) The surface tension of different complex fluids has been found to vary according to the nature and amount of tensio-active substances present. And, study of the variations has furnished information about the nature of these substances.

In a fluid such as urine, containing many different substances, the problem of variations in surface tension is a major one. ST measurements, made without considering these variations, would be subject to serious errors. Examination of different samples of urine has shown great differences between values obtained at different times. Using Lecomte du Nouÿ's tensiometer (215) it could be seen that, for the same urine sample, values vary according to the length of time the sample is left to stand. Values progressively decrease as standing time increases. Similar changes are seen when the pendant drop method is used. (216)

Because of the fact that a certain time is needed for changes to take

place, the relationship between change and time was investigated. The study of various urine samples has emphasized the inequality which exists between them not only in the intensity of changes but also in the time necessary for the changes to take place. This fact has rendered useless the measurement of the surface tension of different samples if all are made at some given moment. Except for measurements made at frequent intervals, use of du Noüy's tensiometer has appeared to be inadequate for urine. Traube's stalagmometer also is unable to furnish values that take these changes into account.

Theoretically, it would appear possible to obtain measurements that would correspond to the surface tension for each drop at a desired moment by changing the rate of flow of the urine through the apparatus. But the differences between urines, related to changes in distribution of components, have made this inadequate.

With the pendant drop method, progressive changes which occur in the shape of the drop would appear to indicate the changes in surface tension. (216) Technically, it would appear necessary to obtain data as frequently as possible in order to follow changes which occur at various times. By using serial pictures, the changes, the moment of their occurrence, and their intensity can be studied accurately. Unfortunately, the complexity of the method, with the need for frequent pictures and involved calculations, prohibits its use for routine measurements and, consequently, for any broad clinical and experimental research.

It was under these circumstances that we returned to the capillary method which we considered capable of furnishing the desired data. Classically, the height of the ascending column in a calibrated capillary is used to calculate the surface tension. Height alone, however, is unsatisfactory, since it does not reveal the changes that take place. It was by studying the descent of the column in a capillary that we were able to obtain the data which we were seeking. We could show that the column does not descend with uniform velocity. It stops or slows down perceptively several times before it comes to rest at a fixed value. We could recognize that, for most urine samples, there is a first stop usually of several seconds duration. In some urines, this first stop is replaced by a marked slowdown in velocity of descent. The stop or slowdown is followed by renewed but slower descent and a second stop somewhat longer than the first. After another descent, often lasting more than 20 minutes, a new stop occurs.

The time of descent, the duration of the stops, and especially the heights of the column at which the stops occur, while reproducible for the same urine, vary widely with different samples. They would thus indicate different repartitions and the times when they occur. This technique of using the capillary consequently appears to be adequate for the study of the surface tension of complex solutions and particularly for the study of urine.

Each of the heights at which the descending column stops would indicate the surface tension for a particular stage in the repartition of the constituents. In studying this problem further, it appeared advisable to try to

have the capillary so calibrated as to permit a direct reading of surface tension values at these stops. The study of the relationship between the surface tension of a fluid and the height of the column has indicated the nature of intervening factors, their values, and under what conditions a direct reading is possible.

The fluid column remains stationary in a capillary tube when the surface forces which bind the column of fluid to the wall of the capillary are equal to the weight of the fluid column.

With σ representing the surface tension; r , the radius of the capillary tube; h , the height of the column; Δ , the specific gravity of the fluid; and g , the acceleration of gravity, we have $2 \pi r \sigma = \pi r^2 h g \Delta$. It can be seen that the specific gravity is the only factor related to the sample, other than the surface tension, which intervenes in determining the height of the fluid column.

According to this formula, the relationship between the surface tension and the specific gravity of the specimen is: $\sigma = \frac{\Delta r h g}{2}$. The same height of the column is obtained if the relationship between surface tension σ and σ' of two different liquids with the specific gravities Δ and Δ' fulfills the condition: $\sigma = \frac{\sigma' \Delta'}{\Delta}$.

If measurements with a capillary tube having a bore radius of 0.5 mm. are made in New York City, where the acceleration of gravity is 981 upon water which at 18°C has a surface tension 73 dynes/cm., the height of the fluid column is found to be 6.0 cm. and the relationship between σ and Δ , expressed in the cgs. system is $\sigma = 73 \Delta$.

A capillary tube thus can be calibrated to permit the direct reading of the surface tension in dynes/cm. for any liquid having the same specific gravity. For fluids of different specific gravity, the same capillary tube can be used if a correction of 0.073 dynes/cm., is made for each 0.001 increment of the specific gravity.

Urinary specific gravity values encountered clinically range between 1.001 and 1.035, with an average value around 1.015. Tubes calibrated to measure urine specimens with specific gravity values at either extreme can yield errors in the surface tension of as much as 2 dynes/cm. In order to minimize the degree of error for routine laboratory use, the capillary tube has been calibrated to correspond to a fluid with a specific gravity of 1.015. The maximum error of the surface tension values for the extremes of specific gravity clinically observed will be reduced to approximately ± 1 dyne/cm. in this way. Furthermore, the fact that sodium chloride concentration is one of the important factors inducing different values for urinary specific gravity reduces the influence exercised by specific gravity upon the height of the column. Sodium chloride represents a negative surface active substance. It will raise the surface tension values as its concentration increases because of its tendency to migrate from the surface toward the bulk of the fluid. This will partially decrease the influence exerted by the specific gravity of the urine. Since the surface tension values of human urine speci-

mens measured by this method have been found to vary between 73 and 50 dynes/cm., the error for extreme values of specific gravity is less than 5% and is not clinically significant. If more precise values are desired, the necessary correction can be made by adding or subtracting 0.073 dynes/cm. for every .001 difference in the sample above or below the specific gravity for which the tube is calibrated (*i.e.* 1.015).

The temperature of the urine to be tested is another factor which intervenes. Although the fluid rapidly attains the same temperature as the capillary walls, it is advisable to perform measurements when the temperature of the fluid is around 18°C, since the surface tension of a liquid decreases as its temperature increases. For clinical use, corrections for differences in temperature are not considered necessary.

Design and Calibration of the Urotensimeter

In order to obtain direct readings of the urinary surface tension values with a maximum error of ± 1 dyne/cm., the previously discussed factors were taken into consideration in designing and calibrating the urotensimeter which we conceived. (*Fig. 217*) The glass capillary tube has a bore

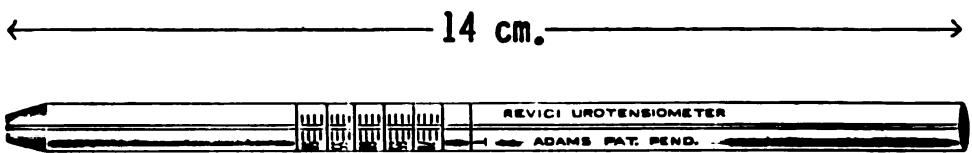


FIG. 217. Urotensimeter—calibrated to indicate by direct readings in dyne/cm the surface tension of fluids having a specific gravity of 1.015.

diameter of 0.5 mm. and is approximately 14 cm. in length. It is calibrated to indicate the surface tension of a fluid with a specific gravity of 1.015 directly in terms of dynes/cm. in the following manner: a continuous column of distilled water at 18°C is drawn up to about three-fourths of the height of the tube and allowed to descend with the tube maintained vertically. The point at which the top of the column stops is marked. It represents a surface tension of 73 dynes/cm. for water having a specific gravity of 1.000. In order to make the necessary correction for a fluid having a specific gravity of 1.015, the distance between this point and the tip of the tube is divided into 74 (instead of 73) equal parts. The tube is calibrated down to 50 dynes/cm. since lower values have not been encountered. In the tubes manufactured by Clay Adams, New York, the markings are permanent. The split line feature of the scale permits easy visualization of the meniscus. The encircling lines help in maintaining the tube in the vertical position.

The Measurement of Urinary Surface Tension with the Urotensimeter

To determine surface tension by means of the Urotensimeter, the tapered end of the tube is introduced into the bulk of the urine specimen.

The fluid is drawn slightly above the highest mark by mouth suction and evacuated several times by positive pressure. The tube is again filled to the same point, care being taken this time that no air bubbles interrupt the continuity of the fluid column. The tube is removed from between the lips, and the tip of the capillary is then gradually raised toward the surface of the fluid. When the top of the column descends to the top line (T) of the scale, the tip of the tube is removed from the fluid and maintained in a vertical position at eye level. The descent of the top of the column can best be observed by viewing the meniscus between the ends of the split line calibration markings. The top of the column descends within one or two seconds to an initial point (P_1) where it comes to a temporary halt or its rate of descent suddenly slows perceptibly. The column again slowly descends, coming to rest after several minutes at a second point (P_2). After some time, the descent may again be resumed at a much slower rate until a third and final stopping point (P_3) is reached after more than fifteen minutes. For routine measurements, the first reading (P_1) is considered as the surface tension value of the urine. This corresponds roughly to the surface tension value of the specimen before any important secondary redistribution of molecules has taken place.

The capillary tube should be thoroughly cleaned with distilled water after use. It is well to check the tube before each series of measurements, using distilled water at room temperature. If the check readings are above 74 or below 73 on the scale, the tube must be carefully flushed through with distilled water by means of a suction pump. Occasionally, water alone may not be sufficient and it will be necessary to clean the tube with sulfuricochromic cleaning solution, followed by thorough flushing with water, in order to obtain correct check readings. When the tube is not in use, it is best left standing in a glass beaker containing distilled water.

Surface Tension in Clinical and Experimental Research

The Urotensiometer for the first time makes possible determinations of the surface tension of urine and other physiological solutions as a routine laboratory procedure. The highest surface tension value for urine encountered clinically is 73 dynes/cm., and this is correlated with a minimal quantity of surface-active substances. The lower the surface tension of the urine in dynes/cm., the greater the amount of tensio-active agents present in the specimen. A surface tension of 52 dynes/cm. is the lowest clinical value that we have found by this method in more than 100,000 measurements made during the last 12 years.

The first problem concerning the meaning of the different values of urinary surface tension arose when it was observed that usually the urines with low specific gravity have high surface tension, while those with high specific gravity have low surface tension. The direct correlation between the values of surface tension and specific gravity of the samples thus had to be investigated with the supposition that the amount of water in the urine will have a great influence, by itself, on surface tension. While a correlation between surface tension and water content is often observed,

it is not a cause and effect one. Urinary samples with a specific gravity as low as 1.003 were seen with a surface tension of 58 dynes/cm. while samples with a specific gravity as high as 1.030 had a surface tension of 70. Although very seldom encountered, these values have invalidated the supposition that it is the amount of water in the urine which determines the value of the surface tension, so that from the analytical point of view determination cannot be substituted.

The Nature of the Intervening Substances

The existence of several values for the surface tension of urine has suggested the intervention of different substances in the determination of surface tension. We used the study of the changes induced in the three values of P obtained for a sample. Different repartition capacities were considered as corresponding to different groups of substances. Several methods were used in order to identify these substances. In one method, different constituents of the urine were separated by using solvents or absorbents, or by allowing the constituents to assemble at the surface.

The fact that the solvents, if they remain in the fluid even in very minute amounts, influence the surface tension, has largely handicapped their use. However, when lipid solvents were used and could be thoroughly eliminated, the treated urine showed a change in surface tension, especially in P_1 values. With the use of activated animal charcoal absorption, all the P values were changed toward higher values.

M. Bier in our laboratories has studied the nature of the surface-active constituents, separating them from urine by using the fact that they assemble at the surface. Urine was made to foam by passing an inert gas through it. The foam—and, with it, a high proportion of surface-active substances was separated. By repeating the procedure, the separation could be pushed far enough so that it could be seen that the ST values, especially those of P_3 , were influenced. Analyses of the fractions obtained indicated that lipids would intervene in determining the surface tension revealed by the P_1 value, while proteins would intervene for the P_3 , *i.e.*, after a repartition requiring a specific time. We have tried to confirm these preliminary data by adding the agents to urine and following the changes induced.

The addition of minimal amounts of soaps to urine has been found to induce a change in all P values and especially in P_1 . The addition of billiar salts changed P_2 values, while the addition of proteins, such as albumin, influenced the values of P_3 . It would appear from this preliminary research that while P_1 changes are related to an increase in fatty acid derivatives, P_2 changes are related more to the intervention of billiar acids, while proteins and amino acids exert greater influence on the values of P_3 .

This explains why surface tension, corresponding to P_1 , is still high in urines rich in albumin, and sometimes also in those with billiar acids. It would also explain the observation in the Hay's Test with sulfur flower in urine, that the sulfur starts to fall quickly if the urine is left standing for a while, but for the same urine this fall occurs only after a certain time if the sulfur is added to urine immediately after stirring. With surface tension

affected by fatty acids even in minimal amounts, ST changes in relationship to conditions where these substances intervene are particularly interesting. It is chiefly with these data in mind that we tried to investigate surface tension in relation to normal and abnormal physiology.

Surface Tension and Normal and Abnormal Physiology

The ability to measure surface tension rapidly and accurately enough, even for very small amounts of fluid, has made it a preferred method for many investigations. In addition to clinical applications, where the information furnished has been especially valuable, we have utilized this method in experiments in animals.

Time of the Day and Urinary Surface Tension

Urinary surface tension measurements were made in several normal subjects at hourly intervals. In order to eliminate the influence exerted by exercise and food, the subjects were kept in bed for a few hours preceding

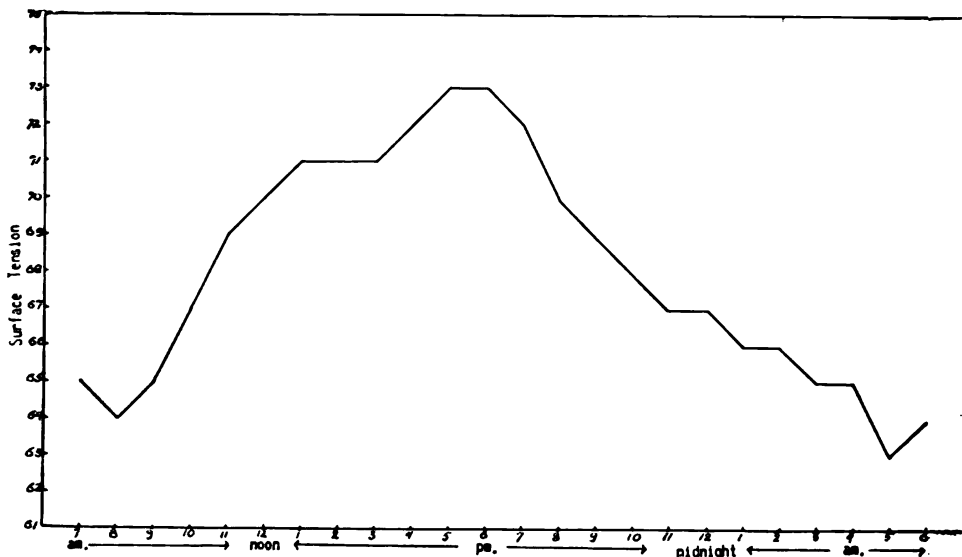


FIG. 218. 24-hours hourly urinary surface tension value of a 30-year old normal male, kept resting and with a constant hourly food intake, showing a maximum in the afternoon and a minimum around 5 a.m.

measurements. During this period, and the entire period of the experiment, the subjects were permitted to leave their beds each hour to void. Throughout the experiment, they were given the same kind and amount of food each hour. This eliminated as variable the influence of food and activity. Figures 218, 219 and 220 and Table XXVI show samples of the curves of surface tension in such cases. A 24-hour diphasic curve can be noted.

Surface tension in mice under similar conditions, however, shows differences. A group of 20 mice kept in cages were used. By slight squeezing of



FIG. 219. Curve of the urinary surface tension in a 26-year old male on standardized hourly food and fluid intake showing a maximum toward the early morning hours and a minimum toward the evening.

the lower abdomen, a few drops of urine were obtained in a little cup and used for surface tension measurement. Changes seen in Figure 221 show that with the passage of time, there is a dampening effect on the curve. This has made us doubt that the intervention of stress in these cases can be responsible for the changes. In order to eliminate stress as a factor, a second group of experiments was done in which urinary samples were obtained

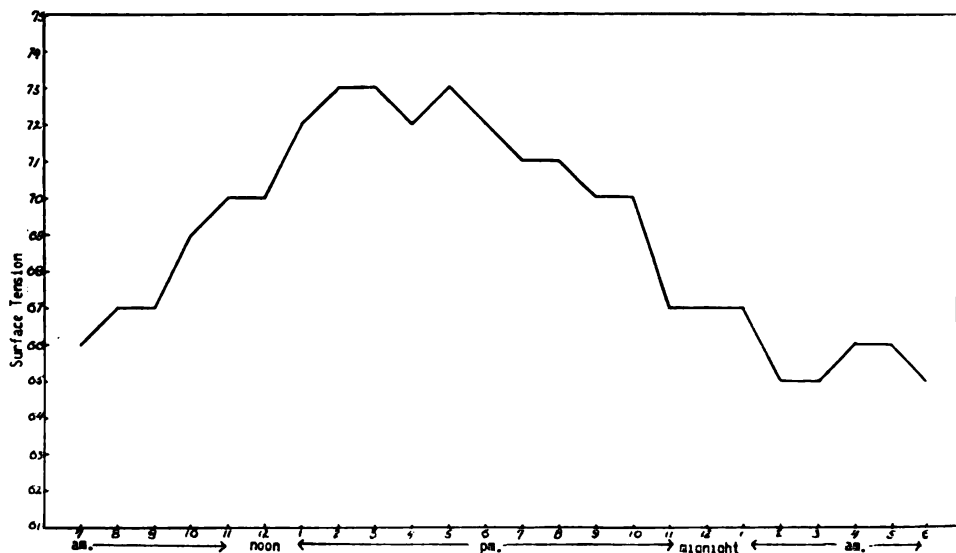


FIG. 220. Curve of the urinary surface tension in a 27-year old female on standard hourly feeding, with a maximum in the afternoon and a minimum in the morning.

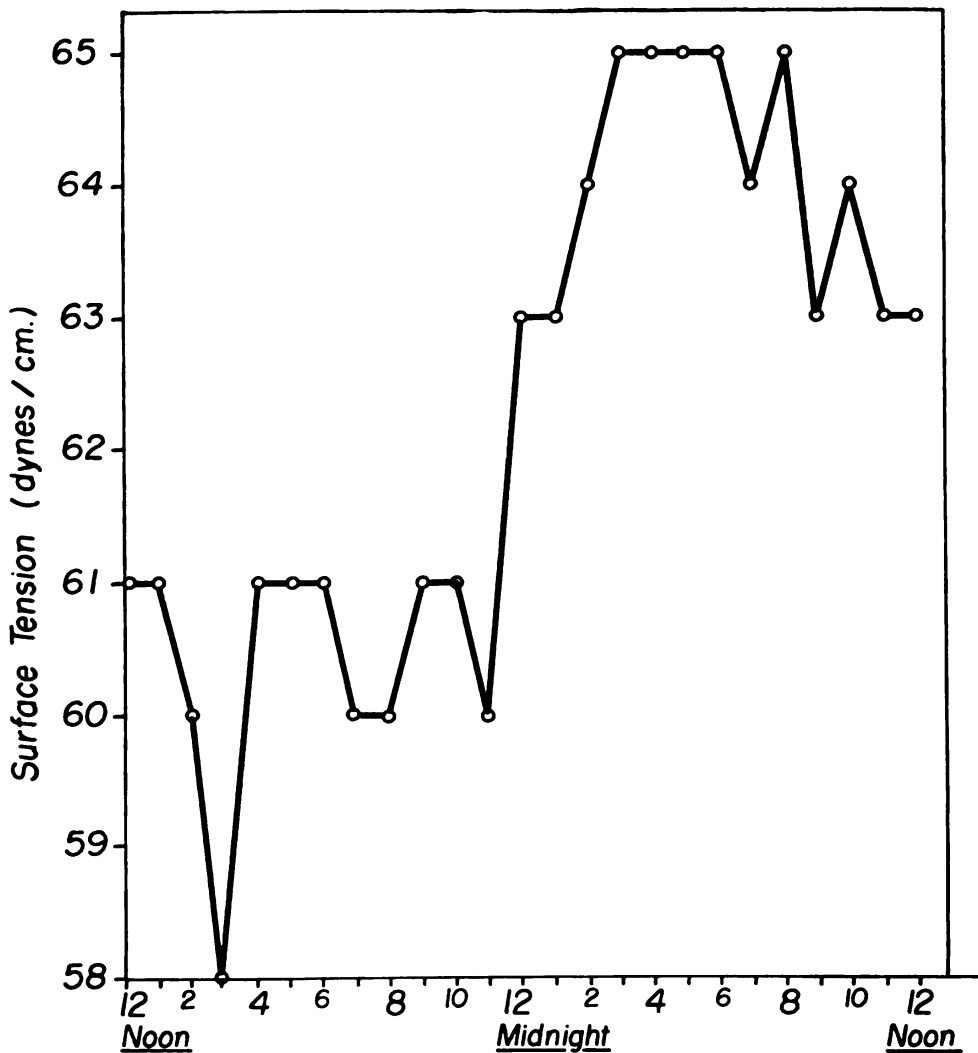


FIG. 221. Average value of surface tension in the urine of 20 mice, obtained every hour, showing variations with a dampening character.

each hour from a different animal. Thus, each animal provided a sample of urine only once and was not under stress. Under these conditions, the dampening effect was not present. A curve showing only two phases in 24 hours was obtained. The ST curves for humans and mice are opposite. During the period when high values occur in humans, low values occur in mice, and vice-versa. Because such opposite variations between humans and mice were found for many other analytical data and were considered related to the nocturnal activity of mice, a third group of experiments was performed in which the mice were kept in darkness during the day and under light during the night in an attempt to change the rhythm of their activity. After three weeks, there were no marked changes in analytical

data obtained in these mice. It is possible, however, that more time is required to induce changes in surface tension by altering the rhythm of mouse activity. (Fig. 222)

TABLE XXVI
SURFACE TENSION IN NORMAL HEALTHY 32 YEAR OLD MAN AND
27 YEAR OLD FEMALE ON STANDARD HOURLY FEEDING

Hour	Male S.T. in Dynes/cm.	Female S.T. in Dynes/cm.
7 a.m.	65	66
8 a.m.	64	67
9 a.m.	65	67
10 a.m.	67	69
11 a.m.	69	70
12 Noon	70	70
1 p.m.	71	72
2 p.m.	71	73
3 p.m.	71	73
4 p.m.	72	72
5 p.m.	73	73
6 p.m.	73	72
7 p.m.	72	71
8 p.m.	70	71
9 p.m.	69	70
10 p.m.	68	70
11 p.m.	67	67
12 Midnight	67	67
1 a.m.	66	67
2 a.m.	66	65
3 a.m.	65	65
4 a.m.	65	66
5 a.m.	63	66
6 a.m.	64	65

Surface Tension in Normal Humans and Animals

From the first analyses of urinary surface tension in groups of individuals it could be seen that certain changes common for all were taking place. There were days when all subjects had higher relative values and other days when lower values prevailed. Since there was no common dietetic or habit factor for all the subjects studied, we searched for environmental changes that might be the immediate cause of these variations. In collaboration with P. Teitelbaum we made the following experiment, using 80 rats divided into four groups. One group consisted of females of the Wistar strain and a second consisted of males of the same strain. The remaining two groups were composed of 20 females and 20 males of a black hooded strain. The animals were maintained in groups of five in separate cages on Purina and water ad lib. They were kept in a nonconditioned room. The experiment was conducted for one month, from May to June.

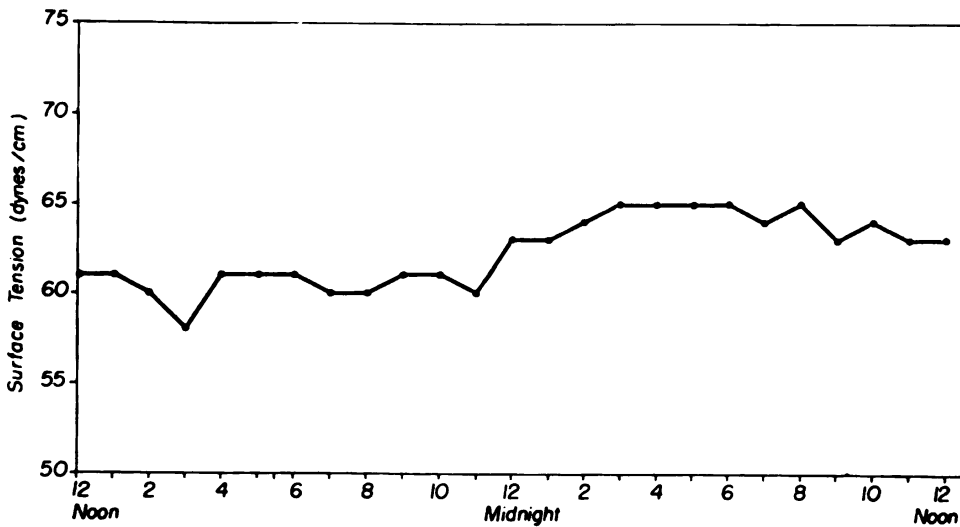


FIG. 222. Average hourly values in the urinary surface tension of groups of 5 mice, the group being changed each hour.

Urine was collected in a small vessel by keeping the animal firm and pinching the lower abdominal skin. Surface tension was measured a few minutes later. In each group, animals which did not give urine under this procedure for several consecutive days were replaced by others.

Samples of urine were obtained 6 days a week, between 9 and 10:30 in the morning. From the data obtained, an average value was calculated for each group, and the respective values were plotted in curves having the days as abscissae. The values for the female group were higher than for males. No differences were seen between the two strains. And all four curves showed the same variations at the same times. Thus it appeared clear that the variations were related to some external factor acting upon all the animals. We compared the ST curves with others traced for different environmental values present at the time of observation. Such values—barometric pressure, electrostatic value and temperature—were obtained from the Weather Bureau and the curves for the area at the hour of the experiment traced. Of them all, only the curve for temperature change was significant. The ST was seen to rise each time that the temperature fell and fall when the temperature rose. (*Fig. 223*)

This correlation was further studied by using induced rather than natural temperature changes in the following experiment which was made in collaboration with E. F. Taskier.

Adult female CF_1 strain mice were divided into three groups of 20 mice each. They had ad lib access to food and water. One group was placed in an incubator in which the temperature was maintained at $37^\circ C$. A second group was kept in a refrigerator at $8^\circ C$. The third group served for control and was maintained at ordinary laboratory temperature which ranged between $20\text{--}25^\circ C$.

Because of the diurnal pattern of surface tension variations, urine specimens were collected at the same hour every day. During a period of 22 days, daily urine specimens were obtained between 9 and 11 A.M. This was easily accomplished by firmly gripping a mouse in one hand by the scruff of the neck and tail. With the finger of the other hand, the lower

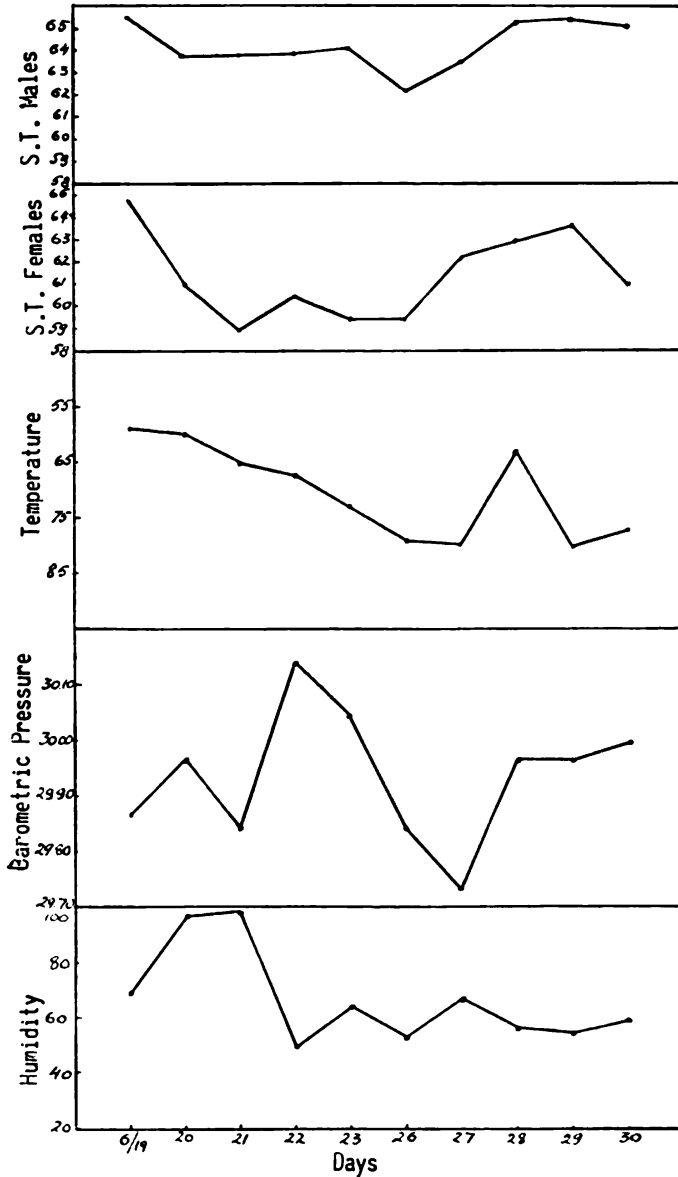


FIG. 223. Comparison between weather data and the average value of the surface tension in 40 male rats and 40 female rats. It shows a relative parallelism with the curve of the barometric pressure and a more consistent relationship with the inverse curve of the temperature.

abdomen was gently massaged, causing the animal to void 2-5 drops of urine into a small glass cup.

The surface tension of each specimen was determined within a few minutes after it was obtained.

The values obtained from day to day were charted for each individual mouse; the average for each group maintained under different temperature conditions also was determined.

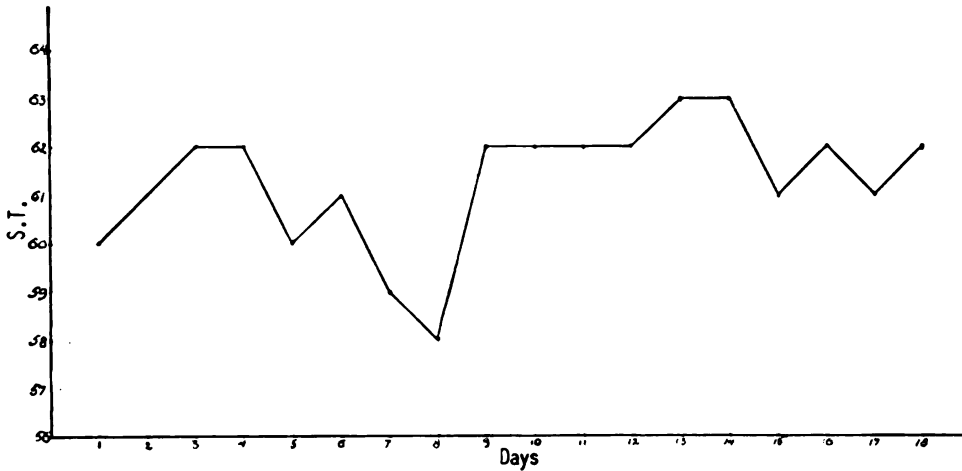


FIG. 224. Average value of surface tension of the urine in control mice over a period of 3 weeks.

The average surface tension readings in the control groups are shown in Figure 224. It can be seen that these values fluctuated in an irregular fashion between 58 and 63 dynes/cm. The surface tension values of the group maintained at 37°C show a steady sustained rise from 61 to 65 dynes/cm. (Fig. 225) The mice kept at 8°C showed an initial slight fall in surface tension, with a gradual return to the original levels. (225)

After several days in the incubator, the mice began to lose weight, their fur became sparse, and snout areas were constantly wet. The urinary output was scanty as compared with the two other groups. Death began to occur in the mice kept a high temperature on the 12th day. The animals in the refrigerator developed thick luxuriant coats and huddled closely together at most times. None died from exposure to this temperature.

The fact that the animals maintained at 37°C showed a steady rise in urinary surface tension was especially significant. As expected, the urine of these animals was scanty and more concentrated than for the other groups. With this diminution in volume, it would be expected that the concentration of surface-active substances would rise and the surface tension would be lowered. The fact that the exact opposite occurred indicates that the observed change has to be considered as an effect of the high temperature.

This appears especially interesting for the relationship between temperature and the two ST patterns. While higher temperature induces one

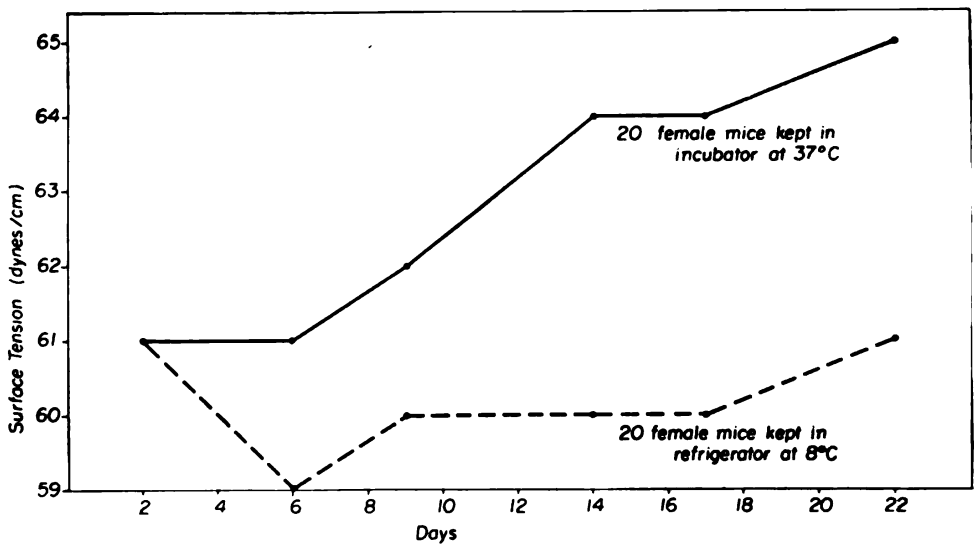


FIG. 225. The average values of the urinary surface tension of 20 female mice kept in the incubator at 37°C. and of 20 female mice kept in refrigerator at 8°C. The values are progressively increasing for the animals kept in the incubator until the animal died. For the animals kept in refrigerator, after an initial descent, the values ascend toward normal.

pattern, cold induces the other. It must be noted that the organism cannot defend itself against the pattern induced by higher temperature and the animal dies after a certain time, but for the pattern induced by cold, defense is possible. The body seems to be able to overcome the change. The surface tension returns to normal and the animal becomes adapted to the temperature. Not one of the animals kept in the refrigerator died, while all in the incubator were dead after a month. Adrenalectomy induces an immediate increase in the surface tension of the urine. (Fig. 226)

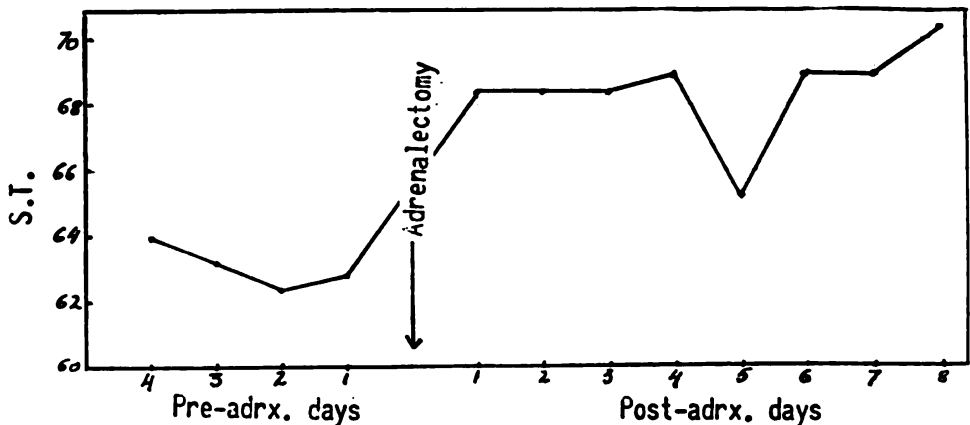


FIG. 226. The surface tension of the urine increases to high values after adrenalectomy.

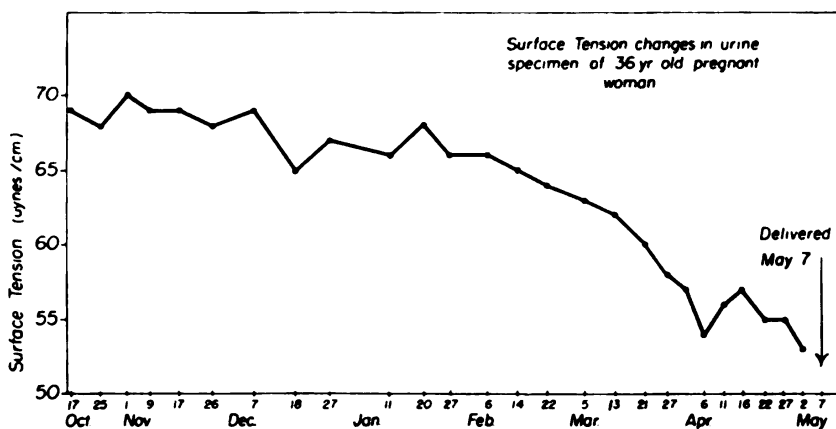


FIG. 227. Curve of the surface tension changes in urine specimens of a 36-yr. old pregnant woman shows a manifest change toward low values, starting with the 4th month, and becoming especially low in the last three months.

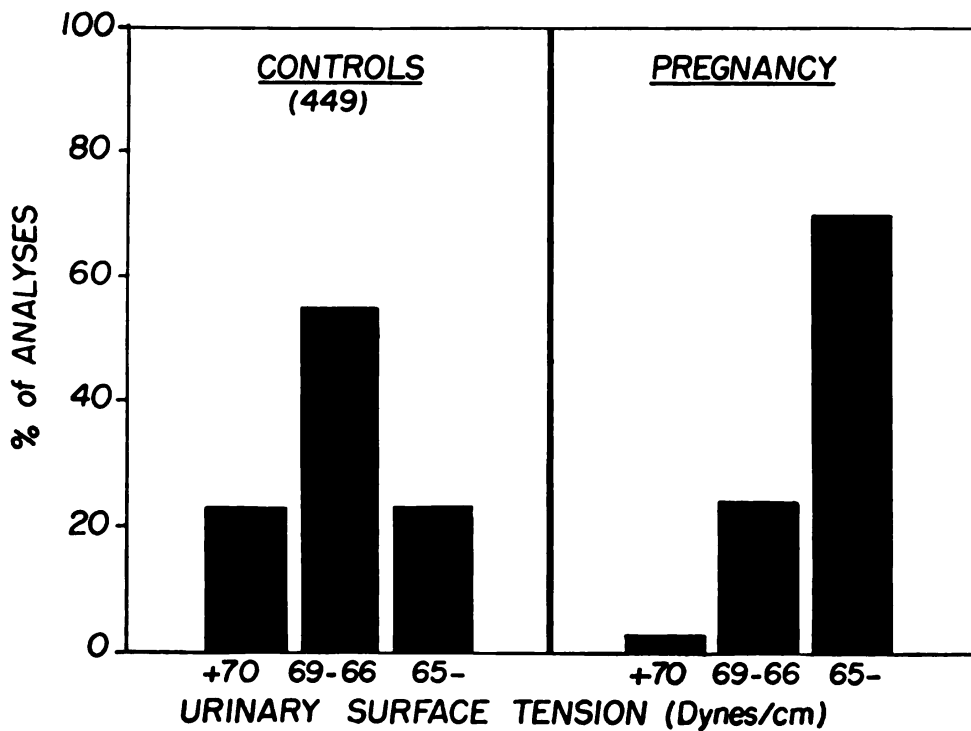


FIG. 228. The average value of the surface tension in pregnant women shows a manifest change toward low values.

Colloids in Urine and Surface Tension

An interesting relationship between urinary surface tension and the presence of "colloids" in the urine was noted by Butt and his associates. (240) Using the pendant drop method for the ST, direct examination in dark field for the presence of colloids in the urine, electrophoresis for determination of electrical charges, and the study of evaporated urine smears, they showed that urines with a high content of colloids, have a low ST; those with a low colloid content, a high ST. They have further correlated a low amount of colloids with a tendency of urine to precipitate and form stones. (242) They examined the colloid particles in the urine of different groups of individuals and found them high in Negroes, and especially high in pregnant women, which is in accord with the low surface tension of the urine which we found in these cases (*Figs. 227 and 228*) and the low tendency of both groups to form urinary stones.

We were interested in the relationship between variations in the urinary content of colloids and systemic patterns corresponding to high and low ST. R. Ravich in our laboratory has confirmed the correlation between presence of colloids and ST by using our urotensimeter. (219)

Chapter 4, Note 12. Urinary Oxidoreduction Potential

For the study of the *oxidoreduction potential* of the urine, we used a Beckman pH meter with platinum electrodes. We measured the potential at the pH of the sample and also at pH 7. For this purpose, the platinum and the respective calomel electrodes used for these measurements were introduced into the beaker of the Fisher titrimeter together with the electrodes of the potentiometer. After stirring, the pH of the sample and its oxidoreduction values were measured. The pH then was brought to 7 with HCl or NaOH solution, and the value of the oxidoreduction potential was again measured. Four values were thus obtained: the original pH, the titrimetric acidity or alkalinity, and the oxidoreduction values at the original pH and at pH 7. Figures 229 and 230 show a sample of such curves.

Chapter 4, Note 13. Oxidoreduction Potential of the Urine

We have tried to determine the oxidoreduction potential of urine samples by using the change of a color indicator in its leuco base. We chose toluidine blue which, with a rH_2 of 14, is at the middle of the scale of the rH_2 values. In order to eliminate two of the important factors which intervene in the oxidoreduction potential—differences in pH and temperature—we used a fixed temperature and very low pH. The degree of oxidoreduction potential was determined by the time necessary to obtain the discoloration for a standard amount of the color indicator. The reactive used was a solution of toluidine blue in a normal solution of hydrochloric acid. The amount was chosen so as to give a discoloration at 100 seconds for the normal individual. 1.5 cc. of a saturated solution of toluidine blue in al-

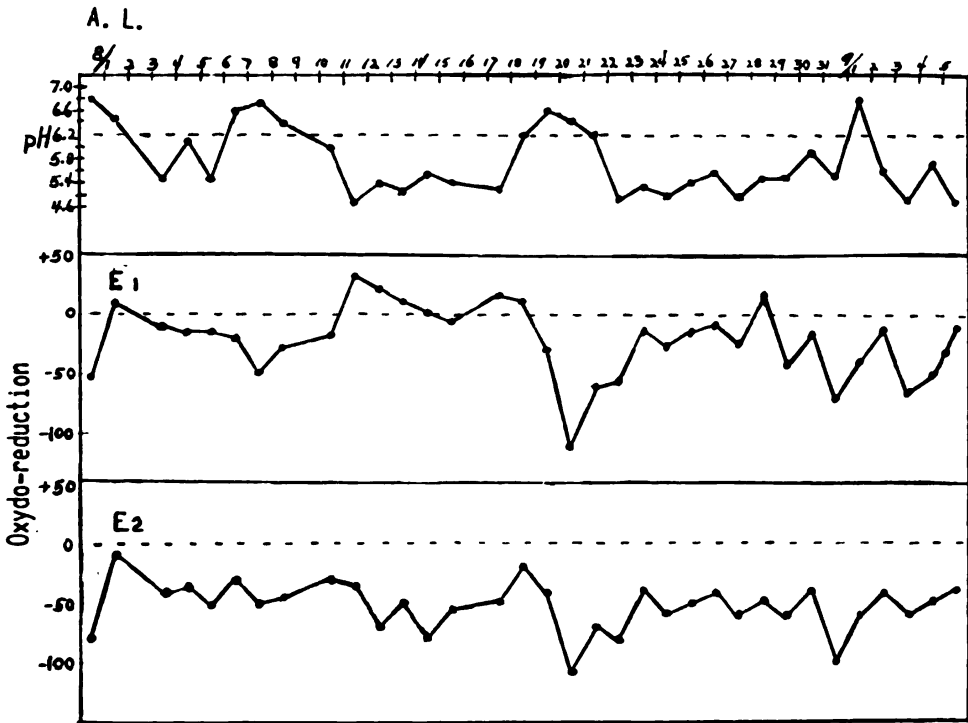


FIG. 229. The curve of the oxidoreduction potential of the urine measured electrically. The curve of the measurements made directly on the urine (E₁) show big variations which are smaller if the pH of the sample is brought to 7 (E₂). In a case of cancer of the breast, the curve remains constantly below the 0 value.

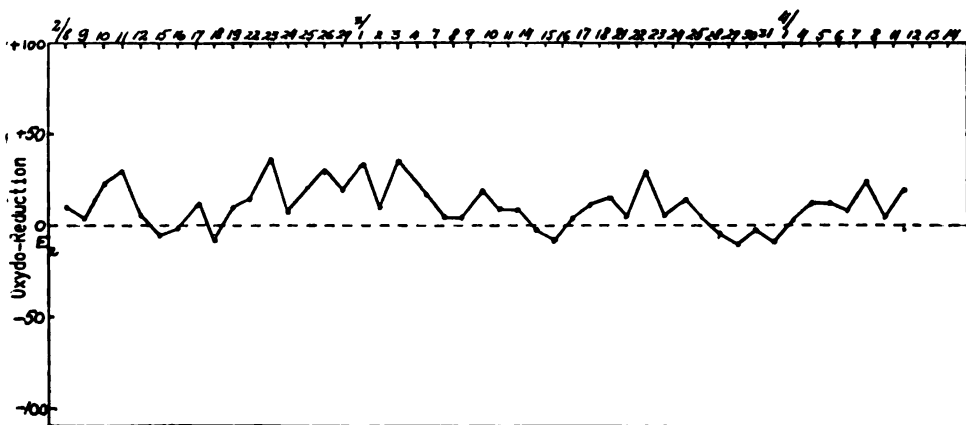


FIG. 230. Curve of the oxidoreduction potential values of the curve brought to pH 7 of a case of cancer of the breast, shows values around or above the 0 value.

cohol was added to 100 cc. of n/10 hydrochloric acid. 1 cc. of this reagent was added to 4 cc. of urine in a test tube kept for a while in boiling water. The time necessary for the discoloration was marked. Values as low as 3-4 seconds or as high as above 420 seconds were seen. A high oxidoreduction potential inducing a rapid discoloration was found to correspond to a pattern of the offbalance type A while a low discoloration was seen to corre-

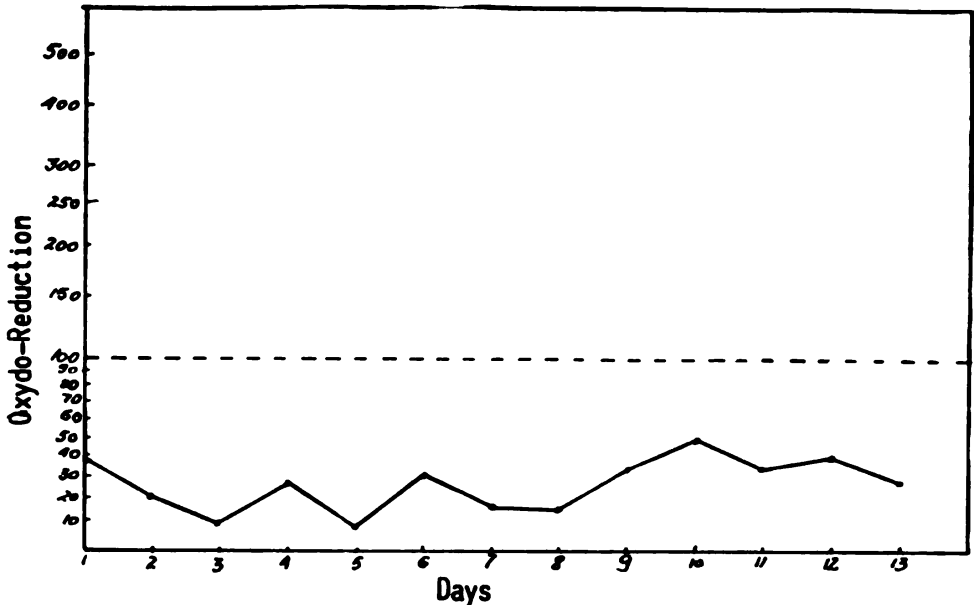


FIG. 231. Curve of urinary oxidoreduction values in a case of carcinoma of the breast with multiple bone metastases. The values are established as the time necessary to obtain the reduction at 100°C and with a pH around 2, of a solution of toluidine blue so chosen as to have 100 seconds as the average value for groups of normal individuals. In this case the values remain fixed low below 100 seconds, corresponding to a pattern, of the offbalance type A.

spond to the pattern of type D. Figures 231 and 232 show two such curves. We used this test for many years as main analyses to determine the existing offbalances. (220)

Chapter 4, Note 14. Peroxides in the Urine

The hypothesis of the existence of a phase "oxygen" of offbalance D led us to study the appearance in urine of products resulting from abnormal oxidation. We were especially interested in the existence of substances having peroxide properties. We found that addition of sulfuric acid to urine of certain subjects induced appearance of indigotin and indigo-rubin. In order to investigate the reaction, we have utilized the solubility of indigotin and indigo-rubin in neutral solvents. Through their extraction it appears possible first to prevent their transformation in colorless isatin and, second,

to evaluate the relative amounts when they appear during the reaction. To 4 cc. of urine, one centimeter of toluene was added. After shaking the mixture, 1 cc. of pure sulfuric acid was added and the mixture was immediately shaken again. When the mixture was allowed to stand, the toluene separated and its color, blue or violet, indicated the presence and also the relative amounts of indigotin and indigo-rubin.

Another method used to detect peroxides was the acidification of urine followed by addition of potassium iodide. For iodometric evaluation, starch

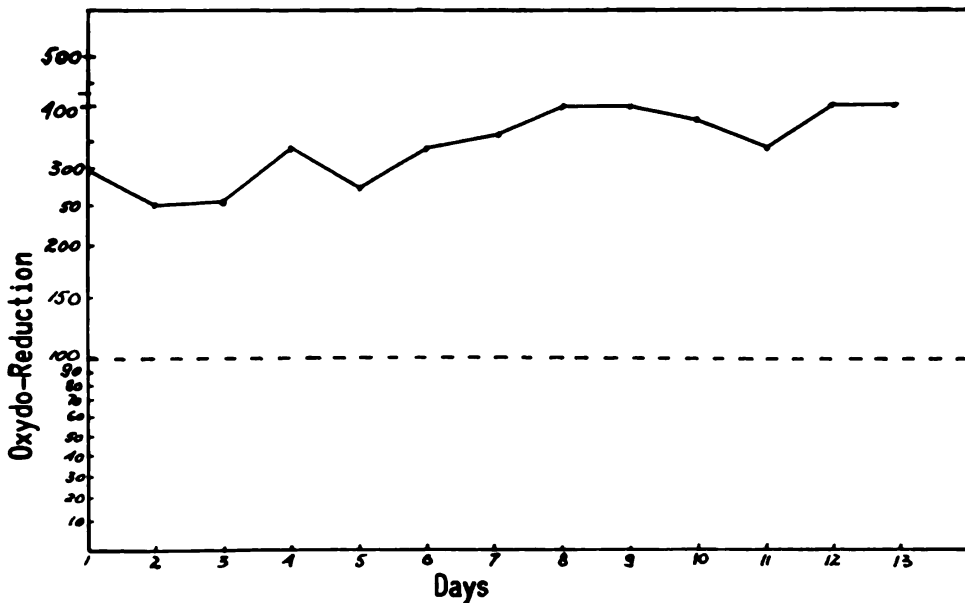


FIG. 232. The urinary oxidoreduction values in a case of cancer of the colon with abdominal metastases. The values remain the whole time above 100 seconds, corresponding to the pattern present in the offbalance type D.

solution was added. The amount of iodine liberated could be determined titrimetrically.

The form in which peroxides are present in the urine is not clearly established. Although the distillation of the urine gives peroxides in the first distillate, these are not in the form of hydrogen peroxide, since catalase does not induce their disappearance. The values obtained with both methods, sulfuric acid and iodometric, are relatively parallel. The sulfuric acid method, however, produced a higher percentage of positive results.

The presence of slight amounts of peroxide in the urine has been found in about 3% of normal subjects. In contrast, we found peroxide in the urine of 87% of a group of 27 schizophrenics studied through daily analyses over a period of three years. In some of the subjects, throughout the entire three-year period with more than 1,000 analyses, not a single negative reaction was seen. (Fig. 233) (221, 222)

We have also found positive reactions during streptococcic infection,

erysipelas or tonsillitis. In radiation sickness the reaction is positive especially when tissue lesions are manifest such as mucositis or epidermitis. In general, treatment with selenium has given a relatively high proportion of positive results, especially at the beginning of treatment. While positive reaction appeared to be consistent with a favorable evolution of tumors, an extremely intensive reaction appeared related to a bad prognosis. The following observation is characteristic.

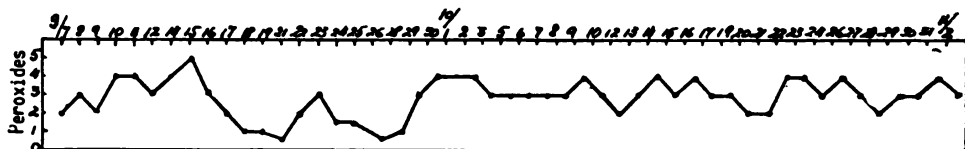


FIG. 233. The reaction for peroxides remains consistently positive in the urine of a schizophrenic in daily analyses during a period of 3 years. (Part of the curve.)

Mrs. N. C., 28 years old, with Hodgkin's disease, had received three treatments of teleradiotherapy, with the general condition completely unchanged. The patient presented an extremely intensive urine peroxide reaction. Dilution of the urine to 1/50 still showed a marked blue color after treatment with sulfuric acid and toluene. We informed the attending physician about the finding and advised the discontinuance, at least for the moment, of the treatment. The perfect general condition of the patient induced the radiologist to disregard our advice. A new treatment of teleradiotherapy was administered. Three hours later the patient, who only that morning had been shopping, went into a shock and died during the night.

We want to emphasize, however, the correlation between the lack of peroxides in the urine and a poor prognosis during radiotherapy. The cases in which a positive reaction disappeared, were always followed by a change for the worse in the general condition. The persistence of this lack of peroxides was seen in the cases with a rapid lethal termination.

Chapter 4, Note 15. Index of Excretion and of Retention

One of the most important aspects of the relationship of an entity to its environment is given by its intake and output. The concept of hierarchic organization with emphasis on the individuality of the entities, has given a special meaning to the study of these processes. For each entity its proper environment is represented by the secondary part of the entity immediately superior to it. The nuclear sap represents thus the environment from which the chromosomes take the material necessary for their metabolism and where they reject these substances which are no longer needed. Similarly, the cytoplasm represents the environment for the nucleus, the interstitial fluid for cells, the lymph for tissues, the blood for organs and the actual environment for the organism. This systematization, based on the organizational individuality of the entities, has guided the study of the relationship

between entities and their environments under normal and abnormal conditions. It is under this aspect that we have investigated the renal excretion, which according to the hierarchic organization, corresponds to the relationship between the organism as an entity and its environment.

Some of the substances excreted come from the metabolism of lower entities. Related to blood, they would represent often noxious undesirable substances, if the higher mechanism of the blood would not intervene. Although that which we see as urine is the result of the relationship between the organism as an entity and its environment, the origin of the different substances forming it, as related to the different other levels, has to be considered. While for certain elements this origin is evident, for many substances only suppositions are available today.

When a systematic analysis of these constituents was attempted, other difficulties arose. The isolated urine samples easily available, have only a very relative value for many of these investigations. The titrimetric data expressed as concentration of various substances are all functions of the amount of water eliminated in the sample. As this often varies widely, the informations obtained are only relative. Balance analyses concerning entire intakes and outputs represent such technical difficulties as to make them unavailable for routine investigation, in which hundreds of subjects are daily studied. We tried to bypass this difficulty by eliminating the factor water excretion, from the considered data. The fact that the concentration of a substance and the specific gravity of the urine, are both direct function of the amount of water present, has permitted to eliminate this factor. The ratio between them appears thus independent of the amount of water present. It relates the amount of a substance to that of the bulk of the substances eliminated through the kidney. An index of excretion was thus obtained by dividing the concentration of the substance by the specific gravity. The opposite ratio would correspond to an index of retention.

From the physiological point of view, these ratios are not affected by the factors which govern the glomerular filtration, which are acting similarly for all the substances present. They are little or not affected also by the back resorption, where the differences between the various substances are reduced. They will show consequently, big variations as resulting from the active reabsorption, which takes place in the distal portions of the convoluted tubes. It is this character which gives the indexes of excretion or retention, as we calculate them, their value. We have utilized for years these indexes for chlorides, sodium, potassium, phosphoric ion, sulfhydryl, calcium, to obtain valuable information which otherwise could not be furnished by the simple analysis of the isolated urine samples. We will come back to these indices during further analyses.

Chapter 4, Note 16. Water and Nitrogen Metabolism

The analyses of different urine samples have shown that the amount of water present in urine seems to influence indirectly its constitution. It could thus be seen that while very diluted urine, corresponding to a large

amount of water excreted, is usually alkaline, concentrated urine, corresponding to small amounts of water excreted, is generally acid. Furthermore, it could be seen that these changes are related to more profound metabolic differences. When related to the nitrogen metabolism, it could be seen that diluted urines are rich in free ammonia while concentrated urines in uric acid. We have thus investigated the relationship between these two factors, the amount of water excreted and the form under which the nitrogen is eliminated.

The comparative physiology shows us that the manner under which nitrogen is excreted varies for different animals according to the amount of water available in the surrounding environment. In fish, with water almost unlimited, nitrogen is excreted in the form of ammonia. The high toxicity in this form of nitrogen excretion is counter-balanced by the amount of water in which the excreta are diluted. Fish are ammonioselic. In terrestrial mammals, where the amount of water available is more limited, the excretion of nitrogen is made in the form of urea which is much less toxic than ammonia. The danger of poisoning the drinking water through excreta is thus reduced. Mammals are ureoselic animals. For birds, for whom water is scarce, the form of nitrogen excretion is of uric acid, which through its low solubility in water, has little chance to contaminate the drinking water. Birds are uricoselic. Based on this relationship between water availability and the type of nitrogen excretion, we looked for a similar relationship in humans between the excretable amount of water and the type of nitrogen metabolized under normal and abnormal conditions. An immediate confirmation was obtained in those abnormal conditions where the amount of water excreted is abnormal. As already seen above, in subjects having a high diuresis, which in general would correspond to a high amount of water available to be excreted from the body, the urine is usually alkaline, the alkalinity due to ammonia. On the opposite side of the normal, there are subjects with a very reduced urinary excretion. In patients eliminating only two to three hundred cc. in 24 hours, the amount of uric acid in the urine is manifestly increased. Upon standing, these urines always show a reddish deposit formed mostly by uric acid. Relating this to comparative physiology, while the normal subjects would appear ureoselic, those with polyuria can be considered as ammonioselic and those with oliguria, uricoselic.

We tried to see if a change in the form under which the nitrogen is eliminated can be induced by changing the amount of water available to be excreted. Normal subjects whose urines were tested for certain periods of time for their content of ammonia, urea and uric acid, were given 1 to 2 liters of water to drink. The highly diluted urine which was subsequently excreted, became alkaline. The total amount of ammonia increased while urea and uric acid were slightly reduced. The same subjects were later given a dry diet for 12 hours or more. The specific gravity of the urine in most of these cases was above 1.026, indicating a kidney with normal concentration capacity. Although the content in ammonia decreased manifestly in these urines, the increase in uric acid excreted was minimal. We sub-

mitted the same subjects to a diet with fluids reduced to a minimum, for 3 to 4 days. Under these conditions, the excretion of uric acid started to increase. Great intake of water would thus transform a normal ureoselic individual into an ammonioselic in only a few minutes. A similar passage into uricoselic was seen to need days, and even then it showed only minimal changes. This can be explained by the fact that while ammonia in urine appears largely through changes taking place in the kidney cells themselves, uric acid results from more profound metabolic changes, which concern especially the nitrogenous bases, particularly the purines.

Chapter 5, Note 1. Second Day Wound Crust pH

The metabolic processes characterizing abnormal foci have been investigated in various ways. One method was devised in order to study the acid-base changes which take place within abnormal foci created by surgically produced wounds under the influence of various chemical, physical and biological factors. This research was made in collaboration with C. Huesca-Mejia. (212)

Adult Carworth Farm female and male albino rats weighing 150 to 200 grams were employed. The animals were separated according to sex and all received a standard diet of Purina Chow and water ad lib. Tests were run on groups of twenty animals, with from two to four control animals in each group.

The animals were divided into groups that were subjected to various experimental conditions for three days, after which time, under ether anesthesia, a wide area of the back of each animal was carefully depilated by hand. A 1 square cm. wound was then produced in the depilated area down to the dorsal aponeurosis. The wound was kept free of blood with dry gauze until bleeding had entirely ceased, and was then left uncovered. All wounds were made between 8:00 a.m. and 10:00 a.m.

A glass electrode made according to the specifications of McInnes and Dole (223) was used. As reference, an electrode containing normal saline was employed. (224) The electrodes were mounted on a stand in a fixed position. A model H Beckman pH meter, whose signal was amplified by a 6H6 and 6SN7 push-pull, was used as the first amplifier. The readings were made on a 200 micro-ampermeter adjusted so as to have the full scale represent one pH unit. The experimental error using this apparatus was found to be less than $\pm .01$.

pH determinations were carried out by bringing the wound area into contact with the tips of the electrodes. The animals were held gently but firmly in one hand until they were completely immobile, at which time a firm contact was established between the center of the wound area and the tip of the glass electrode, and between the reference electrode and the wound periphery. Readings were carried out on the surface of the freshly exposed aponeurosis within ten to fifteen minutes after the surgical procedure. Subsequent readings were made every twenty-four hours upon the wound crust, which was washed and then moistened with a drop of an

0.1% sodium chloride solution freshly adjusted to pH 5 as suggested by Blank for use in skin pH determinations. (225) The electrodes were standardized with buffers of different pH before and during each period of testing.

The effect of various chemical agents upon the wound pH was studied by daily oral administration for three days preceding the operation and thereafter until the conclusion of the series of pH determinations. In general, the substances were administered according to weight in quantities corresponding to the therapeutic doses accepted for humans or in amounts equal to 10% of the daily toxic dose. Water soluble substances were administered in drinking water. Oil soluble substances were administered on pieces of bread. In some cases, substances were introduced directly into the stomach through a catheter. In a few cases, substances were injected subcutaneously.

In the 164 control animals, the pH of the wound surface varied between 7.30 and 7.33 when measured ten to fifteen minutes after the completion of the surgical procedure. The pH remained at this level for at least three hours.

Twenty-four hours after the wounds were produced, the pH of the moist crust covering the area was found to be between 7.72 and 7.76 in all untreated animals. (Fig. 234)

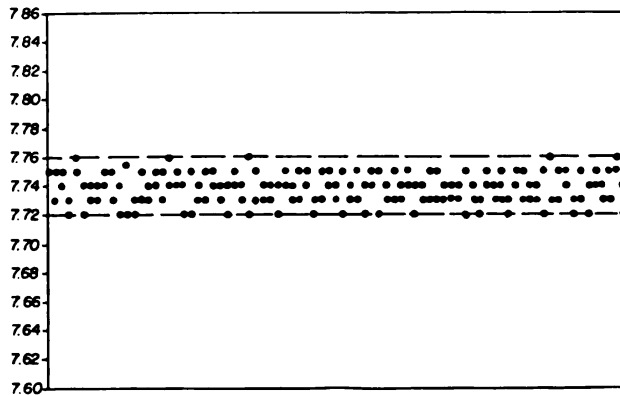


FIG. 234. Second day wound crust pH values remain in a range from 7.72 and 7.76 in normal rats as seen in the animals which served as controls for the multiple experiments.

At forty-eight hours, the pH of the crust was found to be between 7.42 and 7.60, this being the period of greatest variability. At seventy-two and ninety-six hours, all the readings were between 7.28 and 7.32. After the fifth day, similar values were found and further readings were not taken.

No consistent correlation was found between the values on different days for individual animals. For example, in some animals with a wound pH of 7.30—the lowest value—immediately after the operation, pH reached 7.76, the highest value for the normal range, in twenty-four hours. In males, values appeared to be slightly higher than in females.

In 410 of the 860 animals exposed to various chemicals pH value of the wounds was determined several minutes after the operation and found to be between 7.28 and 7.35. Only 22 showed a deviation from the control range of 7.30 to 7.33. No correlation was observed between the minimal changes in these animals and the type of treatment administered.

While the pH values found several minutes after wound induction showed very little or no variation from the control range and no correlation with the various experimental conditions employed, the findings at twenty-four hours showed considerable significance for the agents used. At forty-eight hours and thereafter, no important differences were observed between values for controls and those for groups treated in different ways. In continuing these studies therefore, determinations were carried out only several minutes after the production of the experimental wounds and then again 24 hours later. Actually, only values for the twenty-four hour reading appeared significant and will be discussed. We made 24 hour measurements for all of the 860 animals treated with different agents. For convenience, we refer to the pH value of the crust at twenty-four hours after creation of the experimental wound as the s.d.c. pH (second day crust pH).

From four to twelve animals were employed in the assays of the activity of each agent. By applying the same experimental conditions to animals in groups tested at different times, it was possible to determine whether the changes observed were due to some external factor such as temperature, humidity, etc., or were actually due to the imposed experimental conditions. The s.d.c. pH has proven to be of considerable interest because consistently similar changes have been found to be produced by the same agents when applied to animals in different groups tested weeks or months apart.

Considering all the animals treated with various agents, three possibilities have been found to exist: 1) There may be no effect upon the s.d.c. pH, in which case the values will all fall within the control range of 7.72 and 7.76 found in untreated animals; 2) s.d.c. pH may be elevated to values between 7.77 to 7.85; or 3) the s.d.c. pH may be reduced to values of 7.70 to 7.60.

We will present here only the conclusions of these studies as related to the various agents investigated.

CHEMICAL FACTORS

Cations and Anions

It was interesting to investigate the influence exerted by some cations and anions by first using the same anion with various cations and then using different anions with the same cation. It was apparent in all the experiments that the immediate pH of the wound does not differ from that of the untreated animals, and that the s.d.c. pH data obtained are concordant.

We studied the influence exerted by anions first by investigating the effects of administration of acids. With even strong inorganic acids, no

changes were seen in the normal tissues. Definite and opposite effects were thus obtained with acids corresponding to the elements of the VIIth series and with those of the VIth series. The first group of acids, especially HCl, induced a frank acidifying effect while the second produced an alkalizing effect. The phosphate and nitric ions showed strong acidification, the iodide and bromide ions were weaker than the chloride ion. The bicarbonate ion clearly alkalized, as did sulfate and selenate. The thiosulfate ion had an obvious alkalizing effect, with pH values as high as 7.85. Among the organic acids, citric acid produced one of the strongest effects, even stronger than that of the inorganic acids. The fact that citric acid is only slightly metabolized could explain its strength. The gluconate ion induced a slight acidification. The cacodylate ion seemed to induce no changes although not enough animals were utilized to judge its effect thoroughly.

In studying the effects of salts, the roles of both cation and anion were considered. Using different anions for the same cation, it was possible to judge the effect of the cation.

Sodium and lithium produced relatively slight acidification. Potassium manifestly acidified as did ammonium, the latter, however, to a less marked extent. Marked acidifying effects were seen for iron, mercury and bismuth. A lesser effect was obtained with molybdenum and aluminum. On the other hand, a manifest alkalization was found for bivalent calcium, strontium, copper, barium and cobalt. Manganese and silver cations seemed to influence the second day wound pH only slightly toward alkalization. It seems that there is an additive effect for the different elements in their acidifying or alkalizing influence. This has permitted us to judge the effects of the different ions. Potassium induces greater acidification than sodium, and still greater acidification than ammonium. Potassium chloride, in which the two ions have an additive effect, is thus more frankly acidifying. The same is true for the acid phosphate. The alkalizing tendency of sulfate ion opposes the acidifying effect of potassium and explains the slight acidifying influence of potassium sulfate. We must arrive at the relatively strong alkalizing tendency of the carbonate ion to find an anion able to counteract the acidifying effect of potassium. The s.d.c. pH effect of potassium carbonate is in the normal range. The data obtained through this study led to the research on the intervention of the elements in biology, which is the subject of Chapter 5. Information concerning the effect upon the s.d.c. pH of these elements as well as the relationship between this effect and the structure of the elements is discussed in this chapter.

Calcium ion has an alkalizing influence strong enough to counteract the acidifying tendencies of such anions as chloride and phosphate. Weaker acidifying anions, such as lactate and gluconate, are not sufficiently strong to counteract the alkalizing tendency of calcium, and calcium salts of these acids have a strong alkalizing effect.

This analysis indicates that the effect of a salt upon the local pH of abnormal tissues can be judged by considering the additive influence exerted by anion and cation, the effect increasing if both have tendencies in the same direction, and decreasing if the tendencies are opposed. We will not

emphasize here the other antagonistic biological effects of cations and anions, as they pass from acidifying (citric acid and potassium) to alkalizing (calcium and thiosulfate). We will discuss these effects in connection with the pharmacological studies of these agents. For the moment, we want only to emphasize the value of this investigational method.

Acid Lipoids

The next step in the use of the s.d.c. pH was the study of the effects of a special group of acids in which we were interested, the fatty acids. Analysis of the results obtained clearly shows the importance of the nonpolar group. A carboxyl, when bound to a long chain as in the fatty acids, does not by itself seem able to induce a change in the second day wound crust pH, the values remaining in the normal range. The substance appears inactive when the nonpolar group does not have its own energetic center or formation. The saturated fatty acids with 10-16 carbons do not influence the s.d.c. pH. The presence of double bonds in the nonpolar group changes the influence exerted. All the nonsaturated fatty acids studied show an alkalizing effect, with relatively slight differences for the higher desaturated members such as linolenic or arachidonic fatty acids, or for the fatty acid mixture obtained from cod liver oil. However, the conjugated fatty acids studied, such as eleostearic acid, or the mixture of acids starting from cod liver oil, showed the highest values in this group, even for so small an amount as 5 mgr. per animal per day. These data indicate the role of energetic formations in the nonpolar groups of fatty acids.

We must emphasize the difference between the hydrosoluble organic acids and the group of fatty acids mentioned above. In the former, the action seems due to the intervention of the carboxyl, probably explaining the strong activity of tricarboxylic citric acid. With an important nonpolar group, this carboxyl seems to be unable to carry the molecule, and therefore cannot act. The intervention of a double bond could serve in two ways: 1) by bending the molecule, thus increasing its mobility as it also reduces the melting point; 2) as an energetic center where reactions take place. The fact that the 10 carbon lauric acid is inactive would indicate the slight influence to be expected from the bending of the molecule alone, as in oleic acid. The influence exerted by metabolic changes in which fatty acids intervene through the energetic centers in the nonpolar group explains the fact that they have a local alkalizing effect instead of the acidifying effect of many other organic acids. (*Fig. 235*)

Alcohols

The role of the relationship between polar and nonpolar groups appeared very clear in the study of the series of aliphatic alcohols.

We have considered separately a group of agents extensively used in our research. These are organic substances that have a radical with a bivalent sulfur as the polar group. We have mentioned above that an inorganic substance with similar constitution, sodium thiosulfate, has a strong alkalizing effect upon the s.d.c. pH. Such an effect upon the s.d.c.

pH has been obtained with all preparations containing a polar thiol group when administered orally or parenterally. We must emphasize the unusual uniformity of results, rarely encountered in other biological experiments. It appears that the alkalizing effect of these preparations is sufficient to override the individual differences in subjects receiving them. The same alkalizing effect has been apparent for sodium thiosulfate, and seems to be a common characteristic for substances having a bivalent sulfur in their polar group.

These alcohols exert no influence upon the pH of normal tissues, as seen in measurements taken immediately after the skin is cut. The first members of the series, the methyl to propyl alcohols, do not influence the

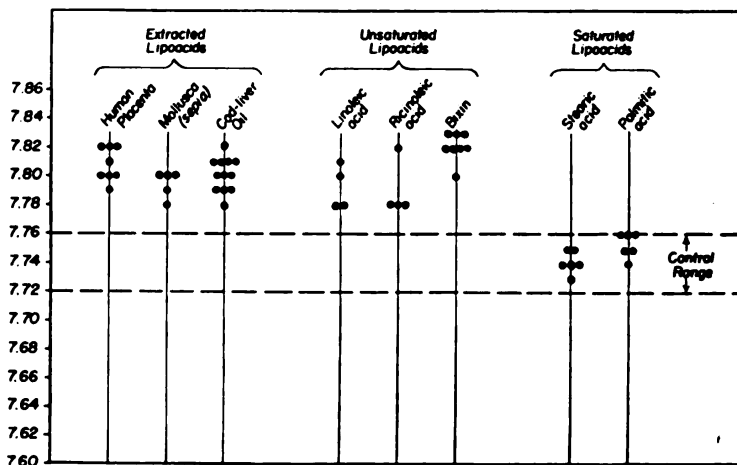


FIG. 235. The administration of various lipoacids upon the s.d.c. pH shows that while the saturated fatty acids do not influence it, the non-saturated fatty acids as well as the lipoacid preparations obtained from different sources induce an elevation of the local pH.

s.d.c. pH. From butyl alcohol to nonyl alcohol, the members of the series show a consistent acidifying influence. However, a very important observation was made when the four isomers of butyl alcohol were studied. Three showed the acidifying effect while one, the tertiary isomer, like the lower alcohols, did not influence the second day wound crust pH. This could be correlated to a special characteristic of these substances, their relative solubility in water and in neutral solvents. Just as do the lower alcohols, tertiary butyl alcohol mixes with water and neutral solvents, while the other three butyl alcohols, like the higher members of the series, are more soluble in neutral solvents than in water. (Fig. 236) This characteristic, which was used in systematizing the polar-nonpolar substances, appears to determine the activity of the aliphatic alcohols upon the s.d.c. pH. We must again emphasize that this activity is not direct but influences certain metabolic processes, since the active alcohol induces local acidification rather than the alkalization to be expected with a direct effect.

Another factor which seems to influence the activity of this alcohol series is the length of the carbon chain. While heptanol induces the characteristic acidification, octyl alcohol does so in only some animals. Nonyl and decyl alcohols appear inactive.

The possibility of a biological competition between these agents and fatty acids has led to research with other alcohols capable of combining with fatty acids, particularly in vivo. We studied glycerol, glycerophosphoric ion and sterols, which are frequently found combined with fatty acids. We added glucose to this group because of its metabolic relationship to glycerol derivatives, although it is apparently not related to fatty acids.

It is interesting to note that glycerol produced only minimal influence upon the immediate pH. The highest values were still in the normal range. The acidifying effect of glycerol upon the s.d.c. pH, seemed to be subject

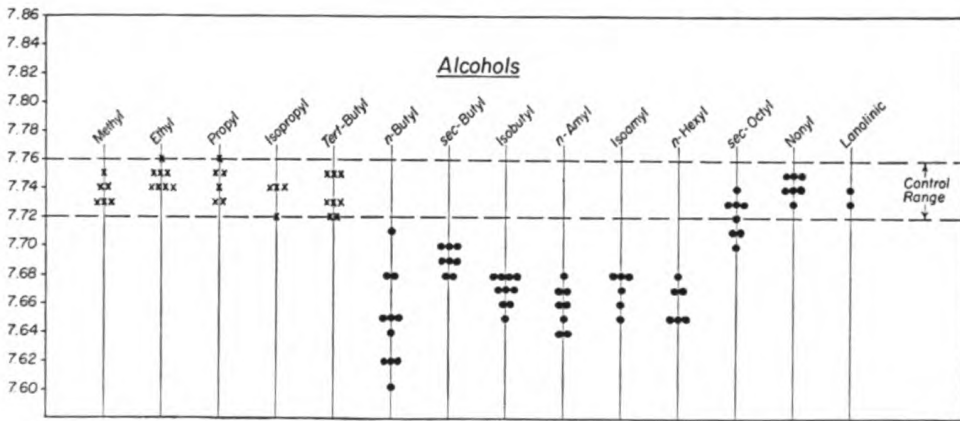


FIG. 236. Second day wound crust pH values for various alcohols shows the relationship between activity and lipoidic property. All the alcohols below butanol and tert. butanol, which are not lipoids, are inactive. This also holds true for alcohols with chains longer than eight carbons.

to individual variations but also with values at the lower limit of normal, such as 7.72. Glucose showed a slight acidifying effect, while cholesterol showed definite acidifying activity upon the s.d.c. pH, as did all the preparations of the insaponifiable fraction of various organs or tissues. The acidification produced by the insaponifiable fraction preparations is more intense than for cholesterol alone, indicating that the other constituents of these preparations also have an acidifying influence.

Other Agents

We investigated some of the hormones that are often used clinically and found that the biological antagonism between male and female sex hormones is also apparent in their influence upon the s.d.c. pH, the male hormone having an alkalinizing effect, the female hormone, an acidifying one. We must note here that the acidifying effect is also apparent for pro-

gesterol. This effect is opposite to that of the male hormone and similar to that of stilbestrol, contrary to what we expected. There is similar antagonism between desoxycorticosterol and suprarenin, the former being acidifying and the latter slightly alkalizing. The liver antianemic extract also has an alkalizing effect.

Several vitamins also were investigated. We were able to see that while vitamins B₁, B₂, E and K have an acidifying effect, vitamins A, D and B₆ have an alkalizing action. Ascorbic acid seems to have no effect upon the s.d.c. pH.

A few alkaloids and glucosides, important for their pharmacodynamic activity, were studied. The two opium alkaloids and a similar synthetic agent are moderately acidifying. Atropine, caffeine, and quinine have a slight alkalizing effect. The different effects of digitaline and saponine were unexpected; both show slight but opposed action, the first acidifying and the second alkalizing.

Because of their effect upon the central nervous system, narcotics and hypnotics were studied. While ether and chloroform are slight alkalizing, the two barbiturates which we tested showed an acidifying effect. This is interesting, especially when related to the opium alkaloids and demerol which also induce acidification, although to a lesser extent than the barbiturates.

Various other agents were studied. Among pyretogenics and antipyretics, there is an obvious antagonism in influence upon the s.d.c. pH. While the pyretogenic, methylene blue, induces a frank acidification, the three antipyretics we examined produced alkalization. However, acetylsalicylic acid does not follow this rule—it has an acidifying effect.

Among antimicrobial agents, a parallel action was apparent for the three antibiotics of fungal origin and the two sulfa drugs studied. All have an alkalizing effect, like the antipyretics. The acidifying effect noted for benzedrine does not accord with a similar effect observed for substances with hypnotic and sedative activity. This discordance between principal pharmacological activity and effect upon the s.d.c. pH indicates that the latter must, on many occasions, be considered to be due to a secondary influence exerted at the interstitial level.

The antagonistic biological activity of anti-anemic liver extract and iron preparation, the former favorably influencing the hyperchromic anemias, the latter favorably influencing the hypochromic forms, is reflected in their opposite effect upon the s.d.c. pH. The anti-anemic liver extract induces alkalization, while iron induces acidification. The same antagonism is seen with two agents having an opposite action on blood coagulation. While vitamin K induces acidification, dicumarol is alkalizing. Although rutin acts upon other factors when it intervenes in bleeding, it has the same effect as vitamin K on the s.d.c. pH.

Aminophyllin induces acidification in contrast to caffeine, which produces slight alkalization. On the other hand, procaine's effect is like that of the opium alkaloids and barbiturates, all inducing acidification. This can be

related to the effect of higher alcohols which also have narcotic activity and, as seen above, also induce acidification.

TABLE XXVII shows the effects upon the s.d.c. pH of all of the substances examined.

TABLE XXVII
THE EFFECT OF VARIOUS SUBSTANCES UPON THE S.D.C. pH.

	Elevate	Reduce	No Effect
Vitamins	A, D, B ₁	B ₁ , B ₂ , K, E	C
Hormones	Testosterone, Epinephrine	Stilbestrol Progesterone, Desoxycorticosterone	
Alkaloids	Atropine, Quinine	Codeine, Morphine	
Antibiotics	Penicillin, Streptomycin, Aureomycin		
Sulfonamides . .	Sulfathiazole, Sulfamerazine		
Antipyretics and analgesics	Acetophenetidin, Aminopyrine Antipyrine	Acetyl-salicylic acid	
Narcotics	Chloroform	Phenobarbital, Pentobarbital	
Anti-anemics . .	Liver extract	Iron (reduced)	
Xanthines	Caffeine	Aminophylline	
Miscellaneous . .	Dicoumerol, Benzene, Toluol, Saponin, Pteryl-glutamic acid (Teroplerin)	Procaine, Benadryl, Coramine, Glucose, Glycerine, Sodium gluconate, Rutin, Methylene blue, Mercurhydrin, Benzedrine, Demerol	

Based upon the findings for such different groups of agents, the s.d.c. pH method appears to be an interesting tool for the study of pharmacological activity. We must emphasize that not one of these substances, at least in the dosage given, has had any influence in changing the pH of normal tissues from normal range, as indicated by pH values obtained immediately after wound production. As our research concerns only ab-

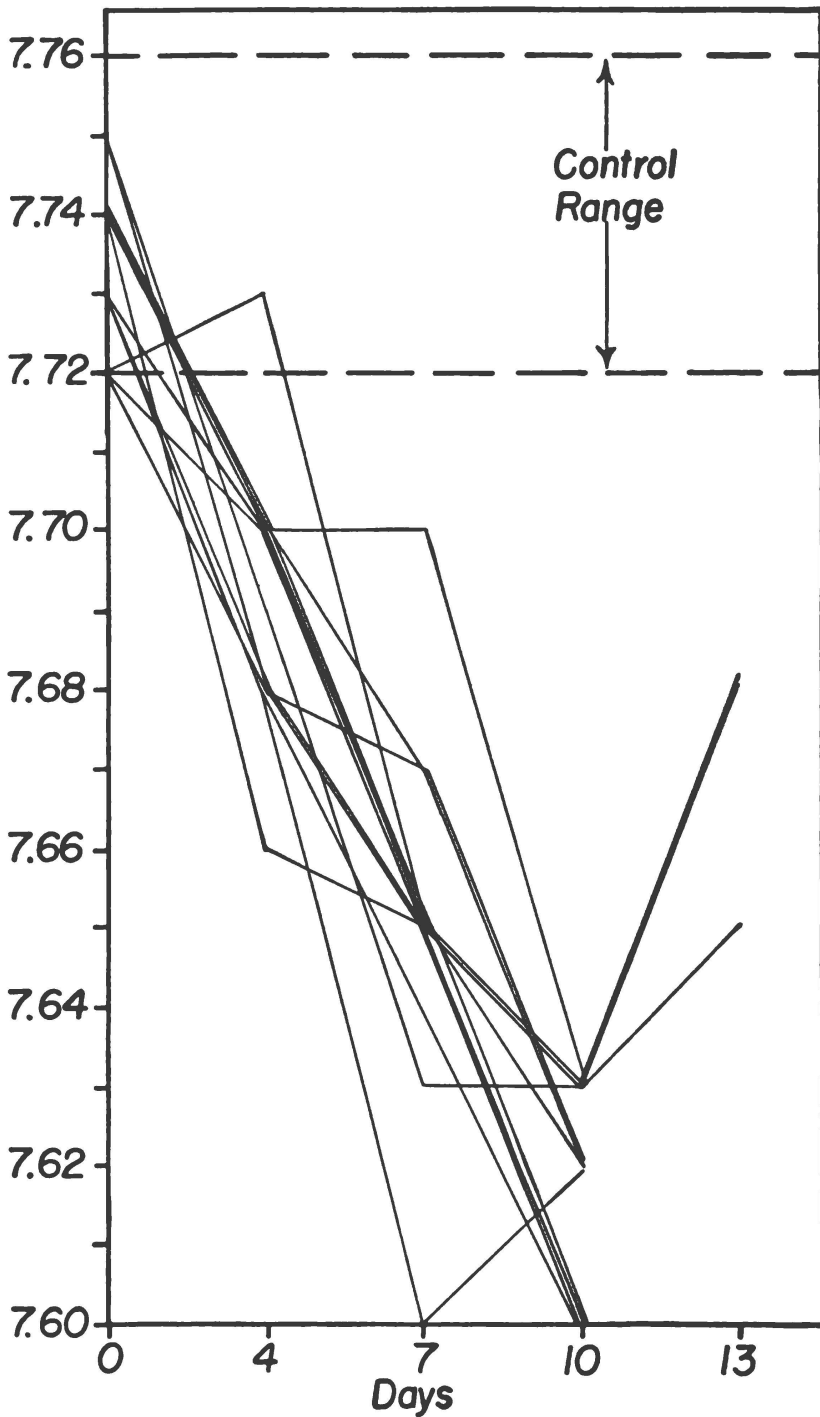


FIG. 238. The effect of a growing transplanted Walker tumor on the s.d.c. pH determinations in surgical wounds produced serially on the day of transplant and every three days thereafter. A marked reduction in the s.d.c. pH was observed in all animals.

normal tissues, the s.d.c. pH is of use. However, in integrating the pH values into the general picture of the offbalances, it must not be forgotten that they represent changes in the interstitial fluids, which correspond to the secondary part of the tissue level.

PHYSICAL AGENTS

Animals kept in an incubator at 38° C. showed a definite tendency toward a lowering of the s.d.c. pH. The effect of cold upon animals maintained in a refrigerator for forty-eight hours before operation was less apparent.

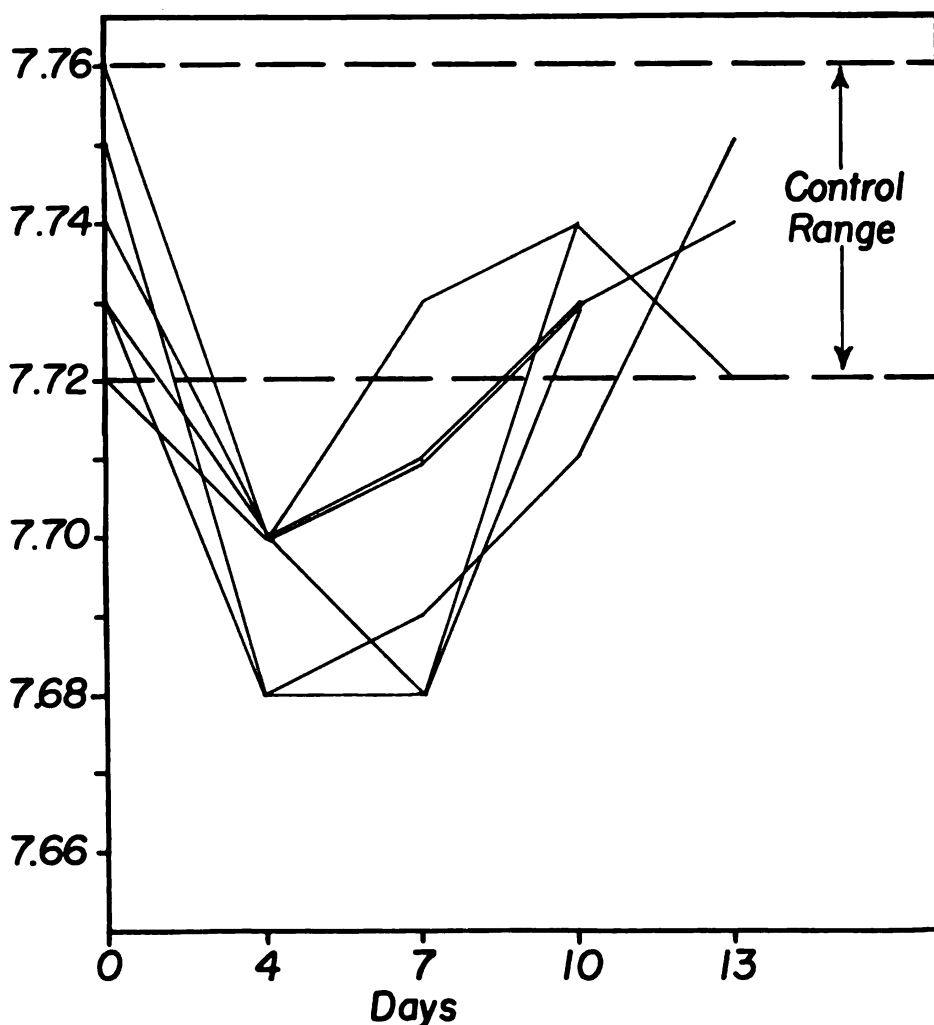


FIG. 239. Serial s.d.c. pH changes in animals with transplanted tumors that regressed rapidly or failed to grow. A slight fall is seen to occur in the fourth and seventh post-transplant day determinations, with a return to the control range in all the animals by the tenth day.

BIOLOGICAL FACTORS

Transplanted Tumors. Preliminary studies regarding the effect of a transplanted Walker tumor upon the s.d.c. pH of an experimental wound have been carried out. Prior to transplantation, the control s.d.c. pH was determined for each animal. Tumors were then transplanted subcutaneously to the left flank region by the trocar method. After the tumor had been transplanted to the animals, experimental operative wounds were produced at intervals of three days and the serial s.d.c. pH values on the

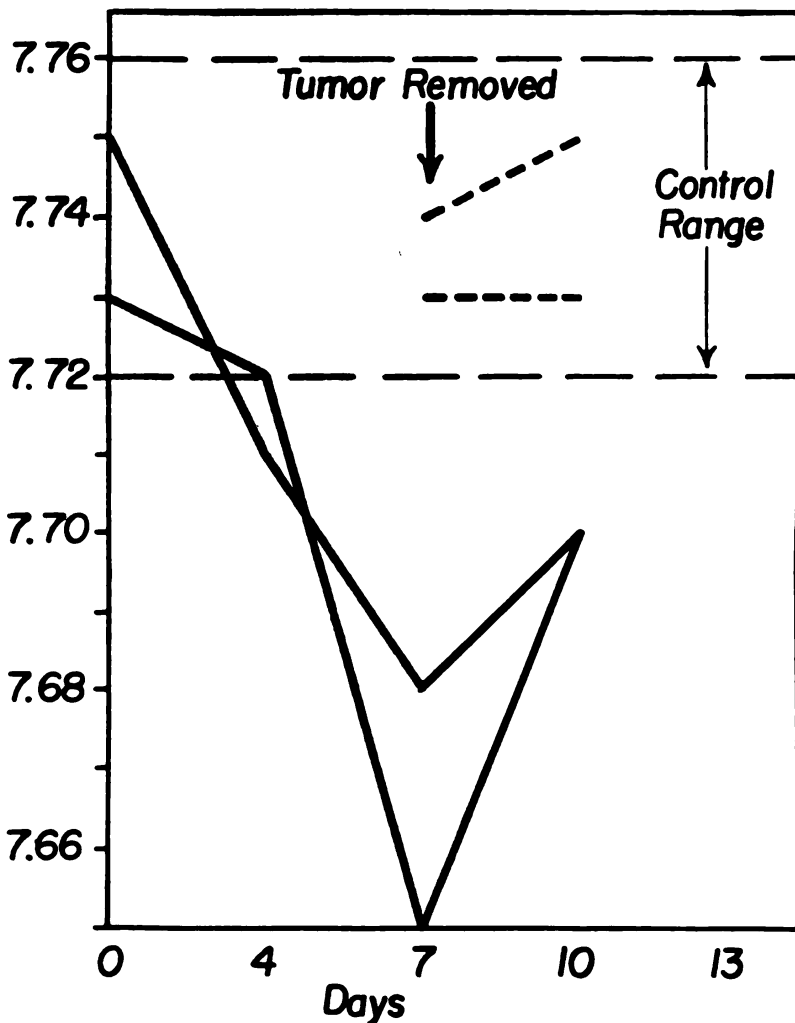


FIG. 240. The s.d.c. pH changes in two rats with growing Walker tumors (—), from which the tumor was removed on the seventh post-transplant day. Following the removal, the s.d.c. pH began to return towards the control range. A similar large incision was made in two animals without tumors and no effect was observed upon the s.d.c. pH in these animals (....).

fourth, seventh, tenth and thirteenth post-transplant days determined. The pH values determined each time immediately after the wound was produced, did not differ from the values found in untreated controls. As in all other animals, the s.d.c. pH only showed significant changes.

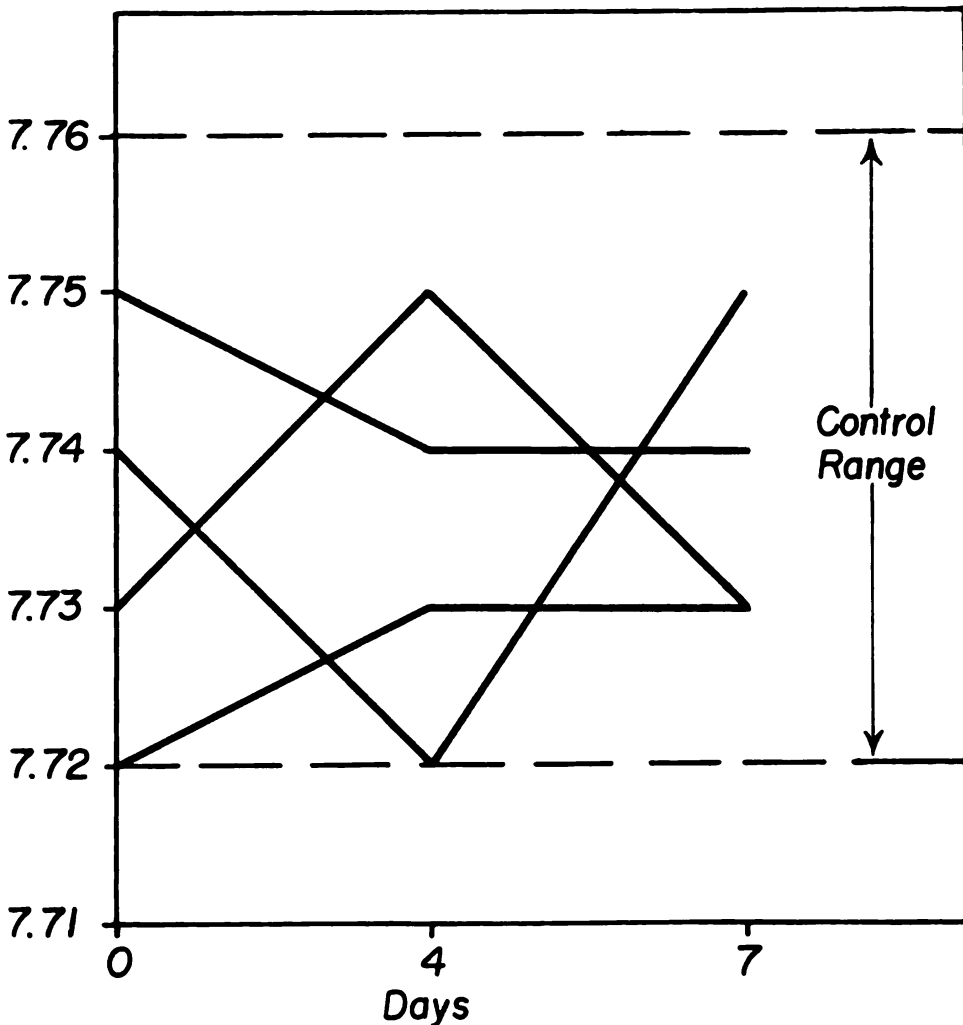


FIG. 241. Serial s.d.c. pH determinations in rats without transplanted tumors. The serial small surgical procedures did not alter the s.d.c. pH from the control range.

Figure 238 illustrates graphically the changes in the s.d.c. pH in a group of twelve animals with successful tumor transplants. A steady and maintained lowering of the s.d.c. pH was observed in each animal, with a tendency for it to rise slightly in those animals surviving thirteen days.

In some of our animals the tumor has shown a tendency to regress spontaneously or fail to take. In six animals in which the tumor failed to take or underwent early regression and disappeared, the s.d.c. pH in the

fourth and seventh post-transplant day tests fell slightly, but thereafter returned to control levels. (*Fig. 239*)

When transplanted tumors that were growing well, were surgically removed following the second post-transplant determination on the 7th day, the s.d.c. pH was seen to increase at the next test. (*Fig. 240*)

Surgical wounds. The same incision as for the removal of the tumors was produced in control animals, but the incision alone did not affect the s.d.c. pH. (*Fig. 240*)

In order to further control these experiments, repeated s.d.c. pH determinations were carried out upon wounds produced serially as in the tumor bearing animals. When no tumor was present the serial s.d.c. pH values did not vary from one examination to the next. (*Fig. 241*)

The serial small surgical procedures did not alter the s.d.c. pH from the control range.

Chapter 5, Note 2. Potassium

We have seen in Chapter 2, Note 1 how the place occupied in nature by sodium and potassium can explain their peculiar distribution in the body. Proper to the earth crust, one of the environments through which the complex individual has passed during its phylogenetic evolution, potassium appears as an element of the secondary part of the cellular compartment in the hierarchic organization. As a monovalent heterotropic element, potassium represents the principal organizational cation of this compartment. Its influence exerted in normal and abnormal physiology can be understood through its specific intervention at the cellular level, the changes in potassium content of the other compartments of the hierarchic organization being secondary to those occurring at the cellular level.

Potassium, absent at the nuclear compartment, is thus found in the nuclear or chromosomal sap, only in minimal amounts. We have no direct information about a passage of potassium from cytoplasm into the nuclear compartment under abnormal conditions. Judging by analogy, it appears probable that such a passage would occur and result in the appearance of nuclear vacuoles.

Ample data are available concerning the relationship between potassium of the cellular and of the metazoic compartments. This information receives a special interpretation when related to the above mentioned hierarchic distribution of the elements.

The cells maintain a proper amount of potassium in the cytoplasm which corresponds to a cellular primary constant. This constant insures a normal cellular metabolism and is controlled in part by the selective intervention of the cellular membrane. Under normal conditions, only a slow passage of potassium through this membrane takes place as compared to other constituents, such as of water, for example. On using radioactive potassium, Moore has shown that it takes about fifteen hours to bring it into balance with the intracellular potassium, while for heavy water, such an equilibrium was reached in less than two hours. (254) Due to the

intervention of the membrane, only minimal changes result in the cellular potassium even though rapid potassium variations take place in the extracellular compartment. Under normal circumstances, the body is insured through a regulatory mechanism against too strong or too rapid systemic changes. Normally, no potassium is stored in the body beyond that which is contained in the cell and metazoic compartment. Following a high intake, potassium is rapidly excreted. A very small amount is lost through perspiration, an additional amount, of around 10% is lost in the stool (252), and the remainder is lost through the kidney. (253) For insufficient intake, or an abnormal loss through excessive diuresis, prolonged diarrhea or vomiting, the organism tries to reduce this loss of potassium to a minimum. A prolonged systemic potassium deficiency brings about an increase in the weight of the kidney with tubular hyperplasia, which can be interpreted as a compensatory hypertrophy, in order to insure the reabsorption of very small amounts of potassium from the glomerular filtrate, and thus save this important element for the organism. Consequently, a quantitative abnormal intake or loss of potassium will result in an abnormal amount, either too high or too low in the metazoic fluids, only in case of a concomitant deficiency of the regulatory system. Prolonged quantitative changes in the amount of potassium available to the total body, influence only up to a certain point, the potassium content of the cells. Thus when the total body potassium remains low over a period of time, the cells too lose potassium. (250) On the other hand, the potassium in the cells increases after an abundant, prolonged administration of the cation. (251)

Besides these quantitative changes we have to consider abnormal conditions as affecting the specific intervention of this element. The proper level to which potassium belongs and the characteristic changes which take place at the cellular level, could be translated in too high or too low values. We tried to further interpret its intervention through the heterotropic character of this element.

The changes seen to occur in muscles have permitted us to relate this dual occurrence observed for the potassium content of the cells to the two abnormal metabolic conditions which take place in the cells. A muscle in anabolic metabolism and characterized by a process of glycogenogenesis, shows an increase of its potassium content. On the contrary, catabolic processes such as those occurring during muscular exercise (255) or in tissues in agonic states, are related to a loss of potassium from the cells. This metabolic loss of potassium is different from that seen to result from the death of the cells.

The destruction of cells in general, results in a liberation of their potassium into the interstitial fluids. However, such a destruction explains only in part the progressive loss of potassium encountered in abnormal conditions. The erythrocytes of stored blood lose their potassium to plasma through another process than their destruction. The same is true for patients undergoing surgery. They experience a constant loss of cellular potassium into the metazoic fluids, for which the process of destruction is only partially responsible. The breakdown of cells as it occurs in starvation or dehydration

for instance, releases a proportion of 2.4 gm. of potassium for every gram of nitrogen which is liberated under these conditions. (256) However, in surgical patients, the potassium loss was found to be two or three times higher than expected, considering the nitrogen loss. (257) This indicates a passage of potassium out of the cells without cellular destruction.

The study of the red cell potassium changes in stored blood and in the diphasic biological phenomenon such as in hemo-shock, has increased our knowledge of the conditions which correspond to these changes. We found thus that in the first phase of hemo-shock there are lower amounts of potassium in the red cells, followed by a second phase where this cellular potassium content increases. These two changes were thus connected with the characteristic offbalances occurring in hemo-shock: type D in the first phase, and type A in the second. Further studies of tissues in offbalance A or D in pathological conditions have confirmed this correlation between the two fundamental offbalances and the two opposite variations in cellular potassium.

The heterotropic character of potassium as seen through the test of the second day wound crust pH, (*See Note 1, Chapter 5*), has correlated the changes in potassium distribution to the heterotropic or homotropic character of the occurring processes. A low cellular content in potassium would correspond thus to the homotropic character of the processes characterizing the offbalance D. Those corresponding to a high cellular content concord with the group of heterotropic processes. Increased intracellular potassium results in a heterotropic anabolic effect, while loss of cellular potassium corresponds to catabolic metabolism.

The relationship between the hierarchic compartments explains the changes under abnormal conditions in the amount of potassium present at the different compartments. The study of the diphasic phenomenon of hemo-shock has permitted us to follow this relationship between cellular and plasmatic potassium. In the first phase of a hemo-shock, to the low potassium of the cells corresponds a hyperkalemia, while in the second phase, to a higher cellular potassium corresponds a hypokalemia.

With potassium, a cellular element, the changes seen in the metazoic compartment can thus be considered to be secondary to those occurring at the cellular level. An abnormal cellular condition, with an increase in the cellular potassium content, would thus have an opposite effect upon the amount of potassium present in the metazoic fluids. The fact that plasma potassium values are kept below normal, has to be interpreted as a means of compensating the high values present in the cells. These low values in plasma would result in a reduction of the cellular potassium and favor its return to normal values when possible. It is especially through changes in the urinary excretion that the respective hypokalemia are induced and maintained. On the other hand, an abnormal change in the cellular condition resulting in a low amount of potassium in the cells is seen to induce a prolonged compensatory increase in the potassium content of the metazoic fluids. Oliguria with reduced loss of urinary potassium, permits the creation and maintenance of this secondary hyperkalemia.

Potassium and Offbalances

We tried to utilize the information concerning the relationship between the two types of offbalances and the changes in potassium distribution between cells and metazoic fluids, in order to recognize the existence and nature of these offbalances. This led us to compare the amount of potassium present in red cells and in serum as an indication of this distribution between cells and metazoic fluids. From a practical point of view, we utilized the total blood instead of the separated red cells. (*Chapter 4, Note 5*) From the relationship between the two values, we could interpret the nature of the occurring changes as corresponding either to a quantitative abnormality excess of deficiency—or to a qualitative abnormality due to an offbalance A or D. Fig. 127 shows this correlation. With the values of serum potassium around 4.5 mEq and of total blood around 38 mEq, the condition is considered normal from the point of view of the potassium intervention. Low values in serum and total blood correspond to a quantitative deficiency, while high values for both, a quantitative excess. High serum with low total blood potassium correspond to the offbalance type D, while low serum potassium and high values in total blood to the offbalance type A.

In chronic conditions, such offbalances are seen to persist over long periods of time. Fig. 214 shows an example of a typical D offbalance, with the serum potassium high and the total blood potassium low. Fig. 215 shows an offbalance type A, with low serum potassium and relatively high total blood potassium. Fig. 216 shows an example of lack of potassium, with low values in both serum and total blood.

Potassium and Lipids

The correlation between potassium distribution and the offbalances A and D, has linked this information to the lipids and lipoids. The administration of agents of one or the other of the two groups, positive or negative, has produced opposite changes in the distribution of potassium total blood and serum. These experiments were made in rabbits in collaboration with Ismail Eroglu, Patricia McLachlan and Lee Weston. Administered in large amounts, all the positive lipoids and especially heptanol were seen able to reduce potassium in blood and increase it in the red cells. The negative lipoids have an opposite effect. Administered in reduced amounts, big differences could be seen between the agents of the same group, many having no influence on the potassium and only few showing manifest effects. Among the negative lipoids, the most active agents have appeared to be heptyldiseneide, sulfur and selenium tetra-hydronephthalene and epichlorohydrin.

Potassium and Sodium

The changes in the amount of potassium could be connected to its relationship to sodium, and further interpreted in the frame of the hierarchic organization. Both are members of the same series in the periodic chart,

but they correspond to different compartments of the organization. Sodium is the cation of the metazoic compartment, and potassium that of the cellular. They would consequently act differently towards cells, for instance. Under abnormal conditions, sodium is able to enter the cells. For example, following an injury, the cellular membrane which is almost impermeable to sodium, lets it pass through. A penetration of sodium into cells occurs, as demonstrated by the use of radioactive sodium. (42) As a consequence, potassium is released from the cells in order to maintain the necessary osmotic pressure constant. Many abnormal processes occur following the penetration of the sodium in the cells and others occur due to the release of potassium. The sodium which entered in the cells is partly isolated together with water, to form cellular vacuoles. The response of the metazoic compartment to those changes are interesting. Hyperkalemia, with a simultaneous hyponatremia occurs in the first phase of the diphasic phenomenon. The opposite happens in the second phase, when hypokalemia coincides with a hypernatruria.

This antagonism between sodium and potassium is seen further in the pharmacologic activity of these elements. The administration of potassium salts induces a greater elimination of sodium and water, which explains its diuretic action with dehydration of tissues and progressive alkalization of the urine. The effect upon the different organs is also antagonistic. For instance, in their effect upon the heart, as Merrill and co-workers have shown, the characteristic electrocardiographic effects of hyperkalemia appear only when the sodium level of blood is lowered. (259) A high sodium content prevents the cardiac effects of hyperkalemia.

In opposition to the atrophy of the adrenal glomerulosa induced by an excess of sodium administration, a potassium overdose can cause an enlargement of these zones in rat adrenals.

The hyperkalemia due to external intake such as in potassium poisoning, or due to systemic response to low cellular potassium, specifically influences certain functions. The peripheral vascular collapse with lowered blood pressure, cold clammy skin, pallor, listlessness and mental confusion, are symptoms related to the offbalance D, and encountered in high plasma potassium. They appear in conditions such as shock and burns which correspond to a prolonged first phase of the diphasic phenomenon. Paresis and flaccid paralysis (260) (261) are also important results of hyperkalemia. The most important changes appear in cardiac physiology and can be interpreted to correspond to low cellular automatism. Hyperkalemia will thus induce dromotropic positive changes, such as the increase of the duration of the Q R S complex, or that of the P-R interval, with a delay in the ventricular contraction, or a block which can lead to the arrest of the heart in diastole. (262), (263) Characteristically appears the changes in wave T, which increased became even angular. The change seen in offbalance D, are similar to those induced by a prolonged administration of potassium. In a study of the pharmacological activity of various agents upon the heart, made in collaboration with I. Eroglu, we used these changes as an indication of the type of offbalance they induce.

Fig. 216B shows some examples of this effect on rabbits. One group comprises agents considered as able to induce an offbalance D. They induce changes in the T wave which high amplitude is characteristic for a hyperkalemia. An opposite effect is seen in the other group, formed by agents able to induce an offbalance A, and where the T waves are remarkably depressed. (See page 574)

Potassium and Therapy

All these considerations have led to a more precise use in therapy of the information furnished by the study of potassium distribution. The quantitative deficiency—recognized by low potassium in total blood and serum—is controlled by oral and parenteral administration of potassium. A quantitative excess—with high values in serum and total blood—is treated with the administration of ionic exchange compounds, diet, laxatives and more sodium intake. For the offbalances, the treatment is especially directed to those agents which seem to influence more strongly the cellular potassium metabolism. Selenium lipoids and sulfurized tetra-hydronaphthalene are used for offbalance A, and heptanol for offbalance D.

The fact that the cellular membrane plays an important role in the metabolism through which the abnormal changes in potassium occur, has led us to use agents acting upon these membranes. Adrenaline has been seen to favor the discharge of potassium from the liver cells, simultaneously with glycogen. We thus used adrenaline for cases of offbalance A in which an especially high cellular potassium was present. On the opposite side, the administration of insulin together with an increased intake of glucose was seen to increase the cellular potassium. (258) A similar effect was seen for cortisone, and ACTH, for heptanol, cholesterol and also for the unsaponifiable fractions of organs. These agents have been used in the treatment of offbalance D at the cellular level, where abnormal high values of serum potassium are present.

Chapter 6, Note 1. Definition of the Lipids

According to Bloor: "Lipids may be defined as a group of naturally occurring substances consisting of the higher fatty acids, their naturally occurring compounds and substances found naturally in chemical association with them. The group is characterized in general by insolubility in water and solubility in "fat solvents," e.g., ether, chloroform, benzene, etc." (226)

Chapter 6, Note 2. Definition of Lipoids (227)

From a physico mathematical analysis of our definition of lipoids, J. Mariani arrives to the following conclusions:

Any substance will behave like a lipid with respect to a polar solvent when in:

$$\varphi = \frac{1}{2} \sum_{\text{surface}} a_{11}^2 - \sum a_{12} a_{22} + \frac{1}{2} \sum_{\text{surface}} a_{22}^2$$

φ will be positive. The electrical attractions given by:

$$\Sigma a_{11} a_{22}$$

will not be able to balance the attractive forces:

$$\frac{1}{2} \Sigma a_{11}^2 + \frac{1}{2} \Sigma a_{22}^2$$

due to van der Waals forces (and to the polar groups of A). But we can simplify this definition. Let us consider a solvent the molecules of which are dipolar and form polar groups similar to those contained in the solute. We can call those substances *lipoids* for which the dipole interaction energy in the cavity occupied by the molecule is less than the energy arising from van der Waals forces.

We get:

$$\Psi = \frac{1}{2} \Sigma_{\text{surface}} (a_{11} - \rho) - \Sigma (a_{11} a_{22} + \rho) = \frac{1}{2} \sigma - \xi$$

where now σ represents van der Waals forces in a cavity occupied by the molecule and ξ the dipolar forces at the surface of the cavity.

Chapter 6, Note 3. Separating Membrane Between Aqueous Media

The possibility of having a membrane with polar groups at both surfaces, as shown in mitochondria, represents one of the most important means used in biology to separate two aqueous solutions. (228) One of the characteristics of such a membrane is that often it represents an isolating boundary rather than a membrane with functional activity. This is seen in the fact that very often such a membrane breaks when the two separated aqueous media have to mix.

Chapter 6, Note 4. Fatty Acids Break Down

In a work hypothesis of the biological breakdown of a long chain molecule for caloric metabolism, we consider two factors as being of capital importance: 1) that the result be an even carbon-number chain molecule, since the Knoop oxidation leads to complete caloric utilization only for such molecules, and 2) that the length of the chain of carbons bound to the carboxyl in the new molecule be not higher than 11 carbons in order to permit direct beta oxidation. To fulfill the first condition, the breakdown process does not occur between the carbons of the double bonds themselves, since in natural fatty acids the double bonds separate portions of the chains, usually with odd number of carbons. Such a breakdown would lead to molecules resulting in further incomplete Knoop oxidation.

According to the hypothesis the breakdown of the molecule occurs at the carbon nearest the double bond. Through the energetic influence exerted by the double bond, the even numbered carbon nearby appears strongly positive. As a first step, this carbon was seen to fix a molecule of

oxygen resulting in a hydroperoxide as shown by Farmer and co-workers first for rubber (30) and later for fats *in vitro*. (31) It is with the passage, in a second step, of this hydroperoxide group into a carboxyl that the breakdown of the molecule occurs at this level, as shown in Figure 242.

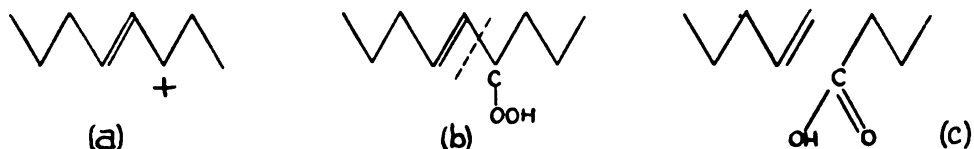


FIG. 242. The oxidative breaking down of a fatty acid molecule (a) occurs *in vivo* taking place through the appearance of a hydroperoxide at the carbon adjacent to the double bond (b). It leads ultimately to a carboxyl formation (c) at this adjacent carbon and results thus in chains with even number of carbons.

If the even numbered carbon near the double bond is toward the terminal methyl group, a monocarboxylic acid will result. A similar process taking place at the other carbon adjacent to the double bond toward the carboxyl will lead to a dicarboxylic molecule. The metabolic changes *in vitro*—and also *in vivo*—have shown the appearance of these two groups of even carbon mono and dibasic fatty acids. By binding two molecules of water the remaining 2-carbon chain linked by the double bond would result in acetic acid molecule. Such changes occurring in the caloric monoethenoids permitted us to explain one of the baffling peculiarities seen in the constitution of the monoethenic fatty acids.

In Note 5, we discuss the position of the double bond in the principal naturally occurring monoethenoids as it follows a characteristic pattern. In molecules with 16 or less carbons the double bond is more often placed so as to separate a group with 9 carbons toward the carboxyl end, while in molecules of 18 carbons or more, the double bond separates almost constantly a group of 9 carbons toward the methyl end. Figure 243 shows two characteristic examples.

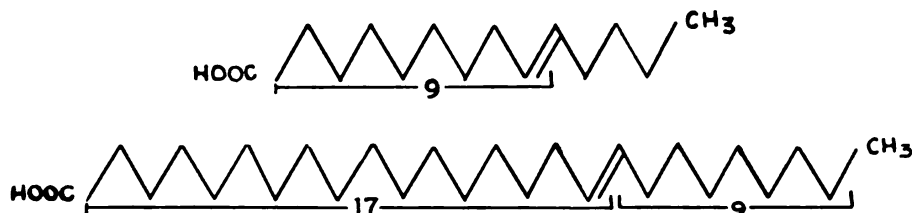


FIG. 243. Characteristic placements are seen for the double bond in two monoethenoids. The double bond separates two groups with odd number of carbons. For the myristoleic acid, it separates a group of 9 carbons toward the carboxylic end, and a group with a short 5 carbon chain toward the methyl end. For hexacosenoic acid (26C) a chain with 17 carbons is separated toward the carboxyl end and one of 9 carbons toward the methyl end.

The breakdown of the molecule according to the process mentioned above explains the peculiarity. For the chain with 18 or less carbons, biological fission would result in a diacid with 8 carbons and another monoacid with 8 or less carbons, both subject to Knoop oxidation. In the long chain fatty acid the double bond separating a 9 carbon fraction toward the methyl-end of the molecule will result in an 8-carbon chain as monoacid having the methyl group at the other end. The other part of the molecule, with more than 8 carbons and which corresponds to the long fraction hav-

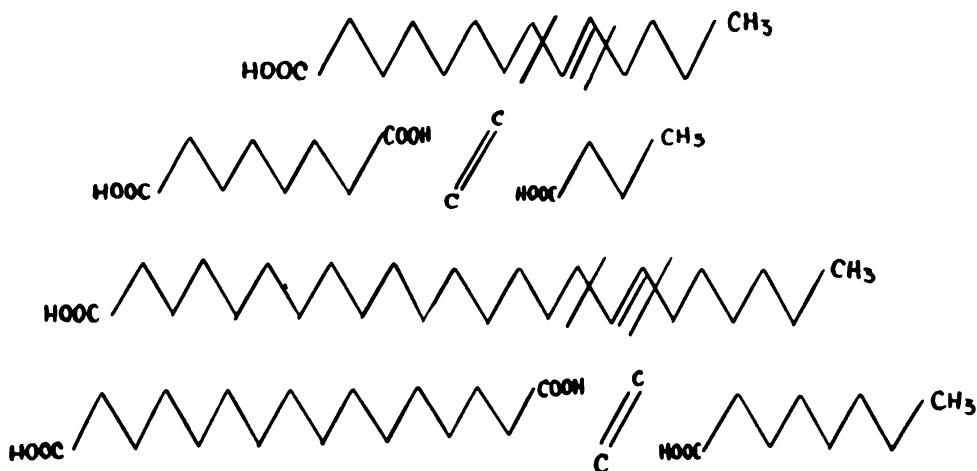


FIG. 244. Through the emplacement of the double bond in the molecules of the monoethenoids, the breaking down of the molecules of fatty acids at the carbons adjacent to the double bond leads to the appearance of a dicarboxylic acid for the part of the chain having more than 10 carbons.

ing the carboxyl at its end, results in a diacid. (Fig. 244) This also will be subject to Knoop oxidation, even with a long chain. In the diacid, this process, which is related to the intervention of the carboxyl, can take place at both ends where carboxyls are present.

Chapter 6, Note 5. Position of the Double Bond in Monoethenoids

The comparative analysis of the principal naturally occurring monoethenic fatty acids has shown a curious configuration due to the peculiar relative position of the double bond in these molecules. Figure 245 shows the position of this double bond in the principal monoethenoids. (267) Andre has shown that the double bond is more often placed so as to separate a group of 9 carbons ending with the carboxyl. We could show that this group is present toward the extremity ending with the carboxyl especially if the chain has 18 carbons or less. For the longer chain, this group of 9 carbons is present but usually toward the extremity, ending with the methyl. The importance of this configuration for the Knoop beta-oxidation of these acids is discussed in the previous Note.

Similar separation in groups of carbons totaling 9 carbons, are seen in polyunsaturated fatty acids. (Fig. 246)

Chapter 6, Note 6. Saturation—Desaturation Balance in the Liver

The total number of double bonds does not change in the simultaneous processes of saturation and desaturation occurring in the liver. To a preparation of liver cells, saturated and polyunsaturated fatty acids were added. The iodine number of the fatty acid mixture present was determined, as

Position of the Double Bond in
Monoethenic Fatty Acids






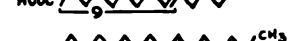





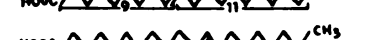
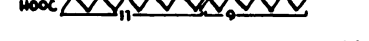



<u>Common Name</u>	<u>Systematic Name</u>	<u>Formula</u>
Obtusilic	Δ 4,5 Decenoic	HOOC 
Caproleic	Δ 9,10 Decenoic	HOOC 
Lainoleic	Δ 9,10 Dodecenoic	HOOC 
-----	Δ 5,6 Tetradecenoic	HOOC 
Myristoleic	Δ 9,10 Tetradecenoic	HOOC 
Palmitoleic	Δ 9,10 Hexadecenoic	HOOC 
Petroselinic	Δ 6,7 Octadecenoic	HOOC 
Oleic	Δ 9,10 Octadecenoic	HOOC 
Vaccenic	Δ 11,12 Octadecenoic	HOOC 
Gadoleic	Δ 9,10 Eicosenoic	HOOC 
-----	Δ 11,12 Ecosenoic	HOOC 
Cetroleic	Δ 11,12 Docosenoic	HOOC 
Eonicic	Δ 13,14 Docosenoic	HOOC 
Selacholeic	Δ 15,16 Tetracosenoic	HOOC 
-----	Δ 17,18 Hexacosenoic	HOOC 
-----	Δ 21,22 Tricosenoic	HOOC 

FIG. 245. Principal naturally existing monoethenoids show that for the members with a short carbon chain the double bond separates a group of 9 carbons toward the end of the molecule having the carboxyl. For fatty acids with more than 18 carbons, the group of 9 carbons separated is toward the end with the methyl group.

well as the quantity of mono-unsaturated members. After incubation at 37°C, the amount of monoethenic members was seen to have increased greatly. Analysis of the total fatty acids present in the preparation, however,

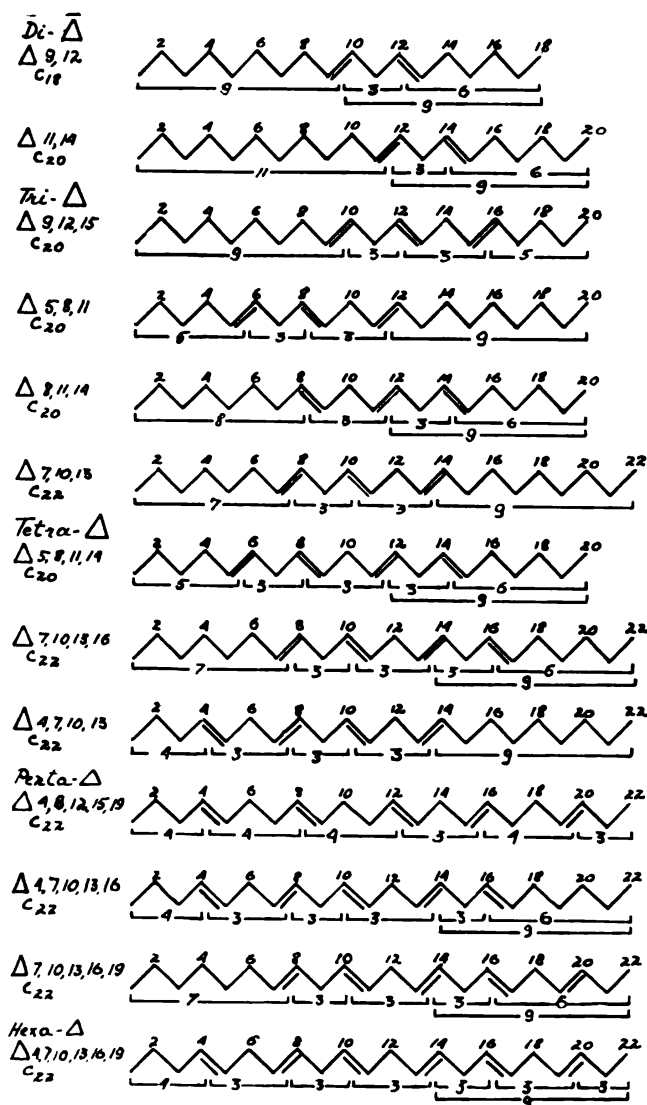


FIG. 246. In the polyethenoids, groups of 9 carbons are recognized, formed usually by the sum of two or three groups, multiple of 3 (3 or 6). The group of 9 carbons is usually placed toward the methyl end of the molecule.

showed the same iodine number, indicating that in the changes which had taken place, the saturation and desaturation processes had compensated each other through a transfer of double bonds from the polyunsaturated to the saturated members.

Chapter 6, Note 7. Essential Fatty Acids

A strong positive character of the carbon of the carboxyl results from its bond to two oxygens. This induces an alternating polarity, with the odd carbons positive in the chain. On the other hand, the influence exerted by a double bond in the molecule corresponds to an enhancement of the proper charge of the adjacent carbons. When a carbon is situated in an intermediary position between two double bonds, the influence resulting from the two double bonds is highly increased. These two factors—positive character as an odd carbon and intermediary position between two double bonds—make C_{11} of linoleic acid a particularly strong positive carbon which appears to be especially able to bond a negative oxygen. We consider this strongly positive methylenic carbon to be the condition which determines whether a fatty acid has the character of an "essential" fatty acid.

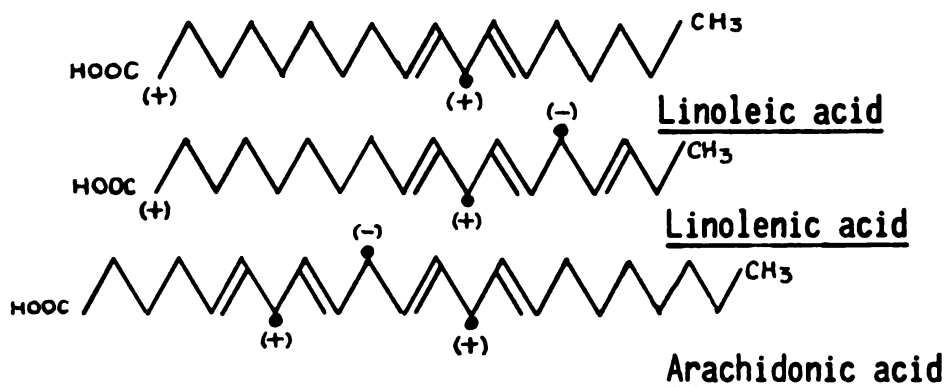


FIG. 247. Relationship between the positive charge of the methylenic carbon and the character of essential fatty acid. The similarity which exists between linoleic and linolenic fatty acids as essential fatty acids, can be explained by the fact that both have only one positive methylenic carbon. Arachidonic acid, with two such positively changed carbons, has this character of essential fatty acids markedly increased.

This explains further a peculiar relationship between the three important essential fatty acids. No differences are seen, from the point of view of activity as essential fatty acid, between linoleic and linolenic acid, although the last has 2 intermediary carbons, one at C_{11} and another at C_{14} . This can be explained by the fact that the second intermediary carbon, the C_{14} , as an even carbon, has a negative electrical character. From this point of view of strongly positive methylenic carbon, there is no difference between linoleic and linolenic acids. The relationship between the character of essential fatty acid and intermediary positive carbon is further confirmed by the fact that arachidonic acid, with two positive and one negative intermediary carbons, is also a more active essential fatty acid than linoleic and linolenic acids, each of which has only one positive intermediary carbon. (Fig. 247)

Chapter 6, Note 8D. Fixation of Halogens on Conjugated Double Bonds

The fact that the fixation of halogens at the conjugated double bonds occurs in two steps would explain the relative difficulty in a reverse reaction. As seen for butanediene, the halogen ions are first attached to the external carbons of the conjugated formation with the appearance of a double bond between the central carbons. It is only in a second step that two other halogens are bound to these central carbons too, thus completing the bond of halogens to all the carbons of the conjugated formation. (Fig. 248)



FIG. 248. Fixation of halogens at the conjugated double bonds takes place in two steps, with a displacement of the double bond in an intermediary position in the first phase, a fact which explains the nonreversibility of the process.

Chapter 6, Note 8A. Solvent Fractionation of the Lipidic Constituents

In studying the biological role of the lipids, we recognized the importance of the forms under which the different lipids are present in the body, forms which seem to determine greatly their activity. A lipid changes its reactivity when it passes from the free form to one bound to other constituents. A first step in this study was the analytical separation of these forms. We distinguished thus four fundamental forms for acid lipids as well as for unsaponifiable fractions:

I. Free lipids, or those bound in such a labile physical form as to be able to take part directly in different reactions through their polar groups.

II. Lipids bound in cenapse with other constituents, that is, in a relatively labile form.

III. Lipids in combinations through their polar groups as esters or fats. This form represents usually a reserve or an inactive circulating form which can become active through hydrolysis.

IV. Lipids bound so firmly to other constituents as to be inseparable through solvents and to need saponification of the material in order to be liberated.

The first form would represent the functional form, the second a rapid available functional reserve, and the third, a reserve. The last would represent a stable combined form as part of the building of entities themselves.

We have utilized the differences in solubility of these various forms of lipids in order to separate them from the material to be studied, and thus to study their intervention in different normal and abnormal conditions. It must be emphasized that this separation concerns only the form under which the lipids are present in the organism and not their chemical constitution.

In spite of only a relative degree of accuracy in some separations, the

differences noted from one sample to another are so manifest and so consistent that this method can be considered as an interesting and reliable source of information. We have, therefore, used this technique of separation for thousands of samples through the years.

According to the technique we devised, the material to be analyzed—tissues, organs, entire organisms or only biological products—is finely divided in a blender. It is then extracted several times with ether under stirring, or in a Soxhlet apparatus. Under these conditions, ether removes the lipids present in the form of free lipids and neutral fats. This represents a mixture of the fractions I + II. The residue is again extracted, this time with a mixture of 10% ethyl alcohol in ether which breaks the cenapses and separates the lipids previously bound in cenapse. The result represents fraction III. The residue is saponified with 10% KOH and extracted with ether. This represents fraction IV US or the unsaponifiable lipids of fraction IV. After acidification with tartaric acid, a new extraction is made which represents fraction IV LA or the acid lipids of this fraction.

The ether of fraction I + II is distilled and the residue treated with 85-90% alcohol concentration which dissolves selectively the free lipids as fraction I, and leaves the part formed by neutral fats as fraction II.

Fractions I, II and III are then saponified separately. The unsaponifiable fractions are extracted with ether, giving respectively the fractions I US, II US and III US. After acidification with tartaric acid, other extractions with ether are made which respectively represent fractions I LA, II LA and III LA. Each of these fractions is washed with distilled water, dried with anhydrous sodium sulfate and, after the ether is distilled off, the fractions are weighed.

For each material, we obtained thus four different fractions for the unsaponifiable part which we called the US fractions, and four for the saponifiable called the LA fractions. They correspond respectively to: I, free lipids; II, lipids present as esters or fats; III, lipids bound in cenapse; IV, lipids fixed in combinations which are liberated only through saponification. In the following examples, we chose different materials to illustrate the kind of information obtained through this method. Fig. 249 represents the results obtained in normal rats, in rats under abnormal conditions, as well as in tumors, all expressed as the 8 lipidic fractions.

In order to facilitate the comparison between normal and abnormal conditions, we chose for this example, rats between 180 and 200 gms. of weight, all males with one exception (case b). The data obtained were thus compared with that obtained for case (a) which corresponds to a normal male rat killed by ether. The analysis for the lipoacid fractions of this case shows a fraction (IV) at 3.5 mg./per gram of animal, the fraction III in cenapse at .2 mg./per gram, II corresponding to fats at 1.2 mg./per gram and the fraction I as free lipids at 8.1 mg./per gram of animal. For the unsaponifiable fraction, the fixed part IV is at 0.8 mg./per gram of animal, the III in cenapse at 2 mg., the II as fats at 0.8 mg., and the free part I at 7 mg./gram of animal.

The female rat (b) shows in general, lower values for the acid frac-

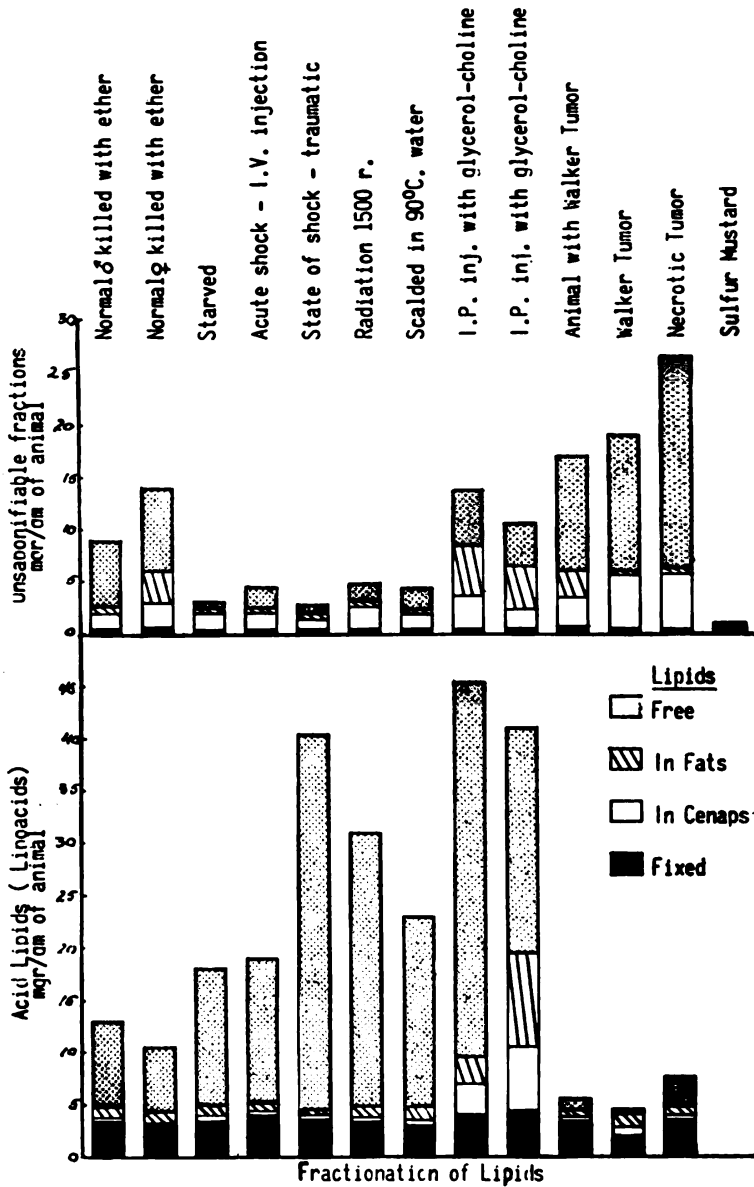


FIG. 249. Solvent separation between different lipoacids and unsaponifiable fractions in various animals and tumors. The values expressed in mgr/gr of animal show big variations concerning especially the free lipids. (Top fraction)

tions and higher for each fraction of the unsaponifiable part. It is interesting to note that the fixed part (IV) in acid lipids is lower than in any male, a fact confirmed by other analyses. The increase in unsaponifiable part concerns especially the cenapse, fats and free lipid fractions. These differences are in agreement with the data concerning the relationship between lipids in males and females, as discussed in Chapter 6.

It is interesting to note the changes in starved animals as shown in case

(c) where a marked decrease in the unsaponifiable fractions is seen, but with an increase however, in the acid part, especially in the free fraction (which reaches values of 13 mg./1 gm.). Similar changes are seen in acute shock (d) induced by the intravenous injection of a rich culture of *Esch. coli* in broth. Although death occurred in less than 40 minutes, a marked increase in free fatty acids is seen with a corresponding decrease in the unsaponifiable fractions. The deviation from normal in the same direction appears still more manifest for the animal in a traumatic state of shock (induced by 700 falls in the Collip-Noble drum), (e). The dying animal showed a marked increase in free fatty acid (37mg./1 gm.) with a notable reduction in the unsaponifiable fractions. Cases with over 70 mg./1 gm. of free fatty acid were also found. A lethal dose of radiation (1500r) (f), and caloric burns (g), were seen to induce similar changes.

Also of interest was the influence exerted by the intraperitoneal injection of glycerol and choline, with an impressing increase in all the fractions of the acid and unsaponifiable lipids, and of those in cenapse and fat fractions in (h). We chose example (i) of another animal submitted to the same treatment to show the extent of the concordance of the information furnished by this method.

It can be seen that almost under all conditions, the amount of fraction IV as obtained through saponification, changes very little. The amount present in cenapse and as neutral fats show more variations. Varying considerably from one case to the other, are the free lipids as fraction I which thus could be connected more directly with a pathogenic intervention of the lipids.

Another conclusion can be drawn from the analysis of these results. The high amount of free lipids often obtained under abnormal conditions cannot be considered to result only from a liberation of these lipids from the pre-existing reserve as neutral fats or from the more labile cenapse form, since the total amount of the free lipids found is much greater than the sum of these forms. An appearance of new lipids, through synthesis, has become evident in these conditions.

Example (j) is the analysis of an animal with a 12-day old Walker tumor. Comparison with the normal controls shows a reduction of the acid lipidic part, with an increase in all the four fractions. The study of the tumor itself (k) shows still greater differences. The fixed fraction is smaller than in the total body of the animals, while the cenapse part is greatly increased. The free lipoacidic fraction is almost nil. For the unsaponifiable fractions, that in cenapse, and especially that corresponding to free lipids, is greatly increased. In the necrotic tumor all four lipoacid and unsaponifiable fractions are increased. The latter however, to a greater degree. Though the cenapse amount is high, an increase is most evident in the free fraction. Case (m) of an animal treated with sulfur mustard applied on the skin, appears particularly interesting. The animal, dying the 14th day, has almost no unsaponifiable fractions left (less than 1 mg./1 gm.).

We used this method extensively throughout the years, in spite of its one limitation—the imperfect separation of neutral fats from free lipids.

The great concordance for all variations however, has practically overruled any objection of a failure of the separation of these free lipidic fractions.

Chapter 6, Note 8B. Spectral Analysis

In collaboration with Carlos Huesca-Mejia and Priscilla Teitelbaum, we studied several thousand samples of lipid preparations through spectral analysis, in ultraviolet and first portion of visible light, and more rarely in infrared, using the Beckman spectrophotometer. We will limit ourselves to note here only some of the principal conclusions reached.

1) Concerning the chemical isomerization procedures, we could show the importance of the temperature used when a mixture of fatty acids is treated. The conjugation *in vitro* as it is usually carried out, with ethylene-glycol or glycerol as solvents, was seen to result in preparations with too low amounts of tetra-, penta- and hexaenic conjugated members. A relatively rapid disappearance of the conjugated formations with 4, 5 and 6 double bonds was seen to be induced by the high temperature used. This led us to utilize a new method of conjugation, at lower temperatures. Using ethyl alcohol as solvent, preparations with high conjugated formations were obtained.

2) We utilized the spectral analysis for quantitative determination not only for di-, tri- and tetraenes as usually employed, but also for pentaenes and hexaenes. For this purpose we determined the extinction coefficient corresponding to these pentaene and hexaene formations. This was made possible by isolating the respective pentaenic and hexaenic conjugated members through appropriate solvents.

3) We studied various materials and especially different organs in order to correlate their richness in different fatty acids to their biological activity, by using the spectral analysis of the *in-vitro* conjugated fatty acids, as mentioned above.

4) Similarly, we tried to correlate the existence of characteristic peaks in the spectral analysis curve of unsaponifiable fractions of organs to their biological activity.

5) We utilized spectral analysis for the study of the effects of various agents such as chlorine, sulfur, sulfuric acid or oxygen upon the conjugated fatty acids.

6) We showed that minimal changes are induced in the nonpolar groups of conjugated fatty acids by changing their polar group from carboxyl into a primary alcohol, by treatment with lithium-aluminum hydride.

7) We studied the influence exerted by conjugated fatty acids upon carcinogens. This can be partially revealed by the quenching action induced upon the fluorescence of these latter agents.

8) In an extensive study we investigated the influence exerted by radiation upon fatty acids *in-vitro* and *in-vivo*. This influence was characterized by the appearance of conjugated trienes, and is presented in Chapter "Radiation," and in other Notes.

Chapter 6, Note 8C. Vapor Fractionation of Fatty Acids

In a group of experiments we applied the gas chromatography method to the study of fatty acids. The principal aim was to investigate the value of the information furnished by this method concerning the presence of conjugated fatty acids. This study was made in collaboration with Ivan Bier and with Winston Dindial who prepared the samples.

Methyl esters of eleostearic acid, linoleic acid and its conjugated isomers; of linseed oil fatty acids and the conjugated preparation; of cod liver oil fatty acids and the conjugated preparations; and of samples of fatty acids obtained from animals and tissues under normal and abnormal conditions were obtained. We analyzed through vapor fractionation, these different preparations as such, the preparations obtained through condensation on cold fingers during distillation in vacuum at different temperatures, and the different fractions obtained through distillation in vacuum. For all these tests we used the Perkin-Elmer vapor fractioner with a column of succinyl polymers heated up to 235°C. Under these conditions, no differences could be seen between the respective conjugated and nonconjugated samples. Figs. 250 and 251 show examples of such analyses of a cod liver oil fatty acid preparation and of a preparation obtained after treatment with KOH in butyl alcohol. Fig. 252 shows the spectral analysis of this last product.

Under the condition of analysis used, the gas chromatography method does not permit the identification of the conjugated isomers present. This is the reason why the analytical method could not indicate the presence of such members in materials obtained during abnormal conditions. The conjugated isomers can be identified by other methods—such as spectral analysis and especially oxalic index—after oxidative fission.

We are now trying to obtain columns that would permit working at much higher temperatures and would permit us to identify these conjugated fatty acids. In view of the minimal amount of material needed for analyses and the precision of the results usually obtained, an adaptation of this method for the identification of conjugated members would be of especial great value.

Chapter 6, Note 9. Twin Formation

The odd number of carbons in a cyclic molecule represents one of the conditions which always would result in the appearance of a twin formation, since the alternation between positive and negative signs gives the same electrical charge to two nearby carbons. (*Fig. 254*) The correlation of the positive and negative charges of nearby carbons to the fact that acetic acid molecules have been utilized in the synthesis of the molecule represents an additional factor for inducing twin formations even in cycles with an even number of carbons.

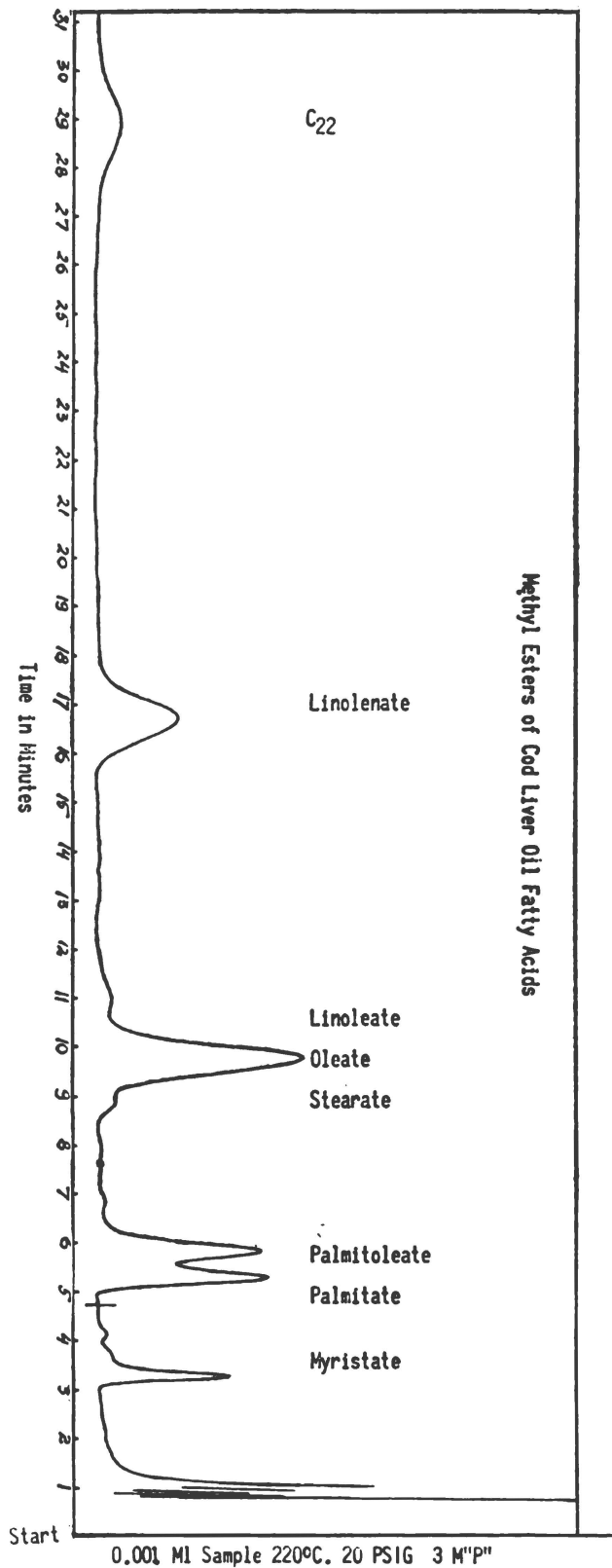


FIG. 250. Gas chromatographic analysis of a sample of cod liver oil fatty acids showing some of the different constituents.

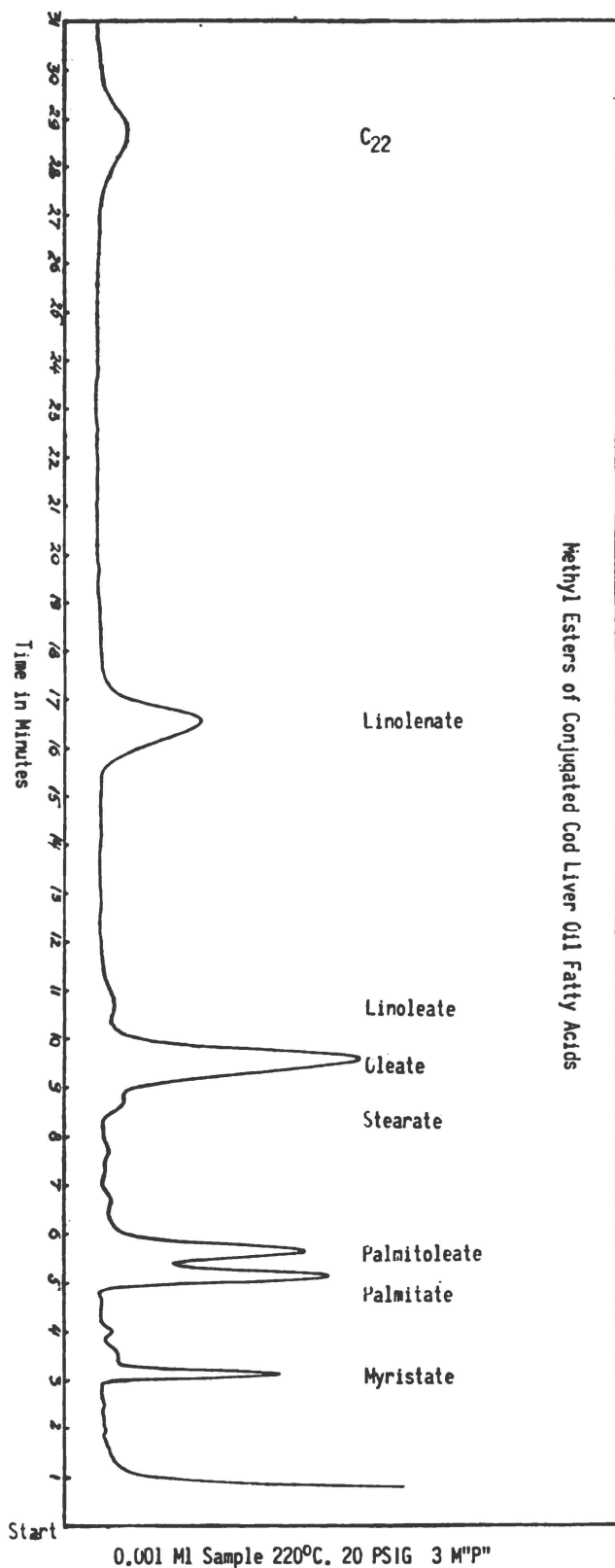


FIG. 251. Gas chromatographic analysis of a sample of the fatty acids of cod liver oil after chemical conjugation. No differences are seen between the curve of Fig. 250 and this curve, indicating that in the conditions under which the analysis was made, the conjugated members are not detected.

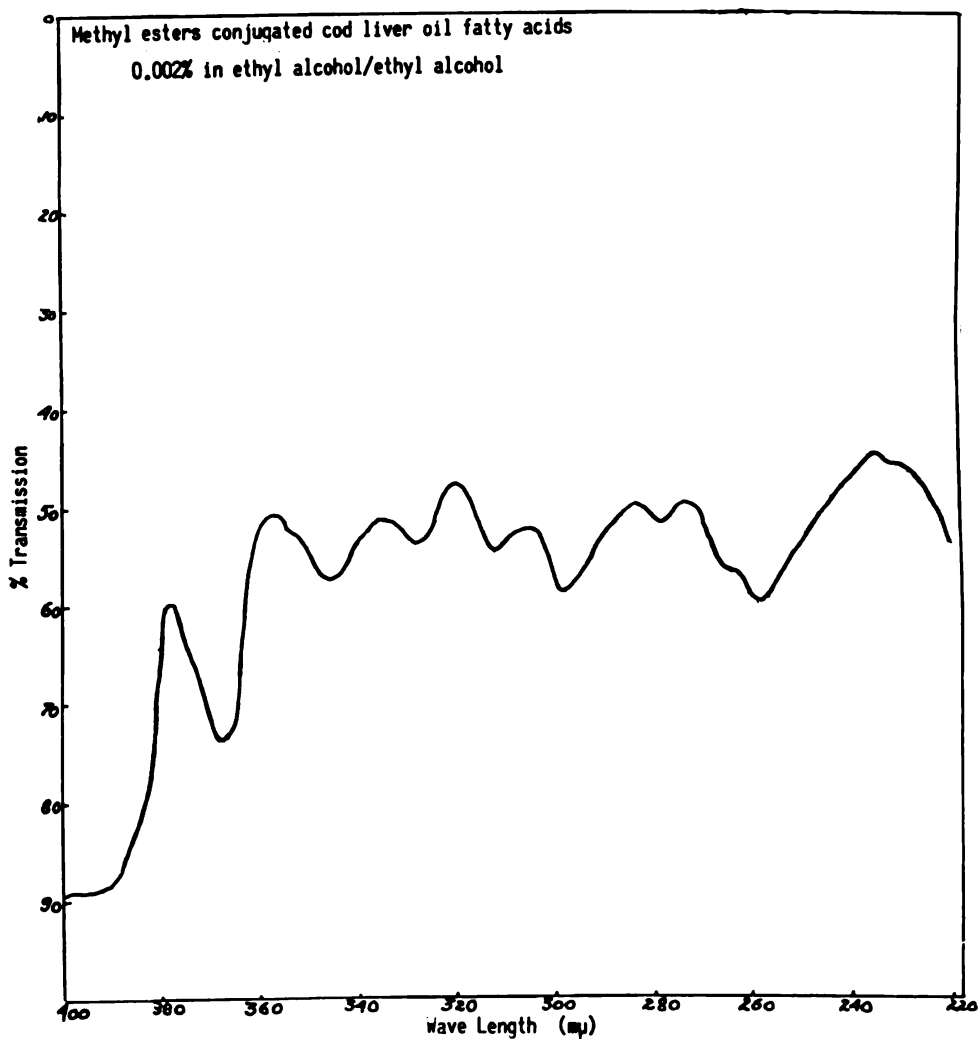


FIG. 252. Spectral analysis of the sample used for gas chromatography, shown in FIG. 251, indicating the presence of di-, tri-, tetra-, penta- and hexaenic conjugated members.

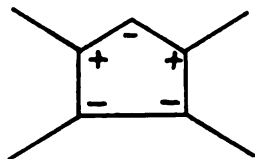


FIG. 254. A twin formation appears in cyclopentane as a result of the alternate sign of adjacent carbons.

Chapter 6, Note 10. Arachidonic Acid—Sterol Relationship

The relationship between arachidonic acid and sterols, both of which are present in the adrenals, has been followed through the changes which occur in the amount of these substances in the adrenals during certain pathological processes. Rabbits were slowly injected intravenously with a suspension of microbes until symptoms of deep acute shock appeared. The animals were sacrificed immediately by bleeding them and the adrenals and blood analyzed. The amount of polyunsaturated fatty acids of the adrenals had markedly decreased, and, in some animals, had almost disappeared from these organs. At the same time, the amount of the same fatty acids of the circulating blood had manifestly increased. The amount of insaponifiable fractions and sterols in the adrenals was unchanged as compared with controls. It seems that fatty acids have passed from the adrenals into the general circulation as a first response to the noxious intervention.

Chapter 6, Note 11. Steroids Deriving from Arachidonic Acid

The study of the relationship between steroids and certain fatty acids led us to the hypothesis, according to which some steroids are derived from fatty acids themselves. Although the synthesis of cholesterol from scalene (230) is highly plausible, it would not represent the only origin for all the steroids. The members with a two carbon chain would derive from other substances. We present this hypothesis here because it also represents an example of another important role played by the double bonds which appear to intervene in the process of cyclization in the organism.

According to the hypothesis which we have advanced, polyunsaturated fatty acids lead to allopregnane, the parent steroid with a two carbon lateral chain. Figure 255 shows the different phases of such a transformation starting from arachidonic acid. The presence of a carboxyl and four double bonds in the arachidonic acid molecule results in some of its carbons having a particularly strong energetic value. The strongly charged carbons are: 1) C₁, through its bond to = O and — OH; 2) C₂ and C₃, through an induction process since they are close to the carboxyl; and 3) C₅ and C₆, C₈ and C₉, C₁₂ and C₁₃, and C₁₆ and C₁₇, respectively bound by double bonds.

Due to alternate induction, all the odd-numbered carbons have a positive sign and the even-numbered have a negative one, as indicated in Figure 255a. Because of the high flexibility of the aliphatic chain, and the presence of carbons with strong positive and negative character in the same molecule, attractions between the strongly charged carbons with opposite electrical signs in the same molecule would occur. This would lead, as a first step, to a bending of the chain so that the strongly charged carbons with opposite signs would face one another. (*Fig. 255b*)

In a second step, as these carbons are bound by double bonds, the respective π electrons of the double bonds would serve to form a new

bond between the facing carbons and thus to close cycles. This would occur without any loss or gain of electrons. The three double bonds between C_5 and C_6 , C_{11} and C_{12} , and C_{14} and C_{15} would serve to close the three cycles. (Fig. 255c) The double bond between C_8 and C_9 would serve to make C_9 highly reactive. It can be seen that C_9 of arachidonic acid corresponds to C_3 of cyclopentanophenanthrene, which explains why this carbon has a high positive character, with an oxygen fixed on it. The carbon of the carboxyl could be used either to form the methyl group at C_{18} or, more plausibly, could be lost in a process of decarboxylation, which by itself, in this case, would induce the bond between C_2 and C_{18} of the arachidonic molecule. Through the intervention of the strong energetic center, the pentanic cycle would be closed and would have two carbons with the same charge. (Fig. 255d) The two methyls, corresponding to C_{18} and C_{19} of steroid molecules, would result from a further process of methylation after the polycyclic molecule was formed. C_2 and C_6 of arachidonic acid would be especially likely to have a methyl group fixed on them through their electronic displacement due to the new bond.

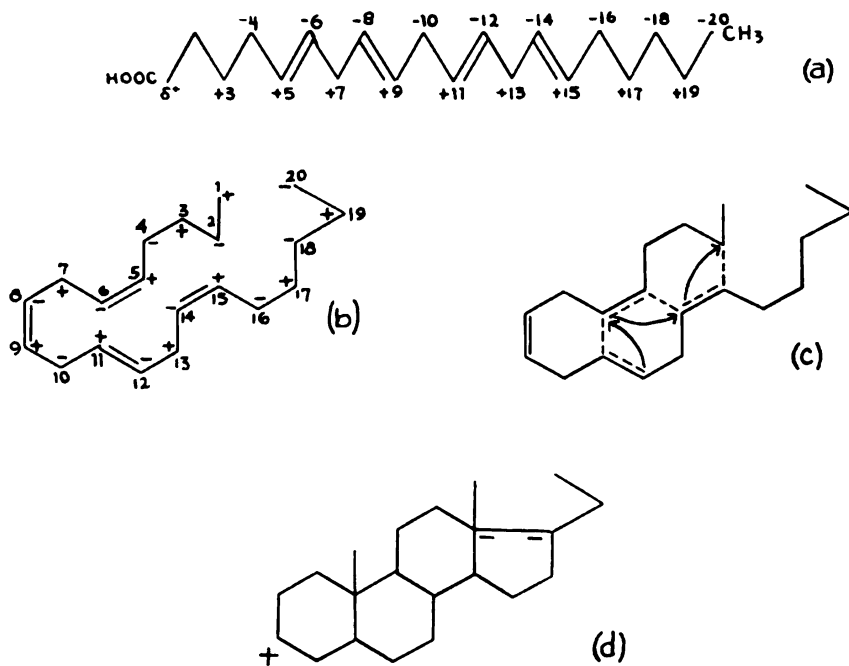


FIG. 255. Hypothesis of the synthesis of the allopregnane radical from arachidonic acid. Fig. (a) shows the relative position of the double bonds in the arachidonic acid molecule. Fig. (b) shows how the molecule bends, due to the attraction between the energetically oppositely charged C_3 and C_{18} , C_5 , and C_{14} , and C_8 and C_{11} . In Fig. (c) the cycles are closed with the electrons furnished by the double bonds. (d) The closing of the cyclopentane occurs with the appearance of a twin formation. The electrons of the double bond between C_8 and C_9 become available at C_9 (C_3 of allopregnane) to realize the bond with an oxygen at this carbon.

This hypothesis explains the biological relationship between arachidonic acid and corticoids. The adrenals are especially rich in both. The synthesis, which occurs with a minimum change in the richness in electrons or atoms, explains two of the most important characteristics of these corticoids, the high energetic value of C_3 and of the cyclopentane with its twin formation. Preliminary experiments seem to show that, in a preparation of adrenal tissue, arachidonic acid can be transformed to corticoids under the influence of the adrenocorticotrophic hormone of the hypophysis (ACTH).

Chapter 6, Note 12. Steric Coupling

Through reciprocal influence, the energetic centers present in the non-polar parts of two molecules which combine, largely lose their activity. Steric coupling is possible if the two opposite molecules, once bound through the combination of their polar groups, also adhere together through their nonpolar groups via the opposing energetic centers or formations present in the two molecules. In this way, steric coupling completes the partial reciprocal neutralization of the molecules obtained through the combination of polar groups. The bond between the polar groups that keeps the two molecules in a reciprocal position is thus an important condition for steric coupling.

Chapter 6, Note 13. Luteoid Function

It appears that the luteoid pattern can be correlated to a specific aspect of the energetic picture of this substance—the presence of two relatively strong nucleophilic centers in the characteristic opposite positions, one at C_3 and the other at C_{20} , as in progesterone. In fact, any change in the energetic picture of this steroid will decrease luteoid properties. The relationship of the luteoid property to the nucleophily at C_3 is easily seen. The lack of the nucleophilic center at the carbon 3, as in pregnane one 20, (*Fig. 256a*) leads to an inactive substance, the energetic picture being entirely changed. A single nucleophilic center thus appears to be insufficient for the luteoid property.

The substance becomes inactive if, instead of a nucleophilic center through $=O$ at the carbon 3, an electrophilic center is present, as in the pregnane ol 3 one 20, so that the energetic picture no longer corresponds to the luteoid pattern. (*Fig. 256b*)

Any change in the nucleophily of the $C=O$ center at C_3 will decrease the luteoid properties of the substance. The presence of a second double bond between carbons 6 and 7, as in the 4, 6 pregnandiene-dione 3-20, (*Fig. 256c*) in spite of the fact that it will increase the value of the nucleophily of the carbonyl at the carbon 3, will change the energetic pattern and thus also decrease the luteoid character. On the other hand, the reduction of the nucleophily of the center produces, through a similar influence upon the energetic pattern, a decrease in the luteoid property. In the case of pregnane-trione 3-6-20, (*Fig. 256d*) the lack of a double bond

in the cycle and the reciprocal induction realized by the parallel double bonds of the two carbonyl, will reduce the nucleophilicity of the C_3 center, and with it, the luteoid properties. This also is true for $\Delta 5$ pregnene-dione-3-20-ol 6, (Fig. 256e) where the presence of the hydroxyl at the C_6 , as well as a nonparallel double bond between C_5 and C_6 , decreases the ionic character of the $C = O$ at the carbon 3. In $\Delta 5$ pregnene-dione 3-20, (Fig. 256f) where only the double bond between carbons 5 and 6 is changed, being opposite to that of the carbonyl at the carbon 3, the ionic value of $C = O$ at C_3 is decreased instead of increased. The luteoid property seems to have almost disappeared.

The second condition for the luteoid property is the nucleophilic center at C_{20} . Any change in its character or value will influence the luteoid property of the substance. Androstandione, (Fig. 256g) with a nucleophilic center at carbon 3 similar to that of progesterone, but with an $=O$ directly at-

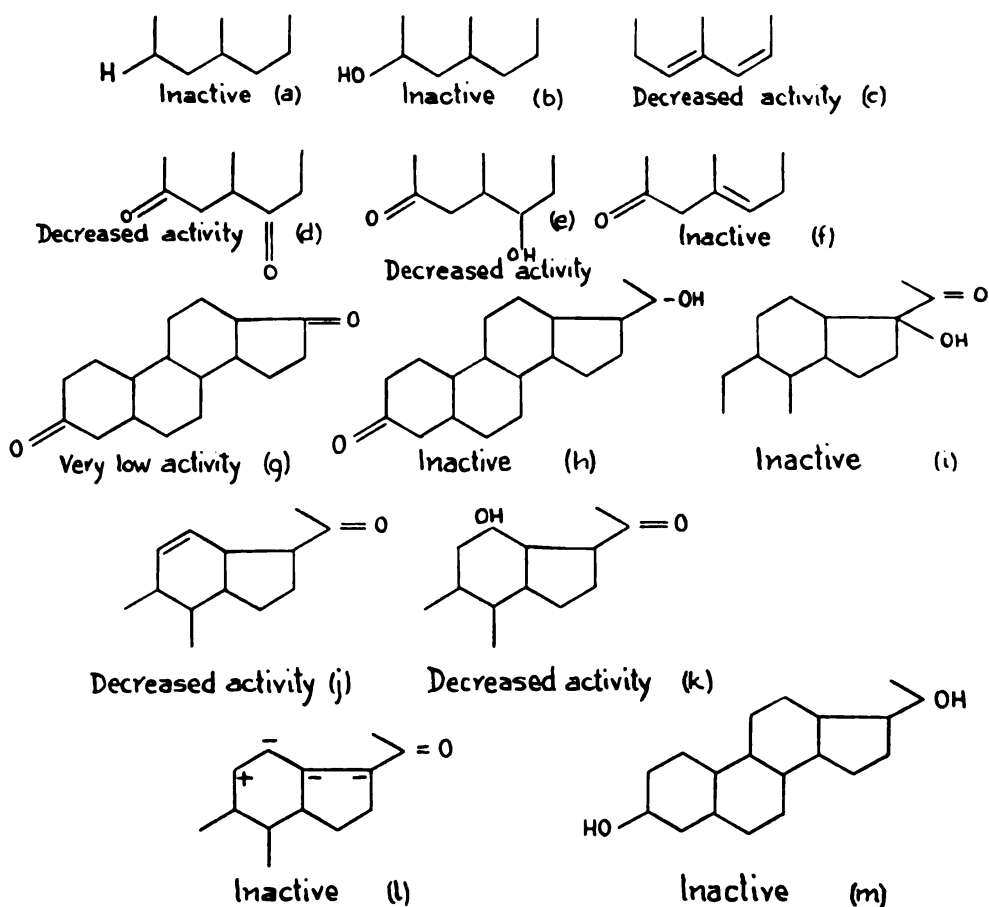


FIG. 256. Any change in the energetic characteristics of the centers which appear related to the specific luteoid activity leads to a decrease or disappearance of this activity.

tached to carbon 17 and without any side chain, presents an energetic picture with two nucleophilic centers. But the nucleophilic center = O attached directly at carbon 17, gives a different character to this part of the molecule. The substance thus has only some luteoid properties. Δ 4 pregnene-one 3-ol-20, (*Fig. 256h*) in which the carbonyl at carbon 20 is changed by a hydroxyl, is, on the other hand, inactive, the substance having a picture different from that of the dinucleophilic pattern. Also inactive is Δ 5 pregnone—dione-3-20-ol 17, (*Fig. 256i*) in which the presence of the hydroxyl at carbon 17 changes the energetic picture at this extremity of the steroid.

The presence of a double bond between carbons 11 and 12 (*Fig. 256j*) will decrease luteoid activity through an induction and field influence between the nonparallel double bonds and a decrease of the ionic character of C_{20} bound to oxygen. The influence exerted by an hydroxyl in the neighborhood of carbon 17 is interesting. Through an inductive effect, the OH attached at carbon 12 (*Fig. 256k*) changes the ionic value of the $C = O$ attached at carbon 20 and thus decreases luteoid activity. An hydroxyl bond to carbon 11 has a much more intensive effect, changing the ionic character of the bonds between it and the = O and thus inactivating the luteoid property. (*Fig. 256l*)

For most of the steroids with = O centers, metabolism leads to a change of this center in an hydroxyl. The product of the change of both $C = O$ into $C = OH$, which represents the form in which this hormone is excreted, is inactive. Pregnane-diol 3-20, (*Fig. 256m*) with a structure far removed from the pattern required for luteoid activity, has no luteoid properties.

Chapter 6, Note 14. Energetic Center in Steroids

Energetically, as a consequence of the presence of a nucleophilic center in this situation, there is a strong positive charge for the carbon 20 of the chain itself. Consequently, a strong negative charge appears for carbon 21. The ionic value of the bond linking OH to C_{21} is thus increased. With the reactivity of this radical increased, the electrophilic character of this OH center becomes still stronger. The respective activity of two opposed energetic centers near to each other is increased inductively.

Chapter 6, Note 15. Relationship Between Corticoids

Corticoids can be viewed in terms of changes taking place in the general metabolism in the organism. In the evolution of these steroids, a process of oxidation would intervene at the principal energetic centers. To the hydrocarbon, first an hydroxyl and then an oxygen would be attached. An inverse process of reduction would take place as a metabolic process, the OH being the usual form through which steroids are eliminated, often bound to glucuronic acid. This process of oxidation would occur at C_{11} .

Attaching an OH to desoxycorticosterone (Δ 4 pregnene-21-ol-3:20-

dione), would lead to the appearance of corticosterone (Δ 4-pregnene-11:21-diol-3:20-dione). A further oxidation would change this OH into an O, resulting in dehydrocorticosterone (Δ pregnene-21-ol-3:11:20-trione). All these are mineralocorticoid compounds.

With a further change, this time at C_{17} , where an hydroxyl would be attached, all three compounds—desoxycorticosterone, corticosterone and dehydrocorticosterone—display neoglucogenic properties. They represent 17 hydroxy derivatives as 17 hydroxy-desoxycorticosterone (Δ 4-pregnene-17-9 (beta):21-diol-3:20-dione); 17 hydroxycorticosterone (Δ 4-pregnene-11 (beta):17 (beta):21-triol-3:20-dione), or compound F; and 17 hydroxy-11 dehydrocorticosterone (Δ 4-pregnene-17:21-diol-3:11:20-trione), or compound E or cortisone.

The fact that the presence of an hydroxyl at C_{17} greatly changes the properties of the entire group makes it likely that the energetic formation of which C_{17} is a part intervenes in the specific activity of these substances.

The analysis of the constitution of the corticoids has further shown that they have the characters of lipoids—being polar-nonpolar substances—with the nonpolar group predominant. The members studied, mineralo- as well as neoglucogenic corticoids, have been shown to induce a change toward lower values in the second day wound crust pH, indicating thus a tendency to induce an offbalance of the type A.

Chapter 6, Note 16. The Template Hypothesis

Figure 257 shows the template formation in cortisone, which extends from C_{11} to C_{21} . Each one of these six carbons will attract a carbon from the radical in front of it. The energetic character of each of the six carbons of the template will determine the electrophilic or nucleophilic character of the carbon so attracted. This attraction is easily induced when acetic radicals, with an electrophilic and a nucleophilic carbon, form these groups. Furthermore, the value of the carbons of the template also will determine which polar radical will be bound to the respective carbon kept in front of it. In general, the carbon kept in front of a carbon of the template will have an opposite electrical sign. The polar group bound to the carbon kept in place will be opposite in sign to the polar group bound to the carbon of the template. When the first polar group takes a position parallel to that of the polar group of the template, both will have the same electrical sign.

It can be seen that C_{21} within the template has an OH, the group being electrophilic. This will cause the carbon kept in front to preferably bind an oxygen, realizing a nucleophilic center. C_{20} of the template, which corresponds to a carbonyl, represents a nucleophilic center. With an oxygen bound through a double bond, it has strong reactivity. The positivity of C_{20} also is highly enhanced through its bond to the two strongly negative carbons, C_{20} and C_{17} , each being bound respectively to a hydroxyl. With this high positivity, C_{20} will induce a strong reactivity in the carbon kept in front of it. This will be strong enough to bind a radical energetically opposite to oxygen and stronger than the hydroxyl; that is, an amino group.

The special position of the OH bound to C₁₇ as related to the template will induce the carbon kept in front of it to bind another hydroxyl. The same applies to carbon 13. This is the result of the relatively strong molecular reactivity of these two carbons, due to the twin formation which they

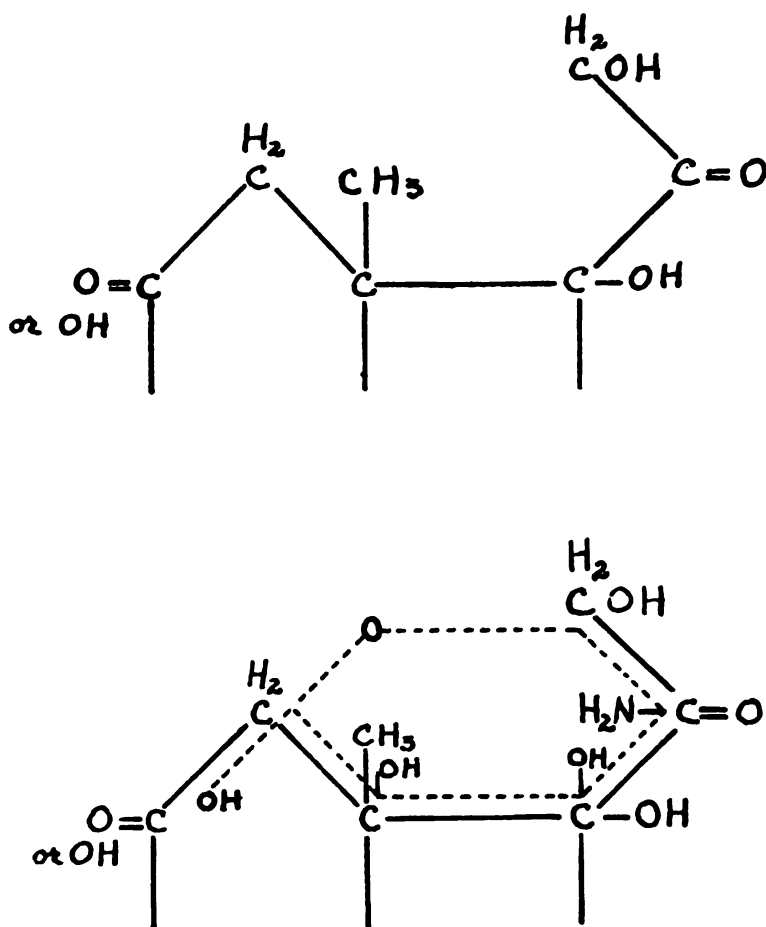


FIG. 257. Hypothetical view of the template formation between carbon 11 and carbon 21 of the corticoid molecule. The groups kept in front of the different carbons of the formation serve to synthesize new substances. In the example presented above, the template of the cortisone molecule would lead to the appearance of a glucosamine molecule.

realize. The methyl bound to C₁₃ will determine the steric position of the hydroxyl bound to the respective carbon kept in front of this carbon.

The effect of carbon 12 is different. It is highly influenced by the twin formation and has an opposite energetic character to carbons 13 and 17, consequently, it will favor the binding of the carbon kept in front of it to an oxygen which is the same which binds the carbon in front of C₂₁. Positionally, the carbon in front of C₁₂ also will be nearest to the C kept in

front of C_{21} , which also was induced to bind an oxygen as seen above. This will make it possible for a similar oxygen to be bound by the two carbons kept in front of C_{12} and C_{21} , thus closing an hexagonal cycle. The radical bound to carbon 11 will cause the carbon in front of it to bind an opposite radical. In the cases in which C_{11} has an oxygen bound to it, as in cortisone, the carbon kept in front of it will bind a hydroxyl. The presence of an hydroxyl bound to C_{11} , as in hydrocortisone, will cause a carboxyl to be bound to the respective carbon kept in front of it. It is thus seen that the synthesis induced by the template formation of cortisone will result in a molecule of glucosamine, while for hydrocortisone, the synthesized molecule will correspond to glucosaminic acid.

Chapter 6, Note 17. Adrenal Defense Index

E. F. Taskier in collaboration with the author, has studied the intervention of adrenals in the defense against various fatty acids. (231)

It is known that the adrenals have an important role in the defense of the organism against noxious agents, a normal animal being more resistant to toxic effects than an adrenalectomized one. Systematic study of adrenal intervention has shown that it occurs with a certain degree of specificity.

The method of investigation used was the following: inbred Wistar rats of the same sex and approximate body weight of 150 gr. were adrenalectomized. The surgical procedure was carefully standardized, lasting less than two minutes, and producing a minimum of trauma. This was made possible by the Noyes Fixation Forceps which is utilized in ocular surgery and is well suited to pick out the adrenal gland without damage to it or to neighboring tissue. As controls, animals of the same weight and sex were sham-operated. On the third postoperative day, the agent to be tested was injected intraperitoneally. At this time, the organism had recovered from the immediate traumatic effects of the operation and no manifest adrenal deficiency symptoms were as yet present. Only those deaths occurring up to 48 hours postchallenge were considered to be due to the direct toxic effects of the substance. Deaths occurring more than 5 days after adrenalectomy could be attributed to effects of the adrenal deficiency itself, and for this reason, were not included in the experiment.

The minimal Lethal Dose for each agent was determined by using progressively increasing doses. This was done separately for adrenalectomized and for control animals. It was the difference in the toxicity in sham-operated and in adrenalectomized animals that was considered rather than the toxicity of the substance itself.

The ratio of the Minimal Lethal Dose for the two groups of rats, sham-operated and adrenalectomized, was calculated. It furnished a numerical representation of the degree of adrenal intervention and was called the "Adrenal Defense Index" or A.D.I. We utilized this index,

$$\frac{\text{MLD Sham-operated}}{\text{MLD Adrenalectomized}}$$
 as a measure of the relative adrenal participation in the body defense against different substances. A low index points to a

general nonspecific response; a higher index indicates a more significant intervention.

We obtained the adrenal defense index for various groups of fatty acids. They included homologous series of saturated, unsaturated, alpha-OH and conjugated fatty acids. Over 900 rats were used in this study.

For the saturated fatty acids we found:

FATTY ACID	A.D.I.
Caproic Acid	2.5
Caprylic Acid	5
Capric Acid	5
Lauric Acid	1.5
Myristic Acid	2
Palmitic Acid	12
Stearic Acid	6

We interpret this to mean that the defense capacity of the organism against these fatty acids was only slightly more effective in the sham-operated than in the adrenalectomized animals. The adrenals did not seem to be especially active in the defense against these substances.

For the unsaturated fatty acids we found:

FATTY ACID	A.D.I.
Oleic	6
Linoleic	9
Linolenic	5

These values indicate more active adrenal intervention against these fatty acids.

For the saturated alpha-OH fatty acids the results were:

FATTY ACID	A.D.I.
alpha-OH Caproic Acid	4.5
alpha-OH Caprylic Acid	4
alpha-OH Capric Acid	3
alpha-OH Lauric Acid	20
alpha-OH Myristic Acid	9
alpha-OH Palmitic Acid	3
alpha-OH Stearic Acid	50

We choose this series of substances because Camien and Dunn, and others, have shown the importance of these fatty acids for bacterial growth, as well as the presence of alpha-OH lauric and alpha-OH myristic acids as part of the lipido-polysaccharide fraction of bacteria.

Through related research, we were particularly interested in the A.D.I. value of fatty acid molecules with conjugated double bonds. As conjugated diene, we administered conjugated linoleic acid. The A.D.I. of this substance was similar in value to that of its nonconjugated isomer. The index was 5. For the conjugated triene, we used eleostearic acid obtained from tung oil. The results were striking. We found an A.D.I. value of 120. The

A.D.I. of this acid thus showed a 24-fold increase over the index of its nonconjugated isomer.

The data indicate a degree of specificity for the adrenal defense mechanism. A.D.I. values of 3 or less could be interpreted to correspond to a nonspecific adrenal intervention toward fatty acids in general, while higher values indicate a larger, probably specific adrenal activity. In the case of alpha-OH lauric and alpha-OH stearic acids, the high A.D.I. values could be related to the fact that these fatty acids have been found to be part of the constitution of bacteria.

The intensive defense evidenced by the high A.D.I. value for eleostearic acid is related to the appearance of conjugated trienes during the course of certain pathological conditions, especially trauma. The continuous increase, especially of conjugated trienes, in the adrenalectomized animals suggests that these fatty acids appear in the organism but are destroyed under normal conditions. They accumulate, however, in adrenalectomized animals and may contribute to death when they reach a certain critical concentration. It is possible that with additional administration of these conjugated trienes their critical concentration would be reached and the animals would die.

In the light of these data, we investigated the role of different adrenal factors in these responses. Cortisone, desoxycorticosterone acetate (DOCA), and sodium chloride were tested for their protective action against the toxic effects of oleic and eleostearic acids. Groups of rats were treated immediately after adrenalectomy with daily doses of 1 mg. of cortisone, two-tenths of a cc. of DOCA, or 1% NaCl drinking water ad libitum. Control adrenalectomized rats were given no sustaining therapy. Three days after adrenalectomy, a challenging intraperitoneal dose of 1 cc. of 10% oleic acid per 150 gr. of body weight was administered.

Whereas the mortality of the control rats was 90%, it was 25% in the cortisone treated animals. DOCA administration decreased the mortality only to 65% and NaCl had little effect, decreasing it only to 85%.

The protective effect against oleic acid in adrenalectomy is seen in the following table:

AGENT	% MORTALITY
Control	90
Cortisone	25
DOCA	65
NaCl	85

This suggests that the neoglucogenic hormone plays a significant protective role in the defense of the organism against the noxious effects of fatty acid. The mineralocorticoid, on the other hand, seems to play a lesser role in this mechanism, a fact which is confirmed by the ineffectiveness of sodium administration.

A similar preliminary experiment carried out for eleostearic acid shows the same protective effectiveness of cortisone, lesser effectiveness of DOCA and almost no effect at all of sodium chloride.

Chapter 6, Note 19. Bonds of Glucuronic Acid

The study of the detoxifying-excretion of different agents led to the following conclusions. Primary aliphatic alcohols—except methyl alcohol—are eliminated coupled by glucuronic acid; the same for the secondary aliphatic alcohols; tertiary aliphatic alcohols and glycols from propylene glycol up. Of the aliphatic aldehydes only a few are coupled and only after transformation *in vivo*. While most of the aliphatic ketones are coupled, phenol and more emphatically the cresols and salicylic acid are in part excreted as sulfo-coupled, and only in part as glucurono-coupled. Resorcinol, catechol, orcinol, phenolphthaleine, phloridzin are mostly eliminated as glucurono-coupled, while adrenaline almost solely as sulfate. Most of the aromatic hydrocarbons are also bound to glucuronic acid, but only after having been changed *in vivo*.

For the aromatic acids, the bond to glucuronic acid is conditioned by the presence of second polar groups, usually one or more hydroxyls. The aromatic nitrogen compounds are first changed into amino groups before they are coupled with the glucuronic acid. Only relatively small amounts of sulfonamides were excreted bound to glucuronic acid.

Many of the heterocyclic compounds are bound to glucuronic acid with the condition to have amino or hydroxyl groups; the same for the sex hormones, the estrogens being the group especially excreted as such.

The general characteristic of the substances excreted as coupled with glucuronic acid is the presence in their molecule of one or more positive polar groups hydroxyl or amino. As with few exceptions all these substances have also lipoidic properties, the excretion coupled to glucuronic acid appears as a means to eliminate positive lipoids.

Chapter 6, Note 20. Glucuronic Acid—Mechanism of Coupling

The analysis of urine specimens containing peroxides, also has revealed significant amounts of glucuronic acid compounds. We utilized a slightly changed Tollens technique for the dosification of glucuronic acid in the urine, based on the reaction of this acid with naphthoresorcine in an acid medium. To 5 cc. of urine, 0.5 cc. of a 1% solution in alcohol of naphthoresorcine (1.3 dioxynaphthalene) and 5 cc. of concentrated hydrochloric acid were added. The mixture was boiled for one minute, allowed to stand for another five minutes, then cooled, preferably in an ice water bath. When cold, a mixture of 90% ether and 10% alcohol was added, agitated, and the blue-violet color of the ether-alcohol measured, using a spectrophotometer. The values obtained in different subjects have shown a definite increase in the amount of glucuronic acid in the urines containing peroxides, indicating a probable relation between them. Based on this correlation, we investigated one of the roles of glucuronic acid in the organism, that of detoxifying agent.

Glucuronic acid could be considered to result, at least in part, from oxidation of glucose. Usually oxygen intervenes in glucose metabolism

only after the desmolyse processes * (232), corresponding to the fermentative phase has progressed to the appearance of pyruvic acid. Glucuronic acid could be considered to appear from a more direct fixation of oxygen to the glucose molecule. This fixation has to take place upon C_6 in order to lead to the appearance of glucuronic acid. Theoretically, the oxygen fixation might be expected to occur at C_1 in view of the aldehyde group present at that carbon. This takes place in vitro. It would lead to the appearance of gluconic acid. However, if a phosphoric or other radical is bound to C_1 in vivo, fixation of the oxygen at this carbon is prevented. Oxygen attaches itself then at C_6 which is the next most reactive carbon in the molecule. This reactivity at C_6 is seen when oxidation in vitro is continued beyond gluconic acid, leading to saccharic acid, a bicarboxylic acid with one carboxyl at C_1 and another at C_6 .

Glucuronic acid intervenes in the physiological defense processes by combining with certain noxious products and helping to eliminate them in non-toxic forms. The resulting compound between glucuronic acid radicals and various substances—and for sulfuric acid radicals as well—has been called “conjugation,” the substances being sulfo- or glucurono conjugated compounds. Because of the special attention given in this publication to the conjugation of the double bonds, we will use the term “coupled” for this bond to sulfuric or glucuronic acid.

A certain parallelism exists and has always been emphasized between the detoxifying and eliminating function exerted by the sulfuric and glucuronic radicals. Not only the two derivatives appear in the urine, but it is often noted that glucuronic acid intervenes when large amounts of certain substances, such as menthol or phenol, are present and the sulfuric acid radicals are not in sufficient quantity to insure detoxification and elimination. By administering mineral sulfates to the subject, the proportion of sulfo-derivatives is seen to increase. This parallelism appears especially interesting when we recognize that sulfuric acid represents the final stage of the oxidation of sulfur introduced into the organism in combinations in which it enters as a bivalent negative element. Both sulfuric and glucuronic acid result from oxidative processes, one involving the thiol group and the other, glucose.

While glucuronic acid often substitutes for the sulfuric radical in the excreted substances, qualitative differences exist. For example, phenol as well as indoxyl is bound to the sulfuric radical, while the higher alcohols and especially the cyclic oxyacids do not combine with this acid. For many substances the parallelism that exists in the bond to sulfuric and glucuronic radicals extends only up to a certain point, after which the amount of the sulfuric ester no longer increases. This fact has raised the problem of the action of these two radicals and the differences between them, and can be

* The term “desmolyse,” widely used by some authors abroad, corresponds to the changes occurring in metabolites under the action of hydrolases, which, when completed, result in a splitting apart of the molecules and the liberation of the energy they possess.

understood only by considering the substances that are bound by these acids and eliminated as sulfo- or glucurono-coupled derivatives.

We have seen in Note 19 that, with very few exceptions, such as benzoic acid, almost all the substances excreted or bound to glucuronic acid have an OH as polar group. However, many have more than one polar group.

The bonding with the sulfuric radical, as it occurs in the organism, follows a relatively simple pattern. (Fig. 258a) In a first step, the bonding of one acid function of the sulfuric radical to the substance produces an acid sulfuric ester. This is further changed by combination with a metal, usually potassium, which produces a highly hydrosoluble salt and represents an excremental derivative.

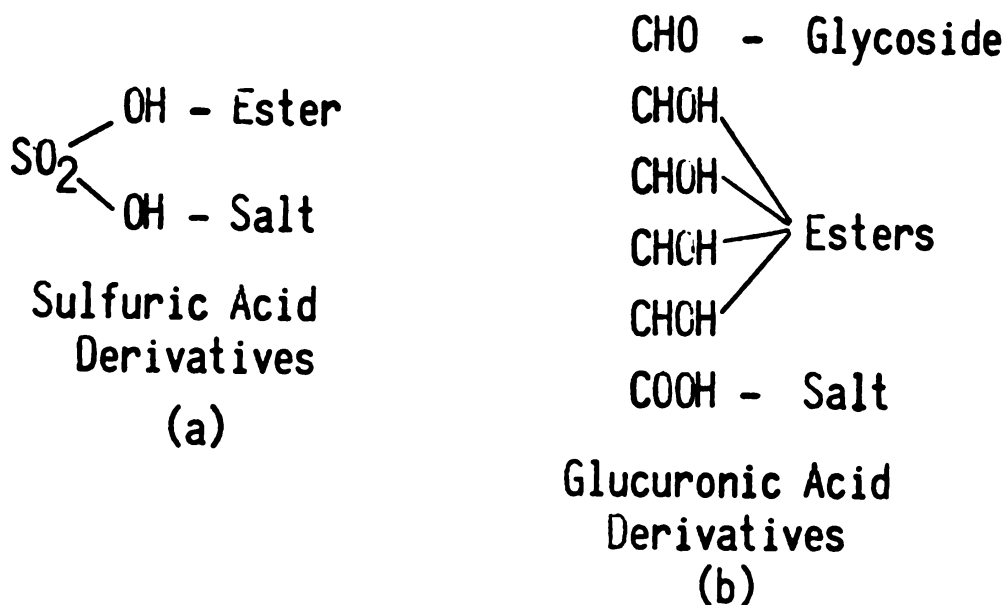


FIG. 258a. The bond of sulfuric acid in the organism can result in an ester and a salt. FIG. 258b. The bond of glucuronic acid can result in a glucoside, an ester or a salt combination.

The binding is more complicated for glucuronic acid. Glucuronic acid does not realize the bonds, since it is eliminated as such if administered. The bond occurs at the aldehyde group of glucose, forming a glucoside, which is passed further in glucuronic acid. As is seen in Figure 258b, glucose can realize different bonds. It can bind a radical either to the aldehyde group at C₁ to form a glucoside, or to its alcoholic hydroxyls to form an ester. The glucuronic acid can bind a metal to its carboxyl to form a salt. The possibility of realizing a glucosidic coupling at C₁ or an esteric at C₂ has been revealed by Quick. (233) The ability to realize concomitantly a multiple coupling, for which glucuronic acid seems to be highly suitable through its multiple and various functions, appears more interesting. The study of elimination of different oxybenzoic acids shows that it is bound to gly-

cocoll, (*Fig 259a*) while the para isomer is eliminated coupled by the glucuronic radical. (*Fig. 259b*)

The difference between sulfuric and glucuronic acid thus appears to be related to double coupling especially if the second function is acid. The presence of two opposite polar groups will thus prevent the bond to sulfuric acid and favor the bond with the glucuronic radical. Organic oxyacids are thus not bound by sulfuric radical as long as their carboxyls are free. The amides, such as salicyl amides—and, the esters such as methyl salicylates—are coupled by the sulfuric radical, while the acids are not. It is through these multiple coupling possibilities—and, in addition the possibility of forming a salt especially with potassium—that glucuronic acid corresponds to a broader activity as a detoxifying and eliminating agent than sulfuric acid.

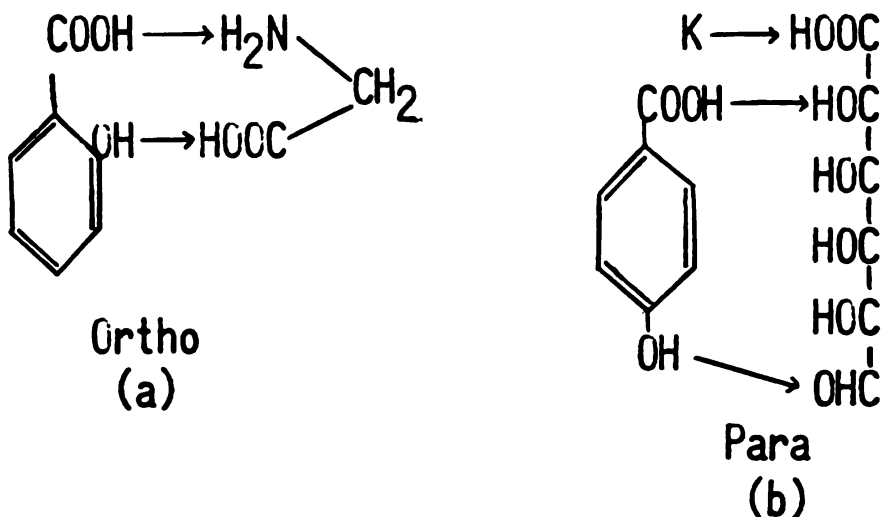


FIG. 259. The ortho-oxybenzoic acid (salicylic acid) is bound in the organism to glycocoll, (a) while the para-isomer is coupled by the glucuronic radical. (b).

The capacity to utilize glucuronic acid for excretion of noxious substances varies widely between species. Benzoic acid has been shown to appear as a glucuronic derivative in animals by Csouka, Brakefield, and Schmidt (234), but never in humans, a fact that is not confirmed by Quick. (235) Rabbits eliminate the tertiary alcohols as glucuronic derivatives more completely than dogs. While thyroidectomy in rabbits decreases the synthesis of camphoroglucuronic acid (236), the administration of thyroid extract increases it.

Chapter 6, Note 21. Paraplegia Induced by Cholesterol

Male and female rats, weighing approximately 250 grams, were injected with 5 cc. of 10% cholesterol only partially dissolved in a mixture of 3 parts oil and 1 part ether. The next day paraplegia with some ulcera-

tion of the hind legs was seen. Ulceration became accentuated in the following days. Curiously enough, this occurred only in the females. In repeated experiments in rats, and also in rabbits, guinea pigs and even mice, the same sex differentiation has been observed. Most of the female animals died from retention of urine as a principal complication of the paraplegia.

To investigate the nature of this sex difference, groups of males and females were castrated and spayed, then tested with the same cholesterol injection at various times from a few days to four months afterward. Castration had no influence in male rats; nor did the spaying of females reduce the incidence of paraplegia. The administration of 5 mgm. of testosterone daily for ten days to female rats, spayed or unspayed, also did not prevent the appearance of paraplegia after the injection of cholesterol in ether-oil. The administration of $\frac{1}{2}$ mgm. of stilbestrol daily for 10 days to males, castrated or not, did not break down their resistance to the cholesterol injection. However, the administration of the insaponifiable fraction of placenta or of the total body of rats, in doses of 2 cc. of a 5% solution in oil daily for ten days, made the males respond with paraplegia to the injection of cholesterol in ether-oil solution. The administration to females, spayed or unspayed, of a 10% solution in oil of the acid-lipid fraction of the same origin in doses of 2 cc. daily for ten days prevented this effect.

Chapter 6, Note 22. Adipose Cells and Sulfur Mustard

In collaboration with the late Prof. R. Leroux, Professor of Pathology of the Faculty of Medicine in Paris, we studied the influence exerted by sulfur mustard applied on the skin. The following technique was used: One drop of the pure substance was deposited on the external side of the ear pavilion of adult white rats, left in place for 10 minutes, and wiped off. A part of their ear pavilion was excised in a V form. The fragment so obtained was immediately processed through the special technique used for the extemporaneous examination of operatory biopsies. A longitudinal section of the pavilion was made in the frozen fresh material, and this surface treated first with formalin and then stained with scarlet red or black Sudan and hematein. The section was kept in water covered with a glass cover and immediately examined under incident light, using the Zeiss "Ultropak" dispositive. A water immersion objective was used for higher amplification. From the same material, fixed in formaldehyde at 10%, frozen and paraffin imbedded sections were also obtained.

In nontreated controls, except for the small fatty droplets in the cartilage cells themselves, the only fatty cells found were at the base of the pavilion. In the mustard treated animals, two or three layers of adipose cells were seen to appear beneath the treated skin, near the cartilage, around 20 minutes after the application of the sulfur mustard.

In our group of experiments, curiously enough, this phenomenon was seen to occur only in the treated female rats and not in the males. This difference in the response between males and females was not influenced either by castration or by treatment of the animals with sex hormones. It

was induced in males however, by the administration of unsaponifiable fractions obtained from the total body of rats, or from human or cow placenta, and administered in doses of 1 cc. of a 10% solution in oil for at least one week prior to the application of sulfur mustard. In females, the appearance of adipose cells after the sulfur mustard applications was seen to be prevented, if the animals were treated daily for 10 days prior to this application with 2 cc. of a 10% solution in oil of lipidic acid fraction of human or cow placenta or of cod liver oil fatty acids.

Chapter 6, Note 23. Fatty Acids and Old Tetrahymena

Cultures of different ages of tetrahymena pyriformis in proteose peptone medium, were analyzed for the fatty acids present. The richness in fatty acids was seen to increase with the age of the culture, the old cultures being the richest.

Chapter 6, Note 24. Lipids and Old Age

In the changes related to old age, we have recognized a relationship between the amount of insaponifiable fractions and fatty acids present at different levels of the organization. A certain degree of opposite changes in two successive hierarchic levels can explain certain peculiarities found in the variations of sterols and fatty acids in old age.

In old rats we could establish that changes occur in two opposite directions between the cells and the metazoic compartment. Serum cholesterol amounts increase, as an increase of fatty acids and particularly polyunsaturated members occurs in the cells. The contrast between the two compartments becomes progressively more evident with old age. We tried to apply this data to the study of the relationship between the same compartments in humans. Instead of other cells, we analyzed red blood cells. In rats, rabbits and humans, the cholesterol in serum increases progressively with age but does not do so in the red cells. The amount of fatty acids in red cells is relatively increased with age at the same time as cholesterol content is decreased. The comparison between the cholesterol of serum and cholesterol of the red cells as well as fatty acid content of red cells seems to furnish information related to the progression of abnormalities of old age. This preliminary research, however, needs more confirmation.

Chapter 6, Note 25. Surface Tension of Urine in Old Age (237)

During the course of a study of the biological changes in old age, the renal excretion of surface-active substances was found to be considerably below the levels seen in younger age groups. These findings were considered important since (1) they were observed in individuals with no evidence of significant renal impairment, (2) the same decrease was observed in all subjects examined, and (3) information on this subject is lacking in the absence of a suitable analytic method.

The capillary device has made it possible to determine surface tension within a few seconds, as part of routine urinalysis, without need for complicated apparatus or involved formulas.

A group of 23 inmates of an old age institution were studied. Ages of these 14 men and 9 women ranged from 70 to 87 years. All appeared in good general condition and showed no evidence of significant renal pathology. Morning urine specimens were obtained from each patient for several weeks. These were examined within several hours after voiding.

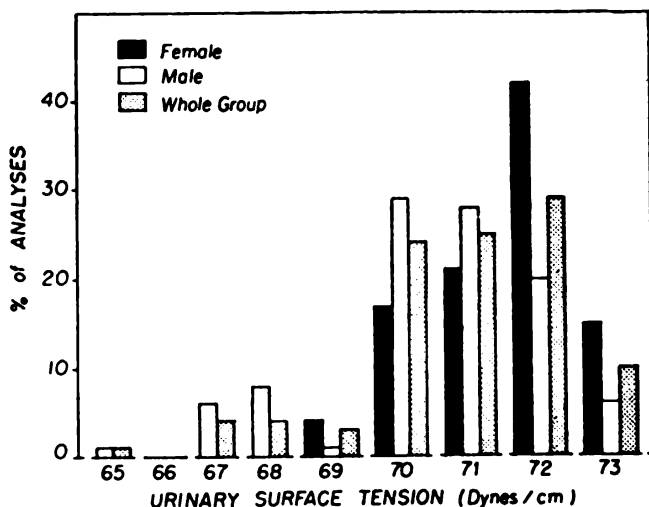


FIG. 260. Distribution of urinary surface tension values in the group of old people studied.

Surface tension values for the entire group averaged 70.9 dynes/cm. The average value for the women was 71.5 and, for the males, 70.4 dynes/cm. When surface tension values were determined in serial samples from individual subjects, variations of only 2 to 6 dynes/cm. were found. None of the samples from the women showed a surface tension below 69 dynes/cm. All but 3 of the specimens from the men had surface tension values of 68 dynes/cm. or higher. (Fig. 260) Specific gravity varied from 1.006 to 1.030, with an average of 1.017 for the group.

In control groups, the average surface tension is 67 to 68 dynes/cm. Diurnal and day-to-day variations of 5 to 11 dynes/cm., with values ranging between 72 to 62 dynes/cm., are found characteristically in healthy subjects.

It is evident that the pattern of excretion of surface-active material in old age is quite different. This is indicated by (1) the high average surface tension value of 71 dynes/cm. for the group, which is at least 3 dynes/cm. higher than for the controls; (2) the limited day-to-day range of variations, which in no case was greater than 6 dynes/cm.; and (3) the striking disparity in the distribution of values in healthy young adults and in old age. (Fig. 261) Eighty-eight percent of the urine specimens from

old individuals had surface tension values of 70 dynes/cm. or higher, and only 1 percent were below 66 dynes/cm. In contrast, 23 percent of the specimens from the control group had a surface tension of 70 dynes/cm. or higher, and 23 percent were below 66 dynes/cm. These findings indicate that the amount of surface-active substances excreted in the urine of old people of 70 to 87 years is greatly reduced as compared with that in healthy young adults. The fact that specific gravity values for the old age

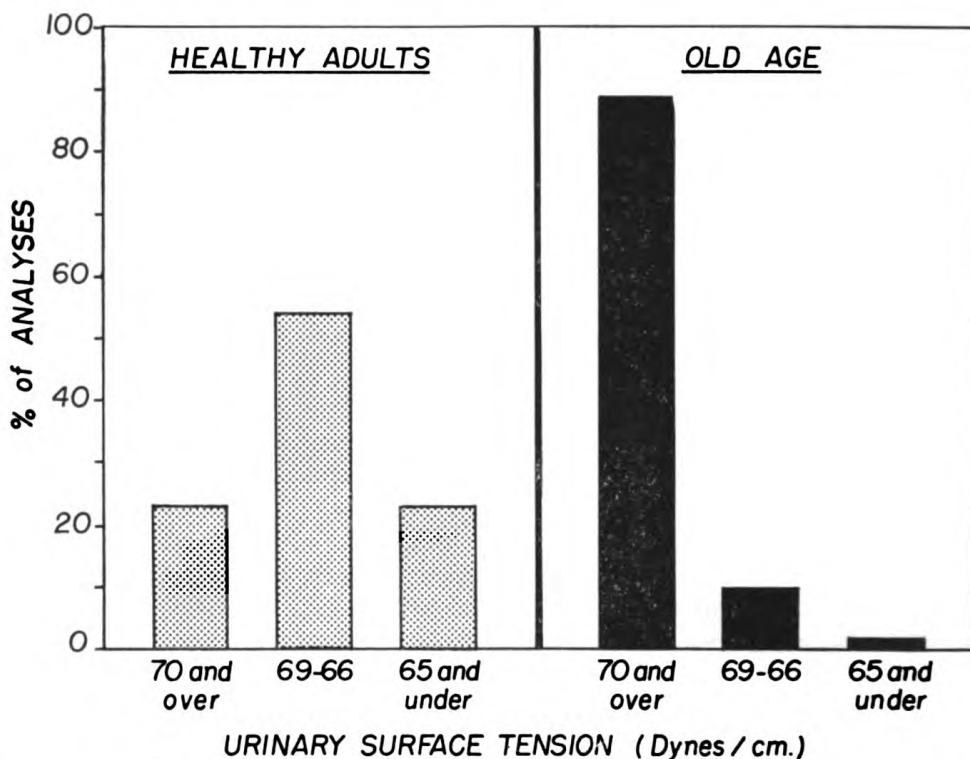


FIG. 261. Distribution of surface tension values in healthy adults and in old age, shows the high proportion of values of 70 dyne/cm and above for the last group.

group were not significantly different from the controls indicates that this change cannot be explained on the basis of a failure of the kidneys to concentrate by reabsorbing water.

The average surface tension value for the females was 1 dyne/cm. higher than for males. The same sex difference has been noted in studies of healthy young adults and in groups of patients with a variety of diseases. It is of interest to find the difference persisting in these old people.

In the light of current concepts of the possible role of surface-active "colloidal" substances in the urine, it is interesting to speculate on the possible significance of the observed decreased excretion in terms of renal physiopathology. Various authors have contended that the crystalloids of the urine are maintained in solution by the colloids, which prevent ag-

glomeration and precipitation of salts. (238, 239) Some such mechanism is undoubtedly present in the complex physiological solution finally excreted by the kidneys, since most of the urinary salts are present in proportions far exceeding their ordinary limits of solubility in aqueous solution. Low levels of colloidal activity and high surface tension values have recently been correlated with an increased tendency to stone formation in the urinary tract. (240) It is possible that this reduction in surface-active substances in the urine of old people, combined with the obstruction at the vesical neck due to prostatic hypertrophy, may lead to retention of precipitated material in the bladder, accounting for the increased incidence of vesical calculi during the later decades. In women, incidence of bladder stone is relatively low, even though the quantity of excreted surface-active substances is small, because there is no anatomical obstruction to urinary flow.

Administration of hyaluronidase raises the level of colloid activity (241) and lowers the surface tension of the urine to a slight degree. This enzyme has been utilized in the treatment of chronic recurrent stone formers with apparent effectiveness. (242) The reduced excretion of tensio-active substances in the urine may be related to the decreased enzymatic activity within the tissues.

Chapter 6, Note 26. Environmental Influences

In most of the experiments in animals, the analytical data followed over a certain length of time show variations which cannot be explained by the experiment itself. A direct relationship of such variations to changes occurring in the environment could be seen in the following experiment.

Six groups of 20 female white Wistar rats each, were injected on the same days, each group with a different agent. One group of animals received neutral oil as control while the others received different fatty acid preparations. The urinary surface tension was measured daily at approximately the same time of day for all the animals. The average value of these daily data was obtained for each group and used to trace the respective curves.

By comparing these curves, two characters were recognized. One was seen to concern differences from one curve to another, and consequently, would be considered as resulting from differences in the direct effect of the medications used. The other group of changes concerning variations from one day to the other, was seen to exist in all the curves, the curves having thus parallel variations. (*Fig. 262*) These variations, common to all the curves, were considered induced by a general influence. The analysis of these curves shows that the first kind of changes, related to the agents used, concerns differences in the levels of the curves themselves, when compared with that of the control. Treatment with stearic acid does not influence the level, and treatment with oleic acid has only a slight influence. A manifest change is seen for the other curves. The urinary surface values correspond to lowest values for linoleic acid (d) and for cod liver oil fatty

acid (e). Some less marked differences from the control curve is seen for the fatty acid preparation obtained from cow spleen (f).

Independent of these level differences, all the curves of the controls as well as of the treated groups show parallel daily changes. An exception

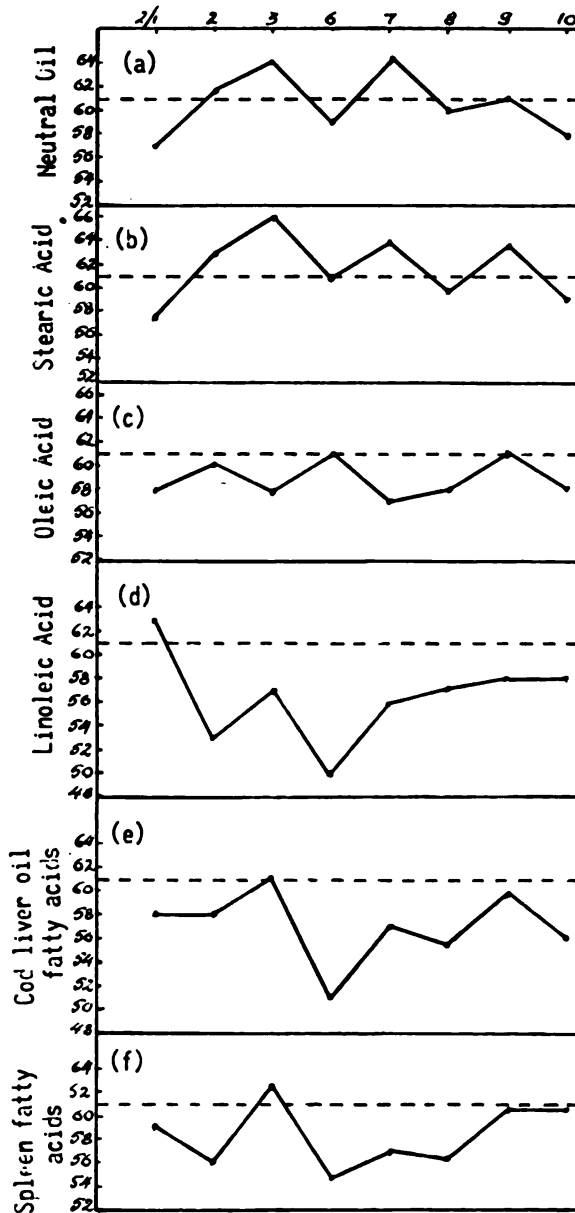


FIG. 262. Curves of the average value of the urinary surface tension in groups of rats treated with different fatty acid preparations (1 cc of 10% in oil daily). The parallel changes in the curves, except for oleic acid when the variations are opposite—indicate a common external influence. The differences in the relationship of the curves to the average value line, corresponds to the direct influence exerted by the agents.

is seen for the curve for oleic acid, which shows opposite variations. We do not have an explanation for this discrepancy. The parallel change would indicate the intervention of a common factor, independent of the experiment itself. By relating these changes to those taking place in the environment, the common variations in the curves could be recognized to follow—in an opposite sense—those of the environmental temperature.

It should also be noted that this environmental influence is progressively more accentuated for the curves where the level of the surface tension is lowered as a result of the agent administered. This correlation would suggest the possibility that the action exerted by the environment would take place largely through changes in the intervention of the fatty acids of the organisms themselves.

Chapter 6, Note 27. Environmental Influences Upon Urinary Surface Tension

The morning urinary surface tension was measured in four groups of 40 rats each: one group of 20 males, one of 20 females of the white Wistar strain, one group of 20 males and one of 20 females of a black "hooded" strain. From the data obtained on each group, the average value was calculated and its respective curve traced. The four curves were seen to be parallel, suggesting that the variations noted result from the intervention of a common external factor. We sought this factor in the changes occurring in the environment. For this reason, we compared the variations present in the surface tension curves with the meteorological data, furnished by the U. S. Weather Bureau, corresponding to the time of this experiment. Such a relationship was seen to only partially parallel the barometric changes, but appeared more closely related to the temperature changes. The observed relationship however, is inverse, that is, for higher environmental temperatures the surface tension values are low whereas for lower environmental temperatures, the surface tension values are high, as seen in Fig. 223. (Page 586)

This correlation appears still more interesting when it is compared to that induced by keeping animals at a constant temperature, as in an incubator or in a refrigerator. The effect of such an induced temperature is opposite to that caused by the environment. The high temperature of the incubator induces progressively higher surface tension values while the low temperature of the refrigerator lowers the surface tension, at least at first. Fig. 224 shows the average value of the urinary surface tension in controlled animals, while Fig. 225 that of the animals kept in an incubator at a temperature of 37°C and in a refrigerator at 8°C. (Page 588)

We tried to explain this discordant influence between the induced and natural temperatures, through the fundamental characters of these two factors. In the influence exerted by the environment, temperature with its variations, represents a factor which has acted upon organisms with the same rhythmic characters for many millions of years, while in the experiments, the constancy of the temperature represents its main character.

The influence exerted by the rhythmic environmental changes in air temperature is reflected in the parallel body temperature. The organism still tries to control this influence as exerted upon the lower levels. This is seen in rats in the opposite rhythmic changes of the urinary surface tension values. The organisms appear sufficiently sensitive to changes in temperature occurring in the environment. The body responses oppose these changes as shown in the variations in urinary surface tension. This rhythmic response, as well as that opposing the variations in the environmental

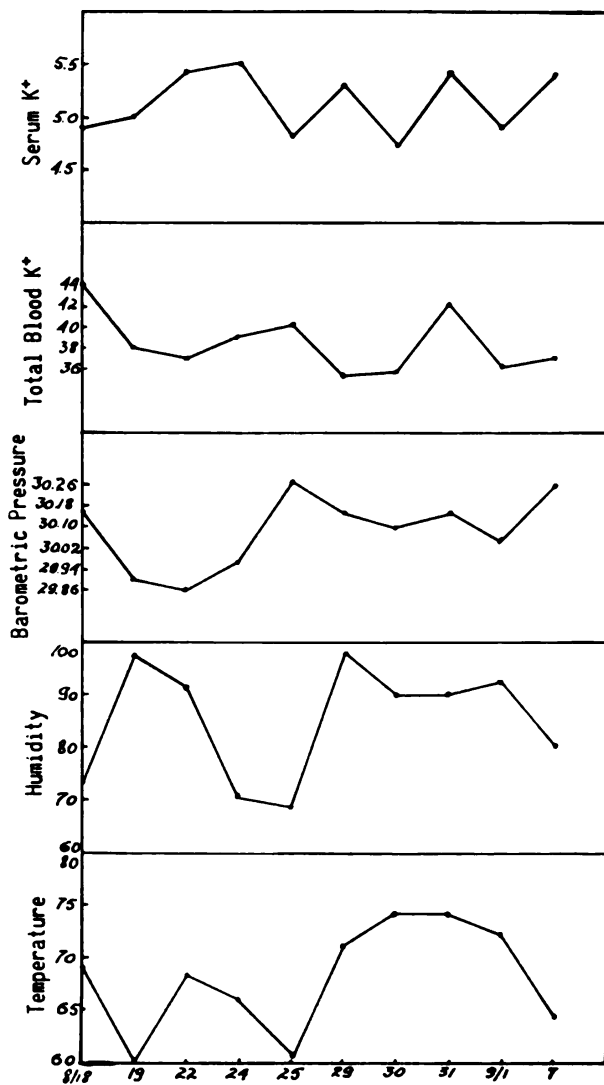


FIG. 263. Relationship between the curves of serum and total blood potassium of a group of 20 subjects and the atmospheric temperature, humidity and barometric pressure. Parallel variations are seen between the curves of total blood potassium and of barometric pressure. An inverse relationship is seen with the curve of humidity, and only partial relationship to the temperature.

temperature, are broken when a continuously unchanged high or low temperature is applied. With the reactional response exhausted after a certain time, the influence exerted appears a direct one, the high temperature inducing a high urinary surface tension and the low temperature a low one.

However, a difference is seen between the influence exerted by the high and low temperature. After some time, the animals kept in a refrigerator usually recover the capacity to fight the persistently low temperature, and the surface tension returns to normal values. This does not occur for the persistently high temperature. The animals die with a progressively high surface tension as if the defensive response seen for low temperatures would not intervene for high temperatures.

This difference in the response of an animal toward a persistently high or low temperature can be explained by the fundamental difference which exists between these two factors from the point of view of homo- or heterotropy. While the low temperature has a homotropic character, the high temperature has a heterotropic one. The bodies are basically more prepared to react successfully toward homotropic influences as they have done it for millions of years in the past, than to an entirely unusual heterotropic influence.

Chapter 6, Note 28. Barometric Influence

For several years, we studied the potassium content of blood red cells in subjects with various abnormal conditions, usually following it daily for the same patient for weeks or months. Besides other informations which this study furnished and which are discussed above, we want to emphasize now the relationship with barometric pressure which we were able to establish during repeated analyses on the same group of subjects. We were impressed by the parallel variations seen in the amount of potassium in the total blood of different patients on different days regardless of medication. The variations could be correlated with changes in the barometric pressures. With lower pressures, a decrease in the amount of potassium in total blood (*Fig. 263*) was noted. Less manifest changes were seen with the opposite variations in atmospheric humidity.

Chapter 6, Note 29. Age, Lipoids and Tumor Transplants

The influence of age of a host upon the different manifestations through the intervention of sterols and lipoacids can be seen in the following experiments.

Transplants from the same Walker tumor were grafted at the same time in animals of different ages, such as newborn, weanlings, young animals, adults and aged. The difference between transplants was evident even from the beginning but was still more enhanced if further transplants were made in animals under similar conditions. After one transplant and especially after several transplants, the following changes could be seen. In the newborn, the tumor took on the aspect of an hemangiomatic lesion. There was

no massive tumor and the amount of blood present gave the tumor the appearance of a piece of liver. In weanlings, the character was opposite. Massive tumors without necrosis and with the aspect of fish meat were seen. In youngsters the same character was obtained. In adult animals, the tumor had a large portion of necrosis with predominance of hemorrhagic fluid. In very old animals, this character was still more accentuated, and the tumor showed big cavities with hemorrhagic fluid and very little tumor substance between.

Similar changes were obtained by changing the site of the graft. By grafting a portion of the same tumor, intramuscularly, we obtained a massive whitish, nonnecrotic tumor, while subcutaneous injection even in the same animal led to the appearance of a tumor with multiple necrotic areas and cavities filled with fluid.

We tried to correlate these changes with the nature of different lipids predominant at different ages. The administration of fatty acids tends to promote necrosis, edema, and formation of cavities filled with fluid, while administration of insaponifiable fractions, especially from placenta or liver, tends to produce a type of tumor with whitish, nonnecrotic masses.

Chapter 6, Note 30. Temperature, Lipids and Viral Infection

The relationship between epidemics and seasons is a well-established concept. In an attempt to explain this correlation, we considered, as one of the intervening factors, the seasonal changes in lipids, in view of the influence exerted by the two opposite groups of lipids upon the receptivity and manifestations of infectious disease.

As we have mentioned, viral infections are especially influenced by the predominance of one or the other group of lipids in the body. Among other factors, temperature changes were found related to this predominance. A relatively direct correlation was found for polio, for instance. The appearance of neurological symptoms such as paralysis was seen to increase on days with high temperature. Such a correlation could be established experimentally. Among mice injected subcutaneously with smallpox vaccine and kept in an incubator at 35° C, the incidence of encephalitis rose to more than 90% as compared to 10% in controls kept in an air-conditioned room. This correlation was further explained by the predominance of sterols in the organism under the influence exerted by high temperature. This predominance was further seen to induce a higher receptivity of the organism to viral infection, and a change in the virus virulence itself, both of which increase with temperature and with the richness of sterols.

Chapter 6, Note 31. Youth and Viruses

Another interesting aspect of the changes induced in viruses by lipoids with an alcoholic polar group, especially sterols, is the relationship to age of the host. The great amount of insaponifiable fraction present in youth—

which appears to be capable, in itself, of increasing virus virulence—has been discussed previously.

In an experiment, smallpox vaccine was inoculated in groups of very young, adult and old rabbits. The young animals reacted much more intensively than did the adults, with confluent pustulae; in the old animals, only a few small pustulae appeared. After several passages in animals of the same age, we tested the virus on mouse skin and found the virulence increased by each passage in young rabbits. On the other hand, virulence was decreased by passage in old animals, becoming negative with the fourth passage. After the third passage, virus obtained from young rabbits induced a strong response in mice, while no pustulae were obtained with virus from old animals. The latter was still able to induce some response in young mice, but only few small pustulae. The virus obtained from the third passage in young rabbits induced a frank response even in old mice. This indicates that opposite changes in virus virulence are induced simply by passage through young and old animals.

This experiment appears especially interesting in connection with childhood colds. It is known that children catch colds frequently and that this susceptibility disappears as they approach puberty. From a pathogenic point of view, it is an interesting fact, however, that older siblings, parents, and even grandparents are still infected if the cold comes from a child in the family. The virus itself seems to be changed by passage through the child so that it becomes virulent not only for teenagers and parents but for older people, all of whom previously may have been free of colds for years.

Chapter 6, Note 32. Changes in the Viruses Induced by Lipids

The effect of lipids upon viruses seems not to consist exclusively in an alteration of the host's response but also includes a change in the viruses' virulence. We have noted previously the big difference in the response of the skin of an animal when, prior to inoculation with smallpox virus, a lipid with a positive or negative polar group was injected subcutaneously. The lipid with a positive polar group induces an exaggerated response; the lipid with a negative polar group, a reduced one.

We used viruses obtained from both types of lesions for inoculations in new animals. Viruses from lesions in which the response had been exaggerated produced again an exaggerated response, while those obtained from a small pustule induced a reduced response. The effect, in one or the other direction, was enhanced by successive passages on skin pretreated by subcutaneous injections. The changes in virulence also were confirmed in mice tests.

The importance of this experiment lies in the fact that, by treatment of the host with members of one or the other group of lipoids, we can obtain a desired increase or decrease in virus virulence. In several other experiments, we found the method applicable to other viruses, generally making the virus more or less virulent even for intracerebral inoculation. Interesting changes are produced by the polyunsaturated fatty acids and the alcohols

obtained from these acids by changing the carboxyl into a primary alcohol through treatment with lithium aluminum hydride. Especially effective influences are obtained using acid lipidic fractions of refractive species in order to reduce the virulence, or insaponifiable fractions of especially sensitive species or of chicken embryos to enhance virulence. Treatment of the host with lipoacid preparations, repeated for several passages of the virus, has reduced virulence to the point where the virus no longer is pathogenic. This treatment seems to provide a method for reducing virulence and obtaining nonpathogenic live virus vaccines.

Chapter 6, Note 33. Microbes, Phages and Lipids

We have investigated the influence of various insaponifiable fractions upon the relationship between microbes and bacteriophages. *Coli bacilli*, of a strain which has shown considerable resistance to phage, were grown in broth to which insaponifiable fractions from different sources—such as human placenta, eggs, butter—were added in colloidal suspensions. While in these media the microbes showed a higher susceptibility to being attacked by phage than the controls grown in simple broth, only very few microbes if any remained resistant. In another experiment, this same strain of *coli* resistant to phage was grown in successive passages in broth containing insaponifiable fractions. After several such passages, the microbe was grown in simple broth and its sensitivity to phage was tested in this medium. While the phage used appeared unable to attack the microbes of the untreated cultures, lysis was manifest in the treated *coli*. Thus, insaponifiable fractions increased the sensitivity of the microbes to bacteriophage, not only as an immediate effect, but also as a transmissible character.

Chapter 6, Note 34. Lipids and Survival Time of *Tetrahymena*

Various fatty acids have shown a special influence on survival time of *tetrahymena pyriformis*. Survival time was determined by keeping a few drops of culture in a capillary closed at one end and by daily examination of the mobility of the *tetrahymena*. By adding progressive amounts of an agent and withdrawing such a capillary after each addition, we also were able to determine the influence exerted by different concentrations.

In general, addition of very small amounts of fatty acids was found to prolong survival. Similar effects were obtained with hydropersulfide, and even with a solution of saponines which are known to bound sterols in insoluble combinations. The most marked effect was obtained with a fatty acid having a relatively low number of carbons. The addition of heptanoic acid in progressive amounts greatly increased longevity. The longevity increased as the concentration increased up to a point, after which it declined rapidly when greater concentrations were used. Of all the substances studied, heptanoic acid appeared to be most effective in increasing the longevity of *tetrahymena pyriformis*.

Chapter 6, Note 35. Lipids, Temperature and Tetrahymena

We have investigated the influence exerted by different lipids upon the capacity of tetrahymena pyriformis to resist increased temperature. In general, exposure of a culture of tetrahymena pyriformis to increased temperature induces rapid death. Kept in capillaries so a temperature of 37°C could be quickly attained, tetrahymena died in about 15 minutes. By growing tetrahymena for several successive generations in a medium containing insaponifiable fractions, increased sensitivity to temperature was obtained. In some experiments, death occurred within five minutes after exposure to 37°C. On the other hand, growth in media to which fatty acids were added markedly increased resistance, and survival after more than ½ hour of exposure to 37°C was seen.

Chapter 6, Note 36. Pain Induced by Lipids

During treatment of cancer patients with lipids, especially in exceptionally large amounts, some who had been pain-free before, experienced pain. Correlation could be established between the appearance of pain and the administration of lipids since pain increased with each new injection. Furthermore, a difference was seen to exist between the pain induced by the administration of fatty acids and insaponifiable fractions. While the former had an alkaline pattern, the second had an acid one. In several cases, pain subsided with discontinuation of the medication; in others, it persisted. The pain always was controlled by the administration of the opposite lipids, fatty acids for the acid type of pain and sterols for the alkaline.

Chapter 6, Note 37. Lipids and Wound Healing

The influence exerted by lipids upon wounds was followed by the changes induced in the healing processes. In order to compare the wounds, one square centimeter of the skin was excised down to the aponeurosis on the back of rats and rabbits after mechanical epilation of the skin, and the surface measured daily. We used transparent cellophane on which the exact dimensions of the wounds were drawn. The outlines which corresponded to the surface of the wounds were then passed on paper and cut out. The paper outlines were then weighed to give us a means of comparing the changes in the actual surfaces of these wounds during healing.

While lipid acids in general induce a retardation in the healing of the wound, the administration of lipoids with a positive character were seen to have an opposite effect. It is worthwhile noting that the naturally occurring sterols—cholesterol and insaponifiable fractions—are much more active than the synthetic in inducing rapid wound healing.

We studied the histological and cytological changes in parallel incisions made on the back of rats and rabbits and excised at intervals. In animals treated with sterol preparations, a difference was seen between the healing

of epithelial and connective tissue wounds. While healing of the former was enhanced, healing of the latter was not influenced. On the other hand, the higher alcohols, such as polyunsaturated alcohols or butanol, were more active in increasing healing of connective tissue wounds than of epithelial. It is interesting to note also that in the wounds treated with the sterol preparations, the scar showed an epithelium with many more layers than that of the normal surrounding skin. In rabbits, instead of two or three layers, there were more than ten.

Chapter 6, Note 38. Liver Regeneration

The ability of rats to regenerate almost $\frac{3}{4}$ of their liver in a short time has made them valuable for the study of the factors which intervene in cellular multiplication and differentiation. A study which we made in collaboration with E. F. Taskier has shown the importance of biological age of the individual in these processes. Regeneration is rapidly completed in young animals; much more time is required in the old. Liver regeneration has been seen to be related to the appearance of fats in the form of droplets filling up liver cells. Regeneration follows this first phase. The appearance of the fatty droplets provides a means of judging the velocity of regeneration. The importance of age is shown by the fact that fatty droplets appear early in the liver cells of very young animals, filling up the cells, in the first 24 hours. They appear later—in about two days—in young adults; in three days for middle-aged rats; after the fourth day in old animals.

The influence exerted by administration of different agents upon regeneration could also be judged through the changes induced in the appearance of the fatty droplets. The administration of insaponifiable fractions in general has induced an earlier appearance of the fatty cells. Injection of 2 cc. of a 10% solution of the insaponifiable fraction of human or even cow placenta was seen to induce an early appearance of the fatty droplets and a filling up of the liver cells. Even in old rats such changes occurred on the second day, contrasting markedly with control rats of the same age in which this would happen on the fourth day or later. Under the influence of these insaponifiable fractions, the old animals behave like youngsters, from the point of view of liver regeneration.

The opposite effect was exerted by the administration of 1 cc. of a 10% solution in oil of the lipoacids of human placenta or of a 10% solution of cod liver oil fatty acids. Appearance of fatty droplets was delayed. In young animals, the droplets were not seen until the third or even the fourth day. With a high dose such as 2 cc. twice a day, of the same preparation in animals of 150 grams, no fatty droplets appeared at all. It is interesting to note that in animals treated with such large doses of lipoacids, regeneration still takes place even without the appearance of the fatty droplets. In these cases the liver cells are comparatively very small and have compact nuclei, instead of the reticular aspect of the nuclei in the controls.

It is also to be noted that a parallelism was seen between the appearance of fatty droplets in liver cells and the richness of adrenals in sudano-

phil granules. In cases in which the administration of large amounts of lipoacids was followed by nonappearance of fatty droplets in the liver, the adrenals were found to be entirely depleted of fats.

The influence exerted by the lipids upon liver regeneration confirms the antagonistic role of the two groups of lipids in aging processes. The administration of insaponifiable fractions produces a regenerative response characteristic of young animals, while lipoacids produce the response of aged animals. We have applied these findings to other processes in which age is known to be a major factor—such as in the healing of wounds, and especially of fractures, in older people, where administration of insaponifiable fractions has been seen to change an atonic lesion into a rapidly healing one.

The study of liver regeneration has also indicated qualitative differences between various preparations. It is thus interesting to note that, of all the insaponifiable fractions used, the most active were those from placenta and embryos. The insaponifiable fraction of liver also has shown a special capacity to induce rapid regeneration especially of liver tissue. Higher alcohols have shown much less regenerative effect than the insaponifiable fractions.

Chapter 6, Note 39. Lipids and Convulsions

The administration of insaponifiable fractions of placenta or organs sometimes produces no observable manifestations in rats and mice, except an exophthalmia. However, more profound changes occur, since injections of thiamine in doses otherwise harmless are followed by lethal convulsions in these animals. 80 to 100 milligrams of thiamine/100 gr. of body weight produce lethal convulsions in rats or mice who received 1 cc. of 5% insaponifiable fractions of placenta per 100 gr. of body weight in daily injections for a week. In controls, 150 milligrams of thiamine per 100 gr. of body weight were necessary to induce fatal convulsions.

High doses of insaponifiable fraction of organs alone, also produced convulsions. The injection twice a day of a 5% oily solution of insaponifiable fraction of placenta in doses of 2 cc./100 gr. of body weight was seen to induce lethal convulsions after less than a week of treatment.

Chapter 6, Note 40. Lipoids and Coma

The administration of heptanol even in larger doses was not seen to induce somnolence or coma. Intravenous injection of a saline solution of 1 milligram of heptanol per cc. induced death in mice in doses above 0.5 cc. With 0.3 cc., the mice remained in deep sleep, sometimes with respiratory arrest. Most of the animals, however, recovered, starting to breathe in less than half a minute and awakening in about ten minutes. A dose as high as 10 cc. of the same solution, containing 10 milligrams, injected intravenously in rabbits, produced no more than a very short period of inactivity, without inducing sleep. Intramuscular doses as high as 500 mil-

ligrams of heptanol in oil in humans did not produce somnolence. However, after several days of concomitant administration of heptanol and cortisone, even in reduced amounts such as 50 milligrams of heptanol and of cortisone daily, deep somnolence was seen to appear in some patients, and coma in two cases. In one, a man of 85, we were unable to overcome the coma. In the other, administration of cod liver oil fatty acids, sodium thiosulfate, and especially $\frac{1}{2}$ cc. of DOCA (desoxycorticosterol acetate), brought the patient back to normal state.

Chapter 6, Note 41. Cardiac Rhythm

The antagonistic influence exerted by the two groups of lipoids was seen to have an especially interesting effect upon the cardiac cells. The importance for the pharmacological study of the lipoids, as well as for the cardiac physiology and pathology of the changes induced, has urged us to study them in more detail.

The principal physiological property of the cardiac cell is its automatism, that is, its capacity to produce the proper energetic influx which when discharged, will induce the contraction of the myofibrils. Through the cytoplasmatic bond formations characteristic of the myocardial cells, the discharged influx passes also into the nearby cells where it acts as an external incitation which, in turn, induces the discharge of the influxes produced by these cells. It is through this progressive discharge of contiguous cardiac cells that the contraction progresses in a centrifugal manner through the heart.

Each cell needs a definite time to "mature" its own influx, a negative period following each discharge. During this refractory period, the cell does not respond to any influx, either from nearby cells or from any external excitation. On the other hand, due to the same progressive maturation of its proper energetic influx, if within a certain time this influx incitation produced in the cell has not been discharged by an influx coming from a nearby cell, the cell itself discharges it. This automatism is common to all cardiac cells. It differs however, from one cell to another in the time necessary for the influx to mature, that is, in the time necessary to bring the cell out of its negative refractory period or to discharge its own influx, if not discharged by an external incitation to the cell. A cell has a high automatism if it has a short refractory period, if it rapidly produces its influx, and if it discharges it early. A cell has a low automatism if its negative period is long and if it requires a long time to discharge its own influx if not discharged by an influx coming from the nearby cells. The rhythm of the contractions of the entire heart will be given by the discharge time of the cells with the highest automatism.

If groups of cells have an abnormally low automatism and their negative period is so long that these cells will still be in the refractive negative period when the influx from nearby cells arrives to them, they will not be discharged by this flux. If the group of cells represents a part of the heart

through which the influx has to pass in order to attain the entire heart, it will block its propagation.

The normal cardiac physiology results from the inequality of the automatism of the different cardiac cells. Those with the highest automatism will represent the pacemaker for the entire heart contraction. Under normal conditions the cells of the sino-auricular node show this highest automatism. Other cells with an automatism lower than that of the pacemaker, but still sufficiently high to be out of their refractive period, will respond when the influx started by the sino-auricular node arrives to them. The automatism of the other centers present in the heart—Aschoff-Tawara's node, Hiss's band, its branches, Purkinje's cells—progressively lower than that of the sino-auricular node, will supply an influx if that of the sino-auricular fails to reach them in due time.

Under abnormal conditions, this automatism is influenced. It can be either increased or decreased. In general, if the automatism of cells other than those of the sino-auricular node, is increased above that corresponding to the rhythm of this node, their influx will be prematurely discharged. If the cells around it are out of their refractive period, this influx will propagate and induce a contraction. They appear as abnormal pacemaker centers due to their premature discharge and also to their ectopic position. The resulting contractions will be manifested as extrasystoles, if the abnormal discharge appears as an isolated event, or as paroxysmal tachycardia if the abnormality persists. In auricular fibrillation, this abnormality takes place in a larger group of cells. Oppositely, a lowered automatism affecting an entire group of cells will result in a blockage of the passage of the normal influx due to this lengthened negative period.

The factor which appears to govern the differences seen in automatism of the various centers in the heart, is the degree of differentiation of the respective cells. As a general rule, a less differentiated cell has a higher automatism, while a more differentiated cell has a lower automatism.

We have seen that up to a certain point, the properties related to the degree of the differentiation of these cells can be connected with youth characters. The changes seen in heart cellular physiology, and especially those which appear under abnormal conditions, can be conceived as taking place through changes in the degree of the differentiation of the cells. We have seen above, in the study of the influence exerted by lipids, that while the unsaponifiable fraction induces a "prolonged youth" with a degree of the dedifferentiation of the cells, the acid lipid fractions induce a process similar to a more rapid aging, respectively a more advanced differentiation. This effect was seen also to be general for the respective positive and negative lipoids. While for other cells such a change may be uneventful, for the cardiac cell it will be marked by a change in automatism.

From this specific point of view, we have studied the influence exerted by different agents upon the heart, seeking in the changes induced, modification corresponding to an increased or decreased automatism. Clinical observations have shown such correlation. Extrasystoles were seen to appear

in subjects who had previous extrasystoles, when lipoids with positive polar groups were administered in high doses. They disappeared when the medication was stopped and reappeared when medication was resumed. In cases with previous auricular fibrillation we have seen it reappear with high doses of positive lipoids, disappear with cessation of the medication and reappear when medication was resumed for even a short time. This was fully controlled by the administration of lipoids with negative polar groups.

In hundreds of electrocardiograms taken of experimental animals, such a correlation between the administration of lipoids and induced arrhythmias was investigated in collaboration with I. Eroglu. We studied thus various substances, lipoids with positive or negative characters administered intraperitoneally or intravenously in rabbits. An extremely high amount of the agent was necessary to influence the cardiac rhythm in normal animals. It was usually near a lethal dose and in general, proportionately many hundred times that used therapeutically in humans. In repeated injections however, changes could be induced with relatively smaller doses. In sufficient doses, the positive lipoids were seen to induce extrasystoles. Figures 292 and 293 show such changes obtained with huge doses of butanol and glycerol administered intravenously. (Page 714)

In animals, the negative lipoids induce a dromotropic negative effect, leading to auricular contractions not passing to the ventricles. Huge doses were seen to induce a bigeminated pulse.

The study of the intervention of lipoids has led to a new therapeutic approach. Extrasystoles, paroxysmal tachycardia and auricular fibrillation were seen to respond well to the administration of lipoacids and lipoids with negative polar groups, while partial blocks were influenced by lipoids with positive polar groups.

Chapter 6, Note 42. Some General Considerations of the Role of Lipids in Blood Physiology *

Lipids and Red Cells "In Vitro"

Among the first experiments concerning the influence exerted by sterols and polyunsaturated fatty acids in vitro, were those concerned with the effects upon red cells. We have noted that when citrated blood is kept for two hours at 37°C in a test tube, the walls of which have been coated with crystals of cholesterol or with nonsaponifiable fractions obtained from various natural sources, the red cells become more swollen and turgescient, and less crenated than those not treated. Seen under the dark field microscope, the cell crown appeared uniformly more refringent. It was also noted that the treated red cells failed to form rouleaux or conglomerates similar to those seen as sludge in vivo. At the same time, the cells appeared richer in their sterol content. None of these changes were observed when the red cells were separated from their plasma and washed with saline and kept in a saline solution when treated with sterols, in the manner mentioned above.

* Delivered at Gordon Research Conferences, Kimball Academy, Meriden, New Hampshire. 1955

Opposite effects were observed when fatty acids were added to blood. As the direct contact with the red cells produces hemolysis, the following technique was used. Fatty acid preparations especially as mixtures obtained from blood or cod liver oil, were added to heparinized or citrated plasma, thoroughly agitated and the excess separated by centrifugation. The plasma so treated was then added in various proportions to citrated or heparinized blood from the same subject. This portion of this blood was centrifuged and the treated plasma added to the supernatant plasma from which the same amount was withdrawn. The added plasma was mixed with the supernatant plasma and then this was mixed with the red cells. In this way hemolysis was prevented. Small amounts of treated plasma caused the red cells to shrink in size and frequently become crenated. In addition, a strong tendency to conglomerate which exceeded that noted in corresponding control specimens, was observed. When the quantity of fatty acid-treated plasma exceeded a certain amount, hemolysis was induced. The addition of these two groups of lipids to red blood cells, have appeared to exert frank antagonistic effects.

Sedimentation Rate

The two groups of lipids were also found to influence oppositely the red cell sedimentation rate in citrated blood. When citrated blood samples having high sedimentation velocities, were treated with cholesterol or an insaponifiable fraction in the manner described above, the speed of sedimentation was markedly reduced. TABLE XXVIII shows results obtained

TABLE XXVIII

RED CELL SEDIMENTATION RATE (mm./hr.) SAMPLES TREATED
WITH UNSAPONIFIABLE FRACTION OF BLOOD LIPIDS

Control	Treated
110	12
96	19
81	18
48	15
18	10
12	6
9	7
8	8
6	5

mentation rate tended to increase to abnormal values. This varied with the amount of treated plasma added. (TABLE XXIX) in different blood samples in which the sedimentation rate during one hour, was measured by the Westergren method. In general, it can be seen that the higher the sedimentation rate of the untreated sample, the greater was the effect of adding sterols.

On the other hand, when polyunsaturated fatty acids were added in the manner already described, to citrated blood from healthy subjects, the sedi-

TABLE XXIX

RED CELLS SEDIMENTATION RATE—mm./1st hour

Fatty Acid Used	Control	Quantity of Treated Plasma Added to 5 cc. Citrated Blood		
		1/4 cc.	1/2 cc.	1 cc.
Stearic	9	8	9	9
Palmitic	9	10	9	10
Linoleic	9	15	18	22
Linolenic	9	15	21	25
Cod Liver Oil	9	20	36	Hemolysis

Red Cell Volume

The same opposite effects of sterols and fatty acids were further observed upon the volume of red cells, as determined by the hematocrit, or also when the sedimentation in tubes was observed over a 24 hour period. (TABLE XXX) Sterol-treated blood showed a significant increase in red

TABLE XXX

CHANGES IN VOLUME OF RED CELLS IN CITRATED BLOOD TREATED IN VITRO
(Sedimentation After 24 Hours)

Substance Used	Control	Treated
Unsaponifiable fraction of blood	53	66
Stearic Acid	53	54
Saponifiable fraction of blood	53	50

cell volume, while on the other hand, with the addition of polyunsaturated fatty acids, the red cell volume decreased. This agrees with a retention of water by the cells in general when richer in sterols, which Schaeffer has described as the lipocytic index.

On further analysis, these effects of fatty acids upon red cells mentioned above could be related to the polyunsaturation of these acids, since by treating the blood under the same conditions with saturated members, such as palmitic or stearic, these changes were not obtained.

The treatment of red cells with conjugated fatty acids, especially trienes, induces a marked vacuolization. This is seen to occur through an accumulation of part of the content of the red cell in droplets, strongly stained with eosin. (*Fig. 264a*) Similar changes are seen to occur in vivo. In lesions characterized by a predominance of fatty acids or induced by the administration of conjugated fatty acids, such vacuolated red cells are often seen. We used their presence, together with other characters, for the pathological diagnosis of the type D present in a lesion. (*Fig. 264b*)

Red Cells, Plasma and Lipids

As most of these changes did not occur with the red cells in suspension in different isotonic saline solutions, we have attempted to explore the re-

lationship of plasma to red cells and lipids. This was done in the following manner. The cholesterol content of red cells was seen to be progressively lowered by repeated washings with isotonic saline. When the amount of cholesterol is reduced below a certain level, hemolysis ensues. Standardizing these washings by replacing the plasma with an equal amount of saline, hemolysis is usually obtained in some bloods after 1 or 2 washings while in most after more than 10 washings. This occurs when the cholesterol con-

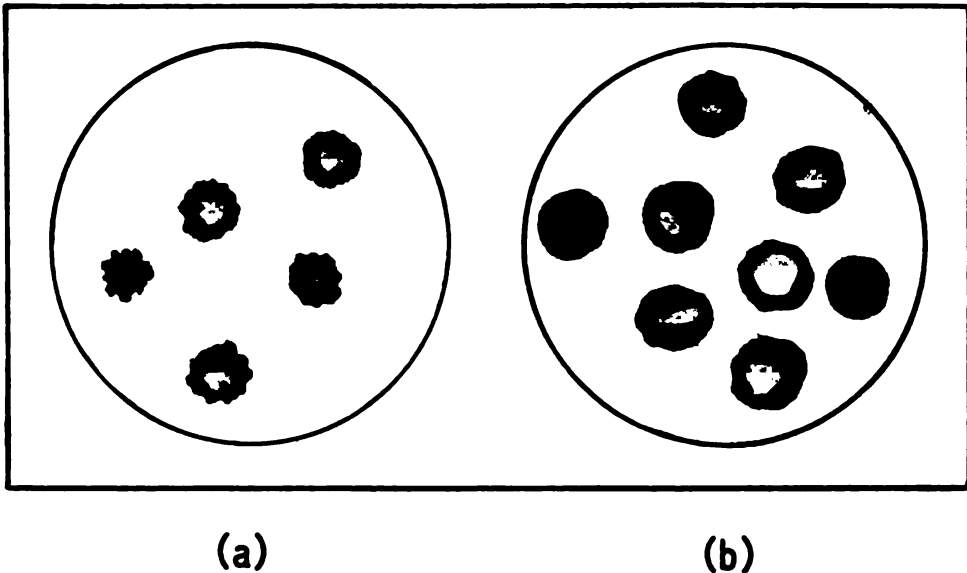


FIG. 264. The treatment of red cells in vitro with conjugated fatty acids (trienes) induces the appearance of vacuoles. (a) In spontaneous lesions characterized by an off-balance type D with a predominance of fatty acids or in lesions induced by the administration of conjugated trienic fatty acids, vacuolated red cells are seen. (b)

tent of the red cells falls below 58 mgm. %. When the separated plasma is again added to these repeatedly washed and consequently cholesterol-impo-
 verished blood cells, their cholesterol rises. (TABLE XXXI) By further additions of new portions of the same plasma, the cholesterol content of the red cells can be progressively elevated to the original values. Apparently cholesterol passes readily from the plasma to the red cells. This

TABLE XXXI

INFLUENCE OF CITRATED PLASMA UPON RED CELL CHOLESTEROL

Before Treatment	186 mgr. %
After 10 Washings	62 "
After First Treatment with Plasma	111 "
After Second Treatment with Plasma	142 "

was confirmed by measuring the cholesterol content of the plasma before and after it was mixed with cholesterol-impooverished cells. After treating a portion of citrated plasma several times with other portions of cholesterol-impooverished red cells, the amount of cholesterol in the plasma was markedly reduced. The addition of the unwashed red cells to this cholesterol-impooverished plasma raised back its cholesterol content. The content could be increased still further almost back to the previous values by repeating this procedure. (TABLE XXXII) It was clear that a balance in

TABLE XXXII

INFLUENCE OF RED CELLS UPON PLASMA CHOLESTEROL

Before Treatment	226 mgr. %
After Fifth Treatment with Washed Red Cells	96 "
After First Addition of Unwashed Red Cells	163 "
After Second Addition of Unwashed Red Cells	180 "

the cholesterol content seems to be realized between plasma and red cells through possible passages in both directions. This fact would imply that the red cells may serve as a buffer reserve for rapid changes occurring in the plasma sterols.

The role of red cells in the transportation and distribution of fatty acids through the blood not only appears more evident, but also indicates a selective intervention. When plasma was treated as mentioned above with fatty acids that were easily identifiable, and then mixed with the red cells, an unequal distribution between plasma and red cells was seen. The different influence of the different fatty acids became obvious. Saturated fatty acids could not be found in the red cells when these acids were used, while unsaturated fatty acids seemed to be selectively retained. Fatty acids such as oleic, linolenic, eleostearic, or norbixine were found convenient to be used for this purpose. They were easily identified, the first through its chemical character, the second after conjugation, and spectral analysis, the third through its characteristic absorption in ultraviolet light, and the last through its color in chromatographic column. After mixing with the red cells, they were found unequally and selectively fixed to the red cells: least for oleic, fixation was found to increase with the degree of desaturation. The same fixation was seen to occur in vivo. When animals were treated with saturated fatty acids, these substances did not appear in the red cells. When treated with oleic, linolenic, eleostearic acid or norbixine, the content of these acids in the red cells was found to be for the last acids as much as five times higher than in plasma. A selective fixation of those fatty acids on the red cells could thus be recognized. This appeared still more striking when compared with that of cholesterol. In animals treated with cholesterol, the relative proportions between the proportion in plasma and cells

was not seen to be altered by a total increase in cholesterol. It appears that the red cells have the capacity of selectively fixing from the plasma certain fatty acids, particularly the more unsaturated ones.

Lipids and Blood Oxygen Transport

One of the most interesting observations and one of the simplest in vitro experiments that indicates these opposite effects of sterols and fatty acids is their influence upon the oxidation processes in which red cells intervene. When a sample of ordinary venous blood is treated with a preparation of cholesterol or nonsaponifiable fractions, using the above mentioned technique and after its separation from the cholesterol it is agitated with air or oxygen which is passed through these samples, the color becomes a bright vermilion red, and this persists for a long time. When the same venous blood is treated with a preparation of polyunsaturated fatty acids as mentioned above, the color becomes very dark, almost black purple. When air or oxygen is passed through these samples, the blood becomes lighter in color for only a short time, the darker color reappearing within a few minutes. One is immediately impressed by the similarity of the cholesterol-treated blood to arterial blood, while the fatty acid-treated blood is similar to venous blood, and especially to the color of venous blood in cases of shock.

We tried to tie in these findings with the observation of Binet concerning the changes in blood fatty acids when passing through the lungs. He has been able to show that the amount of the polyunsaturated members appears to be reduced by the passage of blood through the lungs. We could show that the red cells leaving the pulmonary vascular bed are somewhat richer in the unbound cholesterol than they have been in the blood which entered the lungs. The lipid content is altered in an opposite way as the blood travels through the general circulation. That is, the polyunsaturated fatty acid content is increased in the red cells while the quantity of free cholesterol seems to be diminished. The sterol-richer red cells appear capable of retaining for a longer period of time, the amount of oxygen which hemoglobin has fixed, while a rapid reduction of oxyhemoglobin is seen in the red cells when the polyunsaturated fatty acids intervene. This led us to consider an intervention of these two groups of lipids in relation to the oxygen transportation by the red cells. Bearing in mind the fact that while cholesterol reduces cell permeability and polyunsaturated fatty acids increase it, an alternating intervention of these lipids seems to play a role in a better distribution of oxygen. The oxygen which is fixed by hemoglobin when the red cells have passed the lungs, is largely retained as such by the intervention of the sterols until they reach the point in the tissues where liberation of oxygen is necessary, this being favored now by the intervention of the fatty acids.

Lipids and State of Shock

The abnormally dark color of the blood resulting from its treatment in vitro with polyunsaturated fatty acids has suggested the intervention of such

substances in those clinical conditions in which similar color changes are noted in the blood as in shock. We will present our studies in shock below. For the moment we will only note that in the state of shock experimentally induced by trauma, burns or irradiation, or found in terminally ill adrenalectomized animals, these animals have not only a high fatty acid content, but that the kind of fatty acids encountered are not the same as in normal animals. We have discussed these abnormal fatty acids above. The existing differences have been shown by measuring the quantity of oxalic acid that is produced when these fatty acids are submitted to a careful standardized oxidative fission. The oxidative fission of the fatty acids not only from their entire body but even from their blood has shown that for normal animals, no oxalic acid could be found, leading to the assumption that no conjugated fatty acids are present. On the other hand, oxalic acid appeared when fatty acids obtained from animals in shock or from their blood were broken down with the analytical method utilized.

Of particular significance for the pathogenic role of these fatty acids is the fact which we will discuss again below, that death appears to ensue when the conjugation of fatty acids reaches a certain value, which is approximately the same whether the animal has been traumatized, burned, irradiated or adrenalectomized, and independent of the fact that death occurs in a short time or several days. It corresponds to 14-17 mgm. of oxalic acid per gram of fatty acids. It is also interesting to note that these abnormal fatty acids were found to be more abundant in the red cells than in the plasma.

Effect upon Leucocytes

The biological antagonism between sterols and fatty acids has appeared in the influence upon other blood constituents. We have observed that the administration of sterols tends to elevate the total white blood cell count and especially the number of neutrophilic granulocytes. Polyunsaturated fatty acids, on the other hand, produce rapid leucopenia, and again it is the neutrophile elements that are first affected. A hyperleucocytosis often was seen following the neutropenia induced by polyunsaturated fatty acids if small amounts are administered. This effect could be considered as being reactional to the first leucopenia, since it is retarded or even prevented if large doses of these fatty acids are injected. (TABLE XXXIII) It is also interesting to note that a deviation to the right, in Arneth's formula, was seen after the treatment with fatty acids; and to the left after treatment with sterols. Thus, this concords well with the antagonistic effects upon the aging process seen for these lipids and which is discussed below.

Lipids and Blood Serum Cholesterol

Further study of the relationship between blood and lipids has permitted the recognition of several peculiarities concerning the blood serum which when related to abnormal conditions, acquires a special significance. Policard has observed that when crystals of cholesterol are added to blood sera, two opposite changes can ensue. In one, a precipitate appears while

TABLE XXXIII

EFFECT OF LIPIDS ADMINISTERED IN VIVO UPON THE TOTAL NUMBER OF LEUCOCYTES

Unsaponifiable Fraction of Blood—10% Solution—5 cc. I.P.

Before Administration	14,600	12,000
2 Hours Later	18,400	19,000
7½ Hours Later	26,000	22,600

Saponifiable Fraction of Blood—10% Solution—5 cc. I.P.

Before Administration	13,200	16,200
2 Hours Later	11,000	6,800
7½ Hours Later	6,000	5,100

Stearic Acid—10% Solution—5 cc. I.P.

Before Administration	16,100	14,200
2 Hours Later	12,800	15,100
7½ Hours Later	15,000	12,000

the serum cholesterol content decreases. On the contrary in the other, a part of the added cholesterol passes in solution into the serum, thereby causing an increase in cholesterol content. When animals were treated with large amounts of sterols for a long time, their sera showed this tendency to precipitation when in contact with cholesterol in vitro, while the sera of animals treated with large amounts of fatty acids showed the capacity of dissolving more cholesterol. We believe that this capacity of sera to precipitate in the presence of cholesterol may be correlated with the clinical conditions present in arteriosclerosis when acute episodes occur.

These studies of the role of lipids in blood physiology suggest that the general antagonism between sterols and polyunsaturated fatty acids also intervenes in other important processes of blood physiology. It has thus raised the question of the role these lipids may play, through their opposite effects, in different metabolic balances of the body governed by blood changes.

Chapter 7, Note 1. Analyses Used for the Study of Hemoshock

Besides body temperature and blood pressure, the following blood analyses were made: complete blood count; coagulation time; clot retractability; values of albumin and globulin, total and free cholesterol, free fatty acids, degraded proteins, antitryptic power of the serum, esterase amylase, potassium, sodium, calcium and glucose. Most of these analyses were made in venous blood samples obtained every five minutes, during the fifteen minutes preceding and the half hour following the noxious intervention.

Chapter 7, Note 2. Morphine and Shock

The possibility of inducing hemoshock simply through an intravenous injection of colloidal metals has provided a useful method to study the conditions under which hemoshock can be induced or suppressed. We have investigated a series of agents to determine their influence upon shock. Adrenalin, quinine, ephedrine and atropine have not changed the course of clinical and hematic manifestations. On the other hand, morphine, as well as other opium derivatives, completely prevented the development of these manifestations. Subcutaneous injection of 2 centigrams of morphine

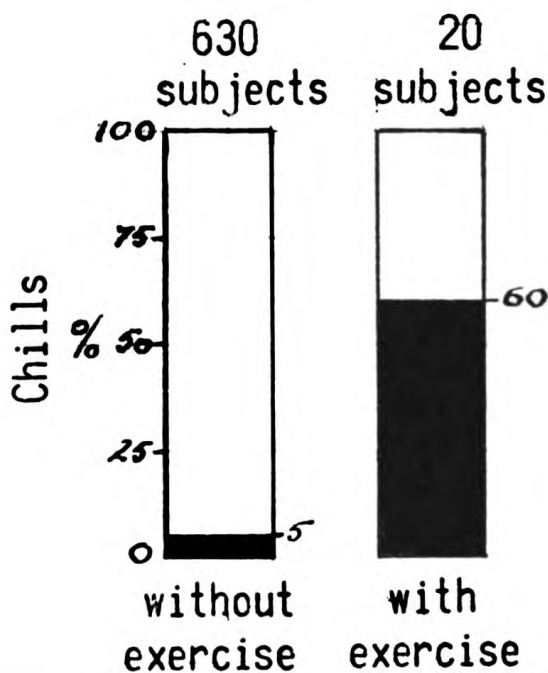


FIG. 265. The proportion of chills appearing after direct transfusion (with the Jubé syringe, injecting 500 cc in less than 10 minutes) increases manifestly after exercise (walking in the room).

sulfate fifteen minutes before the intravenous injection of the metal always suppressed the manifestations as did an intravenous injection of 5 milligrams of morphine sulfate. Analyses have shown no leucopenia, to occur. Similar effects were obtained, with none of the changes characteristic of hemoshock, for instance in transfusions where 500 cc. were injected in less than ten minutes and where morphine prevented the frequently observed chills. The influence of morphine upon the leucocytes has been confirmed in the following experiment.

In rabbits, a pleural exudate was obtained by an intrapleural injection of broth, 16 hours later, pleural punctures furnished fluid rich in leucocytes. As we have noted above, the addition of a colloidal suspension of silver

proteinate (collargol) was followed by the appearance of rapidly growing vacuoles which led to bursting of leucocytes. (*Fig. 76*)

The addition of even minimal amounts of morphine or other opium derivatives entirely prevented these changes in leucocytes. No lysis nor vacuoles were seen.

Chapter 7, Note 3. Physical Exercise and Shock

The study of hemoshock has shown the influence exercised by physical exercise upon shock. A leucopenia was observed in normal subjects after an intensely sustained physical effort, such as after running for five minutes, a fact which led us to try to see what influence exercise would have on the shock induced by the intravenous injection of colloidal metal. The shock was seen to be much stronger than usual. The chill which followed 25 minutes later was also proportionately severe. We have since correlated the appearance of hemoshock with exercise in patients having direct transfusion. If the patient exercised immediately after the transfusion, a chill consistently followed about a half hour later. (*Fig. 265*)

Chapter 7, Note 4. Lymphocytes and Effects in Vitro

The capacity of lymphocytes to hydrolyze even higher esters can be demonstrated by having lymphocytes separated and their activity tested. Fluid obtained from tuberculous pleural effusion rich in lymphocytes was centrifuged and the fluid decanted. The centrifugate was then put on a plate of beeswax, covered with a cup and left for several hours at 37°C. A clearly visible depression appeared where the lymphocyte preparation had been added.

Chapter 7, Note 5. Lipids and Immunity

Three groups of five rabbits each, of the same sex and weight, were injected intravenously on two consecutive days with the same amount of a suspension of killed *Eb. Typhi*. One group was kept as control, receiving daily injections of 1 cc. of cottonseed oil. Of the other groups, one was injected subcutaneously daily with 1 cc. of a 5% solution in cottonseed oil of the acid lipids mixture obtained from human placenta. The third group received daily 1 cc. of a 5% solution in cottonseed oil of the in-saponifiable fraction of the same origin. Every second day, venous blood was obtained and the agglutinating power of the serum determined. Figure 265A shows the average values for each group.

Chapter 7, Note 6. Microbes Treated with Lipids

The injection of microbes killed by heat and treated in vitro with various lipids and lipoids had an interesting effect on the appearance of antibodies. *Eb. typhi*, cultivated on agar and suspended in saline so as to give

nephelometrical values corresponding to 30 mil. per cc., were killed by heating for 1 hour at 62°C. Different portions of this suspension were treated by mixing them with preparations of the acid lipidic or insaponifiable fractions of various origins, such as human placenta, cow, carp or rabbit organs; entire bodies of guinea pigs or rats; entire bodies of squid; seeds of *Bixa orellana*; microbes such as *Esch. coli*, *B. subtilis*, and tubercle bacilli. Fatty acids such as oleic, linoleic, eleostearic or mixtures of acids obtained from

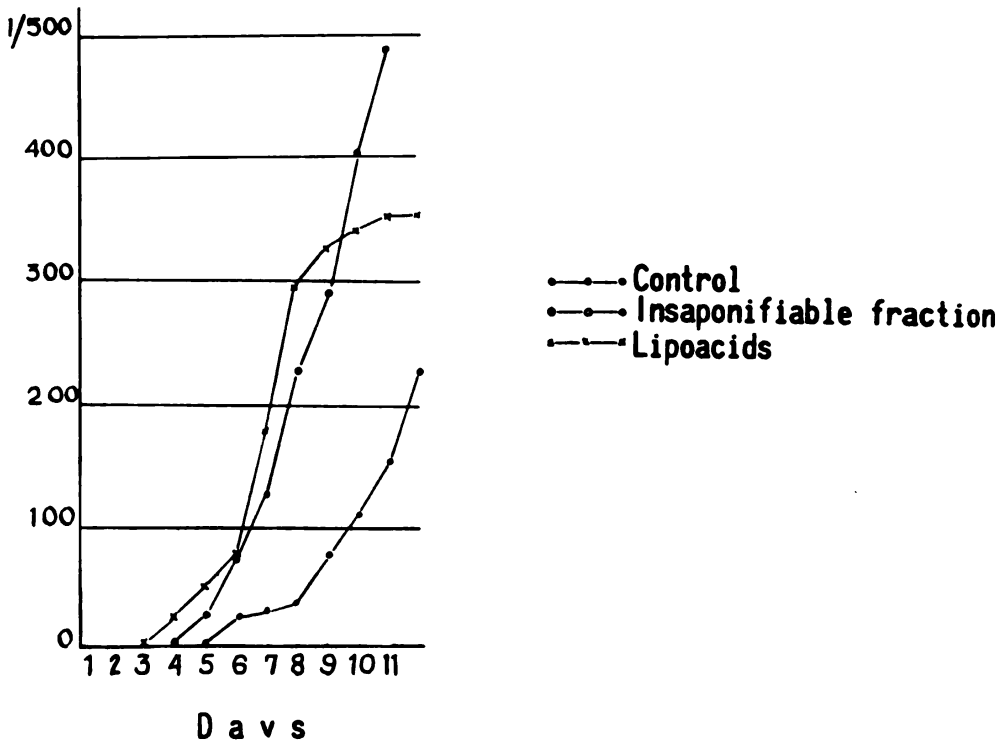


FIG. 265A. *Lipids and agglutinines*. Influence exerted by the administration of unsaponifiable lipid fraction and the acid lipid fraction of human placenta upon the appearance of *agglutinines* against *Eb. typhi* vaccines injected intravenously. Each curve corresponds to the average value of 5 rabbits. The *agglutinines* appear earlier and their amount increases more rapidly in the animals treated with lipids than in the controls.

cod liver oil or butanol or heptanol also were used. 5 cc. of a 2% alcoholic solution of the lipoids were introduced in 110 cc. distilled water and the solvent eliminated by boiling the mixture to bring the amount to 100 cc. 1-5 cc. of these milky preparations were added to 5 cc. of the microbe suspension and incubated at 37°C for 24 hours. The treated microbes were then separated by centrifugation, the fluid decanted and the microbes resuspended in the same amount of saline. They were used in doses from 1/10-1 cc. for subcutaneous injections in rabbits, repeated every third day for two weeks. As controls, animals were injected with the same amount of suspension of untreated microbes.

For the first two weeks small amounts of blood were obtained every third day from the ear veins of the treated animals. Blood was obtained from the heart every second week for 8 weeks. The agglutinins were determined for all the samples. In the two-week samples, the presence of immune antibodies was determined by the capacity of different amounts of the sera to prevent a lethal infection in mice given intraperitoneal injections of standard amounts of living microbes. The agglutinins were seen to appear earlier than in controls—in a manner similar to that seen when lipids were injected in the animal as related in Chapter 7 Note 5. It was especially in the immune protective antibodies where the difference was manifest. It was not only an earlier appearance of these antibodies, but the protection against a lethal injection was obtained with much smaller amounts of serum.

Chapter 7, Note 7. Skin Allergy

An aqueous extract of squid body was prepared by blending it and extracting with saline in a proportion of 1/20. After filtration, the mixture was centrifuged and the supernatant fluid put in ampules with methiolate added as a preservative. Some of the ampules were tyndallized by heating them at 56°C one hour daily for four consecutive days.

1/10 cc. of these preparations was injected intradermically in various subjects who also received control injections of saline. Immediate and 24 hour reactions were noted. An induration present the second day was considered as a positive cellular response, while the immediate appearance of a hive was considered as a reaction taking place in the metazoic compartment.

Twelve days after a first injection in exactly the same place, a second injection was given with the same material. The immediate and the 24 hour reactions were judged. If the reaction was negative, a third injection was made, ten days after the second, in the same place. It could be seen that in normal individuals, the second sometimes, and the third injection always induced second day induration which persisted for several days. In cancer patients, including those in terminal condition, the injection of this antigen induced virtually the same reaction as in normal individuals.

Chapter 9, Note 1. Hemoglobinuria a frigore (244)

Certain information about shock which has emerged from the study of a rare condition is worth noting here. When a patient with paroxysmal hemoglobinuria—also known as both hemoglobinuria a frigore and cold hemoglobinuria, immerses his hand in icy water, he experiences a chill a half-hour later which is followed by the appearance of hemoglobin in the urine. Classically, this phenomenon was considered to result from the intervention of a hemoshock. We investigated such “attacks” of hemoglobinuria in three cases, inducing and studying the phenomenon several times in each subject. Usually, observations were carried out during a three hour

period after the immersion of the patient's hands for ten minutes in icy water and included the following procedures:

- 1) Measurements of blood pressure and temperature every 5 minutes;
- 2) Determinations at ten minute intervals, of coagulation time, clot retraction, white cell count and differential; serum hemoglobin content, serum proteins, antitryptic power and esterase—all measurements being made on venous blood.
- 3) White cell count and differential measured on capillary blood obtained every 10 minutes by finger puncture at 5 minute intervals after withdrawals of venous samples.
- 4) Tests for the presence and amount of hemoglobin in the urine at 15-minute intervals.

Coagulation time was established in the centrifuge tube and was related to the moment when blood ceased to flow if the vertical position of the tube was changed. Clot retraction was determined by centrifuging the coagulated blood after 2 hours at room temperature and measuring the amount of serum obtained from 15 cc. of blood. The serum and urine hemoglobin content was determined photometrically. For total protein content, we used both the refractometric index of the serum and gravimetric measurements after adequate precipitation. For antitryptic power we determined the inhibitory effect of the serum upon the digestion of a solution of casein by trypsin. The quantity of esterase present was determined by the changes upon ethyl-butyrate.

The data obtained were plotted as curves with time as common abscissa. Parallel variations were observed in all three patients during repeatedly induced attacks.

For almost all analyses, except for the presence of hemoglobin in urine, the variations indicated a diphasic phenomenon. (*Fig. 266*) The first phase was characterized clinically by hypotension and slight hypothermia. The characteristic analytical changes were leucopenia, prolonged coagulation time, reduction in clot retraction, lower refractometric serum value, lower antitryptic serum power and increased serum esterase. During this first phase of the diphasic phenomenon, hemoglobin also appeared in the serum and, when abundant in the serum, also was found in the urine. The first phase was followed by a second 5 to 10 minutes later. The clinical manifestations were a sensation of chill, varying from very slight to severe, followed by temperature elevation and slight hypertension. Analytical changes in the opposite direction from those noted during the first phase could be seen. Hyperleucocytosis, reduced coagulation time, higher retraction of the clots, elevated refractometric value and antitryptic power, and reduced esterase content were characteristic of the second phase. Hemoglobin present in the serum in the previous phase disappeared at this time.

The most interesting finding in paroxysmal hemoglobinuria was that two or three such distinct diphasic episodes followed each immersion. In all cases, the first diphasic complex appeared in about 10 minutes after

immersion. It was relatively mild and lasted in general about 10 minutes, after which all values returned to pre-attack.

About a half-hour later, however, a second diphasic complex, much more intense in its manifestations, was noted. Hypothermia and hypotension were more marked. Leucopenia was more intense, the number of leucocytes falling to as low as 200 per cubic mm. The quantity of hemoglobin in the serum was very high, with hemoglobin spilling over into the urine in large amounts. Serum antitryptic power decreased to much lower levels than during the first diphasic complex. In some cases the coagulation time increased to 15 minutes and the clot almost failed to retract. These changes

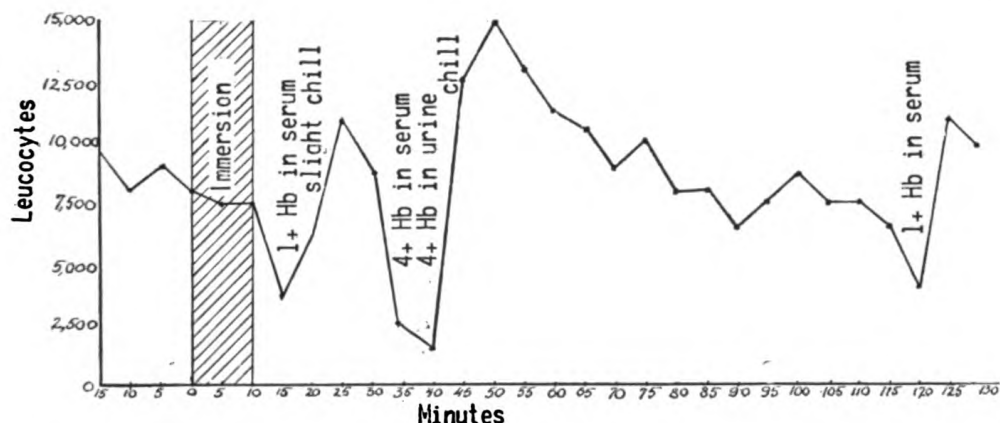


FIG. 266. The clinical data and analytical changes of blood and urine following the immersion in icy water of the hand of a subject with hemoglobinuria a frigore reveal three distinct diphasic phenomena corresponding respectively to three separate hemo shocks. Their intensity appears correlated to the degree of the occurring leucopenia.

were followed by the second phase of the complex, with severe chill and manifest changes in the analyses in the opposite direction. It is the second phase of the diphasic complex that is recognized clinically as the "attack" of hemoglobinuria. The chill was often very intense, followed by a temperature above 39°C , and hypertension. Leucocytes increased to as much as 20,000 per cmm., blood coagulation time was abnormally shortened and clot retraction increased. Hemoglobin disappeared rapidly from the serum. The albumin content as well as the antitryptic power of the serum increased, while the esterase content fell. In about 30 minutes, however, all these changes were dampened and the blood slowly regained its normal characteristics. This period, with almost all manifestations slowly returning to normal often was followed by a third diphasic complex, not clinically evident but revealed by hematological findings. In most cases, it appeared about two hours after immersion. While it was much milder than the first two, its diphasic character was quite clear. Occasionally the patient reported a slight sensation of cold. The amount of hemoglobin in the serum was less

than during the first complex, and hemoglobinuria was never seen. Figure 266 shows these findings in a typical succession of these complexes.

An analysis of these cases indicated two striking characteristics. One was the time sequence of the three diphasic changes which was uniform for all attacks in all subjects. The second was that although they differed in intensity, all the attacks were qualitatively alike.

In further studies we tried to understand the meaning of these changes. Similar changes, but without hemoglobin in serum and urine, and with only slight chill as a clinical manifestation, could be observed when the hands of normal individuals were placed in icy water for 10 minutes. Two similar diphasic phenomena were seen to appear. While their intensity was greatly reduced, the time of appearance of the two diphasic phenomena observed

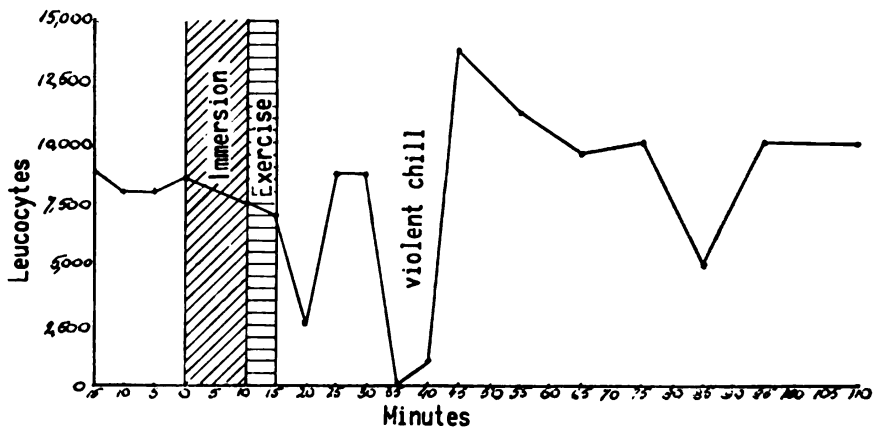


FIG. 267. In the patient with hemoglobinuria a frigore, exercise after immersion of the hand in icy water induces a violent chill with abundant hemoglobinuria.

was basically the same as in patients with cold hemoglobinuria. This would indicate that the leucolysis in hemoglobinuria a frigore corresponds to a physiological response which induces hemolysis because the red cells have been sensitized by cold. This sensitization is recognized in the Donath-Landsteiner reaction. It appears probable that leucolysis liberates the complement necessary to induce the hemolysis of the sensitized red cells.

We have tried to correlate these changes with other processes encountered in normal and abnormal physiology. In differential studies of blood smears obtained during an induced attack of hemoglobinuria, nuclear shadows were observed in the smears at the time of the leucopenia of the first phase. This was exceptionally manifest for the second diphasic complex, when a marked leucopenia occurs. We have seen above that this leucopenia has been correlated to the lysis of the leucocytes.

In patients with cold hemoglobinuria, we were able to show that, if with any physical exercise after the hands were out of the icy water, such as even walking in the room, the severity of the attack induced was much greater than when they were allowed to rest quietly. Not only was the

severity of the chill and the degree of hemoglobinuria corresponding to the second diphasic phenomenon greatly increased, but all other changes were similarly intensified. The number of leucocytes decreased to less than 200 per cubic mm. Blood coagulation time went to values as high as over $\frac{1}{2}$ hour with almost no retraction of the clots. The antitryptic power of the serum, obtained only after centrifugation, reached the lowest values observed. Figs. 266 and 267 show the changes for the same subject with and without physical exercise. These findings could explain observations indicating the importance of rest, after blood transfusions. With the direct transfusion method, where 500 cc. of blood was administered in less than 10 minutes, chill was seldom seen in patients resting quietly, while it was constantly seen to appear in subjects taking any exercise immediately following the transfusion. (Fig. 265)

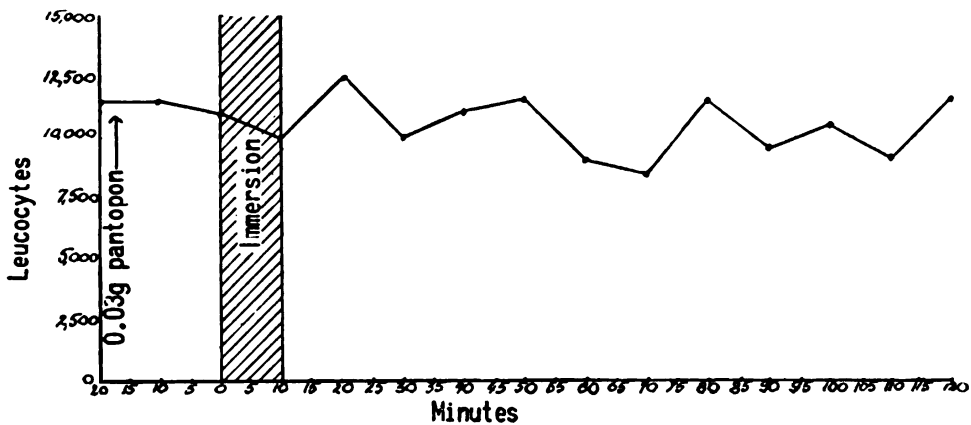


FIG. 268. The administration of 0.03 gm. Pantopon prevents the appearance of manifestations after the immersion of the hand in icy water, in the subject with hemoglobinuria a frigore.

This relationship of leucolysis to the pathogenesis of the diphasic complex phenomenon in hemoglobinuria a frigore was confirmed when the attack could be prevented by a pretreatment which influenced the leucocytes. The study of the influence exercised by various agents in vitro upon the leucocytes of a pleural effusion preparation from rabbits, when collargol solutions were added, has shown that only morphine and other opium alkaloids were able to prevent lysis. Adrenaline and quinine—among others—appeared inactive. Administered to patients with paroxysmal hemoglobinuria, these last substances did not prevent attacks. However, morphine in minimal doses, such as 5 mgr. ($\frac{1}{12}$ g.) or less, by intravenous injection, entirely prevented the development of any clinical manifestations as well as analytic changes. Minimal or no leucopenia was seen, and there were no changes in coagulation time, retraction of the clot, antitryptic power, refraction index of the serum, esterase, etc. (Fig. 268)

In addition to confirming the hypothesis that leucolysis intervenes in the

pathogenesis of the diphasic complex, the influence of morphine has furnished a means of preventing the attacks.

The presence of two or three successive diphasic phenomena in the case of paroxysmic hemoglobinuria attack has revealed another important relationship. As mentioned above, hemolysis has been seen to occur only in the first phase of the diphasic phenomenon. Hemoglobin disappears from the serum between the complexes. It is classically accepted that in cold hemoglobinuria two factors must intervene to produce hemolysis. One is sensitization of the red cells which results from the influence of cold; the other is the presence of the complement. It appears that while sensitization persists for a while after exposure to cold, hemolysis will occur when the second condition is also fulfilled. Complement is released in the first phase of the diphasic phenomena since it is during the first phase that hemolysis occurs through the changes induced by the lysis of the leucocytes. The correlation between these two processes is clear from the fact that, under the influence of morphine, leucolysis does not take place and consequently hemolysis is prevented.

Chapter 9, Note 2. Lipids and Rouleaux and Sludge Formation

Human blood obtained through venous puncture was mixed in the syringe with 1/10 of its volume of 1.5% sodium citrate, passed into several centrifuge tubes and separated into plasma and cells. The plasma from the various centrifuge tubes was placed in separate test tubes. One of these samples of plasma was treated with a mixture of conjugated fatty acids of cod liver oil, another with a lipoacid preparation of human placenta, a third with a preparation of the insaponifiable fraction of human placenta. As control, the plasma was treated with liquid paraffin. The mixtures, frequently shaken, were kept in a warm bath at 37°C for one hour, after which they were centrifuged and the oily material separated. The plasma treated with the lipoacids was then added in proportion of 10% to untreated plasmas which then were reunited with their red cells. The plasma treated with the insaponifiable fraction was mixed directly with its respective red cells. Plasma and red cells were shaken for five minutes and left at room temperature for another ten minutes. One small drop of this blood obtained with a platinum loop or a capillary pipette was mixed with two drops of saline on a slide covered by glass and examined under the microscope. While the controls showed few short rouleaux, the blood treated with insaponifiable fraction showed isolated cells. In the blood treated with placenta lipoacids, almost all of the red cells formed rouleaux; in blood treated with conjugated fatty acid, almost all cells formed sludges.

Chapter 9, Note 3. Dark Color of the Blood in Shock

In order to determine why dark-colored blood is seen in shock and the role of fatty acids, the following experiments were performed.

Venous blood of patients in severe state of shock was drawn and mixed

with 1/10 of its volume of a citrate solution. The hematocrit value was determined and saline added in order to bring it to the value of the normal blood. Through these blood samples, oxygen was passed for five minutes at the rate of 50 cc. per minute. At the same time, blood from a normal person was obtained and similarly treated. The changes in color of the two samples after cessation of oxygenation were compared. While the normal blood needed almost ten minutes to return to the previous color, the blood from the patient in shock was back to the deep dark color in less than three minutes.

Blood samples from subjects in shock were treated in vitro with un-saponifiable fractions and subsequently with oxygen for five minutes at the rate of 50 cc. per minute. While the color became red immediately, the time required for it to return to the previous dark color was entirely different from that of controls. As against a few minutes for controls, more than twelve minutes were required for the blood treated with insaponifiable fraction. From these experiments it appears that the dark color of blood in shock results from changes in the red cells and not because of impaired circulation, and that these changes can be related to the intervention of fatty acids. This was confirmed by the fact that the dark blood of shock patients, if treated in vitro with insaponifiable fractions of placenta, for instance, loses its characteristic color.

Chapter 9, Note 4. Induction of Acute Shock

Acute shock can be induced by intraperitoneal injections of mixtures of conjugated fatty acids. The preparation largely used was a 10% solution in oil of fatty acid of cod liver oil conjugated through treatment with KOH in ethylene glycol or in ethyl alcohol. For a rat of 200 grams, 8 cc. of this preparation injected at once was able to induce an acute shock.

Chapter 9, Note 5. Induction of State of Shock

State of shock was induced by the repeated administration of a mixture of conjugated fatty acids obtained from cod liver oil. To insure a progressive systemic absorption, the preparation was injected subcutaneously. The injection in rats of 1 cc. per 100 gram of body weight of the 10% solution of these fatty acids in oil, repeated every hour was seen to induce after 3-5 injections a state of shock. The addition of 4% of sodium thiosulfate in a dose of 5 cc. per 100 gram of body weight in rats, was seen to favorize the appearance of this state of shock.

Chapter 9, Note 6. Influence of Fatty Acids Upon Traumatic Shock

Rats of 250 grams were introduced in the Collip-Noble Drum with their forepaws taped with adhesive and submitted to 500 falls at a rate of 40 per minute. 50% died of acute shock in less than two hours. If 2 cc. of a preparation of 10% cod liver oil fatty acids in oil per 100 grams of body

weight was injected intraperitoneally or even subcutaneously $\frac{1}{2}$ hour before the animals were placed in the drum, more than 50% of the animals died during the trauma itself and the fatality rate in some experiments approached 100%. Bleeding from the nose and mouth was dark in color and smaller in quantity than in untreated animals. If the same amount of the lipoacid preparation was injected immediately after the animal came out of the drum, it also increased mortality within the first two hours. For some animals, death occurred in a few minutes after the injection.

Chapter 9, Note 7. Influence of Unsaponifiable Fractions Upon Traumatic Shock

The influence exerted by the unsaponifiable fractions upon traumatic shock appeared evident in rats submitted to 5-700 falls in the Collip-Noble drum. 10% solutions in sesame oil of the unsaponifiable fraction of human or cow placenta, of eggs or of butter, were used in these experiments. 1 to 5 cc. of these solutions were injected intraperitoneally at different intervals before or after trauma. The injection of 2 cc., $\frac{1}{2}$ hour before trauma, was seen to entirely prevent lethal shock (0/20) in a group of experiments where the mortality of controls was 18/20. The same results were obtained with 2-3 cc. of the preparations injected immediately after the animals were taken out of the drum. Doses as high as 5 cc. injected one hour after the animal was removed from the drum, protected only a few animals (11/20) and generally only those without symptoms of shock. Once the symptoms of shock were present, the effect of the unsaponifiable fractions was greatly reduced. (From 2/20 to 5/20 in different experiments.)

Chapter 10, Note 1. Oxalic Index

The need to have quantitative information about the amount of double bonds present in the organism or in its lipoacids has led to a method of analysis based on the fact that molecular breakdown or fission will furnish characteristic components. With fission occurring at the level of the double bonds, the fraction corresponding to a conjugated double bond will appear as oxalic acid. The problem was to obtain this fission with a carboxyl corresponding to each carbon and without having artificially induced displacements of the double bond which is a frequent result of treatment.

We employed the following technique. Fatty acids from an organism or any other preparation were neutralized with the exact amount of sodium carbonate necessary. This amount was established through the neutralization index of the substances to be treated. After sufficient dilution, an excess of sodium carbonate was added with the aim of obtaining an alkaline medium. After bringing the solution to 4°C potassium permanganate was added until further discoloration of the permanganate stopped, after which 20% more of the amount already used was added. The mixture was kept refrigerated at 4°C for 16 hours, after which the excess of permanganate was reduced by sodium bisulfide. The liquid obtained was filtered and the

precipitate washed. The liquid was extracted first with ether to eliminate the higher fatty acids, after which it was submitted to distillation in order to eliminate the volatile fatty acids. In the remaining part, the oxalic acid was precipitated with calcium chloride. From the precipitate, the part corresponding to calcium malonate was separated from calcium oxalate, by using the difference in solubility at the boiling temperature. The oxalic acid was then titrated in the usual manner. The amount of oxalic acid divided by the quantity of lipoacids used represents the oxalic index of the preparation. Carlos Huesca Mejia and Daisy Franco have widely studied the changes of this oxalic acid index in our laboratories.

Pure nonconjugated fatty acids treated in this manner yield no oxalic acid. When linoleic acid is conjugated (*e.g.* by treating with KOH in ethylene glycol) oxalic acid is found in the fission products in amounts that gradually change as the treatment continues. (TABLE XXXIV)

TABLE XXXIV

THE QUANTITY OF OXALIC ACID PRESENT AFTER OXIDATIVE FISSION AND IODINE NUMBER OF SAMPLES OF LINOLEIC ACID CONJUGATED FOR DIFFERENT PERIODS OF TIME. (LINOLEIC ACID MIXED WITH EQUAL QUANTITIES OF KOH: DISSOLVED 5% IN ETHYLENE GLYCOL; CONTINUOUS TREATMENT IN REFLUX.)

Time	Oxalic Acid mg/gm of Fatty Acid	Iodine Number
Before treatment	0	180
After 30 minutes	117	119.8
" 1 hour	205	115.1
" 2 hours	114.2	94
" 4 hours	119.4	96
" 8 hours	99.9	91
" 12 hours	92	86
" 24 hours	85	81.7
" 36 hours	80	76
" 48 hours	77.3	76.5
" 144 hours	40.8	57.3

The quantitative relationship between known proportions of conjugated fatty acids and the oxalic acid obtained through their oxidative fission has been studied.

Autolytic changes have been found to influence the nature of the fatty acids extracted from tissues. Studies have shown that formalin fixation does not significantly change the fatty acids present. (TABLE XXXV)

It has been noted that relatively stronger methods of conjugation, utilizing KOH at higher concentration and higher temperature, are necessary to conjugate the fatty acids of normal tissues, than are needed for the fatty acids extracted from pathological tissues (burn, shock, adrenalectomy, tumor necrosis) which can readily be conjugated by much milder procedures.

TABLE XXXV

EFFECT OF FORMALIN UPON THE QUANTITY OF OXALIC ACID PRODUCED BY OXIDATIVE FISSION OF A MIXTURE OF CONJUGATED FATTY ACIDS. (5 cc. ALIQUOTS OF A MIXTURE OF CONJUGATED FATTY ACIDS WERE MIXED IN A STOPPERED CYLINDER WITH 10 cc. OF A 20% FORMOL SOLUTION. THE CYLINDER WAS SHAKEN AND SAMPLES WERE REMOVED AT FREQUENT INTERVALS FOR DETERMINATION OF OXALIC ACID.)

Time	Mgm Oxalic Acid/gm Fatty Acids
Before mixing	121.7
After 1 hour	121.8
“ 24 hours	120.5
“ 48 hours	120.9
“ 72 hours	118.9
“ 144 hours	121.9

Chapter 10, Note 2. Irradiation and Oxalic Index

Forty male albino rats separated in groups of 10 were irradiated with nonfiltered X-rays from a 200,000 v. machine, receiving in one session a dose of 1500 r. which is considered a lethal dose. Similar experiments were repeated several times, some with the radiation dose obtained from radioactive cobalt. The four groups of animals were first mixed together and then separated in four big cages. The animals and controls were kept on Purina Chow and water *ad libitum*. Two of the controls, two of the treated animals, and any others approaching death were sacrificed daily.

Each dead animal was saponified separately. The total amount of acid lipids extracted was analyzed for conjugated fatty acids, using the method indicated previously in which the amount of oxalic acid which appears as the result of oxidative fission is measured. The values were expressed in oxalic index, which corresponds to the amount of oxalic acid in milligrams per gram of fatty acids. Figure 85 shows the results of two such experiments.

Values found for normals were zero or less than 0.5, but a constant increase of the oxalic index was noted after irradiation. While irregular values were still seen during the first three days, all were above 3 on the fourth day and continued to increase constantly afterward. Death occurred when the oxalic index reached a critical point which was found to correspond to 14-17 mgr. of oxalic acid per gram of the fatty acids of the entire body.

Chapter 10, Note 3. Oxalic Index in Sublethal Irradiation

We studied the changes in oxalic acid in animals treated with an amount of radiation below the lethal doses. The oxalic acid rose after treatment with values much lower than those seen when lethal doses were used. Three groups of ten animals each were radiated with 600 r., and every few days

two of the animals were sacrificed along with two of the controls. Figure 91 shows the values obtained for these animals. It could be seen that although indices of 6 and 7 were found, these never reached the critical point of 14, and that the indices went down in an irregular fashion. While some animals had values of around 4 and 5 after the tenth day, others had high values at the same time.

The administration of polyunsaturated conjugated fatty acids (1-2 cc. daily of a 5% oily solution of conjugated cod liver oil fatty acid) induced death in a high proportion (16/20) of animals irradiated with otherwise nonlethal doses such as 800 r. In these animals the oxalic index was high, often showing values above 17.

Chapter 10, Note 4. Radiation-induced Offbalances

Through the routine analytical technique used for the study of the offbalances, we studied the changes occurring in a group of 56 subjects with different conditions, submitted to radiotherapy alone. We tried to correlate the clinical noxious effects of radiation to these offbalances.

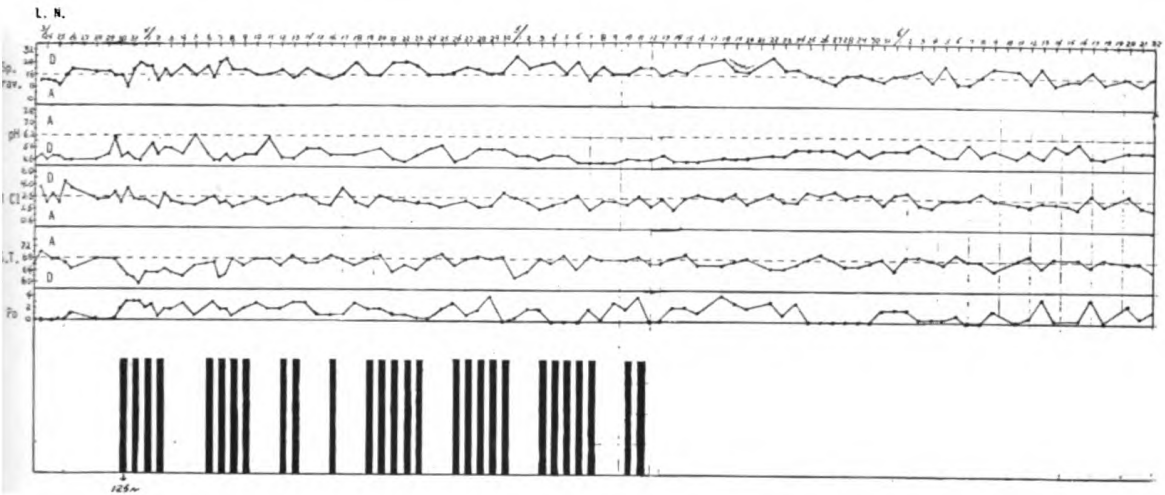


FIG. 270. L.N., 59 years old. Cancer of the breast. Mastectomy two months earlier. No recurrence. Treated with radiation, 125r per seance. Entirely uneventful except moderate erythema. Minimal or no changes in the analyses.

In this part of the study, we limited ourselves to the consideration of the immediate changes. Figs. 270 and 271 show the analyses in two cases in which no clinical, local or systemic changes were observed during and after the radiation. It can also be seen that no changes occurred in the analyses; they remained within normal limits during the entire period of observation. It is especially noted that the peroxides were present, almost constantly in high amounts in the urine.

Fig. 272 shows a case who died during the radiotherapeutic treatment, probably directly influenced by it. All the analyses show that a change to-

ward offbalance type D had occurred. Among these, we want to single out the urinary surface tension and the urinary chloride index, both evidencing very manifest changes toward the patterns corresponding to type D. The peroxides were on the contrary almost completely missing from the urine.

Another case (*Fig. 273*) had severe clinical reaction to radiation which persisted until the death of the patient. Again, we judged these effects of radiation mainly through the changes occurring in the two analyses, urinary surface tension and chloride index, which show the same shift toward a strong offbalance type D. The peroxide reaction became negative at the end.

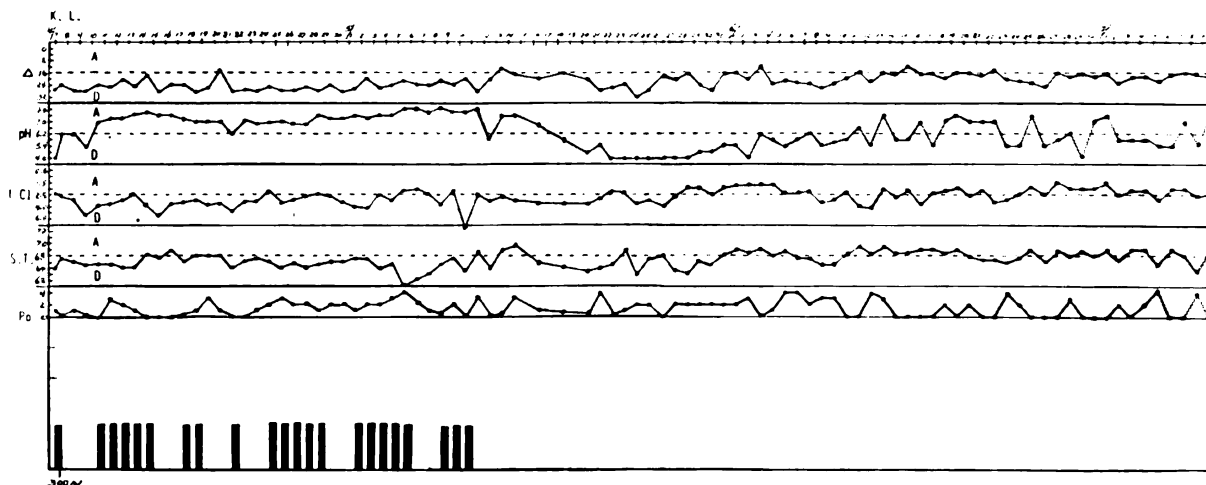


FIG. 271. K.L. 52 years old. Cancer of the hypopharynx. Treated with 300r for each session. The high specific gravity shows a tendency toward the type A, a month after the completion of the treatment.

While specific gravity and ST show a slight offbalance D during the treatment and the pH a manifest change toward the type D, following the radiation all the analyses show a change toward the type A, one month after completion of the radiation. Peroxides persisted in the urine. Clinically the entire evolution was eventless.

When the different tests were discussed, we mentioned that each one of the analyses used furnished information concerning changes which take place at a specific level of the organization. This would explain why the noxious effects are seen to be serious when the changes take place concomitantly in different analyses, that is, at different levels, indicating thus a more complete offbalance. When this concomitance does not exist, when the abnormal patterns concern only one analysis, the clinical manifestations are seen to be less serious. This was seen true in the case shown in *Fig. 274*. The importance of this concomitance in the changes present is seen in *Fig. 275*. In this case, although manifest changes corresponding to type D are seen for some analysis, they do not coincide. The peroxide reaction in the urine is constantly positive. This seems to permit the patient to withstand the noxious effect of radiation. The evolution of the changes induced by radium application is shown in *Fig. 276*.

The possibility to evaluate through urine analyses the noxious effects of radiations, has appeared especially important for the prevention and even treatment of the serious inconveniences during radiation therapy. By observing the changes in the analyses, particularly of the urinary surface tension and chloride index, valuable information can be obtained, permitting one to guide the application of these therapeutic agents. By being easily and continuously informed about the occurring changes, we need no longer consider the amounts of radiation to be administered as standard values for each patient. Through analytically guided radiotherapy one can replace the common pattern presently used for all patients by

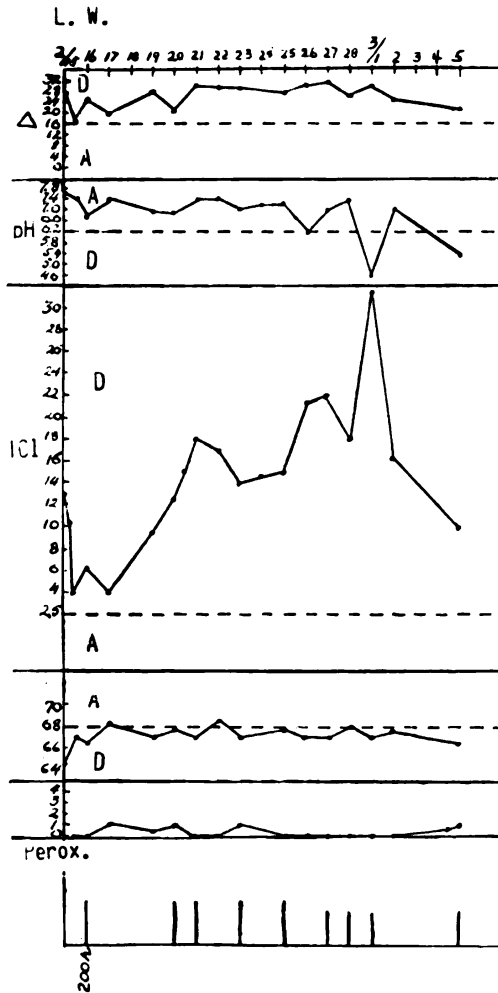


FIG. 272. L.W., 58 years old. Cancer of the lung. After receiving only 1000r, very weak. Much worse after, with very rapid downhill course. After the treatment on 3/5, the patient entered into coma and died 3/7. The extremely high values for Cl I and high specific gravity characterize the analytical changes. It is interesting to note the negative reaction for peroxides for almost the entire time.

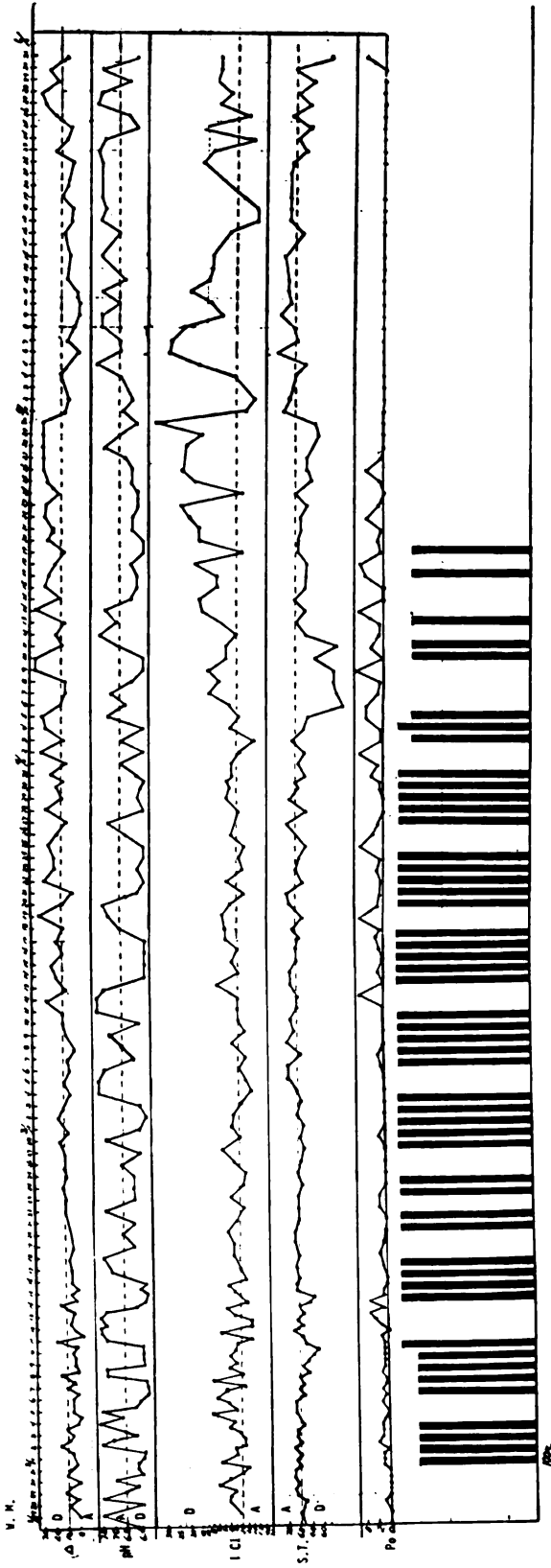


FIG. 273. W.M., 50 years old. Cancer of the ovary with abdominal metastases. Repeated doses of 100 and 120r. Almost uneventful for more than 1½ months of treatment after which the specific gravity analyses pass into the D pattern. After two months, the CI index and ST show manifest concomitant changes toward the D pattern, a fact which coincided with a worsening of the general condition. In spite of changes in these analyses toward more normal values, the condition *worsened* with a lethal issue. The peroxide negative reaction—of bad prognostic in radiotherapy—is to be noted.

individualized treatments adapted to the need and the response of each subject.

Continuously followed analyses permit their utilization as a guide for more general application of radiotherapy. When the surface tension and chloride index remain within normal values, treatment can be continued with administration of doses above those originally intended, without any danger of serious noxious effects. A change toward low surface tension

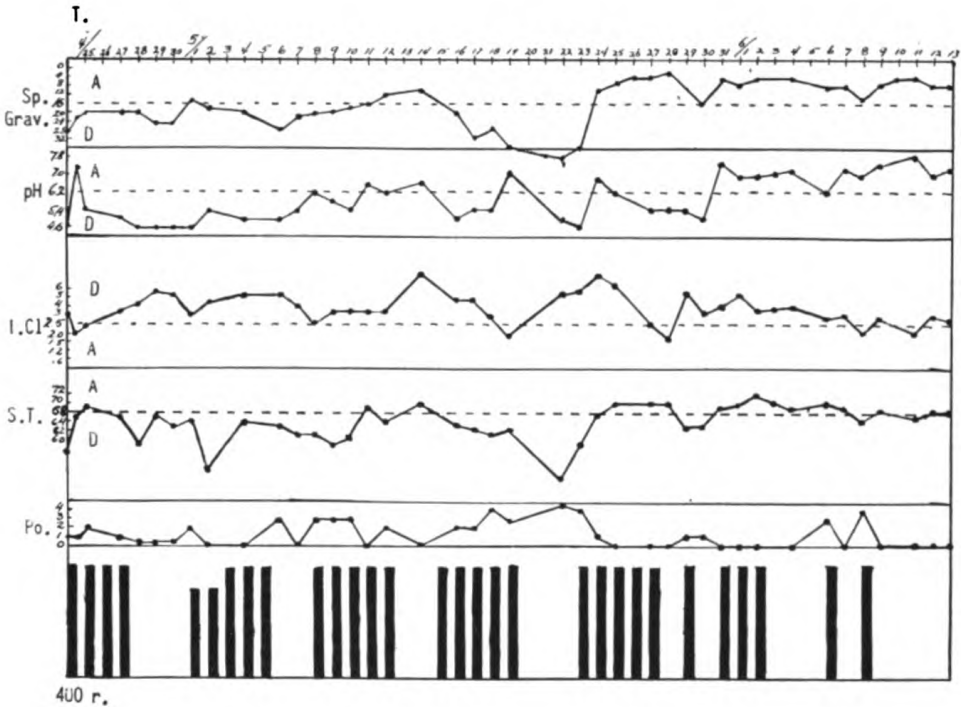


FIG. 274. Cancer of the cervix intensively irradiated. Although changes occur in the analyses, the passages in offbalance D do not coincide in the different tests. With the continuation of the treatment, the patient passes in offbalance A. No clinical, noxious manifestations were seen.

below 65 dynes/cm. or high chloride index above 5, represents a warning which should not be ignored. The treatment should be discontinued, the dosage reduced or the sessions more widely spaced, even if the desired radiation dose has not yet been attained. Concomitant changes of the analyses should constitute a serious warning even when the general clinical condition does not indicate any abnormality. The bad prognosis of persistent strong "D" offbalance during radiation is related to the progression of the anomaly as described in the experimental studies. For this reason, a persistent strong offbalance D seen for the urinary surface tension and chloride index indicates the need for the administration of lipoids with positive character, even if the clinical manifestations are not too serious.

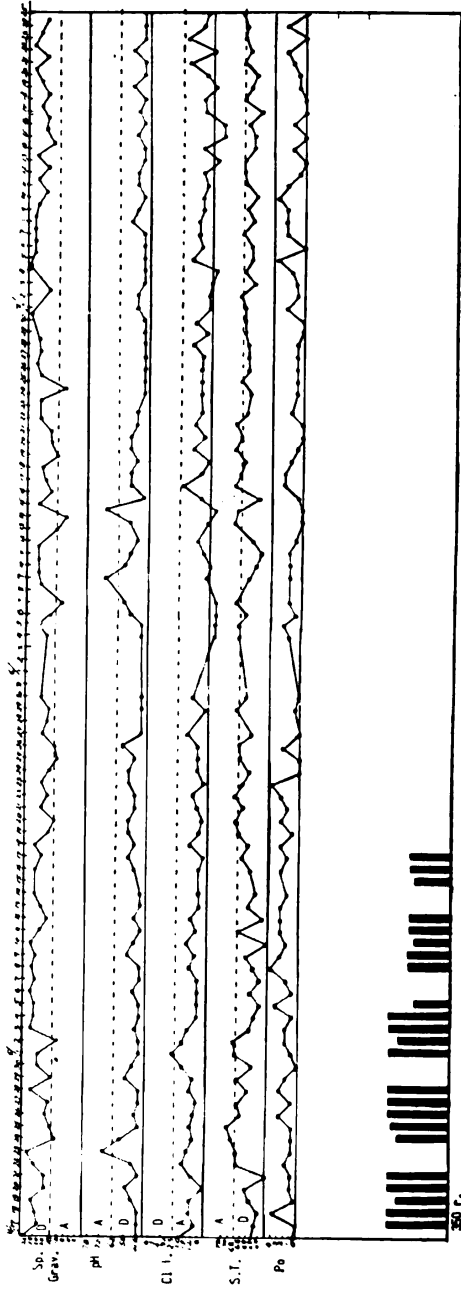


FIG. 275. Cancer of the larynx. No changes in the analyses. Entirely without clinical noxious reactions. (The Cl Index values are inverted.)

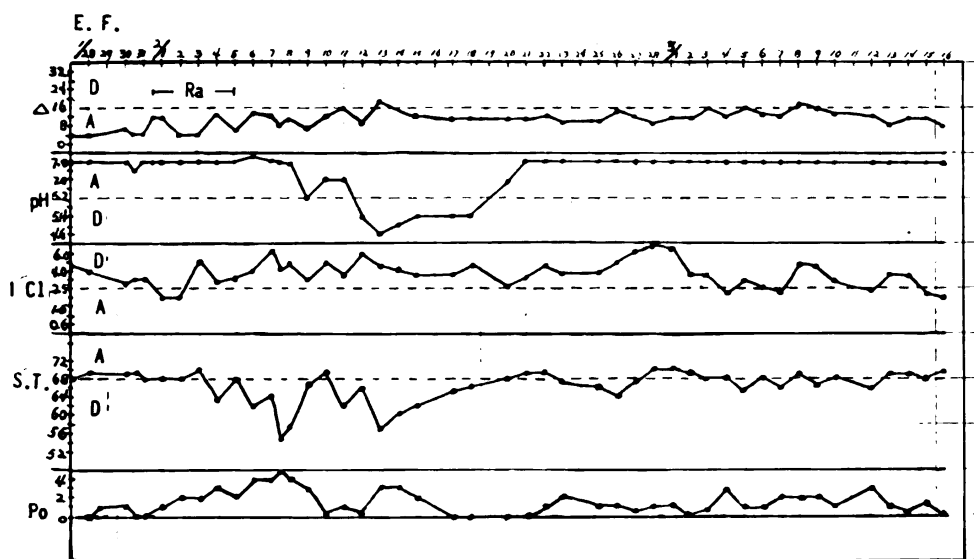


FIG. 276. F.E., 64 years old. Cancer of the fundus of the uterus, treated with 45 mgr. radium for 122 hours in situ, with a total of 5490 mgr. hours. Felt subjectively well after radiation without any complaint. The analyses show a manifest change for almost one week from the type A to type D. For the S.T. it starts 2 days after the insertion of radium with the values dropping from 70 to 55. For the pH, the change started a few days later with the values passing from 7.8 to 4.6. The changes of Cl I show values as high as 7 without however, having the changes coincide with the pH and S.T. 16 days after radium was taken out, the analyses went to previous values, except the peroxides, which remain present.

Chapter 11, Note 1. Carcinogenic Activity of Urethane

The interesting research of Berenblum has brought an important contribution not only for the largely debated role of urethane as carcinogen, but also for the problem of carcinogenesis in general. The fact that croton oil, applied to the skin, induces the appearance of malignant tumors in animals previously fed with urethane, concords largely with the concept of plural changes taking place in carcinogenesis. The analysis of the influence exerted by carbamic acid upon amino-acids would place the intervention of this agent at the first members of the biological realm. It can thus be seen that the bond between the amino-acid group and the carboxyl and amine groups of carbamic acid occur in a way similar to that which occurs between two amino-acids with the big difference that in the first case it would result in the appearance of the CNCN formation. (Fig. 277) As mentioned above, this CNCN formation represents the group which characterizes the first biological entity. The place of this CNCN group, not at the end of the molecule opposed to the carboxyl as in the alkaline amino-acids, but as corresponding to the bond which results in polymers, represents the anomaly, which according to the work hypothesis we advance, would correspond to the first cancerous entity. The fact that the carcino-

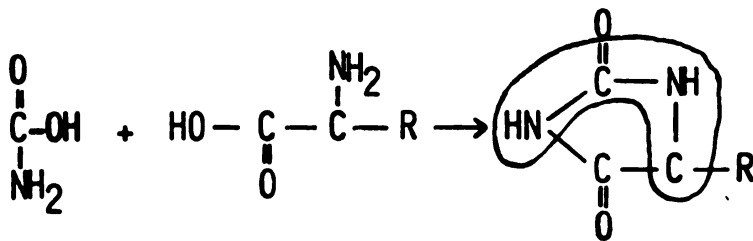


FIG. 277. The bond between the carbamic acid and an amino-acid group leads to the formation of the NCNC group.

genic activity of urethane takes place at the lowest levels of organization, explains the necessity that a certain time separates its intervention from that of croton oil, which would act only at the higher levels, probably inducing the passage from noninvasive to invasive phase. This time is necessary for the first cancerous changes to build up the series of cancerous hierarchic entities since the cocarcinogen, croton oil, would act only in those more evolved cancerous entities. In experiments in course, the passage of the noninvasive urethane-induced carcinogenesis entities into invasive cancer, is successfully induced by preparations of unsaponifiable fractions.

Chapter 11, Note 2. Constitution of Viruses

It is superfluous to emphasize the interest with which viruses are being studied from all points of view. Their role in carcinogenesis has placed them in the limelight of cancer research, and any contribution concerning their constitution or activity is of great interest. A much debated initial problem concerns the nature of viruses and their place among the other entities. (293)

Two fundamental groups of constituents—DNA and proteins—(301, 289) have been recognized to take part in the formation of the viruses. These two groups could be separated and reunited, reproducing the original virus with all its characters. Furthermore, new viruses could be created when fractions resulting from different viruses were bound together. (289) However, the fact that a part of the virus, the DNA fraction, was seen to be furnished by the constituents of the host cell, and the protein directly by it (312), has raised the question of the nature of the virus itself. Some workers have gone so far as to see the viruses as parts of the constituents of the cells. By considering the viruses in the concept of the hierarchic organization presented above, a new aspect emerges.

According to this organizational concept, a virus represents an entity that has reached a certain step in the hierarchic evolution, and remained there throughout its individualization. Like all entities, a virus can be conceived to be formed by a principal part bound to a secondary part, the ensuing entity limited by a boundary formation. The principal part would be formed by a group of immediately inferior entities in the hierarchic

scale. In the case of viruses, such inferior entities would be formed by what we could call "proviruses," which correspond to characteristic DNA formations. The principal part of the virus would be formed by the grouping together of provirus entities, proper to each virus. The secondary part is conceived to result from the immediate environment of these entities, taken directly from the host's own protoplasmatic or nuclear formation in which the principal parts are present as free entities. This secondary part is represented by the protein fraction furnished as such by the invaded nucleus or cell protoplasmatic formations. This protein fraction conserving its characteristics can be recognized and identified.

Having nuclear formations, nuclei and protoplasmatic formations as their environment, the principal part of the virus, the proviruses, multiply as proper hierarchic entities. These proviruses will leave the host usually when the cell bursts, bound this time to the proper secondary parts directly furnished by the host entity. Under these conditions, the principal part multiplied in the protoplasmatic formations or in the nucleus and the secondary parts, furnished as such by the host, would form an immediately higher entity, the virus. In the multiplication of the virus (299), the pattern followed is the same as that of other hierarchic entities. This has to occur in the proper environment which, for the viruses, is the immediately higher hierarchic entity, the nuclear level. This is represented in microbes by the individual itself, and in cells by the nucleus or by the protoplasmatic formations, which we consider to belong to the nuclear level, due to their ribonucleo-proteins. It is in these nuclei or protoplasmatic formations that the viruses multiply. This explains the development of viruses in cells in compact groups, which would correspond to parasitated protoplasmatic formations and not in a diffuse form in the cytoplasm. The virus loses its secondary part upon entering the entity where it will multiply, but will take it back when it leaves its host, becoming again the entity, virus. The parasitated entity has contributed two parts to the multiplication of the virus—one, indirectly, by furnishing material which will be utilized by the provirus and transformed into its specific DNA, and two, the secondary part, directly formed by its own proteins. Like all the secondary parts, that of the virus directly furnished by the host will surround the group of proviruses forming the principal part.

Chapter 12, Note 1. Lipids and Cytolytic Activity of Sera (245, 246)

The fact that cancer cells are found circulating in the blood without inducing metastases throughout the body, as might be expected, has made various workers investigate the means by which the organism rids itself of these cells and which might represent part of a general process through which the organism could fight cancer. Research to confirm the capacity of blood sera for influencing the lysis of cancer cells has been carried on in our laboratories by Robert Willheim and co-workers. Sera of both normal individuals and cancer patients were found to induce lysis of cancer cells in vitro. Ehrlich, Krebs and Sa 180 ascites in mice were used, as well

as cells obtained from solid tumors with encephaloid character. Tumors obtained from biopsies or autopsies of human beings also were used. Lytic activity was determined through the dilution of sera which later was mixed with a suspension of a known number of cells. After incubation for one hour

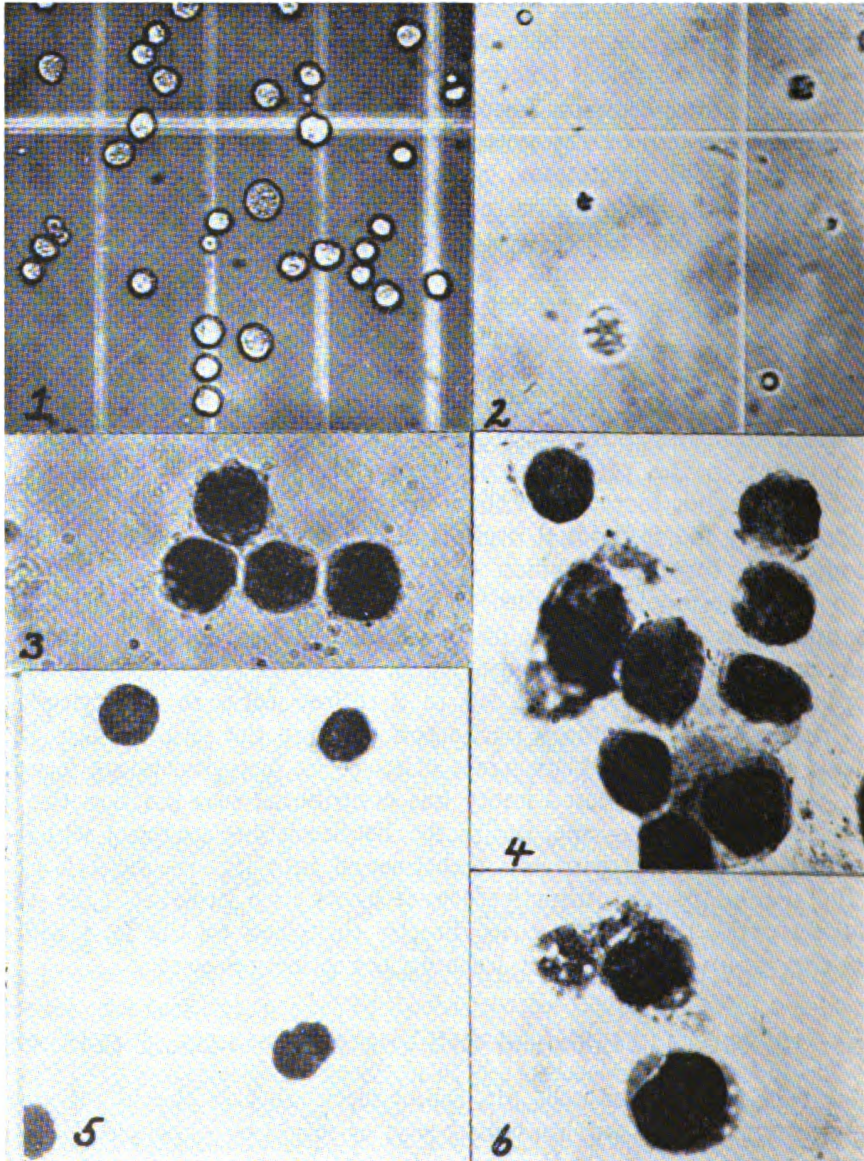


FIG. 278. Lytic action of human serum upon Sa 180 ascites cells.

- (1) Normal SA 180 Cells X 300, not stained.
- (2) Lytic effect of Serum on SA 180 X 300, not stained.
- (3) Normal SA 180 Cells X 1000, Giemsa stain.
- (4) Lytic effect of Serum on SA 180 Cells X 1000, Giemsa stain.
- (5) Normal Krebs Cells X 1000, Giemsa stain.
- (6) Lytic effect of Serum on Krebs Cells X 1000, Giemsa stain.

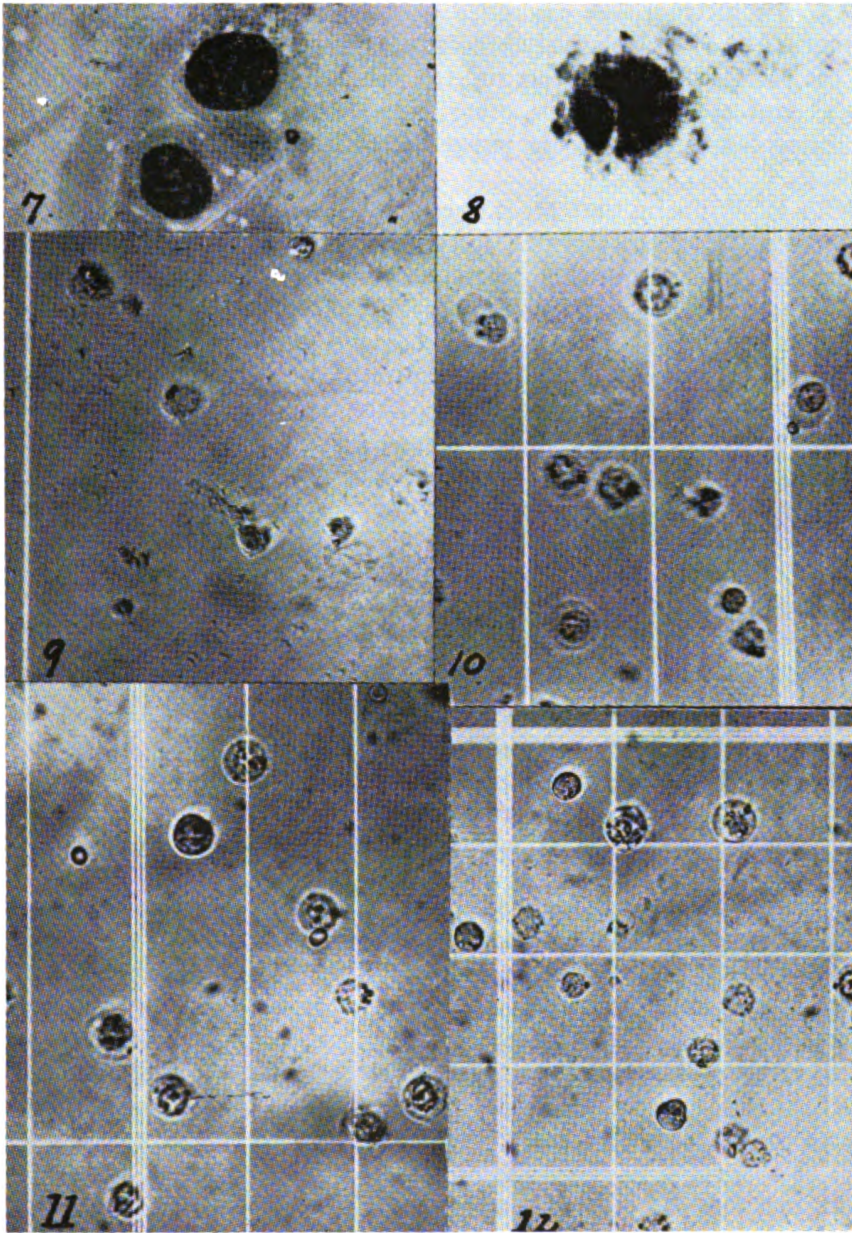


FIG. 279. Continuation—

- (7) Normal SA 180 Cells X 1800, Giemsa stain.
- (8) Carcinolytic effect of Serum on SA cells X 1800, Giemsa stain.
- (9) Normal Lysis of SA 180 Cells as control in Polysaccharides Inhibition-Studies on Carcinolysis X 300, not stained.
- (10) Effect on Carcinolysis by the Polysaccharide Dextran X 300, not stained.
- (11) Effect of Levan on Carcinolysis. Note the clearly distinct outline of unaffected cells X 300, not stained.
- (12) Effect of Mucin on Carcinolysis X 300, not stained (evidence of inhibited Lysis).

at 37°C the product was examined and the cells counted in an adequate chamber. (Fig. 278) Relatively big variations were seen in different individuals, the results being negative for 1:1 dilution in some cases and positive in 1:32 and even higher for other individuals. No correlation could be established between this lytic power and the clinical condition of an individual.

With R. Willheim and M. Auber (247) we showed that the addition of a suspension of unsaturated fatty acids is able to induce such a lytic property in sera without this capacity, while the addition of insaponifiable fractions or of cholesterol inhibited lytic activity. With R. Willheim and M. Auber we (248) have investigated the problem of the correlation between the lytic activity and the structure of different fatty acids and their sodium soaps. The higher members of the fatty acid series have shown intense lytic activity. It could be shown that the lipoidic character of the fatty acids increases their lytic capacity. The value of the lipoidic character of the fatty acids used has appeared when members with the same number of carbons but having an hydroxyl or carboxyl in their molecule, were tested. With disappearance of lipoidic character, lytic property disappeared. The research covered not only cancer cells but also liver, red blood cells and lymphocytes. It could be seen that a correlation exists between the rapid growth character of these cells and the capacity of the fatty acids to attack them. It is interesting to note that cancer cells treated in vitro with fatty acids having lytic activity no longer produced cancerous growths when transplanted to animals. (249)

Chapter 12, Note 2. Fatty Acids Transportation in the Blood

It appeared especially interesting to study the distribution and transport of polyunsaturated fatty acids in the body in view of the fact that parenteral administration of the acid lipoidic fraction of various organs to subjects with acute pain had an effect within only a few minutes. The rapid action was independent of the nature of the induced change, that is, decrease of the intensity of pain of acid pattern, and increase of pain of an alkaline pattern. This effect in opposite directions, occurring after the same short interval and seen in hundreds of cases, eliminated the possibility of a psychological factor, as suspected at the beginning.

The fact that the change occurs at the level of the painful lesion itself raised the question of rapid transport between the injection site and the lesion. In order to investigate it, we used two fatty acid preparations containing easily identifiable substances, norbixine and polyconjugated fatty acids. Norbixine could be identified by its characteristic color while the polyconjugated fatty acids were identified by their specific curves in spectral analysis in ultraviolet light.

Adult New Zealand rabbits were injected intraperitoneally with 8 cc. of 0.3% solution of bixine in sesame oil. The injected animals were bled at different intervals by heart puncture. The red cells were separated from the plasma by immediate rapid centrifugation. Each fraction, plasma and red

cells, was hydrolyzed separately with 5% KOH. The acid lipidic fractions obtained as a solution in benzene was passed through a chromatographic column with alumina. Bixine was easily recognized because of its red color. After elution with chloroform the amount present was determined photometrically. Similar experiments were made by using a 10% solution of eleostearic acid in oil. The acid lipidic fractions obtained separately from the red cells and the plasma were submitted to spectral analysis and the presence and amount determined by the characteristic peaks. Both norbixine and eleostearic acid were seen to appear in the red cells in less than two minutes, the amount increasing rapidly.

A marked difference was found between the amount of these fatty acids in the red cells and in the plasma of the same blood, for all the samples. The red cells contained 5 to 6 times as much of the injected lipids as the plasma. This unequal distribution, also seen for other highly unsaturated fatty acids, indicates an important physiological role for the red cells which has not been recognized before. Red cells appear to be preferred vehicles for transporting polyunsaturated fatty acids through the blood.

Chapter 12, Note 3. Conjugation Method

Spectral analysis of a mixture of fatty acids such as obtained from cod liver oil has shown that prolonged conjugation sometimes is detrimental for some members. Prolongation of conjugation was found necessary, however, since the members with a lower number of conjugated double bonds needed more time to appear. We investigated the factors which would intervene in these changes. High temperature was seen to affect the polyconjugated formations. With ethylene glycol or glycerol as solvent, conjugation took place rapidly, but the peaks of tetraenes and especially pentaenes and hexaenes were seen to go down rapidly. This was not seen to occur if the temperature of conjugation was lower. In this last case, the conjugation was seen to take much more time. This study led us to use ethyl alcohol as a solvent. Maximum conjugation however, required a longer time, usually around 100 hours. With this method we could obtain from the same preparations much higher amounts not only of conjugated pentane and hexane but also diene and triene. (*Fig. 280*) We also utilized the same method for analytical purposes with the same good results.

Chapter 12, Note 4. Quenching Action and Anti-Carcinogenic Effect of Conjugated Fatty Acids

We have investigated the influence exerted by different fatty acids, conjugated and nonconjugated, upon various carcinogens. In a first group of experiments we studied this influence *in vitro*, and chose the quenching of the fluorescence of the carcinogen as criterion of activity.

This part of the research was made in collaboration with C. Huesca-Mejia and P. Teitelbaum.

The quenching effect has been studied as follows:

The fluorescence of carcinogenic hydrocarbons is measured by means of the fluorescent attachment to the Beckman spectrophotometer using a wave length around 365 $m\mu$. The sensitivity of the apparatus is adjusted to show a value of 100 for the fluorescent light utilizing the concentration of the hydrocarbon having the maximum fluorescence. The carcinogenic hydrocarbons are dissolved in alcohol, iso-octans or cyclohexane, the last two being purified and thus rendered optically inactive by passage through a silica column.

The fatty acids are dissolved in varying dilutions in the same solvents and added to the solution of hydrocarbon carcinogen which has been previously chosen to give a fluorescent value of 100. The fluorescence of the mixture is immediately determined. The quenching effect of the fatty acid is shown by the percent of the residual fluorescence of the carcinogen when mixed with different solutions of a mixture of conjugated fish oil fatty acids. TABLE XXXVI shows the quenching effect of mixtures of fatty acids conjugated by treatment with KOH upon different carcinogenic and related hydrocarbons.

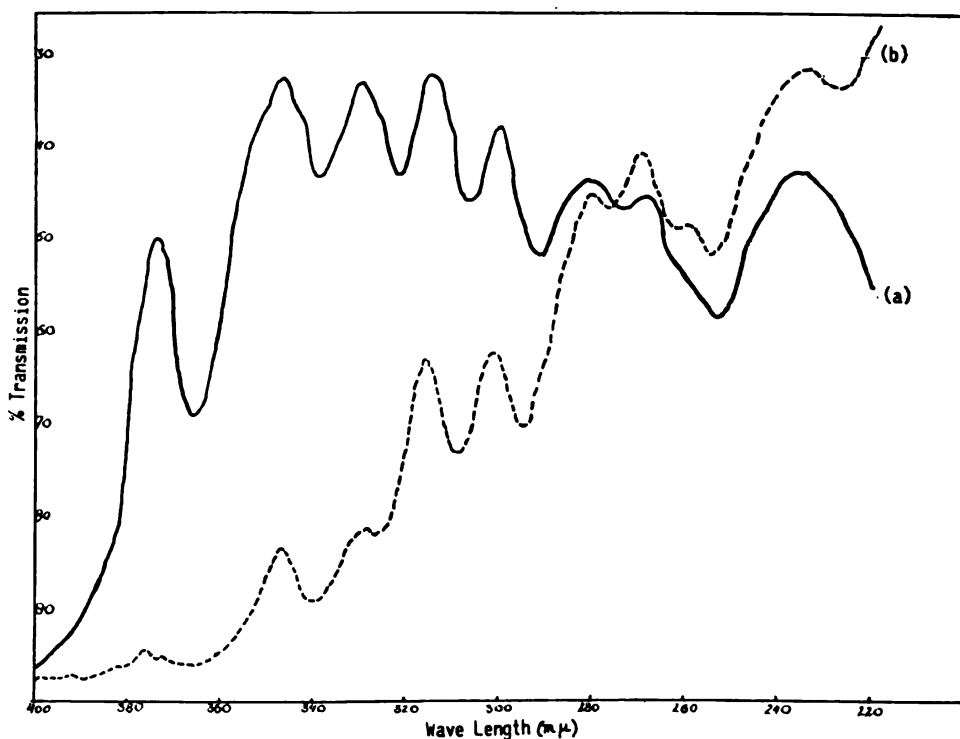


FIG. 280. Conjugation method. The use of ethylic alcohol as solvent for conjugation changes the amount of polyconjugated members obtained for cod liver oil fatty acids (a) as compared with those obtained when the conjugation is made at higher temperatures using ethyleneglycol, (b) glycerol or other solvents. Dilution 0.002% in ethyl alcohol.

TABLE XXXVI

QUENCHING EFFECT OF CONJUGATED FATTY ACID MIXTURES UPON THE
FLUORESCENCE OF CARCINOGENIC AND RELATED HYDROCARBONS

<u>Hydrocarbon</u>	<u>% Concentration</u>	<u>Quenching Agent</u>	<u>% Residual Fluorescence</u>
Methylcholanthrene	0.0062	Mixture of conjugated fatty acids from cod liver oil (0.1% solution)	25.0
3, 4 Benzopyrene	0.0062	"	36.0
1, 2 Benzanthracene	0.0031	"	24.0
1, 2, 5, 6 Dibenzanthracene	Sat. Sol. (alcohol)	"	15.2
9, 10 Dimethyl -1, 2 Benzanthracene	0.0062	"	23.0
Benzanthracene 12 ol -7 Methylacetate	0.005	Mixture of conjugated fatty acids from fish oil (0.2% solution)	5.7
7 Chloro-10 Methyl -1, 2 Benzanthracene ..	0.005	"	7.9
1 Cholanthrene -3 Methyl	0.005	"	10.0
Benzo (d) Pyrene -5 Methyl	0.005	"	11.2
3, 10 Dimethyl -1, 2 Benzanthracene	0.001	"	6.5
7 Cyano-10 Methyl -1, 2 Benzanthracene ..	0.0057	"	4.0
5 Chloro-10 Methyl -1, 2 Benzanthracene ..	0.0025	"	5.8
6 Chloro-10 Methyl -1, 2 Benzanthracene *	0.01	"	5.2
4 Methoxy-3, 4 Benzpyrene	0.005	"	13.0

* Fluorescence set at 45.

TABLE XXXVII

QUENCHING EFFECT OF VARIOUS NONCONJUGATED AND CONJUGATED FATTY
ACID MIXTURES UPON THE FLUORESCENCE OF CARCINOGENIC
AND RELATED HYDROCARBONS

Hydrocarbon	% Concentration	Cod Liver Oil		B- Eleostearic Acid	Linoleic Acid	Conj. Linoleic Acid	Oleic Acid
		Fatty Acids from	Conjugated Fatty Acids from				
Methylcholanthrene	0.0062	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
3, 4 Benzpyrene	0.0062	92.5	25.0	95.8	95.0	89.8	—
1, 2 Benzanthrane	0.0031	82.8	36.0	100.0	—	—	—
1, 2, 5, 6 Dibenzanthracene	Sat. Sol. (alcohol)	93.4	24.0	94.8	100.5	97.0	100.8
9, 10 Dimethyl -1, 2 Benzanthrane	0.0062	89.0	15.2	100.0	97.0	98.0	100.0
		90.8	23.0	97.8	93.5	100.0	96.0
Fish Oil							
		0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
Benzanthrane 12 ol -7 Methylacetate	0.005	66.0	5.7	89.0	87.0	80.0	92.1
7 Chloro-10 Methyl -1, 2 Benzanthrane	0.005	67.0	7.9	84.0	85.0	87.0	87.0
1 Cholanthrene -3 Methyl	0.005	110.0	10.0	110.0	110.0	110.0	110.0
Benzo (d) Pyrene -5 Methyl	0.005	88.0	11.2	88.0	70.0	90.0	91.0
3, 10 Dimethyl -1, 2 Benzanthrane	0.001	72.0	6.5	63.0	78.0	74.0	73.0
7 Cyano-10 Methyl -1, 2 Benzanthrane	0.0057	83.5	4.0	91.0	90.2	88.5	91.0
5 Chloro-10 Methyl -1, 2 Benzanthrane	0.0025	89.0	5.8	92.0	95.0	92.0	93.5
6 Chloro-10 Methyl -1, 2 Benzanthrane *	0.01	47.0	5.2	43.0	45.0	42.0	45.0
4 Methoxy -3, 4 Benzpyrene	0.005	88.0	13.0	86.0	90.0	89.0	91.0

* Fluorescence set at 45.

Conjugated Fatty Acids and Quenching

Nonconjugated fatty acids such as linoleic acid, linolenic acid, arachidonic acid, mixed fatty acids from body liver oil and cod liver oil have a limited quenching action. Conjugated dienes such as isomers of linoleic acid or conjugated trienes such as eleostearic acid obtained through conjugation of linolenic acid or extracted from China wood oil also have a limited quenching effect upon hydrocarbon carcinogens and related compounds. (TABLE XXXVII) The same is true for mixtures of conjugated dienes and trienes.

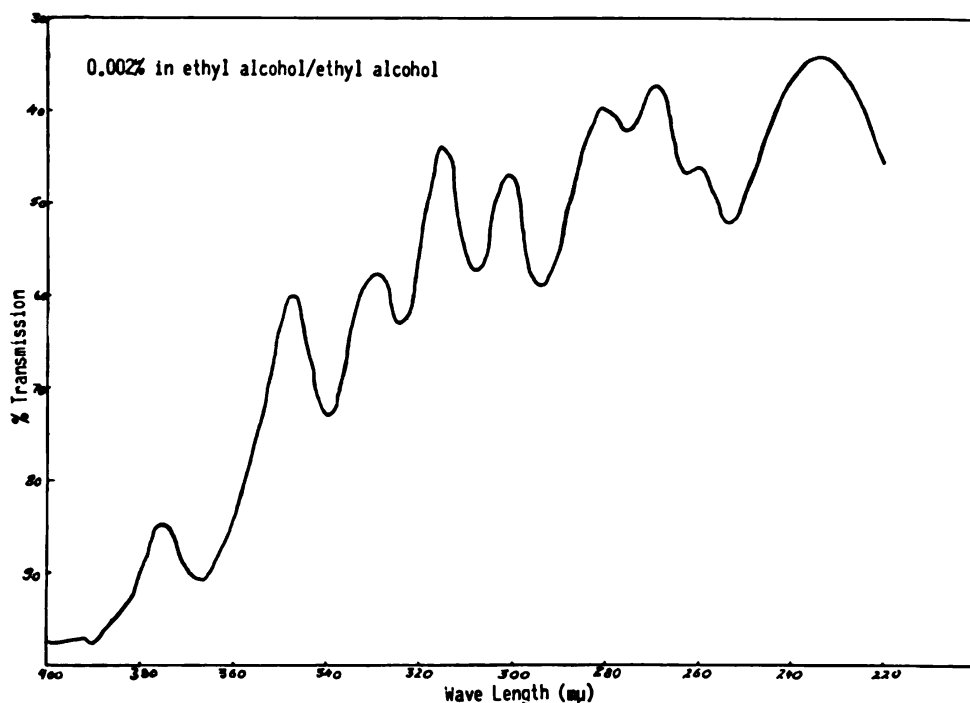


FIG. 281. Spectral analysis of conjugated cod liver oil fatty acids shows the presence of conjugated di-, tri-, tetra-, penta- and hexaenes.

Fatty acid mixtures having conjugated di-, tri-, tetra-, penta- and hexaenes as shown by spectral analysis (*Fig. 281*) have been found to exhibit a high degree of quenching activity (*Fig. 282*) (TABLE XXXVII) when mixed with hydrocarbon carcinogens.

The quenching action of fatty acids upon the fluorescence of hydrocarbon carcinogens appears to be nonadditive. When the incident ray is passed first through an 0.2% solution of conjugated fish oil fatty acids in alcohol and then through an 0.012% solution of methylcholanthrene in alcohol in separate vessels, the residual fluorescence is 81%. When the same two solutions are mixed together in one cell, the residual fluorescence is 11.2%.

The relationship of the different conjugated members to the quenching effect has been studied. Fatty acid mixtures having *different* proportions of isomers with 2, 3, 4, 5 and 6 conjugated double bonds were obtained by conjugation or by treatment of conjugated mixtures with heat, oxygen,

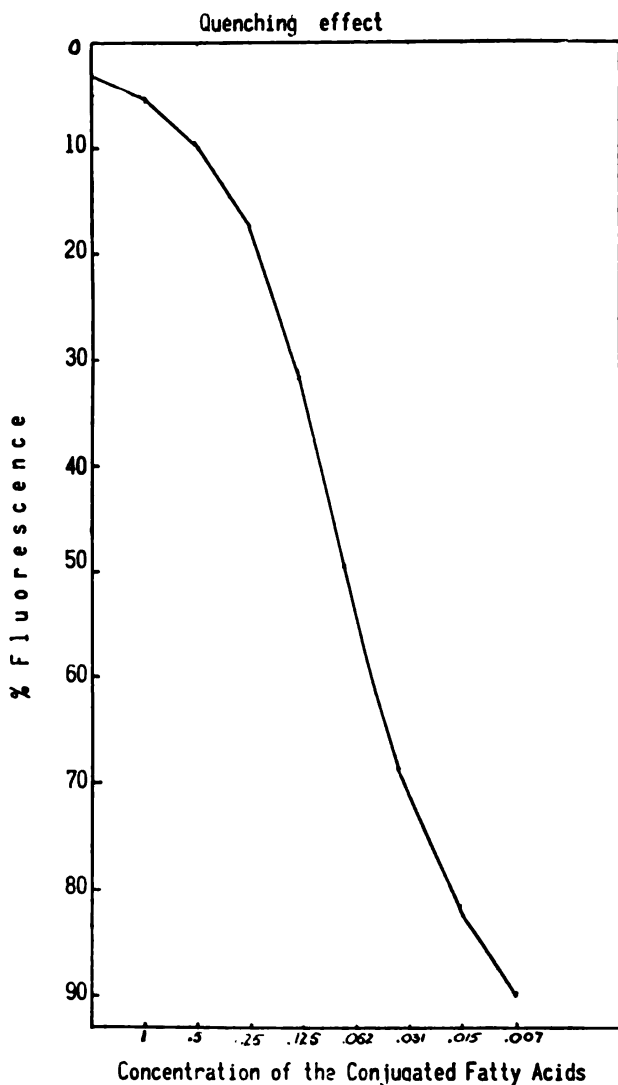


FIG. 282. Quenching of fluorescence of a methylcholanthrene (.0062%) solution in alcohol by different concentrations of conjugated fish oil fatty acids.

chlorine or sulfur. Changes in the proportions of the di-, tri-, tetra-, penta- and hexaenes were followed by means of spectral analyses. The changes in the height of the peaks in these curves corresponding to the different conjugated polyenes were then compared with the changes in the quenching effect of the corresponding fatty acid mixtures. Figure 283 shows the spec-

tral analysis of samples obtained at various intervals during the action of oxygen upon a mixture of conjugated fatty acids. As seen, oxygen induces unequal changes in the height of the peaks in the curves of which correspond to di-, tri-, tetra-, penta- and hexaenes. Fig. 284 shows the quenching activity of the mixtures. It can be seen that a parallelism exists between the relative proportions of the tetraenic component and the quenching activity of

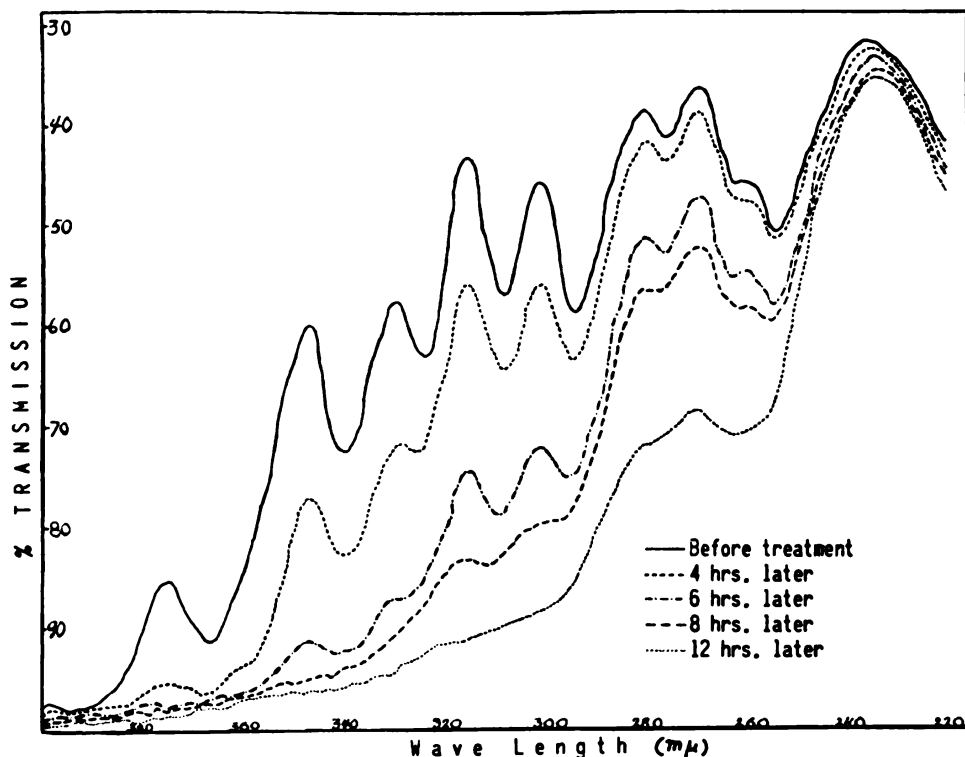


FIG. 283. Changes in the absorption spectra of a mixture of conjugated fish oil fatty acids induced by treatment with oxygen. The treatment has a greater effect on the higher unsaturated members, with the proportion of tri-, tetra-, penta-, and hexaenes decreasing as treatment continues, as seen by the reduction in the height or even disappearance of the peaks. After 12 hours of treatment, the conjugated dienes are the only ones not yet influenced.

Dilution 0.002% in ethyl alcohol.

the mixtures. In this experiment it appears that the quenching effect could also be related to the presence of conjugated pentaenes. Evidence available from other experiments do not, however, sufficiently support this.

We studied in a similar way the effect induced by the treatment—with sulfuric acid—of a mixture of conjugated fatty acids of cod liver oil. Fig. 285 shows part of the occurring changes and Fig. 286, the quenching effect.

Similarly, we studied the changes in the quenching effect during the conjugation with KOH of cod liver oil fatty acids in ethyl alcohol. Fig. 287

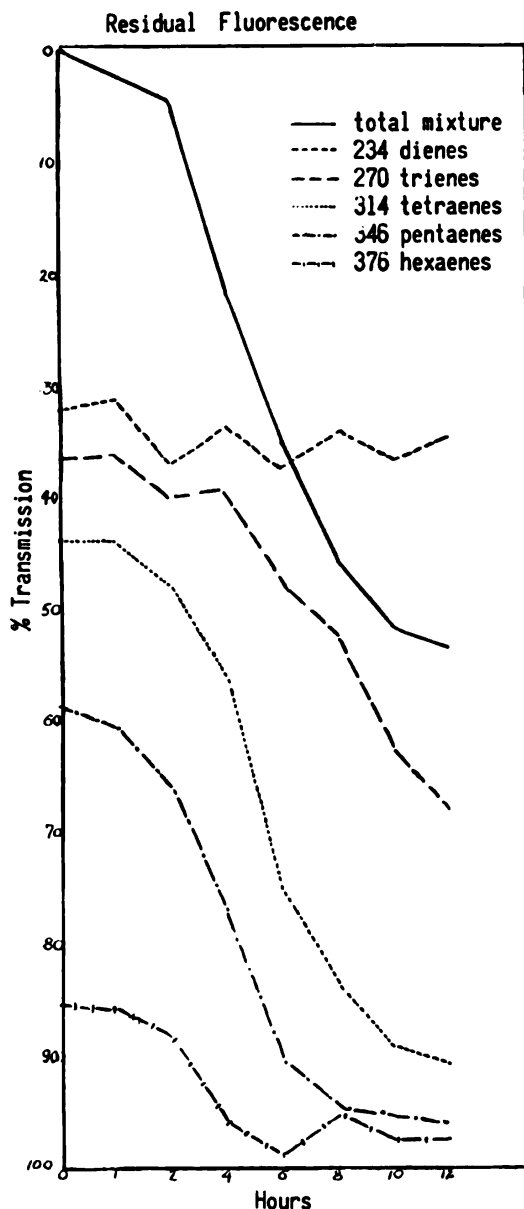


FIG. 284. The relationship between changes of the di-, tri-, tetra-, penta- and hexaenic peaks as found on spectral analysis of samples of conjugated fish oil fatty acids treated for different lengths of time with oxygen and the quenching effect of the same samples. A close parallelism exists between the decrease in the proportion of tetra- and pentaenic peaks and the quenching activity of the mixture.

shows the conjugation effect and 288, the quenching effect of the preparation at different moments, in various dilutions.

The entire problem was simplified by studying a pure conjugated tetraene. We have obtained pure tetraenic parinaric acid from akariton fat

of *Parinarium laurinum* seeds. In addition, we have prepared almost pure tetraenes utilizing the technique described by Maury, Brode and Brown. Unfortunately, with the last method, the results were less favorable, the proportion of tetraenes beginning to decrease long before the conjugated dienes and trienes have disappeared. Pure tetraenic conjugated acid has shown that the quenching action is related almost entirely to the tetraenic component alone, and in a mixture it is largely parallel to the content in conjugated tetraenic fatty acids. Fig. 289 shows the quenching curve induced by parinaric acid.

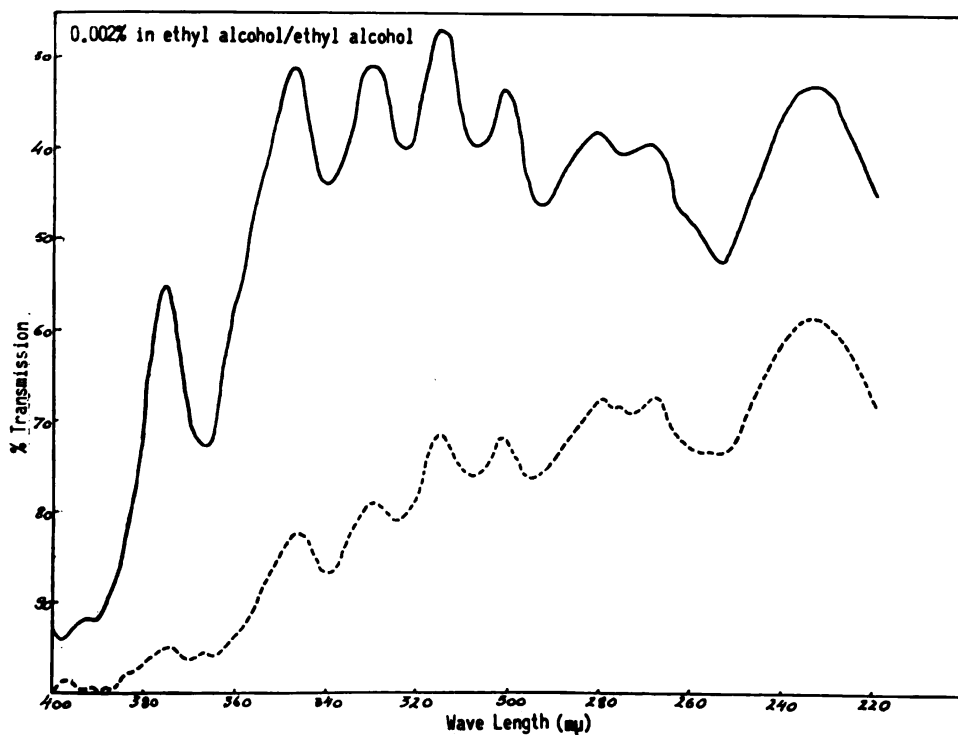


FIG. 285. The changes in the spectral analysis of a mixture of conjugated cod liver oil fatty acids, induced by the treatment with sulfuric acid. The treatment leads to unequal decrease in the amount of different conjugated members. Only two curves are shown: at the beginning of the treatment and at 260 minutes.

Conjugated Fatty Acids and Induced Carcinogenesis

We have investigated the influence exerted by the fatty acids—conjugated or not, and their mixture, upon the induction of tumors by carcinogens. From the various experiments, some were eliminated, either because the dose of methylcholanthrene employed did not produce tumors in a sufficient number in control animals to permit any conclusive comparison, or the death rate from intercurrent causes was abnormally high so that the entire experiments had to be discarded.

The experiments that were satisfactorily completed are summarized

in the following three tables. In the first group of experiments (TABLE XXXVIII), 4 groups each composed of 40 adult Swiss mice (20 male and 20 females in each group) were employed. Each animal received in the right flank a single subcutaneous injection 0.2 mg. of methylcholan-

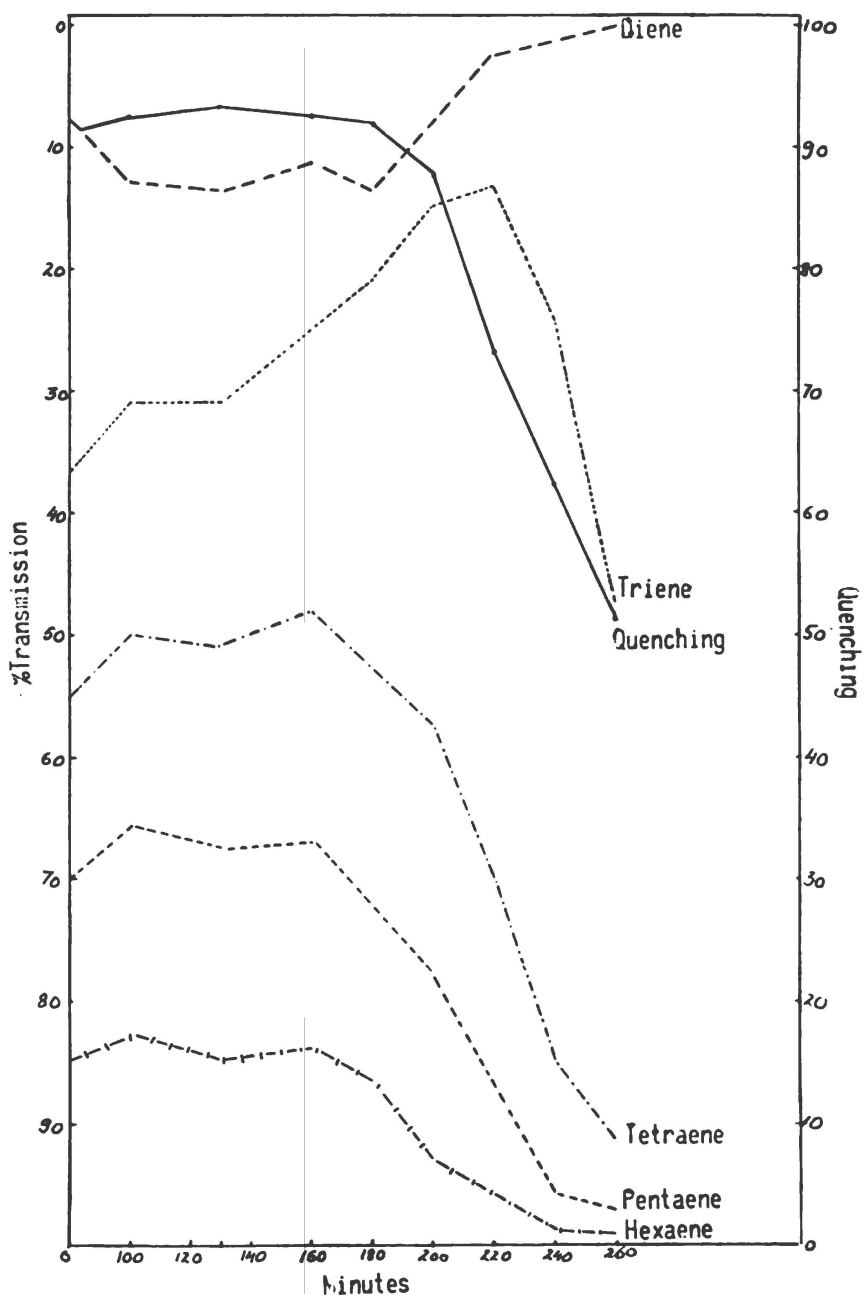


FIG. 286. The changes in the quenching of the treated mixture parallel the changes induced in the amounts of conjugated tetra-, penta- and hexaenes.

threne as a 0.2% solution in tricaprylin. These animals also received subcutaneous injections of a mixture of fatty acids extracted from cod liver oil, or a mixture of cod liver oil fatty acids conjugated by treating them with KOH. The fatty acids were administered as a 5% solution in cotton-

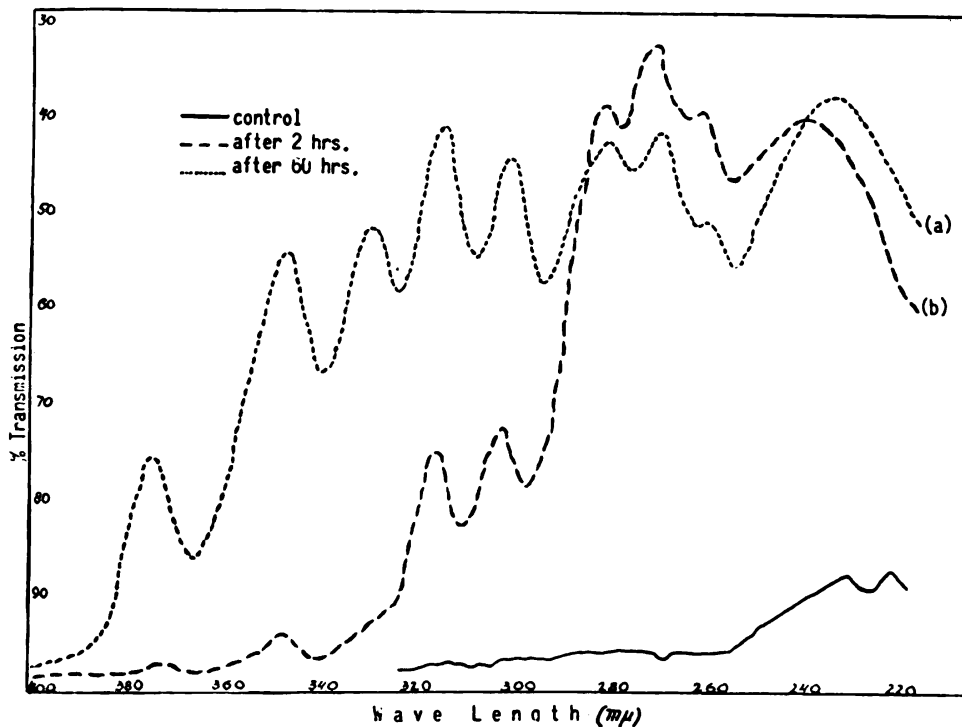


FIG. 287. Spectral analyses of fatty acids of cod liver oil, treated with KOH in ethyl alcohol. They show the appearance of high amounts of tetra-, penta- and hexaenes.

seed oil. Animals treated with fatty acids received 0.3 cc. of this solution in the contralateral side twice a week for three months. The control animals received the same volume of cottonseed oil in the same number of injections. In addition, one group of animals treated with the conjugated fatty acids received four injections during the two weeks preceding the

TABLE XXXVIII

Treatment	Died		% With Tumors
	Without Tumors	Tumors	
Cottonseed oil-controls	10	12/30	40
Fatty acids from cod liver oil	3	18/37	48
Conjugated fatty acids from cod liver oil	6	7/34	20
Conjugated fatty acids from cod liver oil (*)	14	3/26	11

* Received 4 injections of fatty acids before methylcholanthrene was administered.

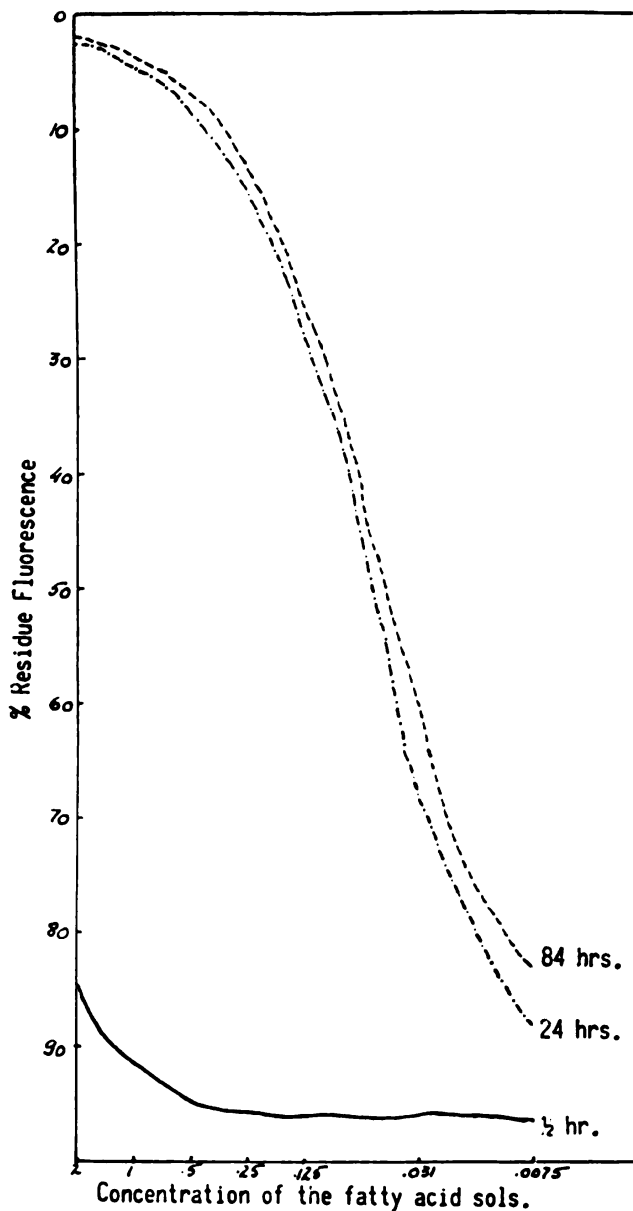


FIG. 288. Changes in the total quenching capacity of samples of cod liver oil during isomerization with KOH in ethyl alcohol. While the quenching effect is reduced—even for high concentration—for the sample having only $\frac{1}{2}$ hour of conjugation, it is high for that obtained after 24 hours. It remains almost the same for the sample after 84 hours of conjugation. The quenching appears related to the presence of conjugated isomers, with 4 or more double bonds.

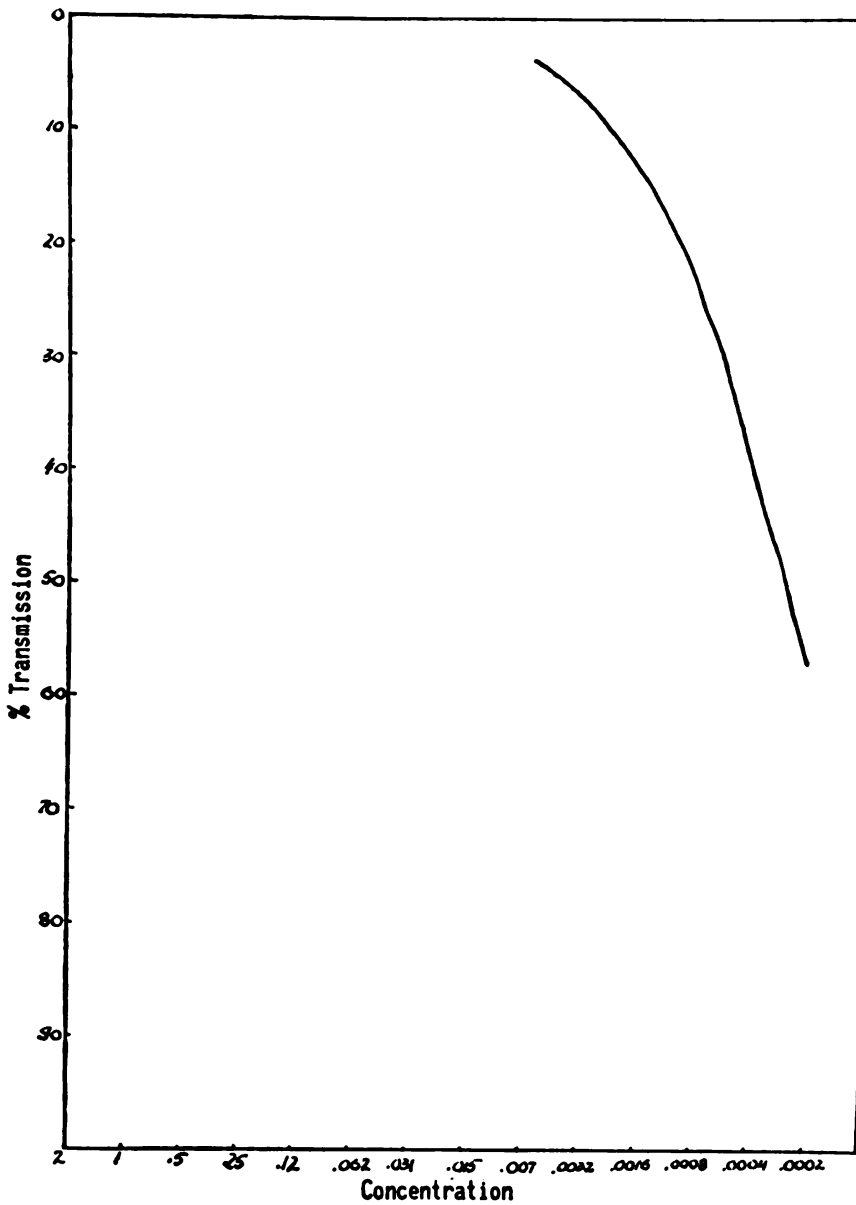


FIG. 289. Quenching effect of parinaric acid upon the fluorescence of methylcholanthrene. The relationship between the quenching effect and the presence of conjugated tetraenes is seen in the fact that parinaric acid has a quenching effect of 96.2 for a dilution of 0.006% and still one of 62% for a dilution of 0.0002%.

methylcholanthrene injection. Thirty-three animals died without tumors during the course of the experimental period. The number of animals surviving for five months plus the number in which tumors developed during this period of time are listed for each group.

In a second group of experiments (TABLE XXXIX) six groups of 40 mice each received one subcutaneous injection of 0.25 mgm. of methylcholanthrene of an 0.2% solution in tricaprylin and a second similar injection one week later. Groups were treated twice weekly for three months with 0.3 cc. of 5% solutions of the following fatty acids in cottonseed oil: Fatty acids from cod liver oil, conjugated fatty acids from cod liver oil, eleostearic acid, linoleic acid and conjugated linoleic acid. A control group of animals received 0.3 cc. of cottonseed oil in the contralateral flank twice weekly for three months.

TABLE XXXIX

Treatment	Died		% With Tumors
	Without Tumors	Tumors	
Cottonseed oil—controls	4	31/36	86
Fatty acids from cod liver oil	3	33/37	89
Conjugated fatty acids from cod liver oil	6	15/34	44
Eleostearic acid	10	24/30	80
Linoleic acid	0	29/40	72
Conjugated linoleic acid	6	25/34	73

In the third group of experiments (TABLE XL), four groups of 30 mice each were employed. Mixtures of the methylcholanthrene and of the fatty acids used were prepared by adding 0.5 cc. of the 5% fatty acids in cottonseed oil solutions to 0.25 mg. of methylcholanthrene of 0.25% solution in tricaprylin. The injections were made subcutaneously immediately after mixing. Each animal received three injections at intervals of one week and

TABLE XL

Treatment	% Residual Fluorescence	Died With- out Tumors	Tumors	% With Tumors
Methylcholanthrene + cottonseed oil	95	6	33/44	86
Methylcholanthrene + fatty acids from fish oil	85	4	20/46	43
Methylcholanthrene + conjugated fatty acids from fish liver oil	19	4	6/46	13
Methylcholanthrene + eleostearic and conjugated linoleic acid	92	11	24/39	61

the observations on tumor incidence were followed for 5 months. The fatty acids employed were fatty acids from fish oil, conjugated fatty acids from fish oil, a mixture of equal parts of eleostearic and conjugated linoleic acids, and cottonseed oil as a control. The quenching effect is shown as the percent of residual fluorescence of methylcholanthrene when mixed with the fatty acid mixtures.

These results indicate a certain relationship between the quenching action of the conjugated fatty acids upon hydrocarbon carcinogens and the ability of fatty acids to reduce the carcinogenicity of these hydrocarbons. It is not sufficient to have a conjugated fatty acid present, in order to have the effect upon carcinogenesis. Eleostearic acid did not significantly reduce the incidence of tumors and conjugated linoleic acid was no more active than its nonconjugated isomer.

Conjugated fish oil fatty acids (which contain di-, tri-, tetra-, penta- and hexanes) when mixed with methylcholanthrene reduced the tumor incidence to 13%, while a mixture of eleostearic and conjugated linoleic acid (di-, and triene conjugated acids) which have a limited quenching action gave an incidence of 61%. Although the incidence of tumors was much lower in the group receiving conjugated fish oil fatty acids, the non-conjugated fatty acids from the same source has a limited influence upon the cancer inducing property of the hydrocarbon. When fatty acids were not mixed with the carcinogen, but were injected separately, the nonconjugated acids appeared without effect.

Statistical analysis of the data from these three experiments show the following: the results are significant for the group treated with conjugated fatty acids from cod liver oil before and after methylcholanthrene was administered as compared with control group treated with cottonseed oil in Experiment I ($\chi^2 = 6.65$ on basis of tumor/no tumor). In Experiment II,

TABLE XLI

QUENCHING OF METHYLCHOLANTHRENE 0.062% IN ETHYL ALCOHOL
BY SUBSTANCES OTHER THAN FATTY ACIDS

Substance	% Dilution Used	Fluorescence
Glycerol	5.0	106.8
n-Butanol	4.5	96.4
Butyl mercaptan	1.0	102.5
Hexyl mercaptan	2.0	92.0
Dodecyl mercaptan	2.0	82.0
Hexadecyl mercaptan	2.0	70.0
Na thiosulfate	.05 cc. from 50% solution	97.0
Ethyl sulfate	1.0	95.0
Nitrogen mustard	0.1	79.9
Allyl K xanthate	1.0	3.8
Nitromethane	1.0	7.4
Ethylene trithiocarbamate	1.0	.2
Cholesterol	1.0	93.0

the results are very significant for the group treated with conjugated fatty acids of cod liver oil as compared with the control group ($\chi^2 = 13.09$). In Experiment III, the results are very significant for all three groups in which fatty acids were added to the methylcholanthrene ($\chi^2 = 13.3, 41.56$ and 8.32 respectively).

When comparison is made on the basis of tumors/no tumors between groups receiving nonconjugated and conjugated isomers of the same fatty acid mixtures, the results were significant in all three experiments ($\chi^2 = 8$ in Experiment I, 22 in Experiment II, and 12 in Experiment III).

In the light of the relationship between quenching activity and the reduction of the carcinogenic activity, we are investigating different other agents. Table XLI shows the values of this effect.

Chapter 12, Note 5. Lipids and Tumor Chlorides

We submitted groups of mice grafted with DBA mammary adenocarcinoma, to treatment with various lipoacids or positive lipoids preparations. After ten days of treatment the tumors were removed and analyzed for their content of chlorides, using the Volhard technic, in which the titration of silver nitrate was made electrometrically. As lipoacids, we used for experiment cod liver oil fatty acids, lipoacids from human placenta and butyl-mercaptan; for lipids with a positive character, we used cholesterol, insaponifiable fractions of human placenta and butanol. In all cases treated with lipoacids, the amount of chlorides was higher than in untreated controls. With cod liver oil fatty acids, values as high as 135% above those of controls were found. With the lipoacids of human placenta, the average value was 114% above that of controls; with mercaptans, 78% above. The influence exerted by the opposite lipids was much less manifest. With cholesterol and insaponifiable fractions, chloride values were 20% below those of controls; with butanol, 33% below.

Chapter 12, Note 6. α -OH Fatty Acid and Experimental Tumors

We studied the influence exerted by the series of alpha OH fatty acids, saturated and unsaturated, upon the evolution of different tumors in mice and rats, to find that only one member has a manifest effect which is limited to a single tumor. Subcutaneous grafts of $6C_3HED$ lymphosarcoma in C_3H mice grew with abnormal rapidity. 48 hours after the transplant, the tumor could be felt. A very soft, highly edematous and, for this reason, diffuse tumor developed rapidly so that death occurred usually around the tenth day. This tumor was especially resistant to most of the chemotherapeutic agents tested. Daily administration of a 5% solution of alpha OH caprylic acid in a dose of 0.2-0.5 cc., started even the fifth day after the graft when the tumor was already well-developed, was followed by its rapid involution and disappearance in a high proportion of cases (55/60). In the few cases in which the tumor persisted, its evolution was very much changed. The animals remained alive for more than a month. If, after three

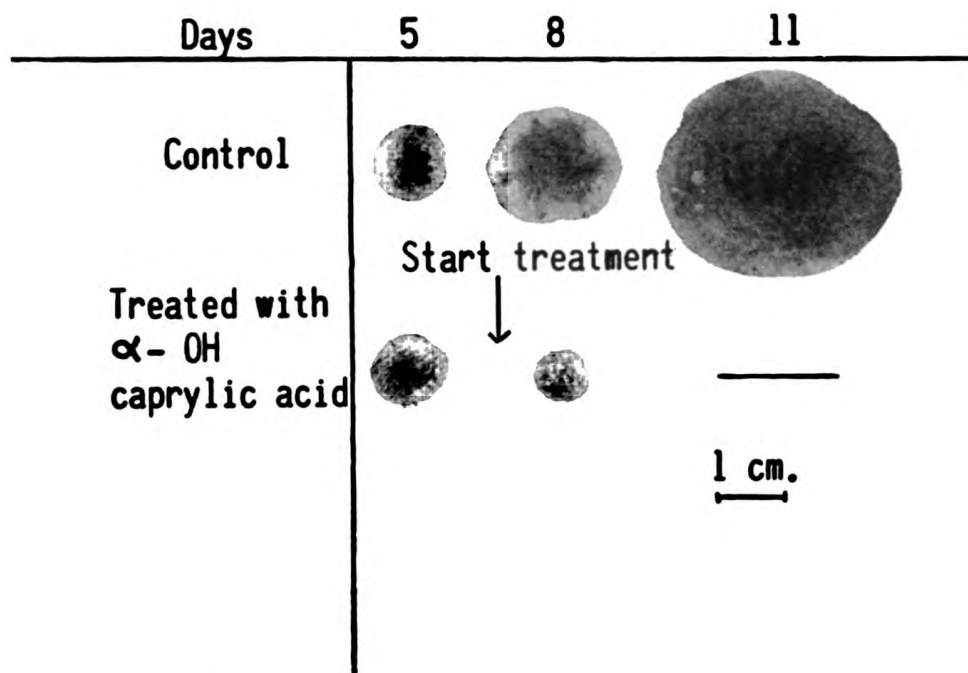


FIG. 290. The administration of alpha OH caprylic acid in mice bearing 6C₃HED lymphosarcoma tumor, induces the disappearance of the tumor in a high proportion of cases.

or four days, when the tumor was already highly reduced, the administration of the preparation was discontinued, the tumor began to grow again, but much more slowly than usual.

Chapter 12, Note 7. Hydropersulfides

The existence of different bonds between unsaturated fatty acids and oxygen led us to study different bonds similarly occurring between the same fatty acids and sulfur, the second member of the oxygen series. The treatment of polyunsaturated fatty acids or their triglycerides with sulfur has shown that two different formations can be obtained. By heating the mixtures above 110° but below 125° C, precipitated sulfur is incorporated without a manifest change in color or other properties. The iodine number is not changed. When conjugated fatty acids or their triglycerides are treated, no changes are seen in the spectral analysis. By heating above 130° C, the color of the preparation changed progressively reaching deep red-brown if the treatment is sufficiently prolonged. Concomitantly, the iodine number decreases progressively and eventually reaches zero. The spectral analysis of the conjugated fatty acids shows the peaks going progressively down until no more conjugated formations are present, indicating that these changes affect the double bond.

The analogy between the fixation effects of oxygen and sulfur has sug-

gested that the first bond corresponds to a hydropersulfide similar to a hydroperoxide. The second bond would represent a fixation of the sulfur at the level of the double bond itself, similar to a peroxide. Studies of similar bonds of sulfur were made in tetralin where hydropersulfides were obtained. The study of the properties of all these preparations seems to confirm the hypothesis that the compounds obtained are hydropersulfides.

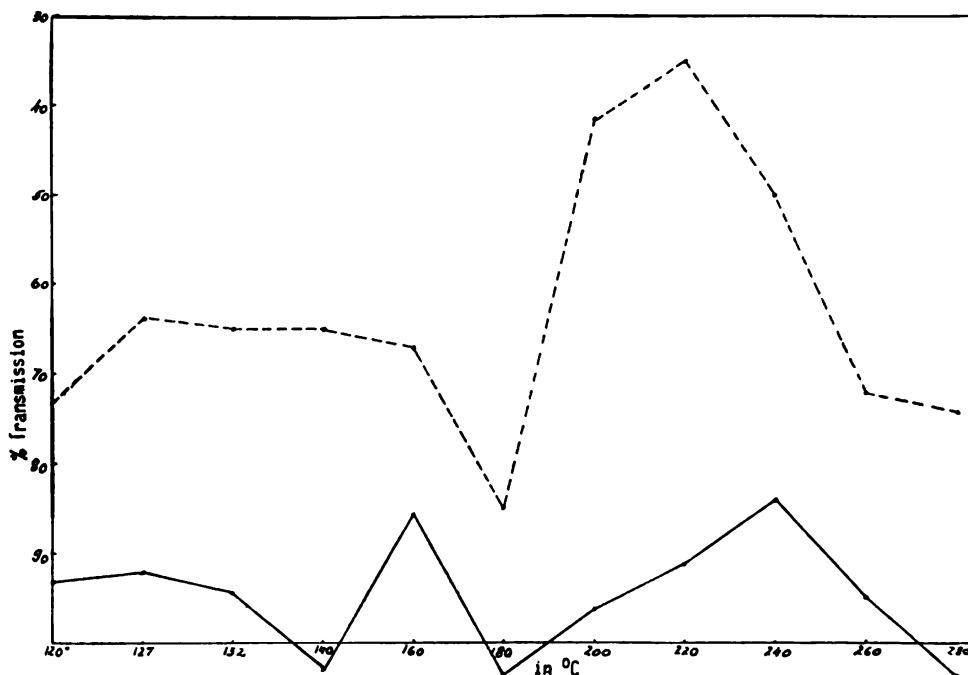


FIG. 291. Quenching of methylcholanthrene fluorescence in samples obtained when 0.5% sulfur in cottonseed oil was heated from 120°C to 280°C. The samples were dissolved in ether-alcohol mixture and mixed in equal part with .0125% methylcholanthrene. The existence of concomitant changes in the oil with sulfur and in the oil alone, indicates that the variations correspond primarily to changes which take place in the oil itself when heated.

We studied the changes in the quenching effect upon the fluorescence of methylcholanthrene which occur when sulfur added to a mixture of triglycerides is heated. This was compared with the effect of heating upon cottonseed oil alone. Fig. 291 shows the results of this analysis.

Chapter 12, Note 9. Magnesium and Adrenalectomy

The biological antagonism between homotropic magnesium and heterotropic sodium, both acting at the metazoic level, has led us to the study of the specific influence exerted by magnesium upon the recovery processes in adrenalectomized rats. It is known that, while an adrenalectomy is not always fatal in old rats—death occurs uniformly in younger animals weigh-

ing less than 150 grams. The administration of 1% sodium chloride as drinking water is known to protect the adrenalectomized animal and, if administered for a sufficient length of time, to prevent death. The administration of magnesium sulfate by repeated injections of .5 cc. of a 10% solution per 100 grams of body weight or even orally as .5—1% in drinking water has an antagonistic effect to that of sodium chloride. A 75% mortality rate in older animals receiving magnesium sulfate as compared to a 20% rate in the untreated was seen. Similarly, in young animals receiving magnesium sulfate in addition to salty drinking water, the mortality rate in some experiments was over 80%.

Chapter 13, Note 1. Glycerol and Chills

In one of a group of severely burned subjects, who were at that time under our care and had been experiencing several chills a day, an injection of glycerol solution had been given by coincidence just at the moment when a chill was starting. While such a chill always previously had lasted for more than ten minutes in this patient, it stopped almost immediately after the glycerol injection.

An experiment was set up to confirm or negate this correlation. As soon as any patient of this group felt the sensation or premonition of a chill, he was given either an intramuscular injection of 3-5 cc. of a 20% solution of glycerol in saline or 3 cc. of saline alone as placebo. In almost every case, the chill was cut short by the glycerol while the placebo had no effect. Less striking but still interesting effects were obtained when 20 to 30 drops of glycerol were given orally in 50 cc. of water against an oral solution of 1% sugar in water as a placebo.

Not one of the other substances used at this time, such as adrenalin, quinine, pilocarpine or pantopon, orally or parenterally influenced a chill once it had begun. Later, butanol also was found to have an effect similar to that of glycerol although less manifest.

Since the first experiment with glycerol, we have tried it in many patients subject to repeated chills and have frequently obtained the same results. We have tried to explain glycerol's effect upon chills by considering the role of chills in the defense mechanism. Chill would mark the beginning of the second phase of the diphasic defense phenomenon. (See Chapter 5.) It brings various constituents, especially those which have to replace constituents altered in the first hydrolytic phase. Among them are agents especially able to influence the free fatty acids liberated in the first phase. Apparently, the fact that it takes some time for the anti-fatty acid agents to pass into the circulation, most of them coming from the RES cells, makes the chill last so long. The immediate presence in the blood of a sufficient amount of glycerol, which is a relatively efficient anti-fatty acid agent, eliminates the need for liberation of body anti-fatty acid agents. Thus, with glycerol, the chill would no longer be required to induce liberation of such agents and would stop.

Chapter 13, Note 2. Influence of Glycerol Upon the Cardiac Rhythm

Figure 292 shows the electrocardiogram of a rabbit receiving a solution of 20% glycerol intravenously. Frequent extrasystoles appeared. It was interesting to note that, at the same time, the animal became somnolent.

Glycerol

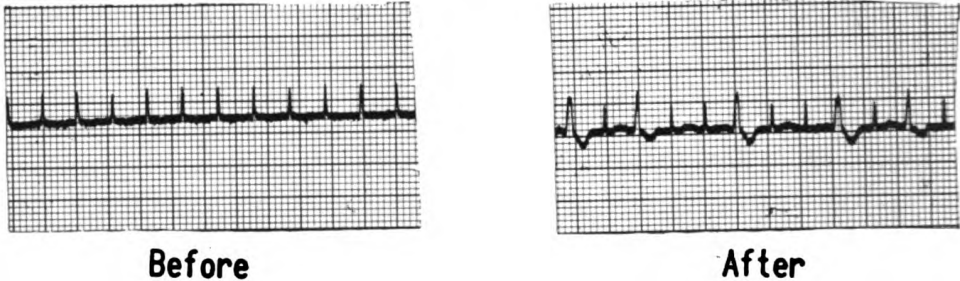


FIG. 292. Electrocardiogram of a rabbit receiving intraveinuous injections of a solution of glycerol 20%, characterized by the appearance of extrasystoles. (a) before treatment. (b) after 30 cc.

Butanol

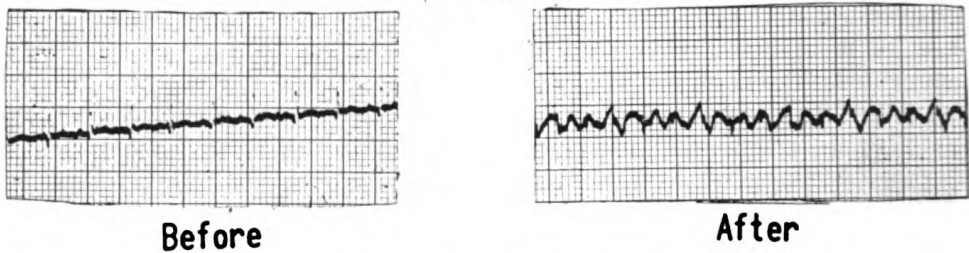


FIG. 293. Extrasystoles appear after the intraperitoneal injection of butanol in very high doses. (a) before treatment. (b) after 1.6 gram/1000 gr of animal.

Chapter 13, Note 3. Glycerol Induced Convulsions

Repeated injections of glycerol in rats were seen to induce convulsions. Using rats weighing 200-250 grams, 5 to 10 cc. of the 20% solution of glycerol in saline were injected intraperitoneally. The injections were repeated once or twice a day. After several days of treatment, usually from 3 to 5 days, one of the injections was followed within a few minutes by a severe convulsion, lethal for most of the animals. In the surviving animals, the next injection was always followed by a lethal seizure.

Chapter 13, Note 4. Suspensions of Lipoids

In order to obtain colloidal suspensions, various lipoids were dissolved in alcohol and a certain amount of the alcohol solution mixed with water, saline or isotonic solutions. From the resulting milky suspensions, the al-

cohol was eliminated by boiling under reduced pressure. To insure almost complete elimination of the solvent, an excess of water was added and the excess was then eliminated through boiling. The use of acetone or ether as solvent gave much less favorable results.

Relatively stable suspensions were obtained by mixing some lipid preparations such as mixtures of unsaturated fatty acids with a 0.5% solution of cellulose gum. Such stable suspensions could not be obtained with preparations of positive lipids.

Chapter 13, Note 5. Cholesterol Induced Convulsions

When relatively larger doses, such as 5 cc. of 2% cholesterol daily, were administered repeatedly to rats of around 250 gr. of weight, convulsions appeared after 4 to 8 days. They were induced earlier in females than males. The first convulsion always was lethal. Convulsions also occurred in humans after repeated injections of cholesterol in doses as high as 20 cc. of the 2% solution in oil. Even small doses, such as 2 or 3 cc. of the same solution, induced convulsions in patients with brain metastases or in those who had had previous convulsions.

Chapter 13, Note 6. Treatments In Successive Generations

The relatively short survival time of animals bearing transplanted tumors has been a handicap for the study of the influence exerted by many agents. Effects requiring some time before they can be induced are thus missed. Changes which occur in tumors—such as the tendency to ulcerate after treatment with fatty acids—have been found to be transmitted in successive generations of the tumors. This has led us to carry on treatment beyond the survival time of one individual host in order to study the influence of various agents. In one group of experiments, this was done through treatment of the successive hosts of serial transplants. In another group of experiments, the treatment was applied to the transplants themselves in successive hosts.

Mice with grafted tumors were treated with the chosen agents. When the tumor in a treated host, or in a control, had grown to 1½ centimeter diameter, it was removed. Part of it was used for further transplants, part for microscopic studies. The rest of the animals were kept until death and the survival time was noted. Transplants of the tumor from treated animals as well as from controls were grafted in new animals and the treatment continued for the new hosts. This procedure was repeated for successive generations. In other experiments, the successive transplants were dipped, prior to grafting, in an oily solution or in a suspension in saline of the agent being tested. The procedure was repeated continuously for both treated animals and controls, and growth and survival time were noted. The following experiments are characteristic.

Using the insaponifiable fractions of human placenta in an oily solution

of 5%, or in a saline suspension corresponding to two milligrams of the material per cubic centimeter, the following results were observed in the case of Ehrlich mammary carcinoma in mice. No changes in survival time, evolution of the tumor, gross or microscopic character were seen in the first and in some experiments even in the second generation. Usually with the third generation, the survival time was reduced, the tumor growing much more rapidly and killing the animal in around 20 days. The malignant character of the tumor was seen to increase in the subsequent transplants and in the fifth generation in some experiments, killed the animal in

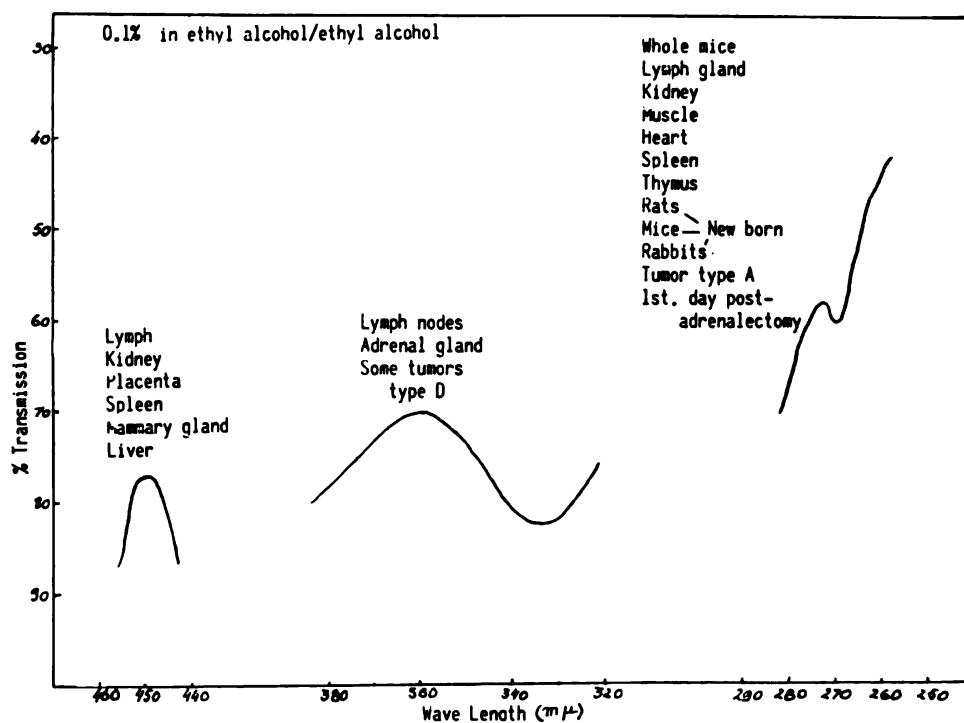


FIG. 294. Spectral analysis of the insaponifiable fraction of various origins. It shows a characteristic peak at 450 $m\mu$, another at 360 and another at 272. The organs in which they are especially present are indicated.

less than a week. The morphological change observed in these successive transplants were also characteristic. The tumor was seen to change from solid to encephaloid. The adenocarcinomatous character was thus altered and the degree of undifferentiation was increased by passing through the third, fourth and sixth generation. At the sixth generation in some experiments—and the fifth or eighth in others—microscopic examination showed that sarcomatoid portions were present in the tumor. The malignancy appeared to be at its maximum in these tumors. Transplants of tumors with sarcomatoid microscopic character, if treated in the same manner, gave negative grafts. Thus, it appears that the treatment with the insaponifiable

fractions has progressively increased the malignancy until the moment when sarcomatous character appeared after which negative transplants were observed.

The treatment of a tumor with lipoacid preparations of human placenta has produced opposite changes manifest even in the first transplants. These

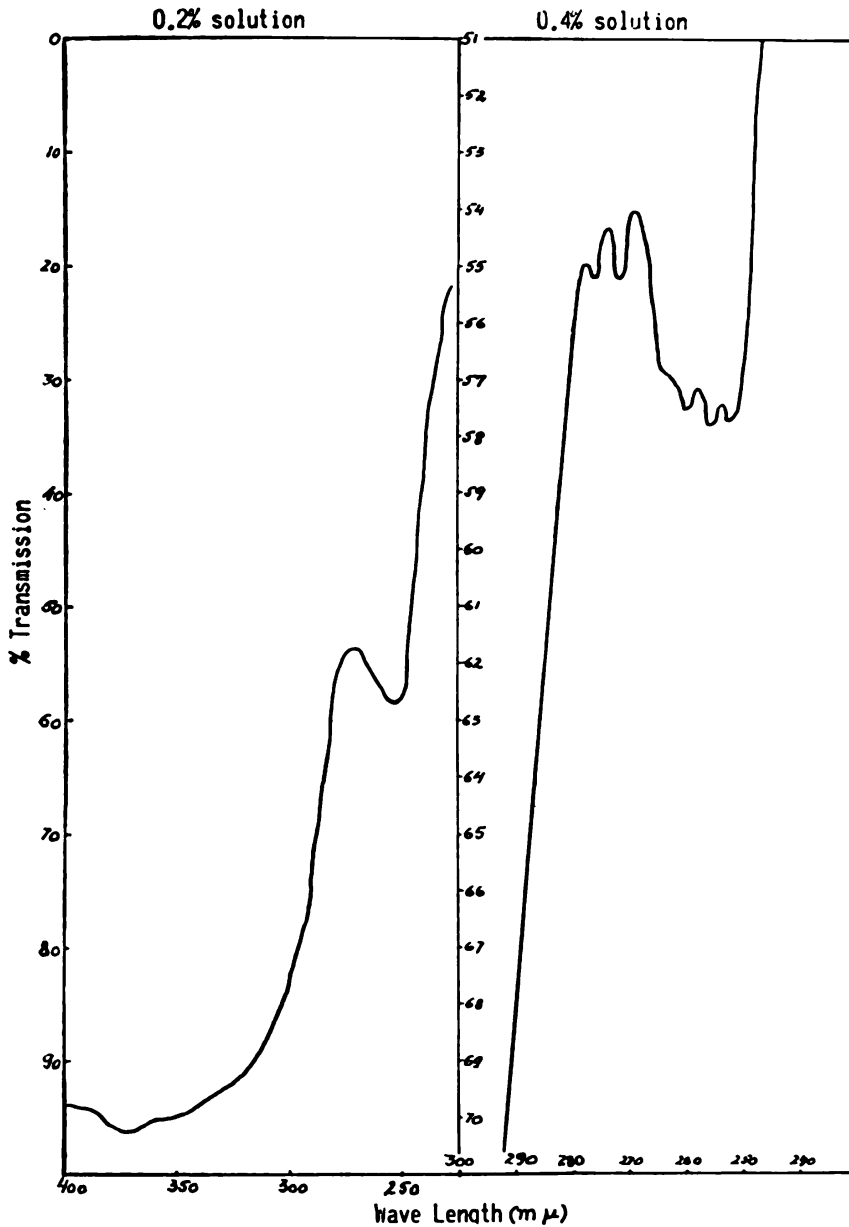


FIG. 295. Details of the spectral analysis of rat colostrum indicates the existence of a formation with three peaks in the region 290-250 $m\mu$ with some similarity to the conjugated trienes.

increased in the second generation. After the second and very rarely after the third grafts, negative transplants were obtained. We used this method of treating tumors through successive generations routinely. The results obtained for different agents are discussed in the text of this publication.

Chapter 13, Note 7. Conjugated Trienic Alcohols

Spectral analysis has permitted us to recognize the presence, in certain mixtures of the insaponifiable fraction, of several peaks, some especially interesting. Characteristic peaks were seen at 450, 360 and 272 $m\mu$, as shown in Figure 294. In the first analysis, one was identified as corresponding to a peak of 2720 Angstroms. In more complete further spectral analyses, it could be seen to correspond to a conjugated triene with its characteristic three peaks. The fact that it corresponds to a substance with positive polar group explains why, compared with conjugated acids, the curve shows a marked displacement of the peaks toward higher wave lengths. (*Fig. 295*) This can be related to the different influence exerted by the electrically opposite polar groups. This compound was first found in the colostrum obtained from the stomach of newborn rats on the first day. In smaller amounts, it has been seen in other samples of milk or butter, and in pork kidneys. It has been found less frequently in growing tumors and is even rarer in growing animals.

The same spectral analysis has permitted us to recognize other peaks and relate them to the different sources from which the unsaponifiable fraction was obtained. Fig. 294 shows these peaks and indicates their correlation with the origin of the material.

Chapter 13, Note 8. Toxicity of Butanol in Humans

A group of advanced schizophrenic patients (221) were given 500 cc. of a 6% solution of n-butanol in saline intravenously, the entire amount being injected in 30 minutes. The only manifestation which could be considered to parallel the toxic effect in animals was a very short period of somnolence which, in only one or two cases, could be considered as sleep. Usually, even with doses of 500 cc. of a 6% solution administered intravenously in less than 25 minutes, it was not possible to obtain even this transitory somnolence. No toxic effect was noted when the same dose was again administered 24 to 48 hours later, and repeated several times. Except for an inflammation of the vein which appears only if hundreds of cc. of a solution above 6% is injected, no other noticeable effects are observed.

The intravenous administration, in postoperative cases, even of 15 gm. of butanol diluted in about 2-3 liters of saline per day, repeated for four and even five consecutive days, has been entirely free of any toxic effect.

Intramuscular administration was observed to be well tolerated even for higher concentrations of butanol. We obtained concentrated aqueous solutions by dissolving butanol in a 35% solution of sodium benzoate in water. Preparations containing more than 30% butanol seemed to induce

necrosis when administered intramuscularly in animals and to induce pain at the site of injection in humans. A 30% solution of butanol, however, was well tolerated. Daily administration of subnarcotic doses for long periods to mice caused no toxic effects. On the other hand, repeated injections with narcotizing doses were toxic and even led to death of the animals after several days.

Chapter 13, Note 9. Butanol and Leucocytes

The administration of butanol in solutions of 6.5% in saline intraperitoneally in rats was seen to induce a hyperleucocytosis. 5 cc. injected at once was seen to double the previous amount of leucocytes. This increase

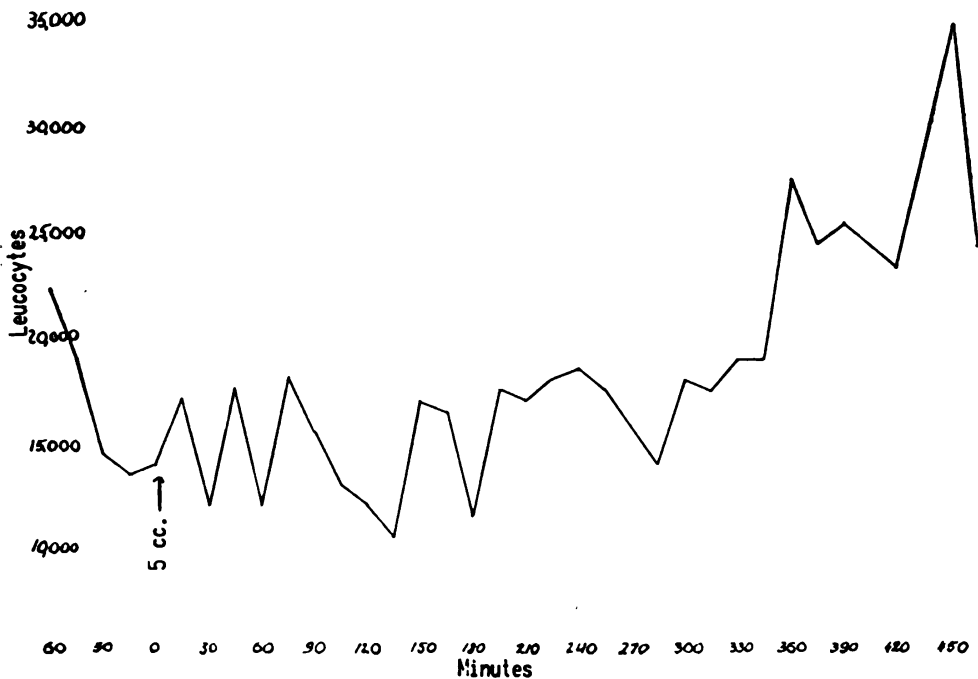


FIG. 296. The administration of 5 cc. of a solution of 6.5% n-Butanol intra-peritoneally to rats induces an increase in the leucocyte number.

started two hours after the beginning of the injections and continued progressively, to reach the value of 34,000, seven hours after the beginning of the injections. The hyperleucocytosis was seen to persist for more than 24 hours. The number of leucocytes was increased in the animal shown in Fig. 296.

A still more manifest effect was obtained with injections of 1 cc. of the same solution, repeated every hour during the day. It is interesting to note that this effect was manifested almost 6 hours after the injection with butanol. Fig. 297 shows an example of these experiments in which the number of leucocytes arrived at 42,500.

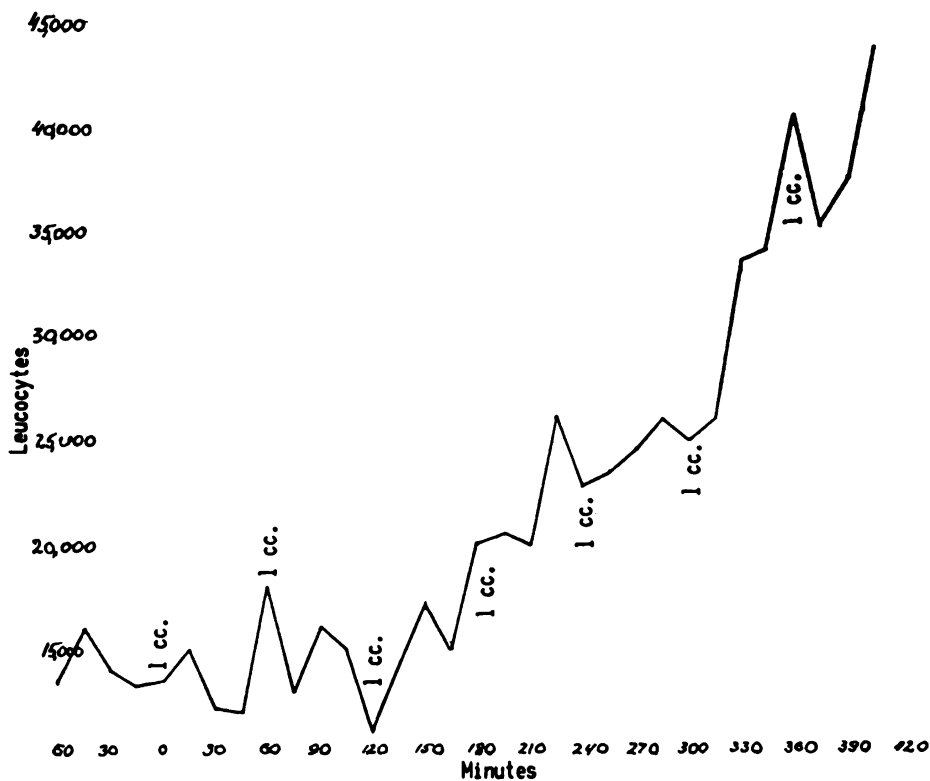


FIG. 297. The administration of 1 cc. of n-Butanol, repeated every hour, induces a sizable increase of leucocytes in rats.

Chapter 13, Note 10. Butanol-Sodium Lactate in Burns

In collaboration with R. Ravich and P. Teitelbaum we studied the effect of various agents upon the survival time of mice to which a severe caloric burn was inflicted. Under ether anesthesia, adult white female mice were scalded until the xyphoid, in water maintained at 90°C. When the duration of this treatment was 4 or more seconds, the animals died in a few minutes in superacute shock. With 3 seconds the animals survived the immediate effect of the burning.

They started to die several hours later, in 6 hours 40% of these animals had died, and at the 18th hour, 90% were dead.

The influence exerted by various agents was studied by injecting the respective solutions 2-3 times a day according to the experiment. The effect was judged according to the survival time. As the animals did not eat or drink and especially due to the local burns did not urinate or defecate, we considered the effects obtained during the first 18 hours, after which the animals were sacrificed and used for the study of the chemical changes. Fig. 138 shows the results of such an experiment with sodium chloride, isotonic solution—sodium lactate 6 M solution, butanol 6.5% in saline—and butanol 6.5% in the sodium lactate solution. While sodium lactate

alone seemed even to increase the mortality, and butanol in saline alone influence little this mortality, the effect of the butanol—sodium lactate solution was manifest. The mortality was reduced from beginning to end of the experiment. At the 18th hour it was of 30% instead of 90% for the controls. And of 95% for the animals treated with sodium lactate alone.

Chapter 13, Note 11. Effect of Heptanol

Adult rats and mice were injected subcutaneously in the back with 20 cc. and 3 cc. respectively of nitrogen which had been sterilized by being passed through sterile cotton plugs. Into the pouches so formed, a suspension of living coli bacilli—2 cc. for rats and $\frac{1}{4}$ cc. for mice—was injected. This suspension was obtained from a 24-hour culture on agar and was diluted to provide 10 million microbes per cc. One group of animals was treated by intraperitoneal injection of 1 cc. (for rats) and $\frac{1}{4}$ cc. (for mice) of sterile sesame oil. The other group received injections of similar doses of 2% heptanol in oil. In some experiments, only one injection with heptanol was given, while in others this was repeated daily or every second day. In the controls no special reaction was seen. In the heptanol-injected animals an exudate appeared in the infected pouch and led to rapid necrosis of the skin. A characteristic of the exudate was the presence of a small number of leucocytes.

Chapter 14, Note 1. Observations of Dr. E. Stoopen

From a series of observations published by E. Stoopen (184), we chose the following:

“Right trigeminal neuralgia for the past 10 years, with short, sharp pains. Neither food intake, nor time of day have ever influenced the pain. The patient was submitted to various treatments such as ultraviolet rays, quinine, neosalvarsan, cobra poison and vitamin B. First alcohol nerve block calmed the pain for 15 months. Second alcohol injection brought no relief. Third block calmed the pain for one year. Fourth alcohol injection calmed pain for three months. The last injection caused, however, trophic ulcerations of the throat and corneal ulcerations with ultimate loss of the sight.

In June 1942, a treatment with glycerin and the insaponifiable lipid fraction was begun. The pain which proved to be of an alkaline type, ceased in 3 days.

In July 1943, the patient had a lumbago attack, a condition from which she had often suffered and which had been both long-lasting and resistant to classical medication. Treatment with the insaponifiable lipid fraction made the pain subside within a few days.

In an attempt to modify the ulcerations in the throat, though the pain had not reappeared, the patient was continuously treated with the insaponifiable fraction and cholesterol, and with large doses of vitamin A. However, there was no effect on the ulcerations.

In February 1944, the pain reappeared. Study of the pain curve revealed it to be of the acid type since the paroxysmal pain corresponds to a very low pH. The patient was given ammonium acetate and lipoesters. Four days later the pain had considerably decreased, and fifteen days later, completely subsided."

"Mrs. W. For eleven years this patient has suffered of a left trigeminal neuralgia. Each year the crisis lasted four to five weeks, during which time the pain always appeared between four and seven in the morning, lasted for one to two hours and then disappeared. The pain was so severe, being almost unbearable. For the rest of the day, the patient only felt a slight sensitivity. Barbiturates taken even in large amounts had no influence on the pain. Removal of the Gasser ganglia was suggested as the sole possible cure by numerous doctors consulted in Mexico and the United States.

The patient came under our care on November 12, 1943. Her most recent crisis had started on October 31. Study of her pain showed it to be of an alkaline character, since pain is quite intense when the urinary pH is high. We recommended glycerine. The patient protested, feeling that a few drops of glycerine would not be able to help her, pointing out that intensive treatment, had given no results. However, on November 15th, when pain started at 5:00 A.M., the patient took the glycerine drops and to her amazement, the pain disappeared within two minutes. She asserted that no medicine had ever been able to stop the pain once it had started. At 7:30 A.M. the pain returned but again decreased after the patient had taken several glycerine drops.

On November 16th, the patient experienced pain at 1:30, 5:30 and 7:30 A.M. During the first two periods of pain, the pain was instantaneously calmed with glycerine and phosphoric acid; the third period of pain was decreased in intensity but lasted for 40 minutes.

On November 17th: pain appeared at 9:00 A.M. but disappeared three minutes after medication of glycerine and phosphoric acid.

On November 18th: pain which started at 8:00 A.M. could not be calmed with medication. Coramine, Cholesterol and insaponifiable fractions were then prescribed.

On November 19th: pain was experienced at 4:00 and 8:00 P.M. but subsided within three minutes after medication of glycerine, phosphoric acid and coramine was taken.

On November 20th: from this day through November 25th, the medication was unable to influence the pain, and consequently the patient became disheartened. A study of her pain pattern at this point indicated that it had changed to the opposite type—from alkaline to a definite acid pattern.

On November 26th: bicarbonate was given at the onset of pain resulting in a considerable decrease in its severity. No further pain was felt on the following days and the crisis was considered ended. In this instance, the crisis had lasted for 27 days (the length usually varied from 27 to 35

days). However, the treatment achieved what had been impossible for all previously tried treatments—the cessation of pain once it had started.

These observations led to the following pertinent conclusions: 1) they showed the existence of typical acid or alkaline pain; 2) the possibility of changing pain from one type to the opposite one, either during the course of the disease or due to medication; and 3) the possibility of eliminating pain with appropriate treatment.”

Chapter 14, Note 2. Dr. Welt's Publication on Butanol—Conclusions

“n-Butanol was administered to a large number of patients with pain due to the trauma of various common otorhinolaryngological and ophthalmologic surgical procedures. Pain was relieved in approximately 90 per cent of the patients so treated.

These clinical results were considered in the light of studies by Revici and his co-workers regarding the physiopathology of wounds. The results indicate that the proposed concept of pain has significant practical clinical applications.”

Chapter 14, Note 3. Dr. A. Ravich's Conclusions (189)

In his article concerning the post-operative care in prostatectomies, A. Ravich arrives at the following conclusions exemplified in Figure 298.

SUMMARY

“A new concept of the local physicochemical changes occurring within pathological foci as introduced by Revici, has been briefly described. According to this view, pain is the result of local pH changes brought about by the accumulation of acid or alkaline substances within disturbed tissues. Changes in the lipid balance are associated with and may account for these alterations.

“The possibility of correcting or neutralizing such lipid changes has been explored clinically in several series of urological cases. The favorable effects upon pain as well as upon bleeding, wound healing and other important postoperative problems and complications indicate the need for further study along these lines.”

Chapter 14, Note 4. Treatment of Post-traumatic Conditions

Of special theoretical and practical interest has been the treatment of traumatic conditions, especially those following surgical procedures. The recognition of the role of fatty acids acting at different levels of the organization and inducing several different manifestations, has led to the concomitant use of various agents proper to the levels. From the various agents studied, heptanol was thus chosen as acting at the cellular level, glycerol, polyunsaturated alcohols and alkaline amino acids and butanol

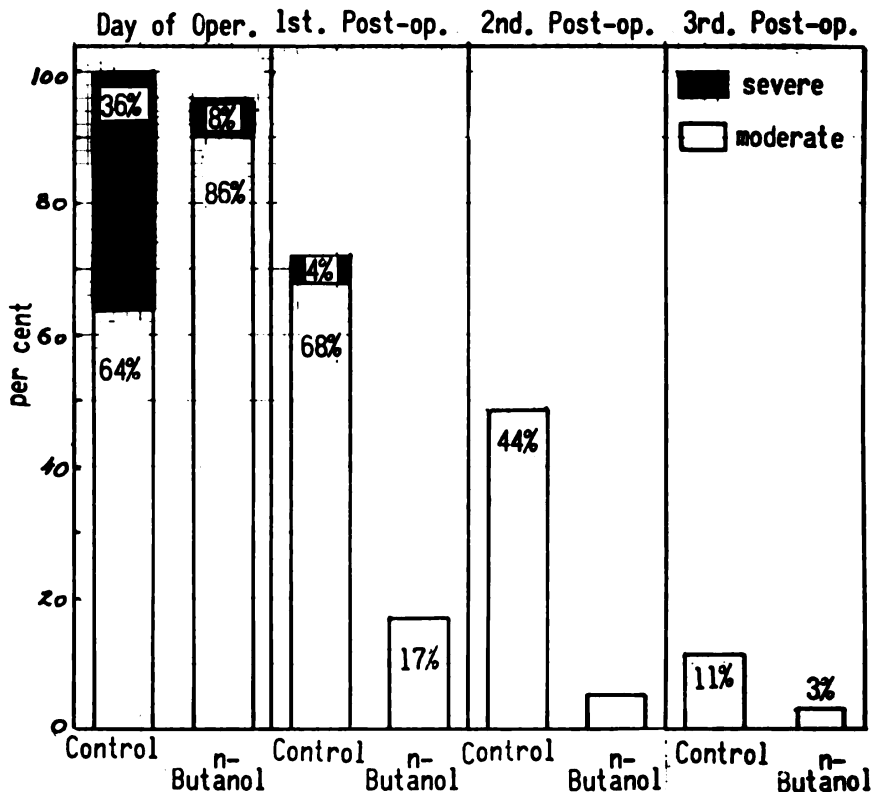


FIG. 298. The administration of n-Butanol after prostatectomy markedly reduces pain. (J. Urol. 62: 629, 1949.)

at the tissular level, glycerophosphoric and organic acids at the systemic level.

The various preparations, obtained by combining or mixing these agents, were administered by intravenous infusions together with glucose and saline or glucose and sodium lactate, in the more severe cases, and intramuscularly or orally in the milder cases. The results obtained with these preparations in hundreds of subjects have been highly satisfactory.

Chapter 14, Note 5. Dr. B. Welt's Conclusions on Hearing

In his studies on hearing, Welt arrives at the following conclusions, communicated at the Brooklyn Eye and Ear Society.

“1) The ideas, methods and substances devised by Revic have been applied to the problem of impaired hearing, and have shown significant results in improving that function.

2) The study has confirmed the dualistic concept about pathological foci, namely that a pathological focus may exist in two states of metabolic imbalance, leading either to a local alkaline or acid change.

3) The substances utilized in this study have been effective in influenc-

ing the symptom of impaired hearing, and it is reasonable to believe that the pathological structure has also been influenced to some degree.

4) Revici's ideas of the fatty acid-sterol imbalance have been confirmed by showing that other instances having similar biologic activities, act in the same manner. Their clinical application confirms this.

5) This study shows that both air conduction and bone conduction may be benefited. No method has been found to improve bone conduction up to the present time.

6) From the biochemical and chemotherapeutic point of view, this study indicates that the vestibular labyrinth and the cochlea should be viewed as one organ. Phylogenetic, histological, and this clinical study all tend to support this idea.

7) The study indicates that people up to 60 years of age may obtain normal audiometric hearing if treated early enough. Children and the younger age groups were those that had the highest incidence of good results.

8) Finally, this study has indicated a dual therapeutic attack on a hitherto insoluble problem. It can help us in this otologic problem at any age in life, the formative years, when hearing is vital to the education of the children.

9) It should not be construed or inferred, from this communication, that a cure for hearing is implied. The only conclusion to be drawn is that the author has beneficially influenced the impaired hearing function, or induced a remission for varying periods of time at an improved or normal functional level."

Chapter 14, Note 6. Butanol in Plastic Surgery

Following our indications, S. Sher has utilized butanol in post-operative cases. One of the most disagreeable complications seen in plastic surgery of the nose is seventh day bleeding, which while usually not severe, has been known to endanger the lives of several patients. Use of antibiotics has reduced remarkably both incidence and severity of the hemorrhage. However, the prevention of seventh day bleeding has remained a problem for the plastic surgeon. S. Sher has applied our treatment with butanol in almost 2,000 cases. Immediately following surgery, 10 cc. of a 6.5% solution of butanol is injected intramuscularly, the injection being repeated every six hours for the first day. After 24 to 48 hours, the butanol is administered orally in doses of one tablespoonful every four to six hours, and this is continued until after the eighth day following the operation. With this treatment, no severe bleeding has been seen. In several cases when the patient failed to follow instructions and did not continue taking butanol, hemorrhage resulted. In two cases, bleeding was relatively severe, the hemorrhage was brought under control by the intravenous injection of 10 to 20 cc. of the butanol solution. Administration of butanol afterward prevented subsequent bleeding. The value of butanol as a preventive of seventh day hemorrhage thus has been confirmed. (189)

Chapter 15, Note 1. Radio and Chemotherapeutical Essays

Though carried out only at the beginning of these studies, the application of this method, conducted by Leonard B. Goldman, M.D. in 1950 and 1951 appears interesting. As part of this investigation, lipids were used in association with radiotherapy. In the same research, a group of patients were also treated with lipids alone. A report on this series was presented by L. Goldman as part of a symposium on the therapy of advanced cancer patients, before the Radiological Section of the American Medical Association at its annual convention in Atlantic City on June 14, 1951 (327). His results with patients treated with X-ray and lipids and with lipid therapy alone are summarized in Table XVIA and XVIB.

TABLE XVIA

RESULTS OF LIPID THERAPY COMBINED WITH IRRADIATION
(In excess of those expected with irradiation alone)

Type of Malignancy	Total Number	Relief of Symptoms			Temporary Arrest	Regression	
		Number	Slight	Moderate			Marked
Breast	8	7	2	1	4	5	2
Lymphoblastoma	7	4	2	1	1	1	0
Lung	6	5	2	0	3	1	1
Head and Neck	11	4	2	0	2	1	1
Gastro-intestinal	6	4	0	1	3	2	1
Gynecological	3	3	1	1	1	1	0
Genito-urinary	3	0	0	0	0	0	0
Sarcoma	2	1	0	0	1	0	0
Miscellaneous	4	2	1	0	1	1	1
Total	50	30	10	4	16	12	6
		(60%)				(24%)	(12%)

TABLE XVIB

RESULTS OF LIPID THERAPY ALONE

Type of Malignancy	Total Number	Relief of Symptoms			Temporary Arrest	Regression	
		Number	Slight	Moderate			Marked
Breast	14	7	1	0	6	2	2
Lymphoblastoma	8	5	0	0	5	3	2
Lung	3	3	0	0	3	0	0
Head and Neck	3	2	1	0	1	0	0
Gastro-intestinal	6	3	1	1	1	0	0
Gynecological	3	1	0	0	1	1	1
Sarcoma	1	0	0	0	0	0	0
Miscellaneous	2	2	0	0	2	1	1
Total	40	23	3	1	19	7	6
		(58%)				(18%)	(15%)

BIBLIOGRAPHY

1. HEITZ, E.: Chromosomes structure. *Z. Indukt Abstamm. u. Vererblehre* 70:402, 1935.
2. GEITLER, L.: *Grundriss der Zytologie*. Berlin, 1934.
GEITLER, L.: *Chromosomenbau*. Berlin, 1938.
3. NEBEL, B. R.: Chromonemata, number per chromosome. *Cold Spring Harb. Symp. quant. Biol.* 9:7, 1941.
5. BLIX, M.: Experimental contribution to the solution of the problem of the specific energy of skin nerves. *Ztschr. f. Biol.* 20:141, 1884; also *Ztschr. f. Biol.* 21:145, 1885.
6. GOLDSCHIEDER, A.: *Gesammelte Abhandlungen*. Leipzig. Barth. 1898.
7. STRUGHOLD, H.: Concerning the amount and threshold of the pain points of the epidermis in different parts of the body. *Ztschr. f. Biol.* 80:367, 1924.
8. von FREY, M.: *Abhandlungen der mathematisch-physischen Classe der K. Sachsichen Gesellschaft der Wissenschaften*. Leipzig. Bei S. Hirzel (III) 23:239, 1896.
9. WOOLARD, H. H.: Intradermal nerve endings. *J. Anat.* 71:54, 1936.
10. LEWIS, T.: *Pain*. MacMillan, New York, 1942.
11. von FREY, M.: Investigation of pain-causing stimuli. *Ztschr. f. Biol.* 76:1, 1922.
12. LEWIS, T., and HESS, W.: Pain derived from skin and mechanism of its production. *Clin. Sc.* 1:39, 1933-4.
13. SCHUMACHER, G. A.: The influence of inflammation on the pain threshold of the skin in man. *Proc. Assoc. Res. Nerv. Ment. Dis.* 23:166, 1943.
14. TOWER, S. S.: Pain. Definition and properties of the unit for sensory reception. *Proc. Assoc. Res. Nerv. Ment. Dis.* 23:16, 1943.
15. LEWIS, T.: Nocifensor system of nerves and its reactions. *Brit. M. J.* 1:431, and 491, 1937.
16. WOLF, S., and WOLFF, H. J.: Pain arising from the stomach and mechanisms underlying symptoms. *Proc. Assoc. Res. Nerv. Ment. Dis.* 23:789, 1943.
17. WEDDELL, G.: Multiple innervation of sensory spots in skin. *J. Anat.* 75:441, 1941.
18. HEAD, H.: *Studies in Neurology*. London. Henry Frowde, Hodder-Stoughton, Ltd. 1920.
ADRIAN, F. D.: Afferent impulses in the organs and their effect on respiration. *J. Physiol.* 79:332, 1933.

19. FENG, T. P.: Reversible inexcitability of tactile endings in skin injury. *J. Physiol.* 103, 1933.
21. HARRISON, T. R.: *Failure of the Circulation*, p. 160, Baltimore, 1935.
HALDANE, J. S., and PRIESTLY, J. D.: *Respiration*. Oxford, 1935.
22. CHRISTIE, R. V.: Dyspnea. A review. *Quart. J. Med.* 7:421, 1938.
23. REVICI, E.: Oxybiotic imbalances in biology. Role of lipids. *Monaco-Mediterranee Med.* 8:1, 1941 (extra supplement).
24. DEBYE, P.: *Polar Molecules*. New York. Chem. Catalog, 1929.
KARRER, P.: *Organic Chemistry*. New York. Elsevier Publ. Co., p. 71, 1947.
25. LE FEVRE, R. J. W.: *Dipole Moments*. New York. Chem. Publ. Co., 1938.
26. PENNY, W. G.: *The Quantum Theory of Valency*. London. Methuen, 1935.
SIDGWICK, N. V.: *The Electronic Theory of Valency*. Oxford. Clarendon Press, 1929.
GORTNER, R. A.: *Outlines of Biochemistry*. London. Wiley & Son, 1947.
28. LEA, C. H.: Rancidity in edible fats. *D. S. I. R. Food investigation special report No. 46*. London, 1938; U. S. A., 1939.
30. FARMER, E. H.: *J. Chem. Soc.* 121, 139, 185, 518, 1942.
31. FARMER, E. H., and SUTTON, D. A.: *J. Chem. Soc.* 119, 122, 541, 1943.
BOLLAND, J. L., and KOCH, H. P.: *J. Chem. Soc.* 445, 1945.
ATHERSON, D., and HILDITCH, T. P.: *J. Chem. Soc.* 105, 1944.
32. GUNSTONE, F. D., and HILDITCH, T. P.: *J. Chem. Soc.* 836, 1945.
33. LAPWORTH, A.: *J. Chem. Soc.* 121:417, 1922.
INGELHOLD, C.: *Chem. Rev.* 15:233, 1934.
35. KARRER, *see 24*.
37. REVICI, E.: Pathogenesis of infectious diseases. *Bull. Soc. Med. Hopitaux, Bucharest*, 1919.
38. REVICI, E.: Concerning the pathogenesis of contagious diseases. *Rev. Med. Pasteur* 15:5, 1942.
39. FROISIER, J.: *Etude Experim. Recentes Mal. Infect.* Masson Pain. 1935.
40. REVICI, E.: The problem of shock. *Rev. Med. Pasteur* 16:97, 1943.
RAVICH, R. A., and REVICI, E.: The effect of n-butanol in sodium salt solutions upon shock and the survival of mice exposed to severe extensive thermal burns. *Bull. Am. Soc. Hosp. Pharm.* 8:23, 1951. Presented at annual meeting, A. A. A. S., Dec. 1950.
41. MAWRY, D. T., BRODE, W. R., and BROWN, J. B.: *J. Biol. Chem.* 142:671, 1942.
42. FOX, C. L., and KESTON, A. S.: The mechanism of shock from burns and trauma traced with radiosodium. *Surg. Gynec. & Obst.* 80:561, 1945.
FOX, C. L., and BAER H.: Redistribution of potassium, sodium and water in burns and trauma, and its relation to the phenomena of shock. *Am. J. Physiol.* 151:155, 1947.

43. SCHMIDT, O.: Density distribution and energy spectrum of B-electrons: IV. Mechanism of the excitation process in cancerous and healthy cells. *Ztschr. f. physikal Chem.* B 44:194, 1939.
- SCHMIDT, O.: Characterization and mode of action of the carcinogenic hydrocarbons. *Naturwiss* 29:146, 1941.
- SCHMIDT, O.: The mechanism of action of carcinogenic organic substances. *Tumori* 27:475, 1941.
- SCHMIDT, O.: Relation between density distribution of definite balance electrons (B-electrons) and reactivity of aromatic hydrocarbons. *Ztschr. f. physikal Chem.* B 39:59, 1938.
- SCHMIDT, O.: The characterization of simple and carcinogenic aromatic hydrocarbons by the density distribution of definite valence electrons (B-electrons). *Ztschr. f. physikal Chem.* B 42:83, 1939.
44. PULLMAN, A.: A relation between the distribution of electronic charges and the carcinogenic potency of a certain class of hydrocarbons. *Comp. Rend. Acad. d. Sc.* 221:140, 1945.
- DAUDEL, P., and DAUDEL, R.: On the physico-chemical theory of the mechanism of action of carcinogenic substances. *Acta Un. Int. Cancer* 6:20, 1948.
- DAUDEL, P., and DAUDEL, R.: The possible formation of a complex between carcinogenic substances and the tissues. *Bull. Soc. Chim. Biol.* 31:353, 1949.
- DAUDEL, P., and DAUDEL, R.: Application of wave-mechanics to the study of the mechanism of action of carcinogenic substances on the tissues. *Biol. Med.* 39:201, 1950.
- DAUDEL, P., DAUDEL, R., and BUU-HOI, N. P.: The problem of predicting the carcinogenic property of chemical substances. *Acta Un. Int. Cancer* 7:91, 1950.
- DAUDEL, P., DAUDEL, R., BUU-HOI, N. P., and MARTIN, M.: Molecular diagrams of mesomerism and reactivity of organic molecules. *Bull. Soc. Chim. Fr.* 15:1202, 1948.
45. WATERS, A. W.: *Physical Aspects of Organic Chemistry*. van Nostrand Co., New York, p. 39, 1950.
46. BOYLAND, E., and BRUES, A. M.: The carcinogenic action of dibenz-carbazoles. *Proc. Roy. Soc. S. B.* 122:429, 1937.
47. BIELSCHOWSKY, F.: Distant tumors produced by 2-amino- and 2-acetyl-aminofluorine. *Brit. J. Exper. Path.* 25:1, 1944.
48. ENGEL, R. W., and COPELAND, D. H.: Mammary carcinoma in rats fed 2-acetyl-aminofluorine. *Science* 108:336, 1948.
49. MORRIS, H. P., DUBNICK, C. S., DUNN, T. B., and WESTFALL, B. B.: Some observations on carcinogenicity distribution and metabolism of N-acetyl-2 aminofluorine in rats. *Acta Un. Int. Cancer* 6:47, 1948.
- POTTER, V. R., LE PAGE, G. A., and KLUG, H. L.: The essay of animal tissues for respiratory enzymes. VII: Oxalacetic acid oxidation and the coupled phosphorylation in isotonic homogenates. *J. Biol. Chem.* 175:619, 1948.

- ELLIOT-GREENSTEIN, J. P.: The biochemistry of malignant tissues. *Am. Rev. Biochem.* 14:643, 1945.
- STERN, K., and WILLHEIM, R.: *The Biochemistry of Malignant Tumors*. Brooklyn, New York. Reference Press, 1943.
- WEINHOUSE, S., MILLINGTON, R. H., and WENNER, C. E.: Occurrence of the citric acid cycle in tumors. *J. Am. Chem.* 72:4332, 1950.
50. ARMSTRONG, E. C., and BONSER, G.: Epithelial tumors of the urinary bladder in mice induced by 2-acetyl-aminofluorine. *J. Path. & Bact.* 56:507, 1944.
51. BIELSCHOWSKY, F., and GREEN, H. N.: An induced carcinoma in the fowl. *Nature* 156:780, 1945.
52. BIELSCHOWSKY, F.: The carcinogenic action of 2-acetyl-aminofluorine and related compounds. *Brit. M. Bull.* 4:382, 1947.
53. TILAK, B. D.: In 23rd Annual Report of the *British Empire Cancer Campaign*, 109, 1946.
- TILAK, B. D.: Sulphur isosters of carcinogenic hydrocarbons: I. *Proc. Indian Acad. Sci.* 33 A:131, 1951.
54. COOK, J. W., HEWETT, C. L., KENNAWAY, E. L., and KENNAWAY, N. M.: Effects produced in the livers of mice by azonaphthalenes and related compounds. *Am. J. Cancer* 40:62, 1940.
55. HADDOW, A., HARRIS, R. J. C., KON, G. A. R., and ROE, E. M. F.: The growth inhibitory and carcinogenic properties of 4-aminostilbene and derivatives. *Phil. Trans. Roy. Soc. A.* 241:147, 1948.
56. DODDS, E. C., GOLDBERG, L., LAWSON, W., and ROBINSON, R.: Oestrogenic activity of certain synthetic compounds. *Nature* 141, 1938.
57. ROBSON, J. M., and SCHONBERG, A.: Oestrous reactions including mating, produced by triphenyl ethylene. *Nature* 140:196, 1937.
58. NETTLESHIP, A., and HENSHAW, P. S.: Induction of pulmonary tumors in mice with ethyl carbamate (urethane). *J. Nat. Cancer Inst.* 4:309, 1943.
59. LARSEN, C. D., and HESTON, W. E.: Induction of pulmonary tumors in mice by anesthetic agents. *Cancer Research* 5:592, 1945.
60. LARSEN, C. D.: Evaluation of the carcinogenicity of a series of esters of carbamic acid. *J. Nat. Cancer Inst.* 8:99, 1947 a.
- LARSEN, C. D.: Pulmonary-tumor induction by transplacental exposure to urethane. *J. Nat. Cancer Inst.* 8:63, 1947 b.
61. LARSEN, C. D.: Pulmonary-tumor induction with alkylated urethanes. *J. Nat. Cancer Inst.* 9:35, 1948.
- GESSEL, R., KRUGER, H., GORHAM, G., and BERNTHAL, T.: The regulation of respiration. *Am. J. Physiol.* 94:387, 1930.
- COOK, L. C., and HURST, R. H.: Blood lactic acid in blood during rest. *J. Physiol.* 79:443, 1933.
- WARBURG, O.: Experiments in surviving carcinoma tissue: Methods. *Biochem. Ztschr.* 142:317, 1923.
- WARBURG, O.: *The Metabolism of Tumors*. London, 1930.

- CORI, C. F., and CORI, G. T.: The carbohydrate metabolism of tumors: I. The free sugar, lactic acid, and glycogen content of malignant tumors. *J. Biol. Chem.* 64, 1925.
- DICKENS, F.: Cancer as a problem in tissue metabolism. *Cancer Rev.* 57, 1931.
- ELLIOT, K. A. C.: *Symposium on respiratory enzymes*. Madison, Wisc. Univ. of Wisconsin Press, 1942.
- WARBURG, O.: On the origin of cancer cells. *Science* 123:309, 1956.
- WARBURG, O.: On respiratory impairment in cancer cells. *Science* 124:-267, 1956.
- BURK, D., and SCHADE, A. L.: On respiratory impairment in cancer cells. *Science* 124:267, 1956.
- ADAMS, D. H., and QUASTEL, J. H.: Factors influencing the anaerobic glycolysis of brain and tumour. *Proc. Roy. Soc. (B)*, 145:472, 1956.
62. BURK, D.: Colloquial consideration of the Pasteur and neo-Pasteur effects. *Cold Spring Harbor Symposia on Quant. Biol.* 7:420, 1939. *Symposium on Respiratory Enzymes*. Madison, Wisconsin. Univ. of Wisconsin Press, 1942.
- ORR, J. W.: The induction of pulmonary adenomata in mice by urethane. *Brit. J. Cancer* 1:311, 1947.
63. ALEXANDER, P.: The reactions of carcinogens with macromolecules. *Advanc. Cancer Res.* 2:1, 1954.
- BURCHENAL, J. H., LESTER, R. A., RILEY, J. B., and RHOADS, C. P.: Studies on the chemotherapy of leukemia: I. Effect of certain nitrogen mustards and carbamates on transmitted mouse leukemia. *Cancer* 1:329, 1948.
- BURNOP, V. C. E., RICHARD, D. E., WATKINS, W. M., and WORMALL, A.: Combination of nitrogen-15, labelled nitrogen mustard with proteins. *Nature* 168:251, 1951.
- CAMERON, G. R., COURTICE, F. C., and JONES, R. P.: The effects of BB'-dichloro-diethyl-methylamine hydrochloride on the blood forming tissues. *J. Path. & Bact.* 54:425, 1947.
- ROSS, W. C. J.: The chemistry of cytotoxic alkylating agents. *Advances in Cancer Research*. New York. Academy Press, 1952, Vol. 1.
- BURCHENAL, J. H., and RILEY, J. B.: Relation between structure and activity in the nitrogen mustards. *Cancer Research* 9:553, 1949.
65. BURCHENAL, J. H., RILEY, J. B., and LESTER, R. A.: Studies on the chemotherapy of transmitted leukemia in mice. *Acta Un. Int. Cancer* 6:448, 1949.
66. BURCHENAL, J. H.: The newer nitrogen mustards in the treatment of leukemia. *Radiology* 50:494, 1948.
- BURCHENAL, J. H., BURCHENAL, J. R., and JOHNSTON, S. F.: Chemotherapy of leukemia III. Further studies on the effect of nitrogen mustards and related compounds on transmitted mouse leukemia. *Cancer* 4:353, 1951.
67. LANDING, B. H., and EISENBERG, F. F.: Nitrogen mustards. Statistical analysis of effects on Sarcoma 180 and viscera of normal mice in relation to toxicity and structure. *Cancer* 2:1083, 1949.

68. LANDING, B. H., GOLDIN, A., NOE, H. A., GOLDBERG, B., and SHAPIRO, D. M.: Systemic pathological effects of nitrogen mustards, and a comparison of toxicity, chemical structure, and cytotoxic effect, with reference to the chemotherapy of tumors. *Cancer* 2:1055, 1949.
- HADDOW, A., and ROSS, W. C. J.: Tumour growth-inhibiting alkyl sulfonates. *Nature* 177:995, 1956.
- HADDOW, A.: Mode of action of the nitrogen mustards. *Proc. 1st Nat. Cancer Conf.* p. 88, 1949.
- HADDOW, A.: Recent progress in the study of chemical carcinogenesis. *Proc. 2nd Nat. Cancer Conf.* p. 79, 1952.
- HADDOW, A.: The chemical and genetic mechanisms of carcinogens, I. *The Physiopathology of Cancer*, ed. F. Homburger and W. W. Fishman. London and Toronto, 1953.
- HADDOW, A.: The biochemistry of cancer. *Ann. Rev. Biochem.* 24:689, 1955.
69. ROUS, P.: Transmission of a malignant new growth by means of a cell-free filtrate. *J. A. M. A.* 56:198, 1911.
- ROUS, P.: Resistance to a tumor-producing agent as distinct from resistance to the implanted tumor cells. *J. Exper. Med.* 18:416, 1913.
- ROUS, P.: The nearer causes of cancer. *J. A. M. A.* 122:573, 1943.
71. BITTNER, J. J.: Some possible effects of nursing on mammary gland tumor incidence in mice. *Science* 84:162, 1936.
72. HESTON, W. E., and DERINGER, M. K.: Test for a maternal influence in the development of mammary gland tumors in agents-free strain C₃H mice. *J. Nat. Cancer Inst.* 13:167, 1952.
73. DMOCHOWSKI, L.: The milk agent in the origin of mammary tumors in mice. *Adv. Cancer Res.* 1:103, 1953.
74. LURIA, S. E.: Bacteriophage: an essay of virus reproduction. *Science* 111:507, 1950.
76. LWOFF, A., and GUTTMAN, A.: Recherches sur un Bacillus Megatherium lysogene. *Ann. Inst. Pasteur* 78:711, 1950.
- LWOFF, A.: Lysogeny. *Bact. Rev.* 17:270, 1953.
- JACOB, F.: *Les Bacteries Lysogenes*. Paris, 1954.
78. NICOLAU, S.: Herpes. *Les Ultravirus des Maladies Humaines*. Edit. C. Levaditi, and P. Lepine. Paris, Maloine, 1943.
80. LEPINE, P., and LAFFORET-FURIET, J.: Papillome de Shope. *Les Ultravirus des Maladies Humaines*. Paris, Maloine, 1943.
81. SHOPE, R.: Infectious papillomatosis of rabbits. *J. Exper. Med.* 58:607, 1933.
82. DURAN-REYNALS, F.: Neoplastic infection and cancer. *Am. J. Med.* 8:490, 1950.
83. ANDERSON, K.: Pathogenesis of herpes simplex infection in chick embryos. *Am. J. Path.* 16:137, 1940.
84. AHLSTROM, C. G.: On the anatomical character of the infectious myxoma of rabbits. *Acta Path. et Microbi. Scandinav* 17:377, 1940.

85. BONNET, S. C. J., HORGAN, E. S., and MANSUR ALI HASEE, B.: The pox diseases of sheep and goats. *J. Comp. Path. & Therap.* 54:133, 1944.
- GLOVER, R. E.: Contagious pustular dermatitis of the sheep. *J. Com. Path. & Therap.* 54:131, 1944.
86. DURAN-REYNALS, F., and SHRIGLEY, E. W.: Virus infection as an etiological agent of cancer. *A. A. A. S. Research Conference on Cancer* p. 1, 1944.
87. DURAN-REYNALS, F.: Immunological factors that influence the neoplastic effects of the rabbit fibroma virus. *Cancer Research* 5:25, 1945.
88. DURAN-REYNALS, F.: A hemorrhagic disease occurring in chicks inoculated with the Rous and Fuginami viruses. *Yale, J. Biol. & Med.* 13:77, 1940.
- KARNOFSKY, D. A., PARISSETTE, L. M., PATTERSON, P. A., and JACQUEZ, J. A.: The behavior and growth of homologous and heterologous normal and neoplastic tissues in the chick embryo; and the influence of various agents on tumor growth. *Acta. Unio. Internat. Contra Cancerum Asta* 6:641, 1949.
- MILFORD, J. S., and DURAN-REYNALS, F.: Growth of a chicken sarcoma virus in the chick embryo in the absence of neoplasia. *Cancer Research* 3:578, 1943.
89. BLAKEMORE, F.: Further observations on the demonstration of an infective agent in the tissues of fowls affected with fowl paralysis (neurolymphomatosis). *J. Comp. Path. & Therap.* 55:1, 1945.
90. PAPPENHEIMER, A. W., DUNN, L. C., CONE, V., and SEIDLIN, S. M.: Studies on fowl paralysis (neurolymphomatosis gallinarum): I. Clinical features and pathology. *J. Exper. Med.* 44:63, 1929.
91. JACKSON, C.: Relationship of glioma to encephalitis in the domestic fowl and associated parasitic agents. *Nature* 161:441, 1948.
92. WATERS, N. F., and BYWATERS, J.: Influence of age of chickens at contact exposure on incidence of lymphomatosis. *Poultry Sci.* 28:254, 1949.
- DURAN-REYNALS, F.: The infection of turkeys and guinea fowls by the Rous sarcoma virus and the accompanying variations of the virus. *Cancer Research* 3:569, 1943.
93. BURMESTER, P. R., PRICKETT, C. O., and BELDING, T. C.: A filtrable agent producing lymphoid tumors and osteopetrosis in chickens. *Cancer Res.* 6:189, 1946.
94. GOTTRAL, G. E.: Avian lymphomatis, another egg-borne disease. *Proc. 53rd Ann.* 183, 1950.
95. GROSS, L.: Is leukemia caused by a transmissible virus? *J. Hemat.* 9:557, 1954.
96. LAW, L. W.: Recent advances in experimental leukemia research. *Cancer Res.* 14:695, 1954.
97. STEWART, S. E.: Neoplasms in mice inoculated with cell-free extracts or filtrates of leukemia mouse tissue. I. Neoplasms of the parotid and adrenal glands. *J. Nat. Cancer Inst.* 15:1931, 1955.

98. DURAN-REYNALS, F.: The reciprocal infection of ducks and chickens with tumor-inducing viruses. *Cancer Res.* 2:343, 1942.
- DURAN-REYNALS, F.: The age factor in adaptability of a sarcoma virus to other animal species. *Science* 103:748, 1946.
99. CARR, J. G.: The absence of a seasonal influence upon the Rous no. 1 sarcoma in young chicks. *Brit. J. Exper. Path.* 23:339, 1942.
100. ENGELBRETH-HOLM, J.: *Spontaneous and Experimental Leukemia in Animals*. Edinburgh. Oliver and Boyd, Ltd., 1942.
101. BAGG, H. J.: Experimental production of teratoma testis in the fowl. *Am. J. Cancer* 25:69, 1936.
102. DURAN-REYNALS, F., and FREIRE, P. M.: The age of the tumor-bearing hosts as a factor conditioning the transmissibility of a chicken sarcoma by filtrates and cells. (Tentative title of a paper in preparation.)
- FREIRE, P. M., and DURAN-REYNALS, F.: A study of the generalized lesions from a chicken sarcoma in relation to some characteristic of the causative virus. (Tentative title of a paper in preparation.)
103. GROSS, L.: Induction of parotid carcinomas and/or subcutaneous sarcomas in C₃H mice with normal C₃H organs extracts. *Proc. Soc. Exper. Biol. & Med.* 88:362, 1955.
104. LAW, L. W., DUNN, T. B., and BOYLE, P. J.: Neoplasms in the C₃H strain and in F hybrid mice of two grosses following introduction of extracts and filtrates of leukemia tissues. *J. Nat. Cancer Inst.* 16:495, 1955.
105. GROSS, L.: Neck tumors or leukemia, developing in adult C₃H mice following inoculation in early infancy, with filtered (BERKFELD, N.) or centrifugated (144,000 × 9) A K-leukemic extracts. *Cancer* 6:948, 1953.
106. SHOPE, R. E.: Infectious papillomatosis of rabbits, with note on histopathology. *J. Exper. Med.* 58:607, 1933.
107. OBERLING, C., and GUERIN, M.: The role of viruses in the production of cancer. *Adv. Cancer Res.* 2:253, 1954.
108. BRYAN, W. R., CALNAN, D., and MOLONEY, J. B.: Biological studies on the Rous sarcoma virus. III. The recovery of virus from experimental tumors in relation to initiating dose. *J. Nat. Cancer Inst.* 16:317, 1955.
111. OBERLING, C., and GUERIN, M.: The role of viruses in the production of cancer. *Advanc. Cancer Res.* 2:353, 1954.
112. CAMPBELL, J. C.: Neoplastic disease of the fowl with special references to its history, incidence and seasonal variation. *Comp. Path. & Therap.* 55:308, 1945.
- JUNGHER, E.: The avian leukosis complex. *Diseases of Poultry*. (H. E. Biester, ed.) Ames, Iowa. State College Press. p. 367, 1943.
- ELLERMAN, V.: *Leucosis of Fowls and Leucemia Problems*. London, Glyndendal, 1921.
- LAFFORET-FURIET, J.: Tumeurs de la poule. *Les Ultravirus des Maladies Humaines*. Paris, Maloine, 1943.

113. CARR, J. G.: Some investigations upon the nature of the resistance of an inbred line of fowls to the development of the Rous No. 1 sarcoma. *Brit. J. Exper. Path.* 24:127, 1943.
- COLE, R. K.: Genetic resistance to the transmissible sarcoma of the fowl. *Cancer Research* 1:714, 1941.
114. WINTON, B.: 11th Annual Report of the *Regional Poultry Research Laboratory*. East Lansing, Michigan, 1950.
115. DURAN-REYNALS, F.: Unpublished observations.
116. PELLER, S.: Cancer and its relationship to pregnancy, to delivery and to marital and social status. *Surg. Gyn. Obst.* 71:1 and 181, 1940.
117. LeSHAN, L., and REZNIKOFF, M.: A psychological factor apparently associated with neoplastic disease. *J. Abn. Soc. Psychol.* 60:439, 1960.
118. LeSHAN, L., and WORTHINGTON, R.: Loss of cathexes as a common psychodynamic characteristic of cancer patients. An attempt at statistical validation of a clinical hypothesis. *Psychol. Rep.* 2:183, 1956.
119. LeSHAN, L., and WORTHINGTON, R.: Some recurrent life history patterns observed in patients with malignant disease. *J. Nerv. Ment. Dis.* 124:460, 1956.
120. LeSHAN, L., and GASSMANN, M.: Some observations on psychotherapy with patients with neoplastic disease. *Am. J. Psychother.* 12:723, 1958.
121. PETSCHKE, H.: Psychosomatic factors and neoplasia. *Z. Psychosomat. Red.* 3:41, 1956.
122. LeSHAN, L., MARVIN, S., and LYERLY, O.: Some evidence of a relationship between Hodgkin's disease and intelligence. *A. M. A. Arch. Gen. Psychiat.* 1:477, 1959.
123. LESHAN, L.: Psychological states as factors in the development of malignant disease. A critical review. *J. Nat. Ca. Inst.* 22:1, 1959.
124. LECLOUX, J.: *Compte rendu Soc. Biol.* 91:1155, 1929.
LECLOUX, J.: *Compte rendu Soc. Biol.* 93:832, 1925.
LECLOUX, J.: *Cancer Bruxelles* 8:37, 1932.
125. BIERICH, R., and KALLE, K.: *Ztschr. f. Physiol. Chem.* 159:1, 1926.
126. FEINSTEIN, R. N., and STARE, F. J.: *Proc. Soc. Exp. Biol. and Med.* 45:525, 1940.
- 126 MAWSON, C. A.: *Bioch. J.* 31:1592, 1936.
127. HINGERTY, D.: *Bioch. J.* 66:429, 1957.
128. HALDEN, W., and PROKOP, L.: *Cholesterin, Ernährung, Gesundheit*. Munich, 1957.
129. WILLHEIM, R., REVICI, E., FLUSS, P., and AUBER, M.: Further experiments concerning the lytic power of blood serum against ascites tumor cells. *Exper. Med. and Surg.* 17:271, 1959.
130. VOELKEL, H.: Thesis, 1953.
131. SCHNITZLER, B.: *Münchener Medizinische Wochenschrift.* 99:81, 1957.
132. BERSOHN, I., and OELOFSE, P. J.: *Lancet* 272:1020, 1957.

- HALDEN, W., and PROKOP, L.: *Cholesterin, Ernährung, Gesundheit*. Munich, 1957.
133. PILLEMER, L., BLUM, L., LEPOW, I. H., ROSS, O. A., TODD, E. W., and WARDLAW, A. C.: *Science* 120:279, 1954.
 PILLEMER, L., and ROSS, O. D.: *Science* 121:732, 1955.
 PILLEMER, L.: *Ann. N. Y. Acad. Sc.* 66:233, 1956.
134. FLINK, E. B.: *J. A. M. A.* 160:1406, 1956.
135. HORDER, LORD, DODDS, and MORAN: *Bread*. London, 1954.
136. O'DELL, B. L., MORRIS, E. E., and HOGAN, A. G.: *J. of Nutrition* 63:65, 1957.
 DIEHL, J. C., and TROMP, S. W.: *Probleme der geographischen und geologischen Haufigkeitsverteilung der Kriebsterblichkeit*. Ulm, 1955.
 ANONYMOUS: *Lancet* 270:31, 1956.
 ANSELL, B. M., REIFFEL, L., STONE, C. A., and KARK, R. M.: *Lancet* 11:464, 1957.
 SPARGO, B.: *J. of the Laboratory and Clinical Medicine* 43:802, 1954.
 TROMP, S. W.: *Report of 5th Conference of the International Society of Geographical Pathology* 929, 1954.
 TROMP, S. W.: *British J. of Cancer* 8:585, 1954.
 TROMP, S. W., and DIEHL, J. C.: *British J. of Cancer* 9:349, 1955.
137. ROBINET, L.: *B. de l'Academie Nationale de Medecine* 103:440, 1930.
138. ROBINET, L.: *B. de l'Academie Nationale de Medecine* 111:501, 1934.
139. TROMP, S. W., and DIEHL, J. C.: *Experientia* 10:510, 1954.
140. HOARE, R., DELORY, G. E., and PENNER, D. W.: *Cancer* 9:721, 1956.
141. BEEBE, S. P.: The inorganic constituent of tumors. *Amer. J. Physiology* 12:167, 1904.
142. CLOWES, G. H., and FRISHE, W. S.: In the relationship between the rate of growth, age and K and Ca content of mouse tumor. *Amer. J. Physiology* 14:173, 1905.
143. SHEAR, M. J.: The role of Na, K, Ca, Mg in cancer. A review. *Amer. J. Cancer* 18:924, 1933.
144. SUNTZEFF, V., and CARRUTHERS, K.: K and Ca in epidermal carcinogenesis induced by methylcholanthrene. *J. Biol. Chem.* 153:-521, 1944.
145. CARRUTHERS, K., and SUNTZEFF, V.: Role of calcium in carcinogenesis. *Science* 99:245, 1944.
146. DE LONG, R. P., COMAN, D. R., and ZEIDMAN, I.: The significance of low calcium and high potassium content in neoplastic tissue. *Cancer* 3:718, 1950.
147. DUNHAM, C.: *A. M. A. Arch. Indust. Health* 13:451, 1956.
150. KEILIN, D., and HARTREE, E. F.: *Nature* 141:870, 1938.
151. COHEN, E., and ELVEHJEM, C. A.: *J. of Biological Chem.* 107:97, 1954.
152. SCHULTZE, M. O., and KUIKEN, K. A.: *J. of Biological Chem.* 137:-727, 1941.

154. BENNETS, H. W.: *Australian Veterinary J.* 8:137, 183, 1932.
155. BURLEY, R. W.: *Nature* 174:1019, 1954.
156. GALLAGHER, C. H., JUDAH, J. D., and RESS, K. R.: *Proc. Roy. Soc. B* 145:134, 1913.
157. BAXTER, J. H., and WYK, J. J. van: *B. of the Johns Hopkins Hospital* 93:1, 1953.
158. BERMAN, D. T., PHILIPPS, P. H., and BRANDLEY, C. A.: *J. of American Veterinary Medical Assn.* 121:46, 1952.
159. BARSHAD, L.: *Soil Science* 71:297, 1951.
160. MARSTON, H. R.: *Physiol. Rev.* 32:66, 1952.
161. ANONYMOUS: *J. of American Veterinary Medical Assn.* 109:288, 1946.
163. CASSIDY, J.: *The Agricultural Merchant.* December, 1952.
164. BINGOLD, K., STICK, W., and CRAMER, H.: *Z. für Krebsforschung* 57:653, 1951.
165. EULER, H. von, and SKARZINSKY, B.: *Biochemie der Tumoren.* Stuttgart, 1942.
166. PIRRIE, R.: *J. of Clinical Pathology* 5:190, 1952.
167. HEILMEYER, L., KEIDERLING, W., and STRUWE, W.: *Kupfer und Eisen als Kuppereigene Wirkstoffe und ihre Bedeutung beim Krankheitsgeschelen.* Iena, 1941.
168. CARTWRIGHT, J. E.: *Copper Metabolism* 274, 1950.
169. PEARSON, O. H., ELIEL, L. P., RAWSON, R. W., DOBRINER, K., and RHOADS, C. P.: *Cancer* 2:943, 1949.
170. SHARPLESS, G. R.: *Federation Proceedings* 5:239, 1946.
171. PEDRERO, E., and KOZELKA, F. L.: *Archives of Pathology* 52:447, 1951.
172. CLAYTON, C. C., KING, H. J., and SPAIN, J. D.: *Federation Proceedings* 12:190, 1953.
174. KRETSCHMER, A. E., and BEARDSLEY, D. W.: *Inorganic Nitrogen Metabolism.* Symposium, Baltimore, 445, 1956.
175. SCAFE, J. F.: *New Zealand J. of Science and Technology* 38A:285, 1956.
176. MASKE, H.: *Experientia* 11:122, 1955.
COHN, E. J., FERRY, J. D., LIVINGOOD, J. J., and BLANCHARD, H. M.: *Science* 90:183, 1939.
177. FERNER, H.: *Das Inselsystem des Pankreas.* Stuttgart, 1952.
178. OKAMOTO, K.: *Transactions of the Japanese Pathological Society* 32:99, 1942; 33:247, 1943.
179. OKAMOTO, K.: *Tohoku J. of Experimental Medicine* 61 Supplement 111, 1955.
GAEDE, K., FERNER, H., and KASTRUP, H.: *Klinsche Wochenschrift* 28:883, 1950.
SHAW-DUNN, J., SHEEHAN, H. L., and McLETCHIE, N. G. B.: *Lancet* 244:484, 1943.
180. STEWART, F. W.: *Texas Reports on Biology and Medicine* 10:239, 1952.
MAWSON, C. A., and FISHER, M. I.: *Canadian J. of Medical Science* 30:336, 1952.

181. STOCKS, P.: *35th Annual Report of the British Empire Cancer Campaign Supplement to Part II*, 1957.
VOISIN, A.: Soil, Grass and Cancer. *Phylosoph. Libr.* 1959.
182. REVICI, E.: *Compte Rendu Soc. Biology.* Bucharest, 1918.
183. MARTINEZ, A. B.: Influence of fundamental lipids upon pain. *Rev. Med. Pasteur* 15:24, 1942.
184. REVICI, E.: Considerations concerning the biology of the painful focus. *La Revue de L'Ifal.* 1:114, 1945.
TURNER, S.: Contributions concerning the biology of painful foci. *Il Policlinico* 53:1168, 1946.
STOOPEN, E.: Considerations about the pathogenesis of painful foci. *Rev. Med. Pasteur* 17:73, 1944.
STOOPEN, E.: Some new concepts of biology and therapy (based upon the work of Dr. E. Revici). *Rev. Med. Pasteur* 15:167, 1941.
185. WELT, B.: Head and neck pain: Role of biological imbalance in its pathogenesis and therapy. *A. M. A. Arch. Otolaryng.* 61:280, 1955.
186. WELT, B., and WELT, M.: Pathological pain. A ten-year report of a clinical approach based on a new physiopathological concept. *Mod. Probl. Ophthalm.* 648, 1957.
187. WELT, B.: n-Butanol, its use in control of postoperative pain in otorhinolaryngological surgery. *A. M. A. Arch. Otolaryng.* 52:549, 1950.
188. RAVICH, R. A., and RAVICH, A.: Clinical application in urological surgery of a new concept of the physico-chemistry of pathological lesions. *J. Urol.* 62:629, 1949.
189. SCHER, J.: Communication Trafalgar Hospital Pathological Conference, 1959.
190. WELT, B.: Vertigo: A therapeutic approach based on its physiopathological aspect. *A. M. A. Arch. Otolaryng.* 52:273, 1953.
191. WELT, B.: Vertigo: A further contribution to therapy based upon its physiological aspect. *A. M. A. Arch. of Otolaryng.* 63:25, 1956.
192. WELT, B.: Hearing impairment lecture at the Kings County Med. Soc. May 1959.
193. REVICI, E., RAVICH, R.: Anti-hemorrhagic action of n-butanol in advanced cancer. *Angiology* 4:510, 1953.
198. KIRBY, A. H. M.: Attempts to induce stomach tumors, 1. The effect of cholesterol heated to 300°C. *Cancer Research* 3:519, 1943.
ROFFO, A. H.: Accion cancerigena de los derivados fenantrenicos del colessterol. *Bol. Inst. de med. exper. para el estud. y trat. d. cancer* 15:837, 1938.
ROFFO, A. H.: Tumeurs malignes developpees dans l'appareil digestif par l'ingestion des graisses oxydees par chauffage. *Bull. Assoc. franc. p. l'etude du cancer* 28:556, 1939.
ROFFO, A. H.: Krebs erzeugende Wirkung des aus dem Cholesterin gewonnenen Phenanthren derivatives. *Ztschr. f. Krebsforsch.* 49:341, 1939.
ROFFO, A. H.: Pirölis del colessterol; alquitran cancerigeno del colessterol. *Bol. Inst. de med. exper. para el estud. y trat. d. cancer* 18:929, 1941.

- HIEGER, I.: Cholesterol as carcinogen. *Proc. Roy. Soc. (B)* 84:147, 1957.
- HIEGER, I., and ORR, S. F. D.: Cholesterol as a carcinogen. *Brit. J. Cancer* 8:274, 1954.
199. MARIANI, J.: The Liposides. II. A study of their physico-mathematical properties. *Inst. of App. Biol.* 1:62, 1954.
200. POWELL, C. F.: *Report of the International Physics Conference*. Copenhagen 3:17, 1952.
201. HARVEY, E. M.: *Plant Physiological Chemistry*. New York, 1930.
202. HOFFMANN, W. S.: Clinical physiology of potassium. *J. A. M. A.* 144:1157, 1950.
203. YOSIDA, T. H.: Origin of V-shaped chromosomes occurring in tumour cells. *Proc. Imp. Acad. Japan* 31:237, 1955.
- STEWART, H. L., and LORENZ, E.: Histopathology of induced pre-cancerous lesions of the small intestine of mice. *J. Nat. Cancer Inst.* 7:239, 1947.
- STRONG, L. C., COLLINS, V. J., and DURAND, E. A.: Genetic analysis of induction of various types of gastric lesions. *Cancer Research* 3:21, 1943.
- TSUNODA, T.: Uber die Histogenese des multiplen beginnenden Magenkrebses. *Ztschr. f. Krebsforsch.* 9:436, 1910.
- FIROR, W. M., and GEY, G. O.: Observations on the conversion of normal into malignant cells. *Ann. Surg.* 121:700, 1945.
- STEWART, H. L.: Experimental alimentary tract cancer. *The Pathio-pathology of Cancer*. Ed.: F. Homburger, W. Fishman, and H. Hoeber. Harper Books, New York, 1953.
- STEWART, H. L., and ANDERVONT, H. B.: Pathologic observations on the adenomatous lesion of the stomach in mice of strain 1. *Arch. Path.* 26:1009, 1938.
204. STEWART, H. L., HARE, W. V., LORENZ, E., and BENNETT, J. H.: The induction of adenocarcinoma and other lesions of glandular stomach in rats by intramural injection of 20-methylcholanthrene. (abstract) *Cancer Research* 9:618, 1949.
- STEWART, H. L., and LORENZ, E.: Induction of adenocarcinoma of the pyloric stomach in mice by methylcholanthrene. *J. Nat. Cancer Inst.* 2:193, 1941.
- LORENZ, E.: Preparation of emulsions and suspensions containing carcinogenic hydrocarbons. *J. Nat. Cancer Inst.* 10:355, 1949.
- BECK, S.: The effect of feeding carcinogenic hydrocarbons dissolved in aqueous soap solution on the stomach of CBA mice. *Brit. J. Exper. Path.* 27:155, 1946.
- STEWART, H. L., and LORENZ, E.: Morbid anatomy, histopathology and histopathogenesis of forestomach carcinoma in mice fed carcinogenic hydrocarbons in oil emulsions. *J. Nat. Cancer Inst.* 10:147, 1949.
205. FREMONT-SMITH, M., GRAHAM, R. M., and MEIGS, J. V.: Early diagnosis of cancer by study of exfoliated cells. *J. A. M. A.* 138:469, 1948.

- GRAHAM, R. M., and MCGRAW, J.: Investigation of "false-positive" vaginal smears. *Surg. Gynec. & Obstet.* 90:221, 1950.
- GRAHAM, R. M., STURGIS, S. H., and MCGRAW, J.: A comparison of the accuracy in diagnosis of the vaginal smear and the biopsy in carcinoma of the cervix. *Am. J. Obstet. & Gynec.* 55:303, 1948.
- PIND, E. R., and HUERBACH, S. H.: Preinvasive carcinoma of cervix uterin. *J. A. M. A.* 131:960, 1946.
- KAPIER, S. J.: Diagnosis of preinvasive carcinoma of the cervix. *Surg. Gynec. & Obst.* 89:405, 1949.
- DANIELS, E. A.: Precancerous lesions of the rectum and sigmoid. *Internat. Clin.* 2:140, 1939.
- MALORY, T. B.: Carcinoma in situ of the stomach and its bearing as the histogenesis of malignant ulcers. *Arch. Path.* 30:348, 1940.
- FENNELL, R. H., and CASTLEMAN, B.: Carcinoma in situ. *New Engl. J. Med.* 252:985, 1955.
206. SAPHIR, O.: Cytological diagnosis of cancer from pleural and peritoneal fluids. *A. M. J. Clin. Path.* 19:309, 1949.
207. PAPANICOLAU, G. N., and TRAUT, H. F.: *Diagnosis of Uterine Cancer by the Vaginal Smear.* New York, Commonwealth Fund, 1943.
- PAPANICOLAU, G. N., FRANT, H. F., and MARCHETTU, A. A.: *Epithelia of Woman's Reproductive Organs: A correlative study of cyclic changes.* New York, Commonwealth Fund, 1948.
- PAPANICOLAU, G. N.: A new procedure for staining vaginal smears. *Science* 95:438, 1942. Staff of Vincent Memorial Laboratory. *The Cytologic Diagnosis of Cancer.* Philadelphia, W. B. Saunders Co., 1950.
208. GUSBERG, S. B.: Detection of early carcinoma of the cervix. The Coning biopsy. *Am. J. Obst. & Gynec.* 57:752, 1949.
- OXOM, H.: Cervical cytology. Key to diagnosis of early uterine cancer. *Surg. Gynec. and Obstet.* 87:197, 1948.
- FOOTE, F. W., and LI, K.: Smear diagnosis of in situ carcinoma of the cervix. *Am. J. Obstet. & Gynec.* 56:335, 1948.
- KOLLER, P. C.: Cytological variability in human carcinomatosis. *Ann. N. Y. Acad. Sci.* 63:793, 1956.
209. PITTS, R. F., LOTSPEICH, W. D., SCHIESS, W. A., and AYER, J. L.: The renal regulation of acid-base balance in man. I. The nature of the mechanisms for acidifying the urine. *J. Clin. Invest.* 27:48, 1948.
210. BODANSKY, M.: *Introduction to Physiological Chemistry.* 4th ed. New York. John Wiley and Sons, p. 260, 1938.
211. FITZ, R. and VAN SLYKE, D. D.: Studies on acidosis. IV. The relationship between alkaline reserve and acid excretion. *J. Biol. Chem.* 30:389, 1917.
212. GAMBLE, J. L.: *Chemical Anatomy, Physiology and Pathology of Extracellular Fluid.* Cambridge, Harvard Univ. Press, 1949.
- GERSHENFELD, L.: *Urine and Urinalysis.* Romaine Pierson Publ. Co., New York, p. 48, 1948.

- SELLARDS, A. W.: *The Principles of Acidosis and Clinical Methods for its Study*. Cambridge, Harvard Univ. Press, 1919.
- REVICI, E., HUESCA-MEJIA, C., and RAVICH, R. A.: Correlation between pH of urine and blood titrimetric alkalinity. *Bull. Inst. Appl. Biol.* 1:39, 1949.
214. RASCHIG, F.: *Berichte* 48, 2088.
215. du NOUY, P. L.: Surface equilibria of biological and organic colloids. *Am. Chem. Soc. Monograph No. 27*, New York, 1926.
- du NOUY, P. L.: *J. Gen. Physiol.* 1:52, 1919.
216. ANDREAS, J. M., HAUSER, E. A., and TUCKER, W. B.: Boundary tension by pendant drops. *J. Phys. Chem.* 42:1001, 1938.
- SMITH, G. W., and SORG, L. L.: Measurement of boundary tension by the pendant drop method. *Phys. Chem.* 45:671, 1941.
217. FEIGL, F.: *Z. Analyt. Chem.* 74:369, 1928.
218. BIER, M., and TEITELBAUM, P.: A new method for the determination of sulfhydryl levels and their variations in the blood of rats. Presented at the 126th Meeting, Am. Chem. Soc., New York, 1954.
219. RAVICH, R. A., and RAVICH, A.: Study of the urinary surface tension and protective colloids in urolithiasis: use of the Revici urotensiometer. *J. Urol.* 72:1050, 1954.
220. REVICI, E.: Oxybiotic imbalances in biology. Role of lipids. *Monaco-Mediterranee Med.* 8:1, 1941 (extra supplement).
- STOOPEN, E.: Action of fundamental lipids upon the reduction index of urine. *Rev. Med. Pasteur* 15:22, 1942.
- OROZCO, C. F.: Relationship of the reduction index and other urine findings. *Rev. Med. Pasteur* 15:27, 1942.
221. REVICI, E., and LA BURT, H. A.: Observations on a new approach to the biological aspect of mental diseases. Abstract in *13th Ann. Report*, Creedmoor State Hosp., 1948.
222. OROZCO, C. F.: The Revici reaction. Thesis, Univ. of Guadalajara, Mexico, 1943.
- THEILER, R.: Concerning the Revici reaction in the urine. Thesis, Faculty of Medicine of Paris, 1940.
223. REVICI, E., HUESCA-MEJIA, C., and RAVICH, R. A.: The measurement of the pH of experimentally produced wounds as a method for the study of abnormal foci. *Bull. Inst. Appl. Biol.* 1:73, 1949.
- REVICI, E.: The influence of irradiation upon unsaturated fatty acids. Presented at 6th International Congress of Radiology, London, July, 1950.
- MAC INNES, D. A., and DOLE, M.: Tests of a new type of glass electrode. *J. Ind. & Eng. Chem., Anal. Ed.* 1:57, 1929.
224. DUSSER de BARENNE, J. G., McCULLOUGH, W. S., and NIMS, L. F.: Functional activity and pH of the cerebral cortex. *J. Cell. and Comp. Physiol.* 10:277, 1937.
225. BLANK, I. H.: Measurement of pH of the skin surface, I. Technique. *J. Invest. Derm.* 2:67, 1939.

226. BLOOR, W. R.: *Biochemistry of the fatty acids*. Reinhold Publ. Co., New York, 1943.
227. MARIANI, J.: The Liposides: II. A study of their physico-mathematical properties. *Bull. Inst. Appl. Biol.* 1:62, 1949.
228. FREY-WYSSLING, A.: *Submicroscopic Morphology of Protoplasm*. Elsevier Co., New York, p. 206, 1953.
230. KARRER, P.: *Organic Chem.* Elsevier Co., New York, 1947.
231. TASKIER, E. F., REVICI, E., and WILLHEIM, R.: Measure of adrenal defense against various fatty acids. 136th Meeting, Am. Chem. Soc., Sept., 1959.
232. OPPENHEIMER, C.: *Chemische Grundlage der Lebensvorgange*. Leipzig, 1933.
- OPPENHEIMER, C.: *Handbuch Biochemie*. Egan Zungwerk, Iona, 1933.
- THOMAS, P.: *Manuel de Biochimie Masson*. Paris, Chapter XXX, 1936.
233. QUICK, A. J.: *J. Biol. Chem.* 96, 1952.
235. QUICK, A. J.: *J. Biol. Chem.* 97, 1932.
- QUICK, A. J.: *J. Biol. Chem.* 98, 1932.
237. REVICI, E., and RAVICH, R.: Surface tension of urine in old age. *Geriatrics* 9:386, 1954.
238. EBSTEIN, W.: *Die Natur und Behandlung der Harnsteine*. J. F. Bergmann, Wiesbaden, 1884.
239. JULY, J. S.: *Stone and Calculous Disease of the Urinary Organs*. C. V. Mosby, St. Louis, 1929.
240. BUTT, A. J.: Role of protective colloids in prevention of renal lithiasis. *J. Urol.* 67:450, 1952.
241. BUTT, A. J., HAUSER, E. A., and SEIFTER, J.: Effect of hyaluronidase on urine and its possible significance in renal lithiasis. *J. A. M. A.* 150:1096, 1952.
242. BUTT, A. J., HAUSER, E. A., and SEIFTER, J.: Renal lithiasis: its treatment and prevention by increasing urinary colloids with hyaluronidase. *Georgia J. M. A.* 41:185, 1952.
243. REVICI, E.: Some general considerations of the role of lipids in blood physiology. Presented at the Gordon Research Conference, Kimball Academy, Meriden, New Hampshire, June, 1955.
244. REVICI, E.: Studies on paroxysmal hemoglobinuria. *Rev. Med. Pasteur* 15:12, 1942.
245. PILLEMER, L., BLUM, L., LEPOW, I. H., ROSS, O. A., TODD, E. W., and WARDLAW, A. C.: The properdin system and immunity I. *Science* 120:279, 1954.
- PILLEMER, L., BLUM, L., LEPOW, I. H., ROSS, O. A., TODD, E. W., and WARDLAW, A. C.: The properdin system and immunity II. *Science* 122:545, 1955.
- WILLHEIM, R., IVY, A. C., and JANECEK, H. M.: Cytolysis of Ehrlich ascites carcinoma cells by normal human blood sera. *J. Exper. Med. Surg.* 15:300, 1957.
246. WILLHEIM, R.: Lytic influence of serum on cancer cells. 7th Intern. Cancer Congress. London, 1958.
247. WILLHEIM, R., REVICI, E., and AUBER, M.: Further experiments concerning the lytic power of blood serum against ascites tumor cells. *Fed. Proc.* 18, No. 2374, 1959.

248. WILLHEIM, R., O'MALLEY, B., and FLUSS, P.: Chemistry of carcinolysis. 138th Meeting A. C. S., September, 1960.
250. ELKINTON, J. R., WINKLER, A. W., and DANOWSKI, T. S.: Transfer of cell sodium and potassium in experimental and clinical conditions. *J. Clin. Invest.* 27:74, 1948.
251. WINKLER, A. W., and SMITH, P. K.: Renal excretion of potassium salts. *Am. J. Physiol.* 138:94, 1942.
252. HOWARD, J. E.: The role of potassium in medical therapy. *Conn. Med. J.* 14:596, 1950.
253. DANOWSKI, T. S., PETERS, J. H., QUASHNOCK, J. M., and GREENMAN, L.: Studies in diabetic acidosis and coma, with particular emphasis on the retention of administered potassium. *J. Clin. Invest.* 28:1, 1949.
254. MOORE, F. D.: Adaptation of supportive treatment to needs of the surgical patient. *J. A. M. A.* 141:646, 1949.
255. FENN, W. O.: The role of potassium in physiological processes. *Phys. Rev.* 20:377, 1940.
256. ELKINTON, J. R., and WINKLER, A. W.: Transfer of intracellular potassium in experimental dehydration. *J. Clin. Invest.* 23:93, 1944.
257. RANDALL, H. T., HABIF, D. V., LOCKWOOD, J. S., and WERNER, S. C.: Potassium deficiency in surgical patients. *Surg.* 26:341, 1949.
258. GASS, H., CHERKASKY, M., and SAVITSKY, N.: Potassium and periodic paralysis. A metabolic study and physiological considerations. *Medicine* 27:105, 1948.
259. MERRILL, J. P., LEVINE, W. D., SOMERVILLE, W., and SMITH, S. 3rd: Clinical recognition and treatment of acute potassium intoxication. *Am. Int. Med.* 33:797, 1950.
260. FINCH, C. A., SAWYER, C. G., and GLYN, J. M.: Clinical syndrome of potassium intoxication. *Am. J. Med.* 1:337, 1946.
261. MC NAUGHTON, R. A., and BURCHELL, H. B.: Paralysis with potassium intoxication in renal insufficiency. *J. A. M. A.* 195:481, 1951.
262. WINKLER, A. W., HOFF, H. E., and SMITH, P. K.: Electrocardiographic changes and concentration of potassium in serum following injection of potassium chloride. *Am. J. Physiol.* 124:478, 1938.
263. TARAİL, R.: Relationship of abnormalities in concentration of serum potassium to electrocardiographic disturbances. *Am. J. Med.* 5:828, 1948.
265. SHOHL, A. R.: *Mineral Metabolism*. Reinhold Publ. Co., New York. p. 35 and 121, 1939.
266. WURTZ'S *Chem. Dic.*
267. ANDRE, A.: *J. Chem. Physiology* 15:242, 1925.
268. HENRIET, H.: Sur l'acide formique atmospherique. *C. R. Ac. Sc.* 136:-1465, 1903.
269. LOEW, W.: *Ber Dtsch. chem. Grs.* 46:687, 1913.
270. MILLER, S. L.: Production of amino acids under possible primitive earth conditions. *Science* 117:528, 1953.
271. MILLER, S. L.: *J. Am. Chem. Soc.* 77:2351, 1955.
272. ABELSON, P. H.: Amino acid formed in "primitive atmosphere." *Science* 124:935, 1956.

273. MILLER, S. L.: The mechanism of synthesis of amino acids by electric discharges. *Bioch. Biophys. Acta* 23:480, 1957.
274. MILLER, S. L.: The formation of organic compounds on the primitive earth. *Ann. N. Y. Acad. Sci.* 69:260, 1957.
275. GROTH, W., and WEYSSENHOFF, H. V.: Photochemical formation of amino acids from mixture of simple gases. *Naturwiss* 44:510, 1952. (Ch. Ab. 5140)
276. HEYNS, K., WALTER, W., and MEYER, .: Experiments on the formation of organic compounds by electric discharges in atmospheres of simple gases. *Naturwiss* 44:385, 1957. (Ch. Ab. 52, 5140)
277. DOSE, K., and RAJEWSKY, B.: Strahlenchemische Bildung von Amininen und Aminocarbonsauren. *Bioch. Biophys. Acta* 25:225, 1957.
278. OPARIN, J.: *Origin of Life*. Acad. Press, 1958.
279. PAVLOSKAYA, T. E., and PASSYNSKY, A. G.: Amino acid formation when exposing formaldehyde and ammonium salt solutions to ultraviolet irradiations. IV Cong. Int. Bioch. 12, Vienna, 1958.
280. GARRISON, N. M., MORRISON, D. C., HAMILTON, J. G., BRUSON, A. A., and CALVIN, M.: Reduction of carbon dioxide in aqueous solution by ionizing radiations. *Science* 114:416, 1951.
281. MILLER, S. L., and UREY, N. C.: Organic compound synthesis on the primitive earth. *Science* 130:245, 1959.
282. GROTH, N., and WEYSSENHOFF, H. V.: Photochemische Bildung organischer Verbindungen aus Mischungen einfacher gase.
283. HASSELFROM, T., HENRY, M. C., and MURR, B.: Synthesis of amino acids by I-radiation. *Science* 125:350, 1957.
284. PASCHKE, R., CHANG, R., and YOUNG, D.: Probable role of gamma irradiation in the origin of life. *Science* 125:881, 1957.
285. FOX, S. W.: Origin of life. *Science* 130:1622, 1959.
286. FOX, S. N., HARADA, K., and VEGOTSKY, A.: Thermal polymerization of amino acids and a theory of biochemical origins. *Experimentia* 15:81, 1959.
287. GRUNDLAND, L.: Origines de la vie. *Experimentia* 15:239, 1959.
289. HART, R. G., and SMITH, J. D.: Interactions of ribonucleotide polymers with tobacco mosaic virus protein to form virus-like particles. *Nature* 178:739, 1956.
289. FRAENKEL-CONRAT, H.: The role of nucleic acid in the reconstitution of active tobacco mosaic virus. *J. Amer. Chem. Soc.* 78:882, 1956.
- GIERER, A.: Structure and biological function of ribonucleic acid from tobacco mosaic virus. *Nature* 179:297, 1957.
- GIERER, A., and SCHRAMM, G.: Infectivity of ribonucleic acid from tobacco mosaic virus. *Nature* 177:702, 1956.
- GINOZA, W., and NORMAL, A.: Radiosensitive molecular weight of tobacco mosaic virus nucleic acid. *Nature* 179:52, 1957.
- ANONYMOUS: Viruses made to order. *Brit. Med. J.* No. 5015:390, 1957.
290. ARMITAGE, P., and DOLL, R.: The age distribution of cancer and a multi-stage theory of carcinogenesis. *Brit. J. Cancer* 8:1, 1954.
- ARMITAGE, P., and DOLL, R.: A two-stage theory of carcinogenesis in relation to the age distribution of human cancer. *Brit. J. Cancer* 11:161, 1957.

291. BEDGER, G. M.: Chemical constitution and carcinogenic activity. *Advanc. Cancer Res.* 2:73, 1954.
- BARNES, A. D., and KROHN, P. L.: The estimation of the number of histocompatibility genes controlling the successful transplantation of normal skin in mice. *Proc. Roy. Soc. B.* 146:505, 1957.
293. BAWDEN, F. C., and PIRIE, N. W.: Physiology of virus diseases. *Ann. Rev. Pl. Physiol.* 3:171, 1952.
- ECKERT, E. A., SHARP, D. G., BEARD, D., and BEARD, J. W.: Variation in infectivity and virus-particle content. *J. Nat. Cancer Inst.* 13:533, 1952.
- BEARD, J. W., SHARP, D. G., and ECKERT, E. A.: Tumor viruses. *Advanc. Virus Res.* 3:149, 1955.
294. BENEDETTI, E. L., and BERNHARD, W.: Presence de particules d'aspect viral dans la rate d'embryons de poulets normaux. *C. R. Ac. Sc.* 244:2204, 1957.
295. BERENBLUM, I.: A speculative review: the probable nature of promoting action. *Cancer Res.* 14:471, 1954.
- BERENBLUM, I.: Circumstantial evidence pointing to differences between cancers in terms of etiologic factors. *Cancer Res.* 16:675, 1956.
296. BERRILL, N. J.: Malignancy in relation to organization and differentiation. *Physiol. Rev.* 23:101, 1943.
297. BROWNING, H.: The action of tumors on normal tissue. *Cancer Res.* 12:13, 1952.
298. CAIRNS, H. J. F., and WATSON, G. S.: Multiplicity reactivation of bacteriophages. *Nature* 177:131, 1956.
299. CARR, J. G.: The mode of multiplication of the Rous no. 1 sarcoma virus. *Proc. Roy. Soc. Edinb.* 65:66, 1953.
300. COMFORT, A.: *The Biology of Senescence*. London, 1954.
301. CRICK, F. H. C., and WATSON, J. D.: Structure of small viruses. *Nature* 177:473, 1956.
302. DALE, R. C.: Cellular adhesiveness in relation to the invasiveness of cancer. *Cancer Res.* 14:519, 1954.
303. FEDOTOV, M.: Russian work on chemical induction. *Nature* 158:367, 1949.
304. FORD, E. B.: Genetics and cancer. *Heredity* 3:251, 1949.
305. GARDNER, W. V.: Studies on steroid hormones in experimental cancer. *Rec. Progr. Hormone Res.* 1:217, 1947.
306. GREENSTEIN, J. P.: *Biochemistry of Cancer*. New York, 1954.
307. HAUSCHKA, T. S.: Immunologic aspects of cancer: a review. *Cancer Res.* 12:615, 1952.
308. KALISS, N., and MOLOMUT, N.: The effect of prior injections of tissue antisera. *Cancer Res.* 12:110, 1952.
309. LEVAN, A.: Chromosomes in cancer tissue. *Ann. N. Y. Acad. Sci.* 63:774, 1956.
310. LURIA, S. E.: Mechanism of bacteriophage reproduction. *Fed. Proc.* 10:582, 1951.

311. MENKIN, V.: Biology of inflammation. *Science* 123:527, 1956.
 MENKIN, V.: Studies on the possible induction of precancerous lesions by a fraction derived from inflammatory exudates. *Proc. Amer. Assn. Cancer Res.* 2:2, 1956.
 MENKIN, V.: *Biological Mechanisms in Inflammation*. Thomas, Springfield, Chapt. 8, 1956.
 MENKIN, V.: Growth-promoting factor of exudates and pre-neoplastic responses. *Proc. Amer. Assn. Cancer Res.* 2:3, 1957.
312. RUBIN, H.: Quantitative relations between causative virus and cell in the Rous no. 1 chicken sarcoma. *Virology* 1:445, 1955.
 RUBIN, H.: Immunological relationships between virus and cell in the Rous sarcoma. *Ann. N. Y. Acad. Sci.* 69:4, 1957.
313. STACEY, M.: Chemistry of the gram-staining process. *Nature* 176:1145, 1955.
314. TANNENBAUM, A.: The dependence of tumor formation on the degree of caloric restriction. *Cancer Res.* 5:609, 1945.
315. SOUTHAM, C. M., MOORE, A. E., and RHOADS, C. P.: Homotransplantation of human cell-lines. *Science* 125:158, 1957.
316. DOMAGK, G.: Histologische Veränderungen an experimentellen und menschlichen Tumoren nach Darreichung von Zytostatika. *Deut. Med. Woch.* 21:81, 1956.
317. HALBERG, F.: Some physiological and chemical aspects of 24 hrs. periodicity. *Lancet* 73:20, 1953.
318. WERTLAKE, P. T., WILCOX, A. A., HALEY, M. I., and PETERSON, J. E.: Variation on serum lipids during mental and emotional stress. *Am. Heart Assoc. Mtng.* Oct., 1958.
319. AYLWARD, F.: Excretion of cholesterol. *Lancet.* October, 1958.
320. KINSELL, L. W., MICHAEL, G. D., FRISKEY, R. W., and SPLITTER, S.: Essential fatty acids, lipid metabolism and atherosclerosis. *Lancet.* Feb., 1958.
321. MOLMROS, H., and WIGAND, G.: Atherosclerosis and deficiency of essential fatty acids. *Lancet.* Nov. 7, 1959.
322. AHRENS, E. H., INSULL, W., HIRSCH, J., STOFFEL, W., PETERSON, M., FARQUHAR, J., MILLER, T., and THOMASSON, H.: The effect on human serum lipids of a dietary fat, highly unsaturated but poor in essential fatty acids. *Lancet.* Jan. 17, 1959.
323. NOTHMAN, M., and PROGER, S.: On the effect of arachidonic acid on serum lipids in man. *Fed. Proc.* 19:Part 1, 1960.
324. RAVICH, A., and RAVICH, A. R.: Prophylaxis of cancer of the prostate, penis, and cervix by circumcision. *N. Y. State J. of Med.* 51:1519, 1951.
 RAVICH, A.: *J. Urol.* 48:298, 1942.
325. BARON, E., and ANGRIST, A.: *Arch. Path.* 32:787, 1941.
326. REVICI, E.: The role of biological imbalances in physiopathology and therapy. *Rev. Med. Pasteur*, 15:133, 1942.
327. GOLDMAN, L. B.: Use of lipids to enhance the effect of roentgen therapy in the treatment of pain from advanced cancer. *Presented before Amer. Medical Association, Section of Radiology, Atlantic City*, June 14, 1951.

INDEX

- ABNORMAL** amino acids, 41, 170, 155
— fatty acids, 132
— — — and conjugation, 129, 133, 238, 679, 695
— — — method of investigation, 134, 622, 626, 627
— — — pharmacology, 319
— — — and radiation sickness, 319
— — — and rancidity, 128, 133
— — — and shock, 227, 229, 319
— — — treatment of cancer with, 501
Abnormal fixation, 60, 230, 312, 710
— growth in cancer, 40
Acceptance of transplants, 209
Accumulation of fluid and heptanol, 383, 721
Acetic acid, 121
Acetylsalicylic acid, 604
Acid-base balance, blood, 555
— patterns in burns, 50, 426
— in dyspnea, 61, 79
— in impaired hearing, 61, 75, 431
— in itching, 61, 64, 435
— in manic-depressive states, 61
— in pain, 46, 421, 532, 561
— in trauma, 50, 426
— in urine, 90
— in vertigo, 67, 428
— in wounds, 50
Acid-base tissue abnormality, 55, 420
Acidifying agents, 52, 64, 69, 75, 80
Acid hydrolytic fraction, 192
Acid lipidic fractions, 317
— — — in cancer therapy, 468
— — — and pain, 422
— — — and S.d.c. pH, 601
— — — of tubercle bacilli, 193, 205, 208
— — — in tumor transplants, 653, 716
Acid and alkaline patterns of dyspnea, 79
— — — — in impaired hearing, 75, 431
— — — — in itching, 61, 64, 435
— — — — in pain, 47, 421, 561
— — — — in tumors, 101
— — — — symptoms, 46, 61, 79, 102, 420
— — — — in vertigo, 69, 428
Acrolein, 330
ACTH and allopregnane, 633
— and potassium, 398
Actinium series, 106
Active cellular growth and potassium, 396
— lesion in hearing impairment, 431
Acute mastitis, form of cancer, 215
Acute shock, see Shock
Adaptation, 221
Adenomatous character of tumors, 716
— prostate and zinc, 401
Adipous cells and lipids, 160
— — and sulfur mustard, 346, 347, 645
Adrenalectomy and abnormal fatty acids, 319
— and defense, 640
— and magnesium salt, 712
— and oxalic index, 248
— and radiation, 257
— and sodium chloride, 712
Adrenalin in shock, 234
Adrenals and arachidonic acid, 316, 373
— defense index, 325, 368, 374, 638
— fatty acids and unsaponifiable fractions, 371
— in liver regeneration, 162, 658
— and lymphatic system, 309
— and magnesium, 355
— and psychic states, 309
— and radiation, 257
Advanced cancer and shock, 420
Affinity of antigens, 189
— of diphtheria toxin, 199
Agents, antihemorrhagic, 441
— hemorrhagiparous, 439
— in therapy, 416, 533
Agglutination, 179, 190, 673
Aggregates and antibodies, 179
Aging and lipids, 82, 150, 452, 454
— and mercaptans, 330, 332
— and tetrahymena, 656
Agitation, 76
Akariton fat, 700
Alcohols, 121, 375, 390, 424, 426, 441, 458, 493, 533, 601, 680, 718, 719, 720, 721, 723, 725

- Alcohols and blood clot retractibility, 384
 Aliphatic chain flexibility, 137, 633
 Alkaline amino acids, 546
 ——— and eosinophiles, 569
 ——— in organization, 21
 — hydrolytic fraction, 192
 Alkaline pattern and trauma, 423
 ——— wounds, 50, 423, 597
 Alkalizing agents, 53
 Alkaloids, 604
 Alkylating agents, 345
 Allergy, 180, 193, 195, 210, 215, 267, 673
 Allergic antibodies in defense, 191
 ——— and cancer, 215
 — conditions, 451
 — defense, 180, 215
 — incubation, 180
 — precipitates, 193
 — reaction as test in cancer, 267
 — 7th day manifestations, 210, 725
 — skin, 673
 Allopregnane, 144
 — and arachidonic acid, 631
 Allotropic resonance forms, 302
 Allyl alcohol, 389
 — K xanthate, quenching effect, 709
 — mercaptan, 332
 Alpha hydroxy fatty acids, 639, 710
 ——— and microbes, 375
 ——— and tumors, 326, 509, 710
 Alpha-thio fatty acids, 338
 Alpha tocopherol, 410
 Alternate oxidation of fatty acids, 131
 Alternate polarity, 272
 ——— in fatty acids, 131, 627
 ——— and twin formation, 270, 627
 Aluminum, 403
 Amino acids, 41, 155, 169, 391, 549, 551
 ——— dextrorotatory, 551
 Aminofluorene, 274
 Aminophyllin, 604
 4-aminostilbene derivatives, 275
 Amino sugars, 145, 435, 438, 638
 Ammonioselic, 596
 Ammonium, 107, 395, 398
 — chloride, 54, 403
 — molybdate, 399
 — monophosphate, 434
 — and S.d.c. pH, 600
 Amylase, 172
 n-Amyl alcohol, 122
 Amyl mercaptan, 332
 Anabolic processes and oxygen, 407
 Analyses, see specific substances and conditions
 — see fatty acids
 Analytical dualism, 86
 — patterns, 90
 Anaphylatic shock, 181
 Androsterone, 141
 Anesthetics, index of repartition, 125
 Angina pain and procaine, 392
 Animals, place in organization, 30
 Anions in S.d.c. pH, 599
 Anoxybiosis, 95
 Antagonism agents, see pharmacodynamic activity
 — between elements, 104-107
 ——— fatty acids—antifatty acids, 148-165, 362
 ——— positive and negative lipoids, 362
 ——— patterns, 43-99
 Anthrax, 197
 Anti-acid role of eosinophiles, 567, 570
 Anti-anemic liver extract, 604
 Antibiotics of fungal origin, 604
 Antibodies, allergic, 179
 — in cancer, 212, 218
 — in infectious diseases, 195
 — lipido-proteic, 181
 — neutralizing proteic, 182
 Anti-diphtheria serum, 199
 Anti-fatty acids, 135, 148-165, 362
 ——— action of corticoids, 372
 ——— of elements, 394
 ——— of glycerol, 363
 ——— of glycerophosphoric acid, 368
 ——— of sterols, 369
 ——— and cardiac rhythm, 164
 ——— and complex organisms, 158
 ——— and convulsions, 163
 ——— and intestines kidney, 162
 ——— in microbes, 157
 ——— in oestral cycle, 164
 ——— in pain, 160
 ——— pharmacology, 362
 ——— in protozoa, 158
 ——— regeneration, 161
 ——— systemic patterns temperature, 165
 ——— and viruses, 154, 296
 ——— and wound healing, 161
 Antigen antibody complex, 179
 Antigens, affinity, 189
 Antihemorrhagic agents, 441, 448
 Antiheterogeneous reaction, 177, 188
 Antioxidants, 409
 Antipneumococcic immune sera, 198
 Antipyretics, 604
 Antirabies serum, 203
 Antithrombocytic agent, 355
 Antitryptic power in serum, 674
 Antityphoid serum, 201

- Anuria, 427
 Arachidonic acid and adrenals, 316, 373
 — — and allopregnane, 631
 — — and blood red cells, 316
 — — and corticoids, 139
 — — as essential fatty acid, 621
 — — and quenching of fluorescence, 697
 — — and S.d.c. pH, 601
 — — and smallpox virus, 316
 — — and sterols, 316, 631
 Arginine, 169
 — and eosinophiles, 569
 — in organization, 18
 Arneth's formula and lipids, 668
 Arsenic and bac. anthracis, 402
 — as carcinogen, 300
 — cocarcinogen, 403
 Arteriosclerosis, 452
 — and alcohols, 452
 — atheroma, 454
 — cholesterol, 453, 669
 — and organization, 452
 — therapeutic attempts, 457
 Arthritis, 435
 Ascites tumors, see specific agents
 — — and epichlorohydrin, 348
 — — and lysis, 691
 — — and role of lipids, 694
 Ascorbic acid, 145, 604
 Aspartic acid, 169
 Atheromas, 454
 — and sodium, 395
 Atom, electrostatic forces, 5
 — in organization, 3
 — quantum forces, 4
 Atonic wounds and oxygen, 406
 Atropine, 604
 Autolysis of organs and glycerol, 364
 Autolysis of placenta, 462
 Automatism in heart cells, 660
 — and lipids, 661

 BAC. anthracis and arsenic, 402
 — — and lipids, 157, 369
 Bacteriophages, see phages
 Bacteriostatic effect of glycerol, 364
 Barbiturates, 604
 Barium, 105, 361, 600
 Barometric influences, 653
 Basophiles, heparin, 569
 Basophilic cytoplasm, 82
 Benzanthracene and quenching of fluorescence, 696
 Benzedrine, 604
 Benzene resonance forms, 8
 Benzpyrene, 696
 Berry-Dietrich phenomenon, 294

 Beryllium, 354
 Beta globulins, 181
 Beta mercaptopropanoic acid, 339
 Beta oxidation, 128, 131, 616, 618
 — — in rancidity, 128
 Beta radiation, 241
 Bicarbonate ion and S.d.c. pH, 600
 Biological factors and S.d.c. pH, 608
 — properties of lipids, 125
 — realm, 17
 — — boundary formation, 23
 Biologically guided chemotherapy, 526
 — — radiotherapy, 262
 — — therapy, 414
 Bismuth, 105, 402, 600
 Bivalent negative selenium, 342
 — — sulfur, 340
 Bixine, 205
 — and connective cells, 324
 — and convulsions, 324
 — and lipid distribution, 694
 — and treatment, 473, 534
 — and tumors, 325
 Blood acid-base balance, 46, 555
 — analyses, 317
 — butanol mixture, 449
 — C reactive proteins, 86
 — chlorides, 532
 — cholesterol, 355, 452
 — clot retractibility, 384
 — dualistic changes, 86
 — elements, 107, 351, 394
 — eosinophiles, see eosinophiles
 — leucocytes, 86, 532, 668
 — lipids, 662, 667
 — — in shock, 667
 — pH, 46, 555
 — potassium, 49, 86, 532, 571
 — as proper level, 350
 — red cells, see red cells
 — and urinary pH, 46, 555
 Bloor's definition of lipids, 114
 Body acid-base balance, 46
 Bohr's theory, 3
 Bonds of chloride ions, 403, 622
 — — glucuronic and sulfuric acid, 641, 643
 Bone fractures and molybdenum, 399
 Borderline substances, 119
 Boric acid, 105
 Boron, 403
 Botulism, 197
 Bond to fatty acids, chlorides, 143, 403, 622
 — — — — glycerol, 135, 364
 — — — — glycerophosphoric acid, 137, 368

- Bond to fatty acids, unsaponifiable fractions, 371
 ————— sterols, 136, 369
 Boundary formations, 126
 — in biological realm, 23
 Bradycardia, 83, 166
 Brain and sterols, 369
 Breast carcinoma, inflammatory form, 215
 Broad scale viruses, 292
 Bromine, 104
 Broth injections, pleural, 174
 Brucellosis and copper, 359
 "Bulkhead's disease," 551
 Bullet wounds and shock, 226
 Burns and acid-base balance, 50
 — anuria, 427
 — butanol-sodium lactate, 380, 427, 720, 723
 — radiation, 252, 427
 Butanedine, 622
 Butanol and anuria, 427
 — and arteriosclerosis, 458
 — and burns, 426
 — in cancer therapy, 493
 — glycerophosphoric acid, 380
 — and growth, 379
 — and hemorrhage, 441
 — and induced wounds, 379
 — and itching, 432
 — and leucocytes, 379, 719
 — mixed with blood, 449
 — narcotizing dose, 719
 — and pain, 380, 422, 723
 — and plastic surgery, 443, 725
 — in postoperative care, 422, 426, 723
 — quenching effect of, 709
 — and radiation burns, 380
 — and schizophrenia, 718
 — S.d.c. pH, 602
 — and shock, 234, 380
 — sodium benzoate, 720
 — sodium lactate, 380, 427, 720, 723
 — subnarcotizing dose, 719
 — therapy, 721, 722
 — toxicity, 378, 718
 — in trauma, 424, 723
 — tumors, 493
 — and tumors chlorides, 710
 Butter, unsaponifiable fractions, 37
 Butyl alcohols, see butanol
 Butylamide, 123
 Butylketone, 123
 Butyl-mercaptan, 332, 709
 Butyric acid, 121

 CACODYLATE ion and S.d.c. pH, 600

 Caffeine, 604
 Calciferol and calcium, 358
 Calcium in blood, 86
 — and calciferol, 358
 — and cancer, 356, 361, 395
 — and carcinogens, 357
 — and cellular membrane, 126
 — chloride, 403
 — and copper, 359
 — and dualism, 86, 102
 — elements, 356
 — excretion of, 166, 595
 — and fatty acids, 126, 358
 — and grass tetany, 355
 — index, 575, 595
 — induced changes, 357
 — and liver cell regeneration, 356
 — and patterns, 85
 — and phosphorus, 359
 — retention, 166, 359, 575, 595
 — and S.d.c. pH, 357, 600
 — and testosterone, 358
 — and zinc, 401
 Caloric metabolism of fatty acids, 129, 135, 363
 — — role of glycerol, 363
 Cancer, see also cancerous
 — see also tumors
 — abnormal growth in, 40
 — allergic reaction as test in, 267
 — allotropic resonance forms, 302
 — and calcium, 357, 359
 — and carbamic acid, 307
 — of the cervix and circumcision, 305
 — and chloride content, 312, 710, 716
 — circulating cells, 266
 — and copper, 111, 360
 — diagnostic tests, 265
 — and divorce, 308
 — dualism in physiopathology of, 99
 — evaluation of results, 417
 — and emotional relationship, 308, 309
 — and fatty acids, 312, 323, 326, 466, 473, 501, 533, 703, 710, 715
 — see also fatty acids
 — and genetics, 302, 307
 — as hierarchic condition, 38, 268
 — immunological problems, 212-220
 — induction, see carcinogenesis
 — in situ, 39, 40, 305, 550
 — invasive phase, 40, 305
 — and lipids, see specific lipids
 — and lipoids, see specific lipoids
 — and magnesium, 355
 — and marital status, 308
 — and mercaptan, 332, 477
 — non-invasive phase, 39

- Cancer as organized condition, 38
 — painful phase, 40
 — pathogenesis, 264
 — physiopathology dualism, 99
 — plurality of phases, 38, 40, 264
 — and potassium, 396
 — preterminal phase, 40
 — of prostate and circumcision, 305
 — of prostate and zinc, 401
 — psychological factors, 308, 310
 — radiation, 261, 262, 524, 683, 726
 — and smegma, 305
 — and sterols, 148, 168, 369-373, 466, 715
 — and sulfur, see specific agents
 — terminal phase of, 41
 — therapeutic approach to, see cancer therapy
 — and unsaponifiable fractions, 306, 372, 468
 — and urethane, 689
 — viruses, 290-301
 — and widows, 308
 Cancer therapy, acid lipidic fraction, 468, 533
 — — butanol, 493, 533
 — — chemotherapy, 463, 542
 — — cod liver oil fatty acids, 533
 — — conduct of treatment, 536
 — — conjugated fatty acids, 501
 — — criteria used, 532
 — — glycerol, 493, 533
 — — group of agents in, 473
 — — guided therapy, 461, 463, 526, 547
 — — guided level chemotherapy, 526
 — — mercaptans, 477
 — — placenta extracts, 463
 — — present form, 531
 — — radiation, 261, 524, 683, 726
 — — radiotherapy, 524
 — — results, 463, 526, 537
 — — selenium, 512, 518, 533
 — — sterols, 466
 — — sulfurized oil, 481
 — — tetraline perselenide, 518, 533
 — — — persulfides, 491, 533
 — — thiosulfates, 482, 533
 — — unsaponifiable fractions, 468, 533
 Cancerous amino acids, 307
 — cells, 40, 303
 — chromosomes, 39, 41, 303
 — entities as ontogenic allotropy, 303
 — hierarchic entities, 41, 303
 Capillary hemorrhage in shock, 228
 Capric acid, 121, 639
 Caproic acid, 121, 639
 Caprylic acid, 121, 639
 Carbamic acid, 170, 307
 Carbon, 108, 334
 Carbonate ions in shock, 230
 Carbonium ion, 279
 Carboxyl, resonance forms, 8
 Carcinogenesis, allotropic resonance, 302
 — and arsenic, 403
 — and copper, 360
 — and croton oil, 690
 — energetic factors, 270
 — epoxides, 281
 — experimental, 268, 307
 — and genetics, 302
 — and host, 295
 — and lipids, 304
 — and lipoids, 296
 — and nitrogen mustard, 278
 — and synjugate formations, 283
 — twin formations, 271
 — unsaponifiable fractions, 690
 — and urethane, 307
 — and virus, 290, 301
 Carcinogenic hydrocarbons, fluorescence, 695
 Carcinogens, see specific substances
 — and calcium, 357
 — and energetic spectrum, 288
 — and fatty acids, 705, 708
 — monstrosities and mutations, 268
 Cardiac rhythm and glycerol, 366
 — — and lipids, 169, 714
 — — and lipoids, 661, 714
 Catabolic phase of wounds, 161
 Catalases, 111, 360, 409
 Cations, see elements
 — of different compartment, 27
 — and organization, 27
 — in S.d.c. pH, 599
 Cells, place in organization, 23
 — cancerous, 40, 303, 305
 — — in prostate, 305
 — rapid aging, 82
 Cellular adhesiveness and calcium, 357
 — basophil cytoplasm, 82
 — membranes, 127
 — oxidation, 166
 — vacuolation in shock, 228
 — youth, prolonged, 102
 Cellulose gum, 715
 Cenapse, lipids, 622
 Ceruloplasmin and ammonium molybdate, 399
 — and copper, 359
 Cervix cancer in Jewish women, 305
 Chain, rigidity, 137
 Character of tumors, adenocarcinomatous, 716

- Character of tumors, hemangiomas, 653
 — — — sarcomatoid, 716
 — — — ulcerated, 653
 Charcot-Leyden crystals, 567
 Chemical factors and S.d.c. pH, 601
 Chemical shock and oxalic index, 248
 Chemotherapy and radiotherapy, 726
 Chickenpox, 197, 295, 296, 312, 313, 654, 655
 Chill, 175, 226, 427
 — and defense, 185
 — and glycerol, 366, 713
 China wood oil fatty acid, see eleostearic
 Chlorbutanol, 404
 Chlorides, bound to fatty acids, 134, 622
 — content of lesions, 102, 166
 — — and lipids, 710
 — — of tumors, 312, 710
 — — of wounds, 210
 — excretion, 166
 — and gastric ulcerations, 403
 — index, 595
 — irreversible fixation, 134, 622
 — and liver damage, 404
 — retention, 166, 254, 419
 — and S.d.c. pH, 600
 — and shock, 231, 396, 404, 419
 — in urine, 86, 166, 532, 595
 Chlorine, 105, 403
 — treatment of fatty acid, 700
 Chloroform, 604
 Chloropropanediol, 348
 1 Cholanthrene-3 Methyl, 696
 Cholera, 197
 Cholesterol as anti-fatty acid, 142
 — and arteriosclerosis, 453
 — and experimental tumors, 370
 — and foot ulcerations, 371
 — and glycerol, 365
 — and ischemic infarct. 370
 — and Kuppfer cells, 456
 — and manifestations, 370, 715
 — and microbes, 369
 — and old age, 646
 — paraplegia induced by, 644
 — pharmacology, 369
 — precipitation, 453, 669
 — quenching effect, 709
 — and RES, 456
 — from scalene, 631
 — and viruses, 297
 Choline, 368
 Chromatography, gas, fatty acids, 627
 — unsaponifiable fractions, 373
 Chromium, 399
 Chromomeres, place in organization, 17
 Chromonemata, place in organization, 17, 18
 Chromosomes in cancer, 550
 — place in organization, 17, 18
 Chylomicrons, 135
 Circulating cancer cells, 267
 Circulation of fatty acids, 135
 Circumcision and cancer of the cervix, 305
 — and prostatic cancer, 305
 Citraconic acid, 410
 Citric acid and S.d.c. pH, 600
 Clinical manifestations in defense, 185
 Clonic convulsions in shock, 226
 Clot retraction, 172
 — — and alcohols, 384, 444
 — — in hemoglobinuria a frigore, 674
 Clupanodonic acids, 317
 C-N-C-N 21, 545
 — and urethane, 689
 CO as polar group, 120
 Co₂ combining power, blood, 46, 555
 C reactive protein, 86, 102
 Coagulability, blood, 172
 Coagulant antibodies, 179
 Coagulation time in hemoglobinuria a frigore, 674
 Cobalt and S.d.c. pH, 600
 Co-carcinogens, 270, 307, 689
 Cod liver oil fatty acids
 — — — — — and cancer therapy, 466
 — — — — — and carcinogens, 703
 — — — — — and chlorides, 710
 — — — — — quenching effect, 707, 709
 — — — — — sedimentation red cells, 664
 — — — — — and shock, 667
 — — lipo-alcohols, 388
 Cohesion forces, 114, 378
 Colds in children, 655
 Coli bacilli infection, 721
 Colloidal silver-protein, 174, 670
 — sulfur, 334
 — suspensions, 656, 715
 Colloids, urinary surface tension, 590, 648
 Colon and lipids, 162
 Color index, red cells, 102
 Colorimetric oxidoreduction pot. in urine, 590
 Coma and lipids, 163, 659
 Community, 548
 Compartments, organization, 27
 Condensation of electrons in carcinogens, 270
 Conduct of treatment in cancer, 535
 Conglutinated red cells, 179

- Conjugated fatty acids and ascites cells, 322
 ——— in cancer therapy, 501
 ——— and carcinogenesis, 703
 ——— and carcinogens, 705
 ——— from cod liver oil, 335
 ——— and convulsions, 324
 ——— and fixation of chlorides, 135
 ——— and liver regeneration, 323
 ——— and lymphatic system, 323
 ——— and manifestations, 322
 ——— and neoglucogenic corticoids, 362
 ——— and oxygen, 701
 ——— pharmacology, 319
 ——— and quenching of fluorescence, 699
 ——— and S.d.c. pH, 323
 ——— and shock, 227
 ——— transport of, 694
 ——— treatments of, 701, 702
 ——— and tumors, 322
 ——— and viruses, 322
 — formations, 135, 622
 — isomers, see conjugated fatty acids
 — linoleic acid, 335, 639, 708
 — pentaenics, 701
 — polyenes, 283
 — tetraenics, 700
 — trienes and adrenal defense index, 695
 — and radiation, 238, 248
 — and trauma, 375
 — trienic alcohols, 718
 Conjugation methods, 129, 133, 238, 679, 695
 Connective tissue, amount of, 102
 — and bixine, 324
 — conditions, 437
 — and glucosamine, 145, 438, 646
 — healing, 161
 — and radiation, 256
 Constancy and organization, 33
 Constants of the entity, 171
 — role in organization, 28
 Constipation, 83, 102, 166
 Constituents, 104, 222
 Constitution, crust of the earth, 108
 — of viruses, 690
 Constitutional role of fatty acids, 130
 Convulsions and cholesterol, 370, 715
 — and coramine, 448
 — and deoxycorticosterone, 367, 659
 — and ethylmercaptan, 332
 — and fatty acids, see specific agents
 — and glucose, 368
 — and glycerol, 366, 714
 — hemorrhagiparous agents, 448
 Convulsions and heptonal, 383
 — and lipid, 163, 370, 659, 715
 — and magnesium, 355
 — and octanediol, 387
 — and steroid, 448
 — induced by thiamine, 313-317, 324, 356, 448
 Copper, 358-360
 — and calcium, 356
 — and cancer, 111, 360
 — distribution, 109, 111
 — in liver cells, 111
 — in periodic chart, 105
 — and S.d.c. pH, 600
 Coramine and hemorrhage, 440
 Coronary occlusion, 370, 459
 — thrombosis and magnesium, 355
 Corpuscles, subnuclear, 543
 Corticoids, 144, 355, 367, 373, 383, 635, 637
 — and aminosugars, 145, 437, 639
 — and arachidonic acid, 139, 143, 631
 — coma, 163, 659
 — convulsions, 163, 387, 659
 — and defense, 640
 — and eosinophiles, 569
 Corticosterone, 365
 Cortisone, 145, 435, 438, 636, 637, 638, 640
 Cottonseed oil lipoalcohols, 388
 Crisis in pneumonia, 198
 Criteria for treatment, 415, 532
 Critical oxalic acid index, 227
 Croton oil and carcinogenesis, 690
 Crotonic aldehyde, 330
 Crotyl alcohol, 389
 Crust of the earth, constitution, 108
 Cyclization of arachidonic acid, 139, 143, 631
 — of squalene, 139
 Cyclopentane forces, 139
 — group and twin formations, 273
 Cyclopentanophenanthrene, origin of, 631
 Cysteine, 340
 Cytochrome oxidase, 399
 — and copper, 359, 360
 Cytological dualism, 82
 Cytolytic activity, 691-694
 Cytoplasm in cancer, 40, 550
 Cytoplasmic virus, 292
 DARK color of blood, 678
 Dead virus vaccine, 219
 Deafness, see Impaired Hearing
 Death in coma, or conscious, 102
 — and organization, 32
 — in shock, 226

- Decarboxylation, 633
 Decyl alcohol, 602
 Defense, 171-224, 312, 639
 — adrenal index, see adrenal
 — and allergic reaction, 180
 — antibodies, 180, 181, 182
 — antigens, 189
 — antiheterogenous reaction, 177
 — and cancer, 212
 — at cellular level, 206
 — role of corticoids, 640
 — diphasic phenomenon, 172
 — and dualism, 223
 — fatty acids, 639
 — and grafts, 214
 — and hetero- and homotropy, 224
 — and hierarchic levels, 184
 — and infectious disease, 195
 — and lipids, 176
 — noxious agents, 171
 — oscillatory movement, 223
 — prolonged hemoshock, 176
 — phylogenetic development, 222
 — and reticuloendothelial system, 223
 — tissues, 206
 — and trauma, 640
 Definition of lipids, 114
 Degradated proteins, 172
 Deoxycorticosterol convulsive seizures, 367, 659
 — defense, 640
 — and glycerol, 367
 — and heptanol, 383
 — as lipid, 637
 — and S.d.c. pH, 604
 Dermatotropic viruses, 299, 314
 Desaturation of fatty acids, 129, 130
 — in the liver, 619
 — and radiation, 238
 Desmolyse, 642
 Destruction of thrombocytes, magnesium, 355
 Destructive infection, 295
 Detergents and cancer, 550
 Detoxification, glucuronic acid, 643
 — sulfuric acid, 641
 Dewar structures, benzene, 8
 Dextrorotatory amino acids, 170
 — — — and cancer, 551
 Diacid fatty acids, 618
 Diagnosis of pain pattern, 364
 Diagnostic tests in cancer, 265
 Diarrhea, 83, 166
 1,2,5,6 Dibenanthracene and quenching of fluorescence, 698
 3:4:5:6 dibenzcarbazole, 273
 9-, 10-dichlorostearic, 404
 Dicumarol, 604
 Di-epioxides, 278
 Diethenoics, 315
 Diethylaminoethanol, 393
 Diethylcarbinol, 122
 Diethylene-glycol, 387
 Diethylstilbestrol, 140, 276
 Differentiation of cells and cancer, 102, 291, 551
 Digitaline, 604
 9-, 10-diiodostearic acid, 405
 Dimercapto-propanol, 333
 Dimethanesulfoxonoxyalcanes, 278
 Dimethylaminoazobenzene, 275
 2:4 Dinotrophenyl-ethyleneimine, 280
 Dinucleophily, 144
 Diols, 387
 Diphasic phenomenon, 172, 173
 — — in hemoglobinuria a frigore, 674
 Diphtheria, 187, 199
 Dipolar lipidic boundaries, 126
 Dipolarity of red cells in shock, 233
 Dipositive polarity, 139
 Direct action of radiation, 257
 — transfusions and shock, 226
 Discharge, electric, 545
 Displacement of the double bond, 135, 622
 Diuresis, 166
 — and lipids, 162
 — and mercury, 402
 DNA in viruses, 690
 Dodecyl mercaptan, 333
 Double bonds, 131
 — — changes, 619
 — — conjugation, 132, 135, 695
 — — fixation on, 622
 — — position of, 618
 — — and synjugation, 283
 Dualism, 35, 43-103
 — abnormal substances, 60
 — acid-base balance, 45
 — acidifying and alkalizing agents, 52
 — in blood analyses, 86
 — and cancer physiology, 99
 — and cardiac rhythm, 164
 — at cellular level, 82
 — and chloride excretion, 61
 — for coma and convulsion, 163
 — in defense, 223
 — in dyspnea, 77
 — of elements, 105
 — and eosinophiles, 86, 567
 — of fatty acids and anti-fatty acids, 148
 — of fundamental offbalances, 91
 — in impaired hearing, 73
 — for intestines, 162

- Dualism, in itching, 61, 64, 562
 — in kidney physiology, 162
 — for lipids and lipoids, 125
 — in manic depression, 75
 — in microbes, 175
 — in nature, 35
 — in nervous system, 162
 — at organic level, 83
 — oxydoreduct. pot. tissue, 59
 — — — urine, 86, 590
 — pain, 43, 45, 160, 552
 — and patterns, 45, 82
 — and potassium, 612
 — and regeneration, 161
 — and S.d.c. pH, 597
 — at systemic level, 83
 — for temperature, 83, 164
 — in tumors, 99
 — in urine analyses, 86, 90, 165, 557, 590
 — and viruses, 154
 — in vertigo, 67
 — and wheal resorption, 83, 566
 Duodenal fluid accumulation in shock, 228
 Dynamic balance, 172
 Dysentery, 197
 Dysoxybiosis, 95
 Dyspnea, 61, 77, 83, 102
 — as acid base patterns, 78, 79

EDEMA and heptanol, 383
 — in shock, 228
 — and wheal resorption, 566
 Ehrlich ascites tumor, 322, 348, 691
 Ehrlich mammary tumor, 715
 Electric discharges, 545
 Electron, 544
 — transfer, 5
 Electronic configuration, elements, 106
 Electrophoretic analysis of antibodies, 181
 Electrostatic forces in atom, 5
 — — in molecules, 6, 9
 Elements, 105, 112
 — anti-A, 105, 349-361
 — anti-D, 105, 394-404
 — in organization, 107
 — proper level, 350
 Eleostearic acid, 320, 335
 — — and carcinogens, 708
 — — defense against, 639
 — — and oxidation, 129
 — — and S.d.c. pH, 601
 Eleostearic alcohol, 388
 Embryos' unsaponifiable fractions, 371
 Emulsion, 124
 Encephaloid tumors, 372

 Endarterial obliterations, 370
 Endodermic formations, defense, 223
 Endothelial proliferation and radiation, 256
 Endotoxin, 197
 Energetic centers of nonpolar group, 131
 — — in steroids, 635
 — factors in carcinogenesis, 270
 — spectrum of carcinogens, 288
 Enophthalmia, 102, 226, 371
 Entities, 12
 Environmental influence, 649
 — — and surface tension, 651
 Enzymatic hydrolysis, 174
 — — of procaine, 393
 — Knoop beta oxidation, 129
 Eosinophiles, 86, 102, 166, 324, 532, 567-570
 Ephedrine, 391
 Epichlorohydrin, 345, 348, 422, 432
 — in cancer, 523, 533
 Epidemiology of poliomyelitis, 298
 Epileptic seizures, magnesium, 356
 Epinephrine, 391
 Epithelia healing, 161
 Epoxides, 409
 — carcinogens, 281
 — of fatty acids, 132, 327
 Erysipelas, 197, 204
 Erythralgia, 554
 Erythrocytes, see red cells
 Essential fatty acids, 132, 621
 Esterase, 172, 674
 Estradiol, 140
 Estrogenic properties, 140
 Ethyl alcohol in conjugation, 122
 — butyrate, 674
 — mercaptan, 330-333
 — — in therapy, 476
 — sulfate, quenching effect of, 709
 Ethylene trithiocarbamate, quenching effect, 709
 Ethyleneglycol, 387
 Ethylenimines, 280
 Ethylenimonium ion, 179
 Evaluation of projective personality, 308
 — of results in cancer therapy, 417
 Evening dyspnea, 77
 Excretion index, 86, 415, 594
 — of surface active substances, 166
 Exercise and blood changes, 671
 Exfoliative cytology, 40, 550
 Exophthalmia, 102, 370
 Exotoxin, 197
 Experimental carcinogenesis, see carcinogenesis
 Exploratory psychotherapy, 308

- Extracellular potassium, 547
 Extrasystoles and lipoids, 661
- FADING response, 325
 Fall and leukoses, 298
 Family and organization, 548
 Fate of transplants, 213
 Fatty acids, abnormal, 132, 134, 227, 285, 319, 501, 695, 700
 — of adrenal origin, 374, 452
 — alpha hydroxy, 326, 375, 509, 639, 710
 — alpha thiol, 338
 — alternate polarity, 131, 627
 — analyses, 130, 134, 227, 285, 622, 626, 627, 680, 695, 700
 — and Arneht's formula, 668
 — in arteriosclerosis, 456, 457
 — bound to glycerol, 135, 362
 — to glycerophosphoric acid, 136
 — to sterols, 136, 137
 — breakdown, 616
 — and calcium, 126, 358
 — as caloric metabolites, 128, 129, 130, 135
 — and cancer, 323, 326, 466, 473, 501, 533, 703, 710, 715
 — and chlorides, 135, 622
 — and chlorine, 403, 700
 — of cod liver oil, 285, 340, 450, 466, 533, 695, 700
 — conjugated, 133, 227, 285, 501, 695, 700
 — constitutional role, 130
 — and cytolytic activity of sera, 694
 — desaturation, 122, 129, 619
 — diacid, 618
 — and enophthalmia, 317
 — epoxides, 132
 — essential, 132, 621
 — fission, 130, 134, 227, 238, 240, 243, 245, 248, 251, 253, 354, 616, 680, 682
 — flexibility of the chain, 139, 633
 — fractionation, 622, 627
 — free, 134, 172, 622
 — functional role, 130, 135, 365
 — gas chromatography, 627
 — heat, oxygen or sulfur treatment, 700
 — and hemolysis, 663
 — and hemorrhage, 450
 — hydroperoxide of, 131
 — hydropersulfides, 481, 711
 — and immune antibodies, 192, 671
 — intestinal absorption, 135
 — leucopenia, 166, 316, 668
- Fatty acids, liver regeneration, 162, 658
 — lytic activity, 364, 693
 — melting point, 130
 — organizational role, 135
 — oxalic index, see fission
 — oxidation, 129, 131, 133, 354, 616, 618
 — and patterns, 148, 168
 — pathogenic role, 135
 — peroxides, 129, 132
 — pharmacology, 312
 — positive carbon, 131, 132
 — and quenching of fluorescence, 697
 — and radiation, 238, 248, 258, 322, 524
 — rancidity, 128, 133, 410
 — and red cells, 315, 322, 663, 664, 665, 666, 678
 — role in membrane, 126
 — saturated, 117, 128, 227, 312, 362, 601, 639
 — semipolar center in, 131
 — and serial treatment, 715
 — and shock, 227-233, 625, 679
 — and smallpox, 154, 155, 316, 322
 — spectral analysis, 134, 626
 — tetraenic, 697, 700
 — and tetrahymena, 646, 656, 657
 — transportation in blood, 694
 — and tumors, see cancer
 — unsaturated, 117, 130, 131, 148-165, 227, 313-317, 369, 422, 466, 473, 616, 626, 640, 646, 658, 663, 678, 679, 680, 695, 700, 703, 715
 — and viruses, 154, 296, 316, 322
- Fatty infiltration in liver regeneration, 162, 658
- Female sex hormone, 139, 347, 603
 — and cholesterol paraplegia, 371, 644
- Fenestration, 430
- Ferrous sulfate and sulfur mustard, 346
- Fever, 173, 175, 185, 399, 713
 — in hemoshock, 172
 — in infectious diseases, 195
 — and sterols, 175
- Fiber cells, 551
- Fibroma virus in rabbits, 295
- Ficine, 444
- Fish oil, 698
- Fission of fatty acids, see fatty acids
- Fixation of chlorides on fatty acids, 135, 622
- Fixed positions of energetic centers, 137
 — virus, 202

- Flexibility of fatty acid chain, 137
 Flocculation, 179
 Fluorine, 105, 404
 Fluorescence, see quenching of
 Foci, constitution and processes in, 60
 Foot ulcerations and cholesterol, 371
 Formic acid, 125, 545
 Fractionation of fatty acids, 627
 Fractures and acid-base balance, 50
 Free lipids, 622
 Functional role of fatty acids, 130, 135, 363
 Fundamental offbalances, 93
- GALACTOSAMINE**, 145
 Galactose, 145
 Gallbladder colic, 50, 432
 Gamma globulins, 183
 — radiation, 241
 Gaseous gangrene, 197
 Gastric ulcerations and chlorides, 403
 Genes, place in organization, 26
 Genetic factor in carcinogenesis, 302
 Geriatrics, see old age
 Glioma virus, 295
 Globulinic antibodies, 183
 Glomerulonephritis in infection, 204
 Glucagon and zinc, 401
 Gluco group, 145
 Gluconate ion and S.d.c. pH, 600
 Gluconic acid, 170
 Glucosamine in arthritis, 435
 — and connective tissue, 438
 — and iridocyclitis, 439
 — synthesis, 145, 638
 Glucosaminic acid, 638
 Glucose and convulsions, 368
 — and hemorrhage, 440
 — oxidation abnormal, 132
 — pH of tumors, 368
 — and potassium, 398
 — and S.d.c. pH, 368, 603
 Glucosides, 604
 Glucuronic acid, 132, 147, 170
 — — coupling mechanism, 641
 — — and sulfuric radicals, 642
 — — in urine, 86
 Glutathion, 341
 Glutamic acid, 169
 Glyceric acid and aldehyde, 368
 Glycerol and arteriosclerosis, 458
 — caloric metabolism, 363
 — and cancer therapy, 493, 533
 — cardiac rhythm, 714
 — changes induces, 366
 — and chills, 366, 713
 — and cholesterol, 365
- Glycerol convulsions, 714, 715
 — and desoxycorticosterone acetate, 367
 — and fatty acids, 135
 — healing of wounds, 365
 — and hemorrhage, 440
 — hypertension, 366
 — and monomolecular layer, 363
 — pain, 364, 422
 — and patterns, 368
 — and radiation lesions, 365
 — and saturated fatty acids, 362
 — and S.d.c. pH, 603
 — and trauma, 424
 — and tumors, 365
 — and viruses, 364
- Glycerophosphoric acid and cancer, 533
 — — bound to fatty acids, 130, 137, 362
 — — and postoperative pain, 426, 723
 — — and S.d.c. pH, 603
 — — thyroid effects, 369
- Glycine, 545
 Glycogen in foci, 60
 Grafts of tumors in humans, 214
 Gram positivity and lipids, 157, 369
 Granulocytes and hemoshock, 172
 — lysis, 174
 Grass-tetany and magnesium, 355
 Growing tumoral mass, 40
 Growth and butanol, 379
 — inducing factor and potassium, 396
 Guillaumin indicator, 566
 Gumatous and iodine, 404
- HALOGENIC** compounds of fatty acids, 328
 Headaches, 422, 423
 Healing process and butanol, 422
 — — of tissues, 161
 — — and polyunsaturated alcohols, 426
 — — postoperative, 422, 426
 — — radiation lesions, 365
 — — and unsaponifiable fractions, 371
 — — wounds, 365
- Hearing impairment as acid-base symptom, 61
 — — patterns, 73, 431
 — — therapeutic essays, 430, 724
- Heart, see also cardiac system
 — block and lipoids, 622
 — and unsaponifiable fraction, 372
- Heat inactivation of viruses, 294
 — treatment of fatty acid, 700
- Heavy elements, 361
 Hemangiomas tumors, 401, 653
 Hemoeciasia, 172
 Hemoconcentration in shock, 228
 Hemoglobin and copper, 359

- Hemoglobinuria "a frigore", 229, 673
 — — diphasic phenomenon in, 674
 — — exercise effect, 676
 — — and leucolysis, 229, 675
 — — morphine effect in, 679
 Hemophilus influenza, 295
 Hemorrhage, 371, 439-450
 Hemorrhagiparous agents, 336, 439-440
 — — and convulsions, 448
 Hemoshock, 172, 669, 670
 Hemostypic effect, 444
 Heparin, 569
 Heptanoic acid, 656
 Heptanol, accumulation of fluid, 721
 — and arteriosclerosis, 458
 — and burns, 426
 — coma, 660
 — and infection, 721
 — and itching, 432
 — induced changes, 383
 — and pain, 422
 — and postoperative pain, 426
 — and S.d.c. pH, 602
 — and trauma, 424
 — and tumors, 384
 — therapy of cancer, 533, 534
 — urine analyses, 385
 Heptylamine, 390
 Heptyl aldehyde, 422
 Heptyldiselenide, 533
 Heredosyphilis, 204
 Heterogeneity of the transplant, 206
 Heterogenization of body constituents,
 171
 Heterogenous entities, 179
 — fatty acids, 326
 — tumors, 213
 Heterotropic elements, 105, 349
 Heterotropy, 2
 — in defense, 224
 — and growing tumoral mass, 40
 — opposing the homotropy, 221
 Hexadecyl mercaptan, 333
 Hexanol, 122, 382
 Hexavalent sulfur, 340
 Hexylamine, 123, 390
 Hexyl mercaptan, 332, 333
 Hexyldiselenide, 533
 Hexylselenoic acid, 344
 Hexylthionic acid, 338
 Hierarchic organization, 12, 24, 183, 221
 Higher alcohols and arteriosclerosis, 458
 Histidine, 169
 Histones, 41, 546
 — and radiation, 236
 Homopolar bond, 6
 Homotropic elements, 105, 349
 — processes and ulceration, 224
 Hormones and carcinogenesis, 301
 Horse radish peroxidase, 409
 Human placenta, see placenta
 Hyaluronidase, 649
 Hydrazo derivatives, 275
 Hydrogen peroxide, 345
 Hydroids, 119
 Hydrolytic products, 192
 — digestion in shock, 228
 — enzymes, 191
 — rancidity, 128
 Hydrophobic group, 119
 Hydronaphthalene persulfides, 491, 533
 Hydroperoxides, 129, 408, 409, 617
 — of fatty acids, 131
 Hydrophilic group, 119
 Hydropersulfide in cancer therapy, 481,
 533
 — and microbes, 334
 — and pain, 422
 — and patterns, 334
 Hydrosphere, 547
 Hydroxonium ion and resonance, 8
 Hyperalgesia, 554
 Hyperkalemia, 353, 614
 Hyperchromia and offbalance A, 399
 Hyperleucocytosis, 166
 Hypertension, 166, 172, 173
 — and adrenal fatty acids, 371
 — and glycerol, 366
 Hyperthemia, 166
 Hypochromia and offbalance D, 399
 Hypokalemia, 397
 Hypotension, 166, 226
 Hyponatremia, 397
 Hypothermia, 166, 174, 226
 Hypnotics, 604
 IMMUNE antibodies, 182
 — sera, 198, 199, 201, 203
 — stage of defense, 183
 Immunity against viruses, 218
 Immunological aspect of cancer, 212-220
 — — against cells and tissues, 206
 — — therapeutic approach, 218
 Impairment of circulation and shock, 226
 Increased permeability in shock, 232
 Incubation time in allergy, 185
 — — infectious diseases, 195, 196, 197
 Index of excretion and retention, 595
 — of repartition of anesthetics, 125
 Indigorubine, 89, 593
 Indigotin, 89, 593
 Individualized treatment, 413
 Indoxyl in urine, 86, 89, 132, 593

- Induced carcinogenesis, 268, 290, 703
 — — and conjugated fatty acids, 703
 — convulsions, see convulsions
 — shock, 679
 — tumors, see carcinogenesis
 Infection and abnormal fatty acids, 319
 — destructive, 295
 — neoplastic, 295
 Infectious disease, allergic and toxic
 pathogenesis, 195
 — incubation, 196
 — systematization of, 196
 Inflammatory form of breast carcinoma,
 215
 Inorganic acids and S.d.c. pH, 602
 Insomnia, 83, 166, 373
 Insulin and potassium, 398
 — and zinc, 401
 Intake of food and itching, 62
 — — — and pain, 45
 Intensity of stimulus and itching, 562
 Intermediary lysates, 194
 Internal sea, place in organization, 30
 Interstitial fluids and elements, 107
 — — pH and pain, 55
 Interviews of cancer patients, 308
 Intestinal absorption of fatty acids, 135
 — secretions in shock, 230
 Intestines and lipids, 162, 372
 Intracellular potassium, 547
 — vacuoles in shock, 232
 Intractable diarrhea, 372
 Intracytoplasmatic viruses, 290
 Intranuclear viruses, 290
 — vacuoles in shock, 232
 Intravenous injection inducing shock, 226
 Invasive phase of cancer, 40, 396
 — — and potassium, 396
 — — and smegma, 305
 — — and sterols, 306
 Invasiveness and calcium, 357
 Iodine, 105, 404
 Ionizing radiation, 545
 Iridocyclitis and glucosamine, 439
 Iron, 105, 399, 600, 604
 Irradiated wound, 251
 Irradiation, see Radiation
 Irreversible fixation of chlorides, 134
 Isamine blue and hemorrhage, 440
 Ischemic infarct and cholesterol, 370
 Isotropic resonance forms, 302
 Itching as acid-base symptoms, 61
 — and intensity of stimulus, 562, 563
 — pathological and physiological, 61, 62

 KALEMIA, 166
 Karyorrhexis, 82, 160

 Kekulian forms in benzene, 8, 3
 Knoop oxidation, 129, 131, 616, 618
 Kuppfer cells and cholesterol, 456

 LACTIC acid pain and foci, 60, 561
 Lanthanum series, 106
 Lauric acid, 601, 639
 Lead, 105, 353, 361
 Lecithine, 130, 362
 Leprosy, 197
 Leucocytes and butanol, 379, 719
 — collargol and morphine, 167, 670
 — and fatty acids, 313, 316, 328
 — and mercaptans, 332
 — and offbalances, 86, 102
 — in shock, 174, 228, 669, 670, 671
 Leucopenia, 102, 166, 172, 229, 316, 673
 — and exercise, 671
 — and lipids, 668
 Leukoses, 298
 Level chemotherapy, 526
 Levels in organization, 12
 — — — and arteriosclerosis, 453
 — — — and biological entities, 20, 24
 — — — and boundary, 16
 — — — and cancer, 38, 302
 — — — and defense, 183
 — — — dualistic patterns, 82
 — — — and elements, 107, 349, 394
 — — — and genetics in cancer, 302
 — — — and immunity, 218
 — — — immunological approach in can-
 cer, 212
 — — — and lipids, 154
 — — — and shock, 227
 — — — and viruses, 690
 — — — and water circulation, 30
 — subnuclear, 543
 Liberation of fatty acids
 — of potassium in shock, 232
 — of sterols, 316
 Life and organization, 32
 Linoleic acid and blood patterns, 315
 — — and carcinogens, 708
 — — and CO₂, 354
 — — and thiamine convulsions, 315
 — — defense against, 639
 — — as essential fatty acid, 621
 — — as lipid, 129
 — — and pain, 315
 — — and quenching of fluorescence, 697
 — — radiation of, 238
 — — and S.d.c. pH, 601
 — — and systemic influence, 315
 — — and tumors, 315
 Linoleic alcohol, 388

- Linolenic acid, defense against, 639
 — — as essential fatty acid, 621
 — — as lipid, 129
 — — and quenching of fluorescence, 697
 Lipamine, 390
 Lipase in rancidity, 128
 Lipidic system, 125
 Lipido-proteic antigens, antibodies, 181
 Lipids and agglutinines, 672
 — analyses, 134, 622, 626, 627
 — biological properties, 125
 — and cancer, see specific lipids
 — and cancerous cells, 220
 — and carcinogenesis, 293, 305
 — cardiac rhythm, 169, 714
 — and cellular changes, 160
 — in cenapse, 622
 — and convulsions, 163
 — and cytolytic activity sera, 691
 — cytoplasmic, 160
 — and defense, 159, 176, 191, 205
 — definition, 615
 — and diuresis, 162
 — and *drosophila melanogaster*, 159
 — and free fats, 622
 — and immunity, 671
 — and induction of pain, 657
 — and leucocytes, 668
 — methods investigation, 134, 622, 626, 627
 — and microbes, 157, 671
 — and nervous system, 163
 — and old age, 646
 — and organs, 162
 — oestral cycles, 164
 — and oxygen transport, 667
 — and pain, 160
 — and patterns, 657
 — and phages, 656
 — potassium and sodium blood content, 166
 — and protozoa, 158
 — in shock pathogenesis, 225, 227, 229, 233, 625, 667
 — and radiation, 236, 238, 242, 252, 262, 625, 683
 — and red cells, 164, 662
 — — — rouleaux and sludge formation, 678
 — — — sedimentation rate, 662
 — and serum cholesterol, 668
 — and starvation, 624
 — and sulfur mustard, 625
 — and temperature, 654
 — and *tetrahymena pyriformis*, 646, 656, 657
 — and transplants, 209, 653
 Lipids and tumor chlorides, 716
 — and viruses, 155, 156, 293, 296, 322, 372, 655
 — and Walker tumors, 625
 — and wound healing, 657
 Lipid-treated antigens, 208
 — — microbes, 671
 Lipoacids, 117
 — and adrenals, 658
 — of blood, 318
 — fractions, 317
 — mixtures, 533
 — of placenta, 318
 — S.d.c. pH, 601
 — treatment in successive generations, 717
 Lipoalcohols, 122, 123, 375, 388, 601
 Lipoaldehydes and pain, 422
 Lipobases, 117
 Lipoidic epoxides, 409
 — peroxides, 409
 — properties, biological, 125
 — — chemical, 124
 — — physical, 119
 Lipoids, see specific substances
 — activity, organic level, 162
 — and cancer, see specific lipoids
 — cardiac rhythm, 661
 — character, 694
 — chemical properties, 124
 — and convulsions and coma, 659
 — and cortisone, 660
 — definition, 114, 615
 — with selenium, 342, 343, 344, 524, 533
 — solubility, 114
 — and survival time, 656
 — and thiamine, 659
 — and thiol group, 330-340
 — and tumors, see specific lipoids
 — and tumor transplants, 653
 — and viruses, 154, 296
 Lipoid-treated microbes, 205
 Lipolytic enzymes, in rancidity, 128
 Lipophilic group, 119
 Lipothiols, 115, 330, 477, 709
 Lithium and S.d.c. pH, 600
 Lithosphere, potassium, 547
 Liver antianemic extract and S.d.c. pH, 604
 — cells and copper, 111
 — cytochrome oxidase and copper, 359
 — damage and chlorides, 404
 — desaturation of fatty acids, 619
 — insufficiency and unsap. fractions, 372
 — regeneration, 161, 162, 658, 659
 — saturation of fatty acids, 619
 Living vaccines, 219

- Local acidosis or alkalosis, 60, 102
 see also S.d.c. pH
 — anesthetics, 391
 — effects of radiation, 250
 — pH and pain, 55, 58
 Loss of emotional relationship and cancer, 308, 309
 Luetin reaction, 203
 Lugol's solution, 405
 Luteoids, 143, 144, 633
 Lymph and elements, 107
 Lymphatic system and adrenals, 309
 — — and ethylmercaptan, 332
 — — in organization, 19
 — — and radiation, 257
 — — and selenium, 343
 — tissue, 102
 Lymphocytes, effects in vitro, 671
 — and radiation, 211, 257
 Lymphomas and psychological conditions, 308
 Lymphomatosis virus, 295
 Lymphopenia and radiation, 257
 Lypocytic index, 664
 Lypolytic enzymes in rancidity, 128
 Lysine, 169
 Lysis of cancer cells, 694
 — — — magnesium, 355
 — of granulocytes, 174
 — of thrombi, 355
 Lytic activity and lipids, 364, 694
- MAGNESIUM**, 105, 337, 354, 356, 533, 712
 — and adrenals, 172
 — changes induced by, 354, 355, 356
 — and periodic chart, 105, 353
 — and S.d.c. pH, 600
 — in treatment of cancer, 337, 482, 533
 Maintenance of constants and organization, 33
 Male hormone, 139
 — — and cholesterol paraplegia, 371
 — — and S.d.c. pH, 603
 — — and sulfur mustard, 347
 Maleic acid, 410
 Malignancy and calcium, 356
 — and potassium, 397
 Manganese and S.d.c. pH, 600
 — compounds, 410
 — and tumors, 360
 Manic-depressive condition, 75
 Marital status and cancer, 308
 Masked virus, 294
 Massive necrosis and sulfur mustard, 346
 Mature eosinophile granulae, 569
 Measles, 197
- Mechanical trauma and shock, 226
 Melting point of fatty acids, 130
 Membrane permeability and radiation, 253
 — — role of calcium ion, 127
 — — role of lipids, 166
 — with two polar faces, 126
 Meningococcic infection, 197
 Mental exercise and lipids, 151
 Menthol excretion, 147
 Mercaptans, 330, 334
 — see also Ethylmercaptan
 — pharmacology, 330
 — and specific substances
 Mercury in periodic chart, 105
 — pharmacology, 402
 — and S.d.c. pH, 600
 Metastases and calcium, 357
 — immunological aspect, 217
 Metazoic compartment and elements, 107
 — — in organization, 27
 Meteorological influence, 561
 Method of application of agents, 416
 Methods of investigation of lipids, 134, 622, 626, 627
 Methionine, 169, 314
 — and molybdenum, 399
 4 Methoxy-3, 4 Benzpyrene, 696
 Methyl alcohol, 122, 602, 608
 — ketones in rancidity, 128
 — mercaptan, 123, 330
 Methylcholanthrene and filtrable tumors, 300
 — forces in, 273
 — induced tumors, 703
 — quenching of fluorescence of, 696
 — spectral analysis, 283
 Methylene blue, 604
 Methyleneimine 1: 3: 5 Triazine, 281
 Methylthioglycolate, 339
 Mezons, 545
 Micelles, 10
 Microbes and lipids, see specific substances
 — and arachidonic acid, 316
 — and conjugated fatty acids, 322
 — and ethylmercaptan, 330
 — lipid-treated, 671
 — and molybdenum, 399
 — and phages, 656
 — place in organization, 26
 — and saturated fatty acids, 312
 Migraine headaches, 423
 Milk factors, 293
 Milliar gastric ulcerations in shock, 228, 329

- Mitochondria, 126
 — membrane, 616
 — pre-ferments, 223
 Molecular oriented layers, 123
 — — — and glycerol, 363
 Molecules, forces, 6, 9
 Molybdenum, pharmacological activity, 399
 Mono ammonium phosphate and pain, 54
 Monocellular organisms, 312
 — — place in organization, 26
 Monoethenic fatty acids, 313
 — — — position of double bond, 618, 619
 Mono-glycerides, 135
 Monstrosities, 159
 — and carcinogens, 268
 — and ontogenetic allotropy, 303
 Morphine and hemoglobinuria a frigore, 679
 — and shock, 174, 229, 670
 Morphological changes as pattern, 159
 Motion of particles in organization, 11
 Multiple carcinogenesis, 270
 Multiplication and organization, 31
 — of viruses, 690
 Mumps, 197
 Muscular exercise and lipids, 151
 — — and shock, 671
 Mutations and carcinogens, 268
 — ontogenetic allotropy, 303
 Myocardial infarct, 7th day manifestation, 211
 — — and oxygen, 407
 — insufficiency and unsaponifiable fractions, 372
 Myristic acid, 639
 Myxoma virus, 295
- NAPHTHALENE perselenide, 344
 — — and Ca therapy, 519, 533
 2-naphthylamine, 273
 Narcotics, 604
 — and anti-hemorrhagic action, 448
 Nasal pH, 83, 102, 565
 Nature, dualism in, in, 35
 — oscillatory movement in, 34
 Neck pain, 422
 Necrosis of tumors, 160, 387
 Negative phase in heart physiology, 660
 — — in defense, 173
 Neoglucogenic corticoids, 144
 — — and coma, 659
 — — and conjugated fatty acids, 362
 — — and convulsions, 659
 — — and defense, 640
 — — and glucosamine, 637
- Neoglucogenic corticoids pharmacology, 372
 — — template formation, 636
 Nervous system and lipids, 163
 Neuralgia, 423
 Neurolymphomatosis virus, 295
 Neutralizing antibodies, 182
 Neutrons, 545
 — in therapy, 260
 NH₂ as polar group, 120
 Nickel, 105, 401
 Nickethamine and hemorrhage, 440
 — and pain, 422
 — and trauma, 424
 Nitrogen, 108
 — mustard and carcinogenesis, 278
 — — quenching effect, 709
 Nitrogenous bases, 130, 546
 Nitromethane, quenching effect, 709
 Nocifensor nerve system, 554
 Nonanol, 383, 602
 Non-invasive cancer, 39, 550
 Nonketonic fractions, 373
 Nonnecrotic tumors, 160
 Nonsaponifiable fractions, see unsaponifiable
 Nonsaturated fatty acids, see Unsaturated
 Norbixine transportation, 694
 Normality, 36
 Noxious stimulus and pain, 45
 — — and shock, 225
 Nuclear compartments, 23, 27, 107
 — — vacuoles and lipids, 160
 Nuclei in non-invasive cancer, 550
 — place in organization, 17, 18, 23
 Nucleoli, place in cancer, 550
 — — in organization, 23
 Nuts of parinarium laurinum, 320
1. 2. OCTANEDIOL, 387
 1. 8. Octanediol, 123
 Octanol, 380, 382, 602
 Oestral cycles and lipids, 164
 Offbalances, 93
 Offbalance A and agents, 411
 — — analyses, 95
 — — and arteriosclerosis, 453
 — — and cancer, 99, 532, 535, 537, 540, 546
 — — and elements, 105, 349, 353, 394
 — — manifestations, 102
 — — and sterols, 371
 — — trauma, 423
 — — wounds, 214
 — — see also specific agents and analyses
 Offbalance D, agents, 411
 — — analyses, 95

- Offbalance D and cancer, 99, 532, 535, 537, 540
 — — and elements, 105, 349, 353, 394
 — — and radiation, 261, 683
 — — and trauma, 423
 — — see also specific agents and analyses
 OH as polar group, 120
 Old age and lipoids, 646
 — — — procaine, 393
 — — — wheal resorption time, 419
 Oleic acid, adrenal defense, 639
 — — bacteriophages, 313
 — — dermatrope viruses, 314
 — — and oxidation, 129
 Oleic alcohol, 388
 Oliguria, 83, 166
 Ontogenesis, 24
 Ontogenetic allotropy, 303
 Opium alkaloids, 229, 604
 Organic level, 23
 — — and cancer, 40
 — — dualism, 83
 — — elements, 110
 — — manifestations, 162, 163, 164
 Organism level, see systemic
 Organization and antientropy, 3, 5
 — atom, 3
 — basic concept, 1
 — biological realm, 17
 — in cancer, 38-42
 — and cations, 27
 — and constants, 33
 — and death, 32
 — and hierarchic entities, 12, 20
 — of immunity, 186
 — and levels, 12
 — and life, 32
 — micelles, 10
 — molecules, 6
 — and motion of particles, 11
 — and multiplication, 31
 — and phylogenetic development, 24, 222
 — and polymolecular formations, 9
 — social, 19, 548
 — and solar energy, 33
 — subatomic, 11
 — subnuclear, 543
 — and water circulation, 30
 Organization role, fatty acids, 135
 — — glycerophosphoric ion, 363
 Organized boundary, 16
 Origin of allopregnane, 361
 — of aminosugars, 636
 — of cholesterol, 139
 Oriented, molecular layers, 123
 Oscillatory movement, 34, 172
 — — and defense, 223
 Osteo-arthritis, 450
 — — pain and acid-base balance, 50
 — — therapy, 435
 Osteomalacia and copper, 359
 — and molybdenum, 399
 Otological conditions, 67, 73, 428, 430
 Oxalic index, 238, 680
 — and radiation, 240, 245, 251, 253, 682
 — and shock, 227, 248
 Oxidase and ammonium molybdate, 399
 Oxidation, abnormal, 132, 147
 — of fatty acids, 129, 131, 133, 354, 616, 618
 Oxidative desamination, 354
 — fission of fatty acids, see oxalic index
 Oxidizing substances, see also peroxides
 — — and radiation, 254, 525, 594, 683
 — — and selenium, 343
 — — in urine, 89, 102, 132, 265-266
 Oxidoreduction potential of foci, 59
 — — of urine, 86, 89, 102, 590
 Oxygen, 108, 345
 — and anoxybiotic process, 407
 — and conjugated fatty acids, 700
 — fixation of, 166
 — and pain pattern, 405
 — sedative effect of, 407
 — therapy, 406
 — transport, 657
 PAIN, 43-61, 83, 102, 313, 314, 316, 317, 380, 421, 532, 552
 — see also specific agents
 — and acid-base balance, 46, 561
 — ammonium chloride, 54
 — in arthritis, 435
 — and bixin, 324
 — and butanol, 380
 — conjugated fatty acids, 322
 — different agents, 422
 — dualism, 43, 45
 — ethylmercaptan, 331
 — and glycerol, 364
 — heptanol, 422
 — hydroperselenide, 344
 — hydropersulfide, 334
 — and intake of food, 45
 — lipids and lipoids, 160, 657
 — and local pH, 55, 58
 — mono-ammonium phosphate, 54
 — osteoarthritis, 50
 — and oxidoreduction potential, 59
 — and oxygen, 405, 407
 — pathological, 44, 47, 553
 — patterns, 47, 532, 561
 — perselenide, 344
 — physiological, 44, 552

- Pain and potassium, 49, 421
 — propionic aldehyde, 536
 — and radiation, 253
 — as sensorial sensation, 552
 — sodium bicarbonate, 54
 Painful phase of cancer, 40
 Palmitic acid, 601, 639
 Pancreas and zinc, 401
 Pancreatic secretions, 230
 Papilloma, 292
 Para-amino-benzoic-acid, 393
 Paralysis, diphtheria, 199
 — of the posterior limbs in shock, 226
 — induced by cholesterol, 371, 644
 Parasyphilitic manifestations, 204
 Parinaric acid, 320, 700, 703
 — — quenching effect of, 707
 Parinarium laurinum seeds, 700
 Paroxysmal hemoglobinuria, 673
 Paroxysmic tachycardia and lipoids, 662
 Partial inactivation of viruses, 294
 Pathogenic action of fatty acids, 135
 Pathogenesis of cancer, 264
 Pathological changes in shock, 227
 — hemorrhage, 439
 — itching, 61, 563
 — pain, 44, 47, 553
 Patterns, blood, 86
 — in cancer, 99
 — in dyspnea, 77
 — and fatty acids, 148, 168
 — of impaired hearing, 73, 430
 — of itching, 61, 435
 — and levels, 82, 83
 — and manic depressive, 75
 — of pain, 45, 421
 — and sterols, 148, 168
 — in trauma, 423
 — in urine analyses, 86, 90
 — in vertigo, 67, 428
 Pauli exclusion principle, 4
 Pemphigus and glucosamine, 438
 Pendant drop surface tension, 575
 Penetrating rays, 260
 Pentaenic fatty acids, 374, 700
 — — — and adrenals, 374
 Pentanol, 383
 Per-acids, 345
 Perfume rancidity, 128
 Periodic chart, elements, 105, 349, 394
 Peritoneal petechiae, 228
 Peritumoral fats and mercury, 402
 Permeability, cell membrane and fatty acids, 129
 — — — and sterols, 127
 Peroxidases, 409
 — in rancidity, 128
 Peroxides, 146, 409
 — of fatty acids, 129, 132, 327
 — and iodometry, 593
 — and radiation, 254, 525, 594, 683, 726
 — and schizophrenia, 419, 594
 — and selenium, 343
 — in urine, 86, 102, 132, 254, 265-266, 525, 592
 Perselenides, 344, 519, 533
 Persulfides, 336, 422, 491, 533
 Pertussis, 197
 Petechiae, 228
 pH, see also S.d.c. pH
 — local, 55, 166, 316
 — tumors and glucose, 368
 — urine, 90, 532, 557
 Phages and arachidonic acid, 316
 — and glycerol, 364
 — and lipids, 656
 — see also specific agents
 Pharmacology, see pharmacodynamic activity
 Pharmacodynamic activity
 — — abnormal fatty acids, 319
 — — acid lipidic fractions, 317
 — — agents with negative polar group, 312, 329
 — — — — positive polar group, 362, 375
 — — alcohols, 375, 380, 389
 — — alpha hydroxy fatty acids, 326
 — — — thio fatty acids, 338
 — — antifatty acids constituents, 362
 — — antioxidants, 409
 — — arsenic, bismuth, mercury, 402
 — — bixine, 324
 — — butanol, 375
 — — calcium, 354
 — — cations, 395
 — — chlorine, fluorine, 403
 — — cobalt, 360
 — — compounds with thiol groups, 335
 — — copper, 358
 — — corticoids, 372
 — — diols, 387
 — — elements, 349, 361, 391
 — — epichlorohydrin, 348
 — — fatty acids, 312, 326
 — — glucose, glycerophosphoric acid, 368
 — — glycerol, 363
 — — halogen compounds fatty acids, 328
 — — heavy elements, 361
 — — heptyl- and hexyldiselenide, 343
 — — hydropersulfides, 334
 — — iodine, 405
 — — iron, 399
 — — lipoalcohols, 388

- Pharmacodynamic activity magnesium, 349
 — manganese, 360
 — mercaptans, 330
 — monovalent cations, 395
 — oxygen, 405
 — peroxidases, 409
 — polyols, 387
 — potassium, 399
 — procaine, 391
 — saturated fatty acids, 312
 — selenium lipoids, 342
 — sterols, 369
 — sulfur compounds, 340
 — — mustard, 346
 — tetrahydronaphthalene perselenide, 344
 — — — persulfides, 336
 — — — thioglycolic series, 338
 — — — thiosulfates, 336
 — — unsaponifiable fractions, 371
 — — unsaturated fatty acids, 313
 — zinc, 401
- Phenol excretion, 147
- Phlebitis and wheal resorption, 566, 567
- Phosphates excretion, 86, 102, 166, 595
- Phospholipids, 136, 369
 — and copper, 359
- Phosphorus and cancer, 359
- Phylogenetic allotropy, 302
 — development and defense, 222
 — and organization, 24
- Physical exercise and shock, 229, 671
- Physicomathematical approach to carcinogenesis, 270
 — aspect of lipoids, 615
- Physiological itching, 562
 — pain, 44, 552, 562
- Phytosterol, 369
- Pituitary glands and copper, 360
- Place in organization, animals, 30
 — — biological realm, 20
 — — chromomeres and chromomata, 17, 18
 — — genes, 26
 — — internal sea, 30
 — — micelles, 10
 — — microbes, 26
 — — monocellular organisms, 26
 — — nuclei, 17, 18
 — — nucleolus, 23
 — — plants, 30
 — — polymolecular formations, 9
 — — protoplasmatic formations, 23
 — — ribo-nucleic acid, 23
 — — subnuclear realm, 543
 — — viruses, 26, 690
- Placenta extracts and cancer therapy, 463
 — fatty acids, 469
 — lipoacids, 679
 — unsaponifiable fractions, 257, 371, 429, 469, 656, 679, 710, 715
- Plague, 197
- Plants, place in organization, 30
- Plastic surgery and butanol, 443, 725
- Plasma bicarbonate, 555
- Pleural petechiae, 228
- Plurality of phases in cancer, 264
- Pneumococcal pneumonia, 198
- Pneumonia, crisis, 198
- Polar groups, 120
- Polar nucleophilic centers, 144
- Polarity of tetrahymena, 158
- Poliomyelitis, 197
 — paralysis, 654
- Polyalcohols, 387
- Polyconjugated fatty alcohols, 388
- Polycyclic chain, 137
- Polyethylene amines, 278
- Polymolecular formations, place in organization, 9
- Polyols, 387
- Polyunsaturated alcohols and arteriosclerosis, 458
 — — pharmacology, 388
 — — and trauma, 424, 426
 — — and treatment of cancer, 533, 534
 — fatty acids and pain, 422
 — — — and sterols, 369
 — — — transport, 695
 — — — treatment of cancer, 468
 — — — tumors, 313
- Polyuria, 83, 102
- Porphyritic acids, 146
- Positive amino acids and cancer, 169, 551
 — — — and radiation, 236
 — carbons of fatty acids, 131, 132, 621
 — charged lipoids, 118
 — negative dipolarity, 141
 — phase in hemoshock, 183
- Positron, 544
- Postoperative care, 442
 — healing period, 426
 — pain, 424
 — treatment, 426
- Potassium and ACTH, 398
 — in blood, 86
 — and calcium, 356
 — in cancer, 396, 547
 — and cellular compartment, 610
 — content of blood serum and pain, 49
 — content and lipids, 166
 — distribution, 547
 — and glucose, 398

- Potassium and heart, 614
 — in hemoshock, 612
 — in hydrosphere and lithosphere, 547
 — and insulin, 398
 — intracellular, 547
 — iodide, 405
 — and metazoic compartment, 610
 — and meteorological influences, 651
 — and muscle activity, 611
 — and offbalances, 357, 613
 — and pain, 49, 60
 — and periodic chart, 105, 111
 — and red cells, 611
 — S.d.c. pH, 600
 — and selenium, 615
 — in therapy, 615
 — thiosulfate, 337
 — in total blood, 415
 Precancerous lesions, 268, 550
 — phase, 39
 Precipitation, 179
 Pre-ferments in mitochondria, 223
 Pregnancy, urinary surface tension, 588
 Present form of cancer treatment, 531
 Preterminal phase of cancer, 40
 Preventive action of elements in cancer,
 355, 358, 360
 Previruses, 691
 Primary stage of defense, 178
 — syphilitic lesion, 203
 — toxic processes, 178
 — tuberculous chancre, 204
 Principal parts in organization, 13
 Problems in cancer, 264
 Procaine, 291, 604
 — and angina pain, 392
 — and old age, 393
 Progesterone, 144, 604
 Proliferation of connective tissue, 407
 Prolongation of the life span, 159, 656
 Prolonged cellular youth, 82, 102, 658,
 661
 — hemoshock, 176
 — phases of shock, 176
 Promezons, 545
 Propanoic acid, 121
 Proper level element, 350
 Properdin system, 215
 — — and magnesium, 355
 Propionic aldehyde, 123, 329, 422, 533
 Propyl alcohol, 122, 602
 — isocyanide, 123
 — mercaptan, 332
 Prostate and zinc, 401
 Prostatectomy and butanol, 723
 Prostatic cancer and circumcision, 305
 Protamines and heparin, 569
 — and radiation, 236
 Protective antibodies, 191
 Protein hydrolysis and shock, 174, 227
 Proteolytic enzymes and hemorrhage, 444
 — — and hemoshock, 174
 Proteopathic sensations, itching, 562
 Protoplasmatic formations, place in or-
 ganization, 23
 Protons, 545
 Psychic states, adrenals, 309
 Psychological factors and cancer, 308
 Pycnosis, 82
 — and lipids, 160
 Pyretogenics, 604
 Pyruvic acid, in foci, 60

 QUALITATIVE abnormality elements, 350,
 351
 Quantas and organization, 33
 Quantum analysis of carcinogenesis, 271
 Quantum forces *in atom*, 4
 — — in micelles, 10
 — — in molecules, 6, 9
 — — as organizational forces, 5
 — — polymolecular formations, 9
 Quenching of fluorescence of carcinogens,
 695
 — see also specific agents
 — conjugated fatty acids, 697
 — conjugated tetraenes, 703
 — different agents, 709
 — eleostearic acid, 699
 — fish oil fatty acids, 698
 — of methylcholanthrene, 696
 — parinaric acid, 707
 Quinine, 604

 RABBIT brain, 156
 Rabies, 197, 202
 Radiation, 236-263, 380, 545
 — and adrenal, 257
 — and biological realm, 26, 545
 — burns and lipoids, 380
 — and cancer, 261, 262, 529, 638, 726
 — and chemotherapy, 524, 726
 — and erythema, 250
 — and fatty acids, 236, 238, 248, 258,
 254, 319, 322, 524
 — induced offbalances, 261, 683
 — ionizing, 545
 — lesions, 249, 254, 256, 316
 — and lipids, 236, 238, 242, 252, 262,
 625, 683
 — and lymphatic organs, 257
 — and membrane permeability, 253

- Radiation and oxalic index, 238, 240, 245, 251, 253, 682
 — and pain, 253
 — and proteins, 236, 257
 — ulceration, 250
 — and unsaponifiable fractions, 256, 371, 429
 — and urine analyses, 254, 255, 261, 262, 524, 525, 683, 726
 — and vascular lesions, 254, 256
 — and zinc, 401
 Radioactive sodium, 253
 — sources, 241
 Radiomimetic effect of fatty acids, 259
 Radiotherapy, 524, 638
 — biologically guided, 261
 — and chemotherapy, 726
 Radium burns, 252, 410, 427
 — in monel metal, 240, 242, 252
 — in platinum, 241
 Rancidity, abnormal fatty acids, 133
 — of edible fats, 410
 — of fatty acids, 128
 — peroxidase, 129
 Rapid aging and calcium, 357
 — — cellular, 102, 166
 Rat sarcoma and ethylmercaptan, 332
 Reactivation of viruses, 294
 Rectum and lipids, 162
 Recurrent fever, 197
 Red cells, fatty acids, 315, 316, 662, 664, 665
 — — and lipids transport, 666
 — — and oxygen transport, 667
 — — and potassium, 611
 — — rouleaux and sludges, 678
 — — sedimentation rate, 86, 166, 663
 — — and sterols, 369, 370, 455, 663, 668
 — — vacuolation, 664
 Reduced metals, 399
 Regeneration of liver, 161
 — — — and calcium, 356
 — — — and lipids, 162, 658
 Relationship between corticoids, 637
 Renal active reabsorption, 90
 Renal colic, 432
 Renal excretion, 90
 Repeated passage and virus pathogenicity, 295
 Resonance forms, 8
 — — and allotropy, 302
 — — benzene, 8
 — — carboxyl, 8
 — — hydroxonium ion, 8
 — in cancer pathogenesis, 302
 Residual charge, 544
 — fluorescence, 696
 Respiratory oxybiotic phase and foci, 60
 Results, evaluation of, 417
 Retention index, 90, 594
 RES and cholesterol, 456
 — in defense, 223
 Rheumatic fever, 204
 Rheumatoid arthritis, 435
 Rhino-pharyngeal infections, 431
 Rhythm, cardiac, 659
 — in nature, 34
 Ribo-nucleic acid in organization, 28
 Ricinoleic alcohol, 388, 389
 Ricinoleic triglyceride, 136
 Rickettsia, 197
 Rigidity of the cyclic chain, 137
 Role of adrenals in defense, 638
 — — — in radiation, 259
 — — — in regeneration, 162, 658
 — — calcium permeability, 126
 — — constants in organization, 28
 — — fatty acids, 126
 — — lipids in blood physiology, 662
 Rouleaux formation and lipids, 678
 — — in shock, 233
 Rous sarcoma, 295
 Rubber hydroperoxides, 129
 Rubidium, 107, 398
 SAFFLOWER oil lipo-alcohols, 388
 Salivary gland and rabies, 299
 Salicylic aldehyde and pain, 422
 Saponifiable fractions, see lipoacids and acid lipidic fraction
 Saponine, 604
 Sarcomatoid character of tumors, 716
 — transformation of tumors, 372
 Saturated fatty acids, caloric role, 129
 — — — defense against, 639
 — — — and glycerol, 362
 — — — pharmacology, 312
 — — — in rancidity, 128
 — — — and S.d.c. pH, 601
 Saturation and desaturation in liver, 619
 Scar forming effect, radiation, 256
 Schizophrenia and butanol, 718
 — and urine peroxides, 41, 419
 Sclerotic scar in hearing impairment, 43
 Screening project in cancer, 417
 Second day wound crust pH, 104, 313, 334, 336, 357, 380, 392, 597-613
 — see specific agents
 — — — biological factors, 608
 — — — chemical agents, 599
 — — — and physical agents, 607
 Sea constitution, 108

- Seasonal changes in viral infections, 297
 Seasons and lipids, 152
 Second law of thermodynamics, 2
 Secondary antigens, 204
 — and environmental influences, 221
 — parts in organization, 13
 Sedative effect of oxygen, 407
 Sedimentation rate and lipids, 662
 Selective passage through membranes, 126
 Selenic and selenious acids, 342
 Selenium cancer therapy, 512, 518, 526, 530, 533, 534, 535
 — lipoids, 342
 — and oxidizing substances, 343
 — periodic chart, 105
 — and potassium, 615
 — and S.d.c. pH, 600
 Self sterilization of neuro-infections, 294
 Semi-polar center in fatty acids, 131
 Sensorial pain, 44
 Separating membrane, 616
 Serial treatment of tumors, 715
 Serum albumin, 172
 — antitryptic power, 172, 227
 — cytolytic activity, 691
 — and pain, 49, 421
 — potassium, 111, 352, 415, 532
 Seventh day manifestations, 210
 Sex and hormones, 139
 — and lipids, 149
 Sexual intercourse and lipids, 151
 SH, see sulfhydryl
 Shared electrons, 6
 Sheep pox virus, 295
 Shock, acute, 226, 679
 — in advanced cancer, 420
 — and alkaline substances, 30
 — and butanol, 380
 — and butanol-sodium lactate, 723
 — and carbonate ions, 230
 — and cellular vacuolation, 228
 — and chlorides, 230, 396, 404, 419
 — and cholesterol, 370
 — and clinical manifestations, 226
 — and dark color of blood, 225, 228
 — and diphasic phenomenon, 227
 — and fatty acids, 227-262, 319, 322, 667, 679, 680
 — induction, 226, 233, 679
 — and infectious diseases, 195
 — and lipids, 225, 227, 667
 — mechanism, 227
 — and morphine, 174, 229, 670
 — and oxalic index, 227, 248, 680
 — pathogenesis, 225
 — pathological changes, 227, 228, 232
 Shock and physical exercise, 229, 671
 — and red cells, 233
 — and sodium chloride, 229, 231
 — state of, 228, 232, 404, 419, 625, 679
 — and sterols, 234
 — superacute, 233, 679
 — therapy, 234
 — types of, 225
 — and unsaponifiable fractions, 372
 Silicon and calcium, 356
 Skin allergy, 673
 Skin wheal, 83, 102, 419, 566
 Sleep and lipids, 150
 Sloughing of wounds, 161
 Sludge blood format., 166
 — — — and lipids, 678
 — — — in shock, 233
 Smallpox and conjugated fatty acids, 322
 — and lipids, 316, 654, 655
 — receptivity and lipoids, 155
 — and temperature, 156, 654
 — and unsaponifiable fractions, 372
 Smegma and cancer, 305
 SO₂ as polar group, 120
 Social hierarchic organization, 548
 Sodium, alkaline compounds and pain, 60
 — and atheromas, 395
 — azide, 573
 — benzoate, butanol, 720
 — bicarbonate and pain, 54
 — chloride and adrenalectomy, 712
 — — and defense, 640
 — — and shock, 229, 231, 404, 419
 — distribution, 547
 — excretion, 102
 — index, 595
 — lactate and butanol, 380, 427, 720
 — and periodic chart, 105, 111, 394
 — and radiation, 253
 — and S.d.c. pH, 600
 — tetrathionate, 338
 — thiosulfate, 336, 482, 533, 709
 Solar energy and organization, 33
 Solubility of lipoids, 114, 119
 Solvent fractionation of lipids, 622
 Somnolence, 83, 102, 166
 Species and phylogenetic allotropy, 302
 Specific gravity, urine, 86, 102, 532
 Spectral analysis, fatty acids, 134, 238, 626
 — — of lipids, 626
 — — methylcholanthrene, 283
 Spermatozoids and zinc, 401
 Splanchnic vasodilation in shock, 228
 Spleen and radiation, 257
 — and RES, 175

- Squalene and cholesterol, 631
 Squid extracts, 673
 Stapes mobilization, 430
 Starvation, lipids, 624
 Status epilepticus and magnesium, 356
 Stearic acid, defense against, 639
 Steric coupling, 142, 633
 — position, 141
 Steroids, 137, 146, 466
 — deriving from arachidonic acid, 631
 — and fatty acids, 316
 — energetic centers, 635
 — with a two-carbon chain, 143
 — see also specific steroids
 Sterols, see also cholesterol
 — and arachidonic acid, 316, 631
 — and Arneth's formula, 668
 — and brain, 369
 — and cancer, 369-373, 715
 — and cancer therapy, 466
 — and fever, 175
 — functional role, 363
 — and hemorrhages, 440
 — as lipids, 141
 — and patterns, 148-168
 — and permeability, 127
 — and polyunsaturated fatty acids, 362, 369
 — and red cells, 369
 — and S.d.c. pH, 603
 — in shock, 234
 — and viruses, 155, 297, 298, 654, 655, 656
 Stomach mucous membrane and shock, 229
 Stone, urinary and surface tension, 648
 Street virus, 203
 Streptococcal infections, 204
 Strontium, 105, 361, 600
 Subgroup incompatibility and shock, 226
 Sublethal irradiation and oxalic index, 682
 Subnuclear compartment, 26
 — — elements, 108
 — — organization, 543
 Successive serial transplants, 715-717
 Sulfa drugs, 604
 Sulfate excretion, 86, 102
 — and S.d.c. pH, 600
 Sulfo-conjugated, 147, 342, 641
 Sulfur, see also specific substances
 — metabolism, 341
 — — and copper, 359
 — — mustard, 345
 — — and induced lesions, 346
 — — and lipids, 625
 — — in periodic chart, 105
 — Sulfur in treatment of fatty acids, 700
 — Sulfuric anions, 147, 342
 — Sulfurized oil, see hydropersulfides
 — — and cancer therapy, 481
 — — tetrahydronaphthalene, see sulfurized tetraline
 — — tetraline, 336, 422, 491
 — Sulfhydryl determination, 573
 — — excretion, 86, 166
 — — index, 385, 595
 — — — and radiation, 257
 — — and iron, 399
 — — and mercury, 402
 Sunburn, 427
 Suprarenine and S.d.c. pH, 604
 Surface tension, see urinary surface tension
 Synjugated formations, 283
 Synthesis of aminosugars, 145, 437, 636
 Synthetic anti-fatty acids, 375
 Systemic analyses, 85
 — level, 83, 164
 — pattern, 83-90
 — — effect of lipids, 164, 165, 166
 Symptomatic pain, 44, 552
 Syphilis, 203
 Systematization of infectious diseases, 196
 Swine influenza, 295

 TACHYCARDIA, 83, 166
 Tar preparations, tumors, 300
 Teleradiotherapy, 260
 Temperature-body, dualism, 83
 — — hydropersulfides, 334
 — — and lipids, 152, 164
 — of environment and S.T., 581, 582, 589
 — — and viral infection, 654
 Template hypothesis, 636
 Terminal phase, cancer, 41
 Tert. Alcohols, 122, 123
 Tertiary syphilitic lesions, 204
 Tests for cancer, 264
 Testosterone, 141
 — and calcium, 358
 Tetany, 355
 Tetanus, 197, 202
 9, 12, 13 tetrachlorostearic acid, 404, 405
 Tetraenic fatty acids, 700
 Tetrahydronaphthalene, see Tetralin
 Tetrahymena pyriformis, see also specific agents
 — — fatty acids, 646
 — — and glycerol, 364
 — — and lipids, 158, 657
 — — and procaine, 392
 — — survival, 656

- Tetralin persulfides, 336, 422, 491, 533
 — perselenide, 344, 518, 533
 Tetrathioctearic acid, 335
 Therapeutic approach, see Treatment
 Thermal shock and oxalic index, 248
 Thiamine induced convulsions and fatty acids, 163
 — — — and thiosulfate, 337
 — — — see also specific agents
 — — — and hemorrhage, 440
 Thioglycolic series, 338
 Thiophene nucleus, 274
 Thiosulfates and cancer therapy, 482, 533
 — pharmacology, 336, 337
 — second day wound crust pH, 600
 Thorium, alpha particles, 241
 Thrombopenia and hemorrhagiparous agents, 441
 Thrombosis and cholesterol, 370
 — and magnesium, 355
 Thymus and radiation, 257
 Thyroid and glycerophosphoric acid, 369
 Thyroidectomy, 644
 Time of day, itching ad pain, 62
 — — and lipids and surface tension, 151
 Tissue level, 27, 40, 57, 83, 312
 Tissues, conjugated fatty acids, 322
 Titrimetric alkalinity of blood, 46, 557
 Tocopherols, 410
 Toluidine blue, 89
 Tongue cancer and iodine, 404
 Total blood potassium, 415, 571
 Toxic mechanism in defense, 196
 — stage in defense, 178
 Toxicity, see specific agents
 Transfusion and shock, 226
 Transitory somnolence and cholesterol, 370
 Transplanted tumors, 616, 715
 Transport of fatty acids, 695
 — of norbixine, 694
 — of oxygen, 657
 Traube stalactometer 576
 Trauma and acid-base balance, 50
 — and alcohols, 424
 — alkaline pattern, 423
 — and cholesterol, 370
 — and conjugated trienes, 375
 — and defense, 640
 — and heterogenization, 206
 Traumatic injuries and oxygen, 405
 — pain and butanol, 723
 — shock and fatty acids, 679
 — and oxalic index, 248
 Treatment of cancer, 461-542
 — — acid lipidic fractions, 468
 Treatment of agents, 533
 — — butanol, 493
 — — biological guided chemotherapy, 526
 — — cod liver oil fatty acids, 466
 — — conduct of treatment, 536
 — — conjugated fatty acids, 501
 — — criteria of, 532
 — — glycerol, 493
 — — heterogeneous agents, 508
 — — mercaptans, 476
 — — present form, 531-537
 — — radiation, 524
 — — selenium preparation, 512
 — — sterols, 466
 — — sulfurized oil, 481
 — — tetralin perselenide, 518
 — — persulfides, 491
 — — thiosulfates, 482
 — — unsaponifiable fractions, 468
 — — see also Other agents
 Treatments, guided, 413
 — agents, 416
 — criteria, 415,
 — evaluation, 417
 — individualized, 413
 — in successive generations, 715
 — tumors in animals, 417
 — of other conditions than cancer, 418
 — of acid-base manifestation, 420
 — of allergic conditions, 451
 — of arteriosclerosis, 457
 — of arthritis, 435
 — of burns, 426
 — of gallbladder colic, 435
 — of hearing impairment, 430
 — of hemorrhage, 439
 — of itching, 435
 — of pain, 421
 — of trauma, 423
 — of vertigo, 428
 Trichlorethylene, 404
 Trigeminal neuralgia, butanol treatment, 721
 Trichloropropane, 340
 Triglycerine compounds, 135
 Triphenylethylenic acid, 276
 Tryptophane oxidation, 132
 Tubercle bacilli, lipidic fraction, 193, 205
 Tuberculin, 208
 Tuberculosis, 203
 Tularemia, 197
 Tumors, see also cancer, different agents
 — and calcium, 359
 — and chloride content, 312, 710, 716
 — and cholesterol, 370
 — and conjugated fatty acids, 322

- Tumors and copper, 111, 360
 — and cytolytic activity, 691
 — and defense, 212
 — and dualism pain, 101
 — encephaloid transf., 352
 — and ethyl mercaptan, 333
 — and fatty acids, 312, 313, 326, 332, 466, 473, 533, 703 710, 715
 — fibrangiomas, 295
 — and glycerol, 365
 — grafts in humans, 214
 — growing, 40
 — hemangiomas form, 401
 — and heptanol, 384
 — and immunity, 214-220
 — and iron, 400
 — induced, see carcinogenesis
 — and linoleic acid, 315
 — lipids and lipoids, see specific substances
 — and magnesium, 355
 — and manganese, 360
 — massive, 653
 — and mercaptans, 332, 477
 — and methylcholanthrene, 300, 373
 — and molybdenum, 399
 — multiple, 270
 — necrotic and non-necrotic, 160
 — and OH fatty acids, 326, 710
 — papilloma, 292
 — and potassium, 396
 — and radiation, 261, 262, 524, 683, 726
 — and sterols, 148, 168, 369-373, 466, 715
 — and sulfur, 336, 346, 422, 481, 491
 — see also specific agents
 — and sulfur mustard, 346
 — ulcerated, 333, 653
 — and unsaponifiable fractions, 306, 372, 468
 — and viruses, 290-301
 — Walker's, 209, 326, 401, 608, 625, 653
 — and zinc, 401
 Tung oil, 320
 Turpentine oil, 345
 Twin formation, 271, 627
 — — in carcinogens, 271
 — — methylcholanthrene, 273
 Types of offbalance, see offbalance A and D
 — — carcinogenic effect, 290
 Typhoid, 197, 201, 218
 Typhus, 197
- ULCERATION as homotropic process, 224
 — and lipids, 160, 333, 653
- Ultra-violet irradiated bacteriophage, 299
 — ray burns, 427
 Unsaponifiable fractions as antifatty acids, 371
 — — and anuria, 427
 — — and blood, 662
 — — and cancer, 306, 372
 — — and cancer therapy, 468, 533
 — — clinical effects, 371, 372, 373
 — — convulsions, 448
 — — cytolytic activity of sera, 694
 — — fractionation, 623
 — — of liver, 533
 — — origin of, 371, 372
 — — of organs, 468
 — — and pain, 422
 — — of placenta, 468
 — — pharmacology, 371
 — — and radiation, 256
 — — and regeneration, 658
 — — and rouleaux, 679
 — — and shock, 372, 680
 — — and transplants, 210
 — — and viruses, 297
 Unsaturated nonpolar group in rancidity, 129
 — fatty acid, see fatty acids
 — and red cells, 667
 Ureoselic nitrogen metabolism, 596
 Urethane and carcinogenesis, 276, 307, 689
 Uricoselic nitrogen metabolism, 596
 Urine analyses, 93, 102, 132, 313, 317, 386, 532, 555, 584, 590
 — — calcium excretion index, 532
 — — chloride, 166, 532, 595
 — — different substances, 86
 — — effect on, see specific agents
 — — excretion and retention index, 532
 — — glucuronic acid, 641
 — — oxidoreduction potential, 86, 89, 590
 — — oxidizing substances, see peroxides
 — — patterns, 90
 — — peroxides, 89, 132, 254, 419, 525, 683
 Urine pH, 46, 90, 368, 532, 557
 — — and blood titrimetric alkalinity, 555
 — — specific gravity, 86, 415, 532
 — — sulfhydryl, 166, 573, 595
 Urinary surface tension, 86, 102, 152, 532, 536
 — — — and adrenalectomy, 588
 — — — in animals, 584
 — — — and cancer therapy, 533
 — — — and colloids, 590, 648

- Urinary surface tension and environmental temperature, 652
 ——— experimental research, 589
 ——— heptanol, 385
 ——— nature of factors, 580
 ——— in normal physiology, 581
 ——— and old age, 419, 646
 ——— in pregnancy, 588
 ——— and radiation, 257, 524, 683
 ——— and stone formation, 648
 ——— technical problem, 575
 ——— urotensiometer, 578
- VACUOLES in brain cells, 228
 Vacuolization of red cells, 664
 Valency bridge, 9
 Valeric acid, 121, 123
 van der Waals cohesion forces, 24, 119, 377
 Vapor fractionation of fatty acids, 134, 627
 Vascular headaches, 423
 Vascular sclerosis and radiation, 256
 Vegetative nervous system, 175
 Verruga peruviana, 295
 Vertigo as an acid-base symptom, 61
 — patterns, 69, 428
 — treatment, 428
 Virus and cancer, 290-301
 — and clupanodonic acid, 317
 — and conjugated fatty acids, 322
 — constitution, 690
 — encephalitis, 654
 — fatty acids and anti-fatty acids, 296
 — and glycerol, 364
 — and hormones, 301
 — and the host, 295
 — infection in children, 156
 — lipids and temperature, 654
 — and lipoids, 296, see also specific agents
- Virus pathogenicity
 — place in organization, 26, 690
 — plural activity, 293
 — and seasonal changes, 297
 — and tumors, 290-301
 — two types, 290
 Vitamins A, B₁, B₂, B₆, D, E, K and S.d.c. pH, 604
 Volcanoes, 108
- WALKER tumor, 326
 — and lipids, 625
 — and S.d.c. pH, 608
 — variation, 653
 — and zinc, 401
 Water circulation and organization. 30
 — excretion, 166
 — and nitrogen metabolism, 595
 Wheal resorption, 83, 119
 — in abnormal condition, 566
 — and old age, 419
 Widows and cancer, 308
 Wounds, see also S.d.c. pH
 — atonic and oxygen, 406
 — and chlorides, 211
 — healing, 161, 658
- X-RAYS, see radiation
- YOUTH characters, 357, 654
 — effect of lipids, 165
 — persistence, 82, 661
 Youth and viruses, 156, 654
- ZINC, 359, 401
 — and calcium, 356
 — and copper, 359
 — in periodic chart, 105, 394
 — pharmacology, 401
 — and testes teratomas, 298
 — and various effects, 401

