and cause complete regression of others. Toxin therapy may become one of the methods for treating malignant tumors.—Author's summary.

The Utilization of Intravenously Injected Salt in Normals and in Patients with Cushing's Syndrome before and after Administration of Desoxycorticosterone Acetate. Soffer, L. J., Lesnick, G., Sorkin, S. Z., Sobotka, H. H., and Jacobs, M. [Mt. Sinai Hosp., New York, N. Y.] *J. Clin. Investigation,* **23**:51-54. 1944.

This report deals with the findings in 12 normal individuals and 4 patients with Cushing's syndrome. In normal individuals the intravenous injection of salt following the intramuscular injection of a single dose of desoxycorticosterone acetate resulted in a considerable retention of injected salt, above that seen prior to the injection of the hormone. In contrast to these results, patients with Cushing's syndrome showed a pronounced sodium chloride diuresis. Five case reports are presented.—J. L. M.

Clinical and Pathological Reports

Clinical investigations are sometimes included under Reports of Research

Diagnosis—General

Diagnostic Aspects of Bronchiogenic Carcinoma. Moersch, H. J., *Proc. Staff Meet., Mayo Clin.,* **19**:357-361. 1944.

This discussion includes the following topics: roentgenographic examination, bronchoscopy, bronchography and tomography. A filling defect or obstruction of the bronchial tree as demonstrated on bronchography or tomography does not necessarily indicate that the obstruction is due to carcinoma. If possible, tissue should be obtained from the lesion itself to establish the diagnosis. Needle biopsies and thoracoscopic examinations are other diagnostic procedures that may be of help. However needle biopsies possess some element of risk and thoracoscopic examinations frequently yield negative results.—J. L. M.

The Significance of Fluid in the Pleural Space: A Study of 274 Cases. Tinney, W. S., and Olsen, A. M. *Proc. Staff Meet., Mayo Clin.,* **20**:81-85. 1945.

A review of 444 cases is given in which fluid was present in the pleural space and in which a diagnostic thoracentesis was performed. All cases of pleural effusion which developed as a postoperative complication or as the result of trauma were excluded. In 170 of the 444 cases (38%) diagnosis of the underlying disease was not established, although a tentative diagnosis of tuberculosis was made in 58 cases and metastatic carcinoma of the pleura was suspected in 46 cases. The present study on the significance of fluid in the pleural space was limited to the 274 cases in which the cause of this condition was determined.

The etiologic factors responsible for production of pleural fluid are tabulated. There was a low incidence of inflammatory lesions, such as pneumonia and tuberculosis, in contrast to the high incidence of carcinoma. These figures may be explained by (1) the types of cases encountered at the Clinic, which include a relatively large number of cases of carcinoma and lymphoblastoma and (2) the fact that all patients who had received collapse therapy were excluded. The highest incidence of pleural effusion occurred in cases of intrathoracic tumor and of carcinoma of the breast. In 42 of the 141 cases of carcinoma (30%) malignant cells were found in the aspirated fluid. The technic described by McDonald and Broders was used in studying pleural effusion for malignant cells. In 193 of the 274 cases (70%) the pleural fluid was serous in type, and in 81 cases (30%) it was hemorrhagic. The total number of cases of carcinoma and lymphoblastoma reveal that a malignant process was the underlying disease in 85% of cases of hemorrhagic effusion. In an additional 10%, the cause was congestive heart failure. This observation is of clinical significance because if congestive failure can be eliminated as a cause of bloody effusion in a specific case there is a 95% chance that a malignant process, either carcinoma or lymphoblastoma, is present. Pulmonary embolus was a complicating condition in 5 of the 8 cases of congestive failure in which the fluid was hemorrhagic.—J. L. M.

Female Genital Tract

Indications for Oophorectomy. Hodge, R. H. [Med. Coll. of Virginia, Richmond, Va.] *Virginia M. Monthly,* **72**: 286-288. 1945.

Radical surgery (bilateral salpingo-oophorectomy and hysterectomy) is indicated in carcinoma of the ovary of moderate or high malignancy and in adenocarcinoma, sarcoma, and solid teratoma of that organ. Simple oophorectomy is recommended for Brenner tumor, fibroma, and other relatively benign growths.—M. E. H.

Fatal Bronchial Asthma Showing the Asthmatic Reaction in an Ovarian Teratoma. Thomson, J. G. [Med. Sch., King's Coll., and Roy. Victoria Infirmary, Newcastle-on-Tyne, England] *J. Path. & Bact.,* **57**:213-219. 1945.

At the postmortem examination the characteristic picture of asthma was found, comprising blockage of bronchi by mucus, eosinophilous infiltration of bronchial mucosa and submucosa, hyaline thickening of the basement membranes, hypertrophy of the bronchial muscles and mucous glands, the presence of mucus in some of the air vesicles, and, in addition, Charcot-Leyden crystals and Curschmann's spirals. The case was one of status asthmaticus in which adrenaline was ineffective in relieving the condition during life. A unique feature was the presence of a typical asthmatic reaction in some epithelium of respiratory type, which was found in an ovarian teratoma. Histological appearances similar to those in the lungs were found.—L. W. P.

The Vaginal Smear in Diagnosis of Carcinoma of the Uterus. GATES, O., and WARREN, S. [Massachusetts State Tumor Diagnosis Service, Harvard Cancer Commission, and New England Deaconess Hosp., Boston; Pondville Hosp. and Dept. of Pub. Health, Walpole; and Westfield State Sanatorium, Westfield, Mass.] *Am. J. Path.*, **21**:567-601. 1945.

The practical aspects of the vaginal smear as a procedure for the routine pathologic laboratory were studied in 233 cases. The authors conclude that, while the method has yet to be clearly established as a means of final diagnosis, it is promising in a high degree and may well be of value as a screening test for detecting the existence of cervical or endometrial cancer in large groups of women. —J. G. K.

Carcinoma of the Endometrium. MEIGS, J. V. [Harvard Med. Sch., Vincent Memorial Hosp., and Massachusetts Gen. Hosp., Boston, Mass.] *New England J. Med.*, **233**:11-17. 1945.

A review article in the Medical Progress series, with 48 references.—C. W.

Conization and Early Diagnosis of Carcinoma of the Cervix. HABER, J. J. [Charleston Gen. Hosp., Charleston, W. Va.] *Am. J. Surg.*, **67**:68-76. 1945.

Review of the literature and description of the method of conization used at the Charleston General Hospital are given. This is carried out with the electrosurgical unit loop, and the extent of the procedure is classified as slight, moderate, or radical. The procedure is recommended for cervical erosion, for chronic cystic cervicitis, in cases in which amputation of the cervix, Sturmdorff's operation, or trachelorrhaphy is indicated, and before subtotal hysterectomy. Specimens obtained by conization can be used for biopsy purposes. Of 311 patients on whom conization was performed, 18 had carcinoma of the cervix, 11 had squamous metaplasia, and the remainder had other benign lesions. None was adversely affected by the procedure. Four of the carcinomas were disclosed by the conization. —W. A. B.

Cancer of the Cervix Uteri. Some Fundamental Considerations. MARTZLOFF, K. H. [Univ. of Oregon Med. Sch., Portland, Oreg.] *West. J. Surg.*, **53**:255-267. 1945.

A review with 97 references. The proper use of radiation and surgery combined, offers a better outlook than either used alone.—M. E. H.

The Diagnosis and Treatment of Carcinoma of the Fundus Uteri. SCHMITZ, H. E., SHEEHAN, J. F., and TOWNE, J. E. [Mercy Hosp., and Loyola Univ. Clin., Chicago, Ill.] *Illinois M. J.*, **87**:194-197. 1945.

The vaginal smear method of diagnosing early hidden carcinoma of the uterus holds great promise for the future. X-ray and radium, properly administered, are capable of completely destroying early adenocarcinoma of the uterine fundus.—M. E. H.

MALE GENITAL TRACT

Carcinoma of the Prostate Gland, and Benefits of Diethylstilbestrol or Orchiectomy. WATTENBERG, C. A. [Washington Univ. Sch. of Med., and Barnes Hosp., St. Louis, Mo.] *J. Missouri M. A.*, **42**:482-485. 1945.

In the author's plan of treatment diethylstilbestrol is used as soon as the diagnosis of prostatic cancer is made. Orchidectomy is advised when the patient has signs of metastasis, the serum acid phosphatase is high, the prostatic tumor is enlarging while the patient is taking sufficient doses of diethylstilbestrol, or the patient does not tolerate full dosage of this estrogen. There is no evidence that diethylstilbestrol, or castration, or both can cure carcinoma of the prostate gland.—M. E. H.

Testicular Tumors. VERMOOTEN, V. [Brooke Gen. Hosp., Fort Sam Houston, Tex.] *Arch. Surg.*, **50**:63-66. 1945.

Sixty-two testicular tumors were discovered at an Army Hospital in 2 years. Of these, 18% were benign. Radical orchidectomy, followed by roentgen therapy, was performed in 51 patients with malignant tumors, of whom 36 (72%) were alive without clinical evidence of metastasis at the time of writing; 16 of these 36 were followed for 1 to 2 years after operation.—W. A. B.

Carcinoma Derived from Adult Seminiferous Epithelium. A Review of the Literature and a Report of a Case. STOFER, B. E. [Receiving Hosp., and Wayne Univ. Coll. of Med., Detroit, Mich.] *Arch. Path.*, **40**:68-71. 1945.

Five photomicrographs show the character of the seminoma in the additional case reported.—J. G. K.

Adrenal Cortical Adenoma of the Epididymis. FREEMAN, A. [St. Luke's Hosp., Chicago, Ill.] *Arch. Path.*, **39**:336-337. 1945.

Report of a case.—J. G. K.

SALIVARY GLANDS

Mixed Tumors of the Salivary Glands. HELLWIG, C. A. [St. Francis Hosp., and Sedgwick Co. Tumor Clin., Wichita, Kans.] *Arch. Path.*, **40**:1-10. 1945.

A study of 82 primary tumors of the salivary glands is reported together with numerous references from the literature and discussion of the origin and character of the growths.—J. G. K.

GASTROINTESTINAL TRACT

Short Oesophagus (Thoracic Stomach) and Its Association with Peptic Ulceration and Cancer. SMITHERS, D. W. [Roy. Cancer Hosp. (Free), London, England] *Brit. J. Radiol.*, **18**:199-209. 1945.

The literature on short esophagus and its relationship to peptic ulceration is reviewed, and the theories regarding this association are discussed. A theory is put forward suggesting that both congenital shortening of the esophagus and acquired shortening due to cicatrization following ulceration are comparatively rare, and that the majority of the cases diagnosed as short esophagus radiologically are primarily cases of hiatus insufficiency associated with spasm of the longitudinal muscle fibers, resulting from irritation due to flow of gastric juice into the esophagus. A lax hiatus may result either from a developmental deficiency due to delayed descent of the stomach or to a loss of elasticity of the tissues in later life. In most cases of "congenital short esophagus," the condition is not congenital and the esophagus is shortened only by spasmodic contraction. Three certain cases and one doubtful one of cancer occurring in a short esophagus are described.—M. L.

Carcinoma of the Esophagus. A Survey of 332 Cases. Boros, E. [New York City Cancer Hosp., New York, N. Y.] *Gastroenterology,* **5**:106-111. 1945.

The overwhelming preponderance of males in the series is in accord with other reports. The tumors were more numerous in the middle and lower thirds and caused dysphagia and pain as the most prominent symptoms. With radiotherapy there was little reduction in the size of the tumor. Gastrostomy afforded some temporary benefit. The mortality of resection was 25%, and there were no cures in this series.—E. E. S.

Carcinoma of the Esophagus. Transpleural Resection and Esophago-Gastrostomy. Kross, I. [City Hosp., New York, N. Y.] *Am. J. Digest. Dis.,* **12**:344-346. 1945.

The article is largely devoted to a detailed description of the operative removal of a squamous carcinoma involving the distal end of the esophagus. Contiguous lymph nodes were invaded. The patient died about 1 year later with many distant metastases.—E. E. S.

Benign Tumors of the Esophagus. Report of Three Cases. Adams R., and Hoover, W. B. [Lahey Clin., Boston, Mass.] *J. Thoracic Surg.,* **14**:279-286. 1945.

The authors offer some generalizations based on 97 cases reported in the literature and 3 observed in their own hospital. Dysphagia may be the first indication of the presence of a tumor, but it appears late in the period of growth. Proper roentgenographic studies usually reveal a mass, smooth in contour and movable on swallowing. Warning against biopsy is stressed since infection, swelling, and obstruction may ensue. The mode of extirpation is discussed.—E. E. S.

Survival after Gastric Resection in Carcinoma of the Stomach. Custer, W. C. [Highland-Alameda Co. Hosp., Oakland, Calif.] *Surgery,* **17**:510-511. 1945.

The data on 96 patients subjected to gastric resection for carcinoma of the stomach in 14 years are summarized. The tumors were all considered operable at the time of laparotomy. The operative and postoperative mortality was 11.39%. Twenty-three patients, or 23.95%, did not survive more than 3 years; these all had extension of the lesion with metastases. Of the entire group, 37.59% died in the 3 to 5 year periods; 27.06% survived the 5 year period; 18.75% survived more than 8 years.—W. A. B.

Emergency Gastrectomy for Acute Perforation of Carcinoma of the Stomach, with Diffuse Soiling of the Free Peritoneal Cavity. Bisgard, J. D., and Overmiller, W. [Omaha, Neb.] *Ann. Surg.,* **120**:526-530. 1944.

The authors present a case of perforated gastric cancer treated by subtotal gastrectomy, refer to 217 cases from the literature, and discuss the management of the condition. Obtaining a biopsy from the region perforated is advocated because, in many instances, the malignant character of the lesion is not recognized at operation. Resection is not indicated in approximately one-half the cases because of advanced peritonitis or extent of the carcinoma. Only 9 of 43 patients with simple closure of the perforation survived, while 13 of 15 patients with primary resection recovered. Although successes rather than failures are more likely to be reported and more favorable cases are selected for operation, it is felt that primary gastrectomy in such an emergency is the desired procedure.—W. J. B.

Bone and Bone Marrow

Osteoid Osteoma. With Case Reports. Hamilton, J. F. [Willis C. Campbell Clin., Memphis, Tenn.] *Surg., Gynec. & Obst.,* **81**:465-474. 1945.

Five cases are presented, and the clinical and pathological aspects of the disease are discussed.—J. G. K.

Dermatomyositis-Like Case of Plasmocytoma with Enormous Hyaline Deposits (Paramyloid). Jørgensen, K. S. [Kommune Hosp., Copenhagen, Denmark] *Acta path. et microbiol. Scandinav.,* **21**:896-913. 1944.

A case is reported in which the diagnosis was based on the finding of 20% plasma cells in the marrow obtained by sternal puncture, but in which no plasma cells were found at autopsy.—M. H. P.

On the Pathogenesis of Renal Failure Associated with Multiple Myeloma. Electrophoretic and Chemical Analysis of Protein in Urine and Blood Serum. Blackman, S. S., Barker, W. H., Buell, M. V., and Davis, B. B. [Johns Hopkins Univ., Baltimore, Md.] *J. Clin. Investigation,* **23**:163. 1944.

The authors present a detailed report of a patient with multiple myeloma, Bence-Jones proteinuria, and renal insufficiency. In this type of Bright's kidney lesion renal insufficiency depends chiefly on obstruction of tubules by precipitation of Bence-Jones protein. In this patient the serum contained a fraction comprising 24.6% of the total serum protein, which in the Tiselius electrophoresis apparatus had the mobility of a beta globulin. In the urine the protein salted out like a globulin, moved electrophoretically like a beta globulin, and exhibited the solubility characteristics typical of a Bence-Jones protein. While the patient was under observation, the concentration of protein in the urine varied from 0.475 to 0.744 gm. %, and the proportion of Bence-Jones protein usually varied from 92 to 100% of the total. The authors suggest that in multiple myeloma, the development of renal insufficiency caused by the precipitation of plasma proteins within the kidney is determined chiefly by the duration of high concentrations in the urine of proteins that have the solubility and electrophoretic properties of globulins.—J. L. M.

Eosinophilic Granuloma of Bone. Michael, P., and Norcross, N. C. [U.S.N.R.] *U. S. Nav. M. Bull.,* **45**:661-668. 1945.

The paper gives a brief review of this benign destructive lesion, first described as a clinical entity in 1940, together with reports of 2 cases that occurred in naval personnel. It includes roentgenogram and photomicrograph illustrations. Treatment is excision and x-ray therapy.—C. W.

Muscle

Rhabdomyosarcoma. Viets, H. R., and Wittenborg, M. H. [Massachusetts Gen. Hosp., and New England Deaconess Hosp., Boston, Mass.] *Arch. Path.*, **40**:179-181. 1945.

Report of a case in which the tumor originated in the muscles of the back, eroded the spinal column, and metastasized to the lungs and kidneys.—J. G. K.

Über das sog. Myoblastenmyom, mit Beschreibung 7 neuer Fälle. [The So-Called Myoblast-Myoma, with Description of 7 New Cases.] Ringertz, N. [Caroline Hosp., Stockholm, Sweden] *Acta path. et microbiol. Scandinav.*, **19**:112-164. 1942.

The clinical picture described by Abrikosoff [*Virchows Arch. f. path. Anat.*, **260**: 215. 1926] as myoma arising from myoblasts is believed by Ringertz to arise from the granular cells of the connective tissue, which infiltrate the muscle. Seven previously unpublished cases of the disease are reported, and the literature is reviewed with an extensive bibliography. Sarcomatous tumors described by various authors as "malignant myoblast-myoma," "myoblastoma," etc., should not be confused with the characteristic Abrikosoff tumors, which are always benign. —M. H. P.

Hemangioma of Tendon. Arkin, A. M. [Mt. Sinai Hosp., New York, N. Y.] *Am. J. Surg.*, **69**:133-134. 1945.

A case report. The tumor occurred in the tendon of the tibialis anticus, just anterior to the ankle, and had been present for 20 years prior to operative removal occasioned by the onset of pain and swelling.—W. A. B.

Pancreas

Radical Duodenopancreatectomy. Strode, J. E. [Honolulu, Hawaii] *Surgery*, **18**:115-129. 1945.

A report of a successful resection of a carcinoma of a duodenal diverticulum involving the head of the pancreas is presented together with a discussion of some aspects of the physiology of the external secretion of the pancreas.—W. A. B.

Resection of the Duodenum and Head of the Pancreas for Primary Carcinoma of the Head of the Pancreas and Ampulla of Vater. Cole, W. H., and Reynolds, J. T. [Univ. of Illinois, Coll. of Med., Chicago, Ill.] *Surgery*, **18**:133-143. 1945.

The operative procedures previously described by Whipple, Orr, Brunschweig, and Child are outlined, and a modification of these technics presented. This consists of a one stage resection of duodenum and head of the pancreas, with transplantation of the common duct into the jejunum and the performance of an end-to-end gastrojejunostomy so that the food stream will not pass over the transplanted end of the common duct. In the five cases reported, the pancreatic stump was not implanted into the jejunum, and 2 of the patients developed pancreatic fistulas. There was 1 death in the immediate postoperative period; of those surviving, 2 are well at 4 and 14 months postoperatively.—W. A. B.

Pancreaticoduodenectomy for Carcinoma of the Ampulla and Ampullary Region. Orr, R. G. [Univ. of Kansas, Kansas City, Kan.] *Surgery*, **18**:144-158. 1945.

The 35 cases of pancreaticoduodenectomy recorded in the literature since 1942 are reviewed and 5 new cases presented. The author stresses the importance of establishing a correct diagnosis of carcinoma, by biopsy of the papilla if necessary, to avoid a needlessly long procedure where conditions other than carcinoma exist, *i.e.*, benign tumor in the ampulla, stone impacted in the ampulla, and chronic pancreatitis. In cases of carcinoma the radical pancreaticoduodenectomy is indicated since this tumor is slow-growing and late to metastasize. Restoration of the external secretion of the pancreas by implantation into the intestinal tract is advocated and a two stage operation is recommended for generally debilitated patients.—W. A. B.

The Origin and Growth of an Adenoma of the Islands of Langerhans. Good, L. P. [Texarkana, Tex.] *Surgery*, **18**:159-171. 1945.

The existing hypotheses on the origin of adenomas of the islets are discussed, and the author presents the photomicrographs of one case occurring in a man of 70 years, which support his theory that the origin of the capsule of the tumor is the duct wall.—W. A. B.

A Method of Implanting the Pancreatic Duct into the Jejunum in the Whipple Operation for Carcinoma of the Pancreas. Varco, R. L. [Univ. of Minnesota Hosp., Minneapolis, Minn.] *Surgery*, **18**:569-573. 1945.

A report of a technic involving the use of a catheter in anastomosis between the pancreatic duct and jejunum is presented. Description of the procedure in one case is given.—W. A. B.

Thyroid

Latent Primary Carcinoma of the Thyroid Gland. Mitchell, N. [Mt. Morris Tuberc. Hosp., Mt. Morris, N. Y.] *Arch. Path.*, **39**:331-335. 1945.

A case report.—J. G. K.

Cancer Control and Public Health

Cancer Control in the USSR. *Am. Rev. Soviet Med.*, **3**:191. 1945.

Before the war 3 separate groups were engaged in tumor research. These were the Leningrad school headed by Nikolai Petrov, the Ukraine group directed by Bogomolets, and the Moscow Center in the charge of Peter Herzon.

The program for 1945-1946 includes the establishment of anticancer societies in every large Soviet town. These will be State organizations, and provide free treatment. Compulsory health examinations have been instituted for large groups of the population. It is hoped that this extensive undertaking adopted by the government will make early cancer diagnosis a reality. Consultation centers in 300 different urban areas have been opened, where all cases or suspected cases register. In addition, 150 radiotherapeutic centers have been built. General hospitals all over the country have set aside some 15,000 beds for cancer patients. Free State nursing homes have been established for patients from rural districts. A large number of medical men hope to visit England and the United States to study cancer control and treatment. The development of research is being encouraged by extensive grants to promising research fellows.—J. H.