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reabsorption which are independent of filtered Na load. 35 references. Theresa McKee

Study of mast-cells in human subjects with relation to atheroma, heparin and cholesterol. D. P. Basu. *Indian Heart J.* 4, 65-71(1952).—Mast cells occur in the human aorta, coronary artery, and lungs. Fewer occur in atheromatus vessels and under these conditions rupture of the cells occurs. Few mast cells occur in the lung when there is pulmonary hypertension and the pulmonary artery has undergone atheromatous changes. A large no. of mast cells occur in lung tissue when there is pulmonary tuberculosis with no atheromatous changes in the pulmonary artery. These findings suggest a close connection between mast cells, atheromatous changes, and cholesterol. It is suggested that the stress on arterial walls, which is caused by generalized or pulmonary hypertension, damages the mast cells with a subsequent reduction in heparin production; the power to rupture the globulin lipide bond then decreases. This agrees with the view that an increase in the no. of mast cells produces extra heparin and thus produces a lowered plasma cholesterol concn. Theresa McKee

Lung carcinoma caused by asbestos inhalation. Fr. Boemke (Städt. Krankenanstalten, Dortmund, Ger.). *Med. Monatsschr.* 7, 77-81(1953).—The relation between fibrotic changes caused by asbestos deposits in the lung and carcinoma is discussed. The lower lobe is the site of predilection. Characteristic are the multicentered developments of flat epithelium carcinoma. A. E. Meyer

Determination of 17-ketosteroids in acne rosacea. Rodolfo Néstor Corti and Pedro H. Magnin. *Semana méd.* (Buenos Aires) 1953, I, 113-15.—The values found were normal in rosacea, higher in common acne, which difference is of diagnostic importance. A. E. Meyer

Altered liver function of chronic congestive heart failure. John M. Evans, Hyman J. Zimmerman, J. Grant Wilmer, Lawrence J. Thomas, and Clayton B. Etheridge (George Washington Univ., Washington D.C.). *Am. J. Med.* 13, 704-12(1952).—Impairment of the hepatic excretory capacity for Bromsulphalein was often marked, generally paralleling the severity of heart failure. Flocculation and turbidity tests were less frequently abnormal, the latter usually in assocn. with the hyperglobulinemia found in some of the patients. Serum bilirubin concns. were moderately increased in about 25% of the patients, particularly in those with higher levels of venous pressure. The serum albumin concn. was less than 3.5 g./100 ml. in 35 of 56 patients; the serum globulin was 3.59% or above in 15 of 56 patients. The impaired excretion of Bromsulphalein showed a pos. correlation with the height of the venous pressures; no significant correlation was observed with the degree of arterial O unsatn. 34 references. Barbara R. Murray

Autoimmune hemolytic disease and cryoglobulinemia associated with chronic lymphocytic leukemia. Hematologic and metabolic studies. Albert B. Craig, Christine Waterhouse, and Lawrence E. Young (Univ. of Rochester, Rochester, N.Y.). *Am. J. Med.* 13, 793-804(1952).—, Reductions in the no. of circulating lymphocytes, in the size of the peripheral lymph nodes, and in the rate of red cell destruction were sustained for 9 months following administration of 1250 mg. adrenocorticotropic hormone (ACTH) in 15 days A 2nd course of ACTH produced a less marked but still well-sustained response. The expected loss of N, P, and K occurred. 32 references. Barbara R. Murray

Observations upon the absorption of urinary constituents after ureterosigmoidostomy. The importance of renal damage. C. D. Creevy and M. P. Reiser (Univ. of Minnesota, Minneapolis). *Surg., Gynecol. Obstet.* 95, 589-96(1952).—Absorption of urinary chlorides through the mucosa of the colon after ureterosigmoidostomy can cause hyperchloremia and acidosis. Barbara R. Murray

Systemic lupus erythematosus. A review of the literature. S. William Ross and Benjamin B. Wells (Univ. of Arkansas, Little Rock). *Am. J. Clin. Pathol.* 23, 139-60 (1953).—The review includes changes in the blood chemistry and the "L.E." factor. 193 references. J. T. M.

Electrolyte equilibria in erythrocytes during diabetic acidosis. George Nichols, Jr., and Nancy Nichols (New England Deaconess Hosp., Boston, Mass.). *J. Clin. Invest.* 32, 113-20(1953).—Values for plasma and erythrocyte Na, K, and water during diabetic acidosis are compared with the values in 21 normal subjects. During acidosis, plasma base concn. was normal and plasma water decreased. Erythrocyte Na and K concns. were decreased while the water content was normal. Following therapy with insulin and 0.85% NaCl soln. the patients showed rapid clinical improvement and return of the plasma pH, bicarbonate and water to normal. Undesirable side effects were occasional hypernatremia, const. transient hyperchloremia, and hypokalemia, which persisted several days. With treatment the erythrocytes lost no further K, but did lose water and Na. Na reaccumulated in the cells more rapidly than did K or water. In most patients, both cell water and K were lower than normal at the time of discharge from the hospital. There is a parallelism between water and base shifts in the erythrocytes and in the total cell mass during recovery from diabetic acidosis. 28 references. John T. Myers

The cholate:cholesterol relationship in clinical and experimental nephrosis. Ray H. Rosenman, Meyer Friedman, and Sanford O. Byers (Mt. Zion Hosp., San Francisco, Calif.). *J. Clin. Invest.* 32, 121-4(1953).—An excess accumulation of bile acid (hypercholatemia) was found in the blood of human subjects with nephrosis and in the blood of rats in which exptl. nephrosis had been induced by injection of antirat-kidney serum when hypercholesterolemia was also present. The nephrotic rat also showed a diminished ability to rid his blood of excess injected cholate. Feeding of cholate to nephrotic rats appeared to prevent the decrease of plasma cholesterol, which usually occurred following the initial rise. John T. Myers

Pulmonary hypertension. I. Pulmonary circulatory dynamics in patients with pulmonary emphysema at rest. Paul N. G. Yu, Frank Lovejoy, Jr., Howard A. Joos, Robert E. Nye, Jr., William S. McCann, S. John Vernarelli, and Carol Gouverneur (Univ. of Rochester, Rochester, N.Y.). *J. Clin. Invest.* 32, 130-7(1953).—The degree of pulmonary hypertension varied directly with the severity of emphysema, hypercapnia, and anoxia. The O satn. of arterial blood varied inversely with the mean pulmonary artery pressure, but did not parallel the other determinants. The O tension of arterial blood did not vary predictably with any of the determinants. The CO_2 tension of arterial blood correlated closely with mean pulmonary artery pressure, total pulmonary resistance, and arteriolar resistance, but not with "pulmonary capillary" pressure. The ratio of residual vol. to total capacity varied directly with mean pulmonary artery pressure and total pulmonary resistance. The role of anoxia in the pathogenesis of pulmonary hypertension is confirmed. CO_2 retention is probably important in raising pulmonary artery pressure and in increasing pulmonary vascular resistance. 33 references. J. T. M.

The effect of thyrotropic hormone on the metabolism of radioiodine in euthyroid, hyperthyroid and acromegalic individuals. David V. Becker, J. E. Rall, Wendell Peacock, and Rulon W. Rawson (Sloan-Kettering Inst. and Memorial Center, New York, N.Y.). *J. Clin. Invest.* 32, 149-60 (1953).—The effect of a single intramuscular injection of thyroid-stimulating hormone (TSH) on the metabolism of a tracer dose of I^{131} was studied in 3 euthyroid, 8 hyperthyroid, and 3 acromegalic patients. When administered 4-8 days after the tracer I^{131}, TSH increased the level of protein-bound I^{131} and I^{127} in the blood and of I^{131} in the urine. Methods are presented for the estn. of the total thyroid hormone discharged from the thyroid after TSH and for calcg. the total I content of the thyroid. Following a standard dose of TSH, euthyroid patients appeared to secrete more thyroid hormone than did hyperthyroid patients. The max. effect of TSH appeared in the first 24 hrs. in the hyperthyroid patients, and not until 48 hrs. in euthyroid patients. Three hyperthyroid patients demonstrated an unusual method of handling radio-I, which was characterized by a very rapid turnover rate of I by the thyroid with abnormally elevated serum protein-bound radio-I and urinary radio-I levels. 22 references. John T. Myers

Histamine sensitivity and anaphylaxis in the pertussis-vaccinated rat. Saul Malkiel and Betty J. Hargis (Northwestern Univ. Med. School, Chicago). *Proc. Soc. Exptl. Biol. Med.* 81, 689-91(1952).—Inoculation of the white rat with *Hemophilus pertussis* increased its sensitivity to histamine. Pertussis organism mixed with horse serum markedly enhanced the ability of the horse serum to later produce anaphylactic sensitivity. Richard F. Riley

Electrophoretic studies of the serum of horses infected with experimental infectious anemia. Jean Hirtz (Inst. françois fievre aphteure, Lyon, France). *Rev. immunol.* 16, 397-405(1952).—Electrophoretic studies of 4 horses in-