

(Ⅲ) 61~98.3%; (Ⅳ) 99.5~100%; (Ⅴ) 99.69~100%; (Ⅵ) 98.5%~99.39; (Ⅶ) 99.2~99.8%; (Ⅷ) 99.18~100%; respectively, with high tumor regression rates from 5/10 to 10/10. The 95-day follow-up of the regressed tumors showed, that except in individual rats with relapsing, in most rats the regressed tumors did not recur.

The dose-effect relationship of the first 6 compounds were studied in W-256 tumor, and showed that the 90% cure dose (CD_{90}) of compound (Ⅰ) was 21.2 mg/kg/D $\times$ 7; 90% inhibition dose (ID_{90}) of (Ⅰ) was 12.5 mg/kg/D $\times$ 7; ID_{90} of (Ⅱ) was 17 mg/kg/D $\times$ 7; ID_{90} of (Ⅲ) was 14.5 mg/kg/D $\times$ 7; ID_{90} of (Ⅳ) was 4.8 mg/kg/D $\times$ 7; ID_{90} of (Ⅴ) 2.38 mg/kg/D $\times$ 7; ID_{90} of (Ⅵ) was 0.21 mg/kg/D $\times$ 7. The abovementioned data showed that the tolerated doses for animals and also the antitumor doses of chelated platinum compounds, such as compounds (Ⅰ) and (Ⅱ) were higher; whereas these doses of non-chelated platinum compounds such as (Ⅵ) were lower. This may be attributed to the lower dissociation rate of the chelated compounds and to the less active substances formed.

膀胱冲洗灭菌后尿培养对尿路感染定位诊断的意义

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尿路感染的定位, 对于治疗和预后估计, 均甚重要。本文用膀胱冲洗灭菌后尿培养法对 58 例尿路感染进行定位, 在 40 例肾盂肾炎中, 符合率 60.3%, 18 例膀胱炎中, 符合率 22.4%, 故在 58 例中, 总的符合率达 82.7%, 其余 17.3%, 则因菌尿消失及其它原因, 未能定位, 本检查法虽然要插导尿管, 由于用了卡那霉素灭菌, 故不会引起新的尿路感染, 相反地, 有 3 例膀胱炎于灭菌后却获得治愈。本文资料表明, 本法是一种比较准确的直接定位诊断法, 无明显的副作用, 患者一般能乐意接受检查, 甚至对孕妇亦不禁忌, 而且设备简单、操作易掌握, 故作者推荐本法可供临床上作尿路感染定位诊断参考之用。