

whether any given lesion is cancer or simple ulcer cannot be settled by the history or by clinical means alone. Even at operation a decision cannot be made. The measured size of the ulcer may be of some help, but he has seen ulcers up to the size of a saucer that were not cancerous. Ulcers in the prepyloric region are prone to be cancerous. He re-emphasizes the chronic gastritis-ulceration-cancer sequence, but admits that the ulcer stage may be skipped in some cases. The same factors prevail for carcinomas that arise in the scar of an ulcer. As to whether the gastritis of ulcer can be differentiated from the gastritis in cancer, he feels that gastritis is not specific for either ulcer or cancer.

In the third section Konjetzny reviews the pathologic anatomy and histology of gastric carcinoma; this covers 48 pages. He considers the macroscopic picture and recognizes four main types with subdivisions. Multicentric origin is the rule. Metastasis to the stomach, which takes place by way of the blood stream or the lymphatics, is described and tabulated. The sharp edges and the situation in the submucosa help to make the diagnosis. Primary stomach cancers combined with cancers or benign tumors of other organs are discussed. The site of primary gastric cancer is in the pylorus in over 50 per cent, and nearer 75 per cent from his own observations. The microscopic picture is presented. Carcinoids may be seen in the stomach, but are rare. The question of a relationship between histologic appearances and prognosis or clinical behavior is considered; Konjetzny can find no significance in Broder's gradings in his own cases. The lymphatic drainage of the stomach is well pictured, and the relationship of gastric cancer to neighboring organs by direct extension shown by photographs. The duodenal edge is overstepped many times by gastric carcinomas, also the esophageal edge. Other complications such as perigastric

abscess, peritonitis, and empyema receive attention. Metastases via the lymphatics, blood stream, or across the peritoneum are tabulated, and the predominant lymph node involvements, both regional and distant, well covered. Both common and rare metastases are enumerated, and this whole section, indeed, is a well rounded presentation of the pertinent pathologic picture.

The fourth section covers the clinical aspect; it is about 70 pages in length. In history taking the physician should be concerned with even the most remote symptoms, for if one waits for the textbook picture an early diagnosis will never be made; the possibility does not exist, since there is no such thing as an early carcinoma on a healthy stomach wall. The relation of chronic gastritis to cancer has not been considered exhaustively enough in the past. The physician should look for gastritis and be aware of the possibility that it may progress to cancer. The signs and symptoms are given and operative treatment, exploratory laparotomy, indications for surgery, and after-care reviewed in detail. The resectability of gastric cancer has improved continuously from 1901 (18 per cent) to 1937 (58 per cent). Prognosis, operative mortality, surgical treatment, end results, 3 to 5 and 10 year survivals, recurrence, and treatment for inoperable cases are discussed with tables. This section is presented in an interesting fashion.

Throughout the volume Konjetzny expresses the view that gastric carcinoma is preceded by gastritis and ulceration. Whether this coincides with current pathological opinion or not it is a forcible presentation of the gastritis theory, and the evidence is well documented. The book is worth consideration by all those who deal with gastric conditions, and should be available in clinics where gastric carcinoma is under investigation.

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#### CORRECTION

From a source that seemed reliable at the time, but that turned out later to have been wholly unauthorized, the Editor received notice that Dr. Philip M. West wished to have his name omitted from the paper on "Demonstration of an Enzyme-Inhibiting Factor in the Serum of Cancer Patients (A Preliminary Study)" by Gregory Duboff and Samuel Hirshfeld (*Cancer Research*, 6:57-60. 1946). The authorship of the paper should read: Samuel Hirshfeld, M.D., Gregory Duboff, M.S., and Philip M. West, Ph.D., M.D.

It now appears that Dr. West fully expected recognition as a coauthor, an acknowledgment to which he had every right as he was largely responsible for perfecting the chemical technic involved.

The Editor regrets that Dr. West should have been deprived of the credit that was his due.