

Heterologous Tumor Transplantation by Intravenous Inoculation of the Chick Embryo¹

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In general, tissue transplanted from one species to another fails to grow. Whether donor tissue is normal or neoplastic, the antagonistic response of the recipient usually precludes survival of heterologous transplants.

Explantation of tumor tissue with survival for varying periods has been accomplished by tissue culture techniques; by inoculation of neoplastic cells into the anterior chamber of the guinea pig or rabbit eye; and by inoculation of such cells onto the chorioallantoic membrane or into the yolk sac of the chick embryo.

There is no evidence to indicate that the chick embryo forms antibodies before the 18th day of incubation. The fact that many types of tissue from various sources have been grown for short periods on the chorioallantoic membrane may well be related to the absence of antibody formation.

Previous experience (1) with intravenous inoculation of chick embryos with suspensions of *Myco. tuberculosis* suggested that this method might be useful in establishing heterologous tumor growth within the embryo.

Sterile tumor tissue was obtained from patients at operation, from tumor-bearing rats and mice, and from tissue culture. The tumor tissue was collected under aseptic precautions and placed in sterile physiological saline solution. It was then forced through a 70-mesh Monel wire screen and a cell suspension prepared in physiological saline solution. It has been determined previously that cell suspensions produced in this manner contain viable tumor cells (2).

Chick embryos incubated for 11 days were prepared for intravenous injection by removal of the shell over the air sac and exposure of the allantoic veins by reflection of a portion of the shell membrane. The technic has been reported previously in detail (1). An inoculum of 0.05 cc of cell suspension was injected intravenously into each embryo. A total of 278 embryos were injected in a series of 17 experiments. Approximately 50% of the embryos survived and were opened for examination on the 20th day of incubation.

In the experiments in which human tumor tissue was used there were 4 embryos (10% of survivors) which showed tumor "takes" upon histologic examination. The transplantation of the C57 strain mouse sarcoma (#241) was more successful. Twenty per cent of surviving embryos injected with a cell suspension prepared

from this mouse sarcoma have shown tumor growth. In the entire series of experiments there was evidence of tumor growth in the brain or liver of 13% of surviving embryos.

The neoplastic cells maintained their histologic character in the embryo and closely resembled the parent tumors. This morphologic evidence suggests the probable identity of the transplants with the parent tumors.

References

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Diffuse and Nodular Hyperplasia of the Thyroid Gland in Thiouracil-treated Rats¹

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In 1927, Wegelin (10) reported thyroid adenomata in rats on stock and experimental diets in endemic goiter regions in Switzerland and observed a malignant spindle-cell sarcoma of the thyroid with metastases to the lungs, myocardium, and pericardium in an old rat. The occurrence of adenomata in the thyroid glands of aged rats has been infrequently reported (3, 6, 8, 9, 10). Hellwig (5) observed thyroid adenomata in albino rats receiving a calcium-rich goitrogenic diet for 140 days. Bielschowsky (1) produced benign and malignant tumors of the thyroid in rats by the simultaneous or successive administration of 2-acetyl-amino-fluorene and allyl-thiourea for long periods of time; however, neither drug alone produced neoplastic growths in the thyroids. Griesbach, Kennedy, and Purves (4) noted that diets containing 45% *Brassica* seeds could produce multiple thyroid adenomata in rats and that the seeds contained chemical substances related to thiouracil and sulfonamides. Purves and Griesbach (7) observed adenomata of the thyroid gland in a high percentage of animals treated with thiourea for 12 months or more, and such neoplasms had a tendency to become malignant when the administration of thiourea was extended to 20 months or longer. In two animals with malignant tumors metastases to the lungs were observed. Donald and Dunlop (2) reported "extreme parenchymatous hyperplasia and an almost complete absence of colloid" in a patient given thiouracil for 5 months.

The purpose of our report is to indicate the high incidence of diffuse and nodular hyperplasia of the thyroid gland induced by prolonged administration of thiouracil. This is a part of a general study showing that thiouracil-induced hypothyroidism is accompanied by increased severity in rat polyarthritis induced by pleuropneumonia-like organisms (L strain). The details of this study will be reported separately.

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