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almost a 3 times as good a chance of surviving 5 years after operation as the patient with a tumor of grade 4.

CARLILE, TH., HODGKIN'S DISEASE—40 MONTHS REMISSION FOLLOWING NITROGEN-MUSTARD THERAPY. BULL. OF THE MASON CLINIC, 4:109, *DECEMBER,* 1950.

The average remission following nitrogen-mustard therapy varies from a few weeks to 6 to 12 months. Benign types have followed in the Mason Clinic for as long as 19 years. Report on a case who after nitrogen-mustard and x-ray therapy maintained a 40-month remission.

BURFORD, C. E., GLENN, J. E., AND BURFORD, E. H., EVALUATION OF KIDNEY CANCER. THE J. OF THE MISSOURI MEDICAL ASSN., 1:17, *JANUARY,* 1951.

Authors review 110 cases, collected in private practice over a period of 38 years. Survival rates for all cases are: 30.3 per cent for 3 years; 22.5 per cent for 5 years; 8.8 per cent for 10 years; and 5 per cent for more than 10 years. There were 43 hypernephromas, 34 adanocarcinomas, 14 carcinomas of the renal pelvis, 8 Wilm's tumors, 3 sarcomas and 8 unclassified neoplasms. The male to female ratio was two to one. Initial symptoms in the order of frequency were: hematuria, 66.4 per cent; mass, 49.1 per cent; pain, 16.4 per cent.

SCHLEMENSON; RUBOWITZ, F. E. AND ABRAMS, B., JOURNAL INTERN. COLL. SURG., 13:96, *JANUARY,* 1950.

Up to date 71 cases of cancer of the colon in pregnant women have been reported. The mortality rate is high for both mother and child. In 41 cases the maternal mortality was 63 per cent and the infant mortality 50 per cent of 62 cases.

HUEPER, W. C., ENVIRONMENTAL LUNG CANCER. INDUSTRIAL MED. AND SURG., 2:45, *FEBRUARY,* 1951.

Some of the cancers of the respiratory tract are attributable to the inhalation of a number of more or less well defined chemical and physical agents. Among the chemical agents are: soot (?), exhaust fumes (?), hot tar fumes, tar fumes in tobacco smoke (?), tobacco dust (?), petroleum and shale oil mists and fogs, arsenical dust, fumes or spray (?), asbestos, chromium, nickel dust. Among physical agents the outstanding ones are: radioactive gases and dust.

COLEY, B. L., CONTROVERSIAL POINTS IN THE MANAGEMENT OF TUMORS OF THE BONE. J. OF THE KENTUCKY MED. ASSN., 48:511, *NOVEMBER,* 1950.

About 10 per cent of the five-year survivals of osteogenic sarcoma (including fibrosarcoma and chondrosarcome) will die later on of cancer. Primary reticulum cell sarcoma tends to recur after an even longer period of remission. The recurrences may involve the primary sites or may appear as metastases in lungs or lymph nodes; they lead to a rapid fatal outcome. Of author's 21 cases, followed up for more than 5 years, 5 developed either a recurrence or metastasis from 8½ to 13 years after treatment. In 4 of these 5 patients the interval was ten years or more. Author concludes that in bone malignancies a 5-year follow-up period is not sufficient to evaluate the prognosis.

BERKE, M. AND WILKINS, F. B., THE SURGICAL SIGNIFICANCE OF ACANTHOSIS NIGRICANS, ANN. SURG., 132:980, *NOVEMBER,* 1950.

Clinically acanthosis nigricans is characterized by the appearance of brownish-black, verrucous plaques in the cutaneous folds involving axillae, external genitalia, perianal region, nipples, umbilicus, and angles of mouth. Hyperkeratosis of palms and soles also may be observed. Fifty (50) per cent of these cases are associated with malignant tumors. The nonmalignant form occurs in juvenile individuals, or appears early in life or at puberty. The malignant type is prevalent after age 40. This dichotomy means, however, no exclusion of malignancies at younger ages. The site of the cancer in the adult variety is mostly abdominal. Extra-abdominal malignancies are rarer and involve breast, lung and mediastinum. The tumors generally are highly malignant.

BOLEN, H. L., DIAGNOSTIC VALUE OF THE BLOOD PATTERN IN CANCER. AM. J. SURG., 80:505, *NOVEMBER,* 1950.

A relatively simple test is used by the author consisting of the microscopical examination of three drops of blood taken in the usual manner from the finger tip. The drops are dried on a slide and examined both microscopically and under high dry power magnification. The blood of noncancerous individuals differs markedly from that of cancer patients. The main differential criteria are:

Negative	Positive
Appearance of fibrin network	Absence of fibrin
Rouleau formation of red cells	Lack of rouleau formation
Rapid blood spread	Viscid blood
Stability of red cells	Agglutination of red cells
Close, even, mosaic pattern or meshwork	Formation of lakes and islands interspersed with granules and spicules

Eight hundred individuals were tested. The first group comprised 137 subjects—hospital personnel—in apparently good health. In three of these persons the test was positive, and in all three early cancers were present. The second group comprised 337 patients with a variety of non-malignant conditions. The test was negative in all of them. However, the author stresses that the test is positive in pregnancy and after blood transfusions. The third group consisted of 198 cases with proved cancer. The test was positive in 191 (96.5%). Author gives explanations for the failure in 7 cases and how it may be avoided.

HUBER, H., CANCER OF THE VAGINA. ITS PATHOGENESIS AND TREATMENT. GEBURTSHUELFE UND FRAUENHEILKUNDE, 10:879, *DECEMBER,* 1950.

Author comes to the conclusion that the treatment results in cancer of the vagina with respect to the prognosis are