

α -Fetoprotein in Testicular Tumors

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α -fetoprotein in 20 cases with testicular tumors was measured by radioimmunoassay. Based on Dixon and Moor's classification, testicular tumors were histologically divided into five groups—group I (7 cases), II (9), III (2), IV (2), and V (0). Histology in groups II, IV, and V included embryonal carcinoma.

α -fetoprotein values above 20ng/ml were evaluated as positive. Positive values were observed in 3 out of the 9 cases in group II, and 1 out of the 2 in group IV. In groups I and III, all cases showed normal values.

α -fetoprotein values in 9 out of the 20 cases were measured from time to time before castration for testicular tumors. Abnormal values were obtained in 3 out of the 4 cases with testicular tumors containing embryonal tissues in these 9 cases

These results revealed that α -fetoprotein measurement for patients with testicular tumors is valuable in the differential diagnosis of embryonal testicular tumors and in the follow-up of prognosis. Accordingly, routine measurement of α -fetoprotein is indispensable for testicular tumors.

Effect of Hormonal Therapy on Plasma FSH, LH and Testosterone Levels in Prostatic Carcinoma

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Plasma FSH, LH and testosterone were estimated before and after administration of LH-RH in patients who had had various forms of endocrine treatment for prostatic cancer.

Plasma FSH and LH levels were elevated after administration of LH-RH immediately after orchidectomy with hexestrol. However,

the plasma testosterone level fell to lower amounts than that found in normal women, irrespective of the clinical response. Subsequently the response of pituitary to LH-RH was suppressed over a period of six months' estrogen therapy. However, the sensitivity of adrenal cortex to LH was elevated, a small but sign-