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Some Surgical Problems Peculiar to the Tropics	429	Medical Intelligence:	
<i>Ben Eiseman</i>		Fetal Risks from Rubella during Pregnancy	454
Leukemoid Blood Reactions	434	<i>Theodore H. Ingalls and Natesaier Purshottam</i>	
<i>Schwylar V. Hilts and Christopher C. Shaw</i>		A Fragment from Sir Thomas Browne	455
Pathological Manifestations in an Infant after Maternal Rubella in the Sixteenth Week of Gestation	439	<i>Henry R. Viets</i>	
<i>C. G. Tedeschi, M. M. Helpert and T. H. Ingalls</i>		Case Records of the Massachusetts General Hospital	456
The Incidence of Portal Cirrhosis and Fatty Metamorphosis in Patients Dying with Diabetes Mellitus	442	Editorials:	
<i>William E. Jaques</i>		<i>Cancer of the Lung</i>	465
Medical Progress: Present-Day Concepts of Shock (To be concluded).	445	<i>Minnesota Centenary</i>	466
<i>Howard A. Frank</i>		<i>Medical Rehabilitation</i>	466
Massachusetts Medical Society	467	<i>Postgraduate Medical Institute, 1953-1954</i>	467
Massachusetts Department of Public Health	467	Book Reviews	468
Correspondence	468	Books Received	469
		Notices	470

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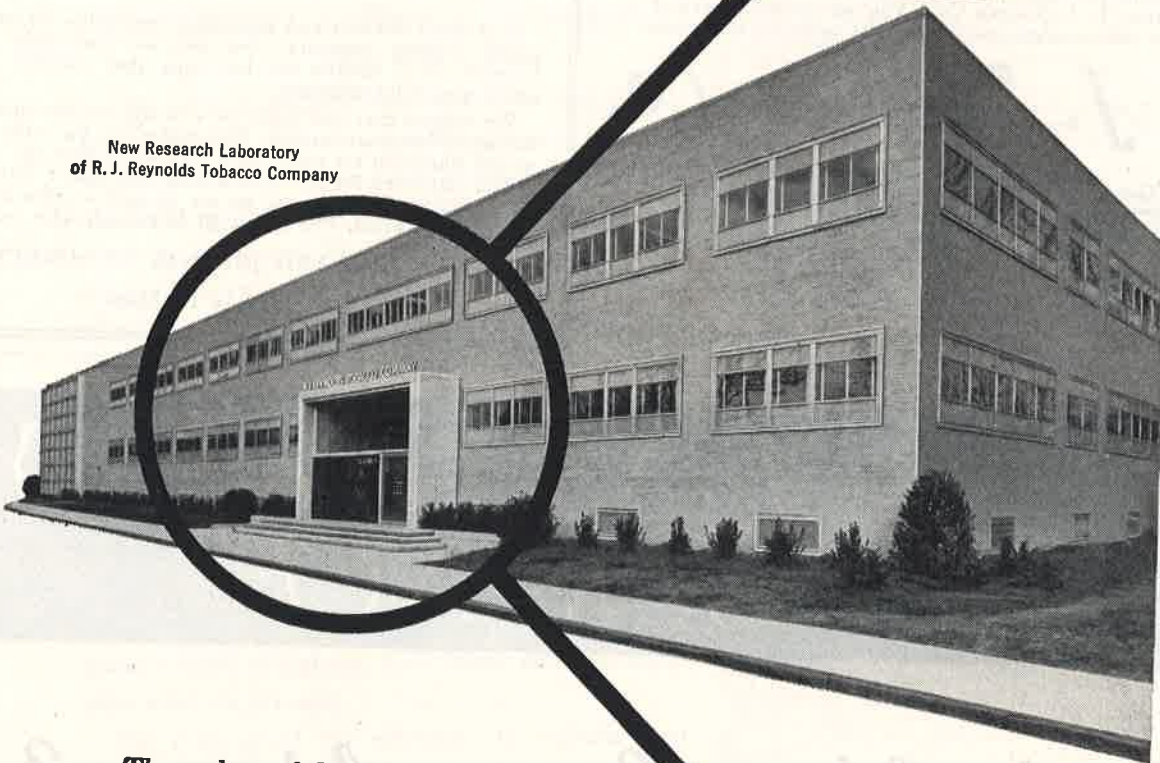
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COMMUNICATIONS should be addressed to the *New England Journal of Medicine*, 8 Fenway, Boston 15, Massachusetts. Telephone KE 6-2094.

CANCER OF THE LUNG

IN a recent issue of the *British Medical Journal* Smithers,¹ radiotherapist to the Brompton Hospital for Diseases of the Chest, expresses concern about the "alarm" that may be created among the general public by undue publicity accorded to recent statistical research on carcinoma of the lung. That Smithers is not alone in his concern is evident from recent correspondence^{2,3} in the same journal that followed the comprehensive study of Doll and Hill⁴ earlier in the year. Smithers contends, and these are also the basic arguments of other correspondents, that, although one can guess at the nature of some of the factors responsible for the increasing frequency with which cancer of the lung is given as the primary cause of death, the relative importance of

each of these factors is not known — especially since the evidence linking cigarette smoking and lung cancer is incomplete. The medical profession, should therefore "beware of putting extravagant accounts of rising cancer death rates and their causes before the public."

Are these accounts extravagant? Smithers places stress on the lack of knowledge of the extent of the true increase in lung cancer. At the same time, he states that the recorded increase is due in large part to changing age distribution of the population and improved diagnosis, with the implication that the true rise in incidence has been comparatively small. In view of lack of knowledge needed to settle the point, speculation in either direction is indecisive, but many competent people consider the reverse situation to be much more probable — that the startling rise in lung cancer during the past few decades is real. They compare the increase in carcinoma of the lung with that of other internal sites — for example, the large intestine — and point out the disparity in the percentage increases (133 and 3.5, respectively, between 1940 and 1950).⁵ In addition, they question whether diagnostic measures have improved to anything like the degree necessary to account for an increase of 133 per cent between 1940 and 1950. However, this trend is a secondary consideration, since it forms no part of the evidence incriminating tobacco as an etiologic factor. In the United States and in Great Britain lung cancer accounts for between a twentieth and a thirtieth of all deaths in men of middle age. Consideration of present incidence and death rates, quite apart from past experience, is sufficient to justify concern.

Whether undue concern has been or is being raised among the general public is to be questioned. The latest study of Doll and Hill,⁴ based on 1465 patients with cancer of the lung and 1465 matched controls, was carefully conducted and yielded evidence of an association between cigarette smoking and lung cancer so strong as to be considered proof within the everyday meaning of the word. Even before presentation of this work, evidence in favor of such an association was strong, deriving especially from a previous investigation by the same authors⁶ and from an investigation of 684 cases by Wynder and Graham⁷ in the United States. Male smokers

between the ages of forty-five and sixty-four experience an incidence of lung cancer between four and thirty-four times as great as that of nonsmokers of the same age, and incidence increases proportionately to the average daily consumption of cigarettes.

If such figures as these have been unduly publicized, the public, medical and lay, shows no sign of taking any of the relatively simple courses that would undoubtedly reduce the incidence of lung cancer. If similar data had incriminated a food contaminant that was not habit forming and was not supported by the advertising of a financial empire, there is little doubt that effective counter-measures would have followed quickly. It is not insufficiency of evidence that accounts for lack of such measures against tobacco tars, and it is debatable whether or not a little more "alarm" would be amiss. It is true that the causative mechanism underlying the association between tobacco and lung cancer is not known, although there is ample room for speculation in the presence of known carcinogens in tobacco tar; also, little is known about dosage, filtration of smoke and other factors that bear on the subject. However, if control of cholera had not been initiated empirically, but had awaited demonstration of the vibrio, active and useful preventive measures would have been delayed fifty years.

The situation affords unusual opportunities for the vast tobacco interests to support impartial researches into the effects that their products may have on human health.

REFERENCES

1. Smithers, D. W. Facts and fancies about cancer of lung. *Brit. M. J.* 1:1235-1239, 1953.
2. Passey, R. D. Smoking and lung cancer. *Brit. M. J.* 1:399, 1953.
3. Johnston, L. Smoking in lung cancer. *Brit. M. J.* 1:507, 1953.
4. Doll, R., and Hill, A. B. Study of aetiology of carcinoma of lung. *Brit. M. J.* 1:1271-1286, 1952.
5. Binysh, H. Smoking in lung cancer. *Brit. M. J.* 1:507, 1953.
6. Doll, R., and Hill, A. B. Smoking and carcinoma of lung. *Brit. M. J.* 2:739-748, 1950.
7. Wynder, E. L., and Graham, E. A. Tobacco smoking as possible etiologic factor in bronchiogenic carcinoma: study of six hundred and eighty-four proved cases. *J. A. M. A.* 143:329-338, 1950.

MINNESOTA CENTENARY

THE hundredth anniversary of the Minnesota State Medical Association was celebrated last May at an annual meeting attended by more than 4000 physicians and guests. The program included addresses (all of which are published in the August

issue of *Minnesota Medicine*) by Dr. Richard Trail, of London, head of the Papworth and Enham-Alamein rehabilitation centers for tuberculous patients, Sir Alexander Fleming, director of St. Mary's Wright Fleming Institute of London, and Dr. Alton Ochsner, chairman of the Department of Surgery at Tulane University of Louisiana School of Medicine. Not the least interesting feature of the meeting was the exhibition of a typical doctor's office of a hundred years ago.

Medical advances in Minnesota in the period marked by this anniversary are all the more impressive when considered against the background of the evolution of Minnesota from a territory to a state. Ten years before the organization of the Minnesota State Medical Association on July 23, 1853, there was only one civilian doctor west of Prairie du Chien. Today, the names of the State's leaders in medical and surgical research and practice are bywords in the rest of the nation and throughout the world.

Confident that the next century will more than match the notable progress of the last, the *Journal* congratulates the Minnesota State Medical Association on an anniversary extraordinarily full of meaning to all concerned with the advancement of medical science.

MEDICAL REHABILITATION

THE Bay State Medical Rehabilitation Clinic, put in operation at the Massachusetts General Hospital in June, 1951, has presented the accounting of its first two years of service. During this period its patient-treatment visits have increased from 3153 in the first year to 5363 in the second, a total of 448 patients having been admitted.

The disposition of this group has been broken down into 114 patients with degenerative and 110 with traumatic conditions discharged, 90 still under treatment, 74 who were referred for evaluation only, and 60 who discontinued attendance for one reason or another. In the degenerative cases 38 patients were returned to work and the rest aided in other ways, such as the institution of a home program or referral elsewhere, and in the traumatic cases 62 patients were returned to gainful employment and the remaining 48 otherwise aided.

NOTICES (Concluded from page 470)

- OCTOBER 12-17. Seventh International Congress of Pediatrics. Page 170, issue of July 23.
- OCTOBER 15-17. Annual Course in Postgraduate Gastroenterology. Page 260, issue of August 6.
- OCTOBER 16. New England Society of Anesthesiologists. Page 428, issue of September 3.
- OCTOBER 17-20. American Association of Blood Banks. Page 1126, issue of June 25.
- OCTOBER 19-30. New York Academy of Medicine. Page xvii, issue of June 11.
- OCTOBER 25-29. American Institute of Dental Medicine. Page 124, issue of July 16.
- OCTOBER 28. New England Obstetrical and Gynecological Society. Page 868, issue of November 27.
- NOVEMBER 2-4. New England Postgraduate Assembly. Hotel Statler, Boston.
- NOVEMBER 19 and 20. Inter-Society Cytology Council. Page 170, issue of July 23.
- DECEMBER 6. American Academy of Dental Medicine. Page 170, issue of July 23.
- MAY 31-JUNE 3, 1954. American Urological Association. Page xvii, issue of July 23.
- SEPTEMBER 12-15, 1954. Second International Congress of Cardiology. Page 44, issue of July 2.
- SEPTEMBER 16-18, 1954. American Heart Association. Annual Scientific Sessions. Page 44, issue of July 2.

DISTRICT MEDICAL SOCIETIES

ESSEX NORTH

SEPTEMBER 30. Amesbury Country Club, Amesbury. 6:45 p.m.

MIDDLESEX EAST

SEPTEMBER 23.
 NOVEMBER 18.
 JANUARY 20. (Combined with the Auxiliary.)
 MARCH 24.
 MAY 12. Annual Meeting. (Harlow Dinner.)

MIDDLESEX SOUTH

SEPTEMBER 23.

CALENDAR OF BOSTON DISTRICT FOR THE WEEK BEGINNING THURSDAY, SEPTEMBER 17

THURSDAY, SEPTEMBER 17

- *8:30-10:00 a.m. Orthopedic Staff Conference. Boston City Hospital.
- *9:00-10:00 a.m. Arthritis Grand Rounds. Robert Breck Brigham Hospital.
- *11:00 a.m.-12:30 p.m. Hand Clinic (Physical Medicine and Rehabilitation Service). Boston City Hospital.
- *5:00-6:00 p.m. Surgical Division Meeting. Mount Auburn Hospital, Cambridge.

FRIDAY, SEPTEMBER 18

- *10:00 a.m. Tuberculosis Surgical Clinic. South End Health Unit, 57 East Concord Street.
- *10:00 a.m.-1:00 p.m. Medical and Surgical Grand Rounds. Drs. George W. Thorn and Francis D. Moore. Main Amphitheater, Peter Bent Brigham Hospital.
- *10:30-11:15 a.m. Diabetes Lecture. Dr. Elliott P. Joslin. New England Deaconess Hospital.
- *1:30 p.m. Fertility and Endocrine Clinic. Free Hospital for Women, Brookline.
- *1:30 p.m. Tumor Clinic. Mount Auburn Hospital, Cambridge.
- *4:00-10:00 p.m. Alcoholism Clinic. By appointment. Washingtonian Hospital, 41 Waltham Street.

SATURDAY, SEPTEMBER 19

- *9:00 a.m. Proctology Clinic. Peter Bent Brigham Hospital.
- *9:00 a.m. Alcoholism Clinic. Peter Bent Brigham Hospital.
- 11:00 a.m.-12:00 m. Blood Clinic. Dr. William Dameshek, Stearns Auditorium, New England Center Hospital.

MONDAY, SEPTEMBER 21

- *8:00-9:00 a.m. Combined Medical and Surgical Rounds for Diabetic Surgery Cases. New England Deaconess Hospital.
- *8:30-9:30 a.m. Clinic by entire Surgical Staff and Anesthesia Staff. Cheever Amphitheater, Dowling Building, Boston City Hospital.
- 12:00 m. Pediatric Medical Surgical Conference (Boston Floating Hospital). Pratt Lecture Hall. Joseph H. Pratt Diagnostic Hospital.
- *12:15-1:15 p.m. Clinicopathological Conference. Main Amphitheater, Peter Bent Brigham Hospital.
- *7:00-9:00 p.m. Anesthesia Teaching Conference. Stearns Auditorium, New England Center Hospital.

TUESDAY, SEPTEMBER 22

- *9:00 a.m. Geriatrics Clinic. Peter Bent Brigham Hospital.
- *12:00 m.-1:00 p.m. Pediatric Rounds. Burnham Memorial Hospital for Children, Massachusetts General Hospital.
- *12:15-1:15 p.m. X-ray Conference. Dr. Merrill Sosman. Main Amphitheater, Peter Bent Brigham Hospital.
- 12:30-1:30 p.m. Medical Journal Club. Private Dining Room, New England Deaconess Hospital.
- *5:00 p.m. Surgical Journal Review. Mount Auburn Hospital, Cambridge.
- *5:00-6:00 p.m. Service Meeting followed by Clinical Conference (Medical, Surgical, Obstetrical). Faulkner Hospital.

WEDNESDAY, SEPTEMBER 23

- 9:30 a.m.-7:30 p.m. Massachusetts Academy of General Practice. Fall Clinical Assembly. New England Deaconess Hospital and Hotel Statler.
- *12:00 m. Boston State Hospital Psychiatric Seminar. Reception Building Auditorium, 591 Morton Street, Dorchester.
- *12:00 m.-1:00 p.m. Medical Conference. (Children's Medical Center.) Jimmy Fund Building, 25 Binney Street.
- 12:30 p.m. Weekly Pathological Meeting. Joslin Auditorium, New England Deaconess Hospital.
- 12:30-1:30 p.m. Weekly Staff Review of Autopsies. Dr. William A. Meissner. Joslin Auditorium, New England Deaconess Hospital.
- *2:00-3:00 p.m. Pediatric Conference for Practitioners. (Children's Medical Center.) Jimmy Fund Building, 25 Binney Street.
- *4:00 p.m. Thoracic Conference. Held by Overholt Clinic. Harris Hall, New England Deaconess Hospital.
- *4:00-5:30 p.m. Fracture Lecture. Boston City Hospital.

*Open to the medical profession.

Index to Advertisers

	PAGE
Abbott Laboratories	vi, vii
Ames Company, Inc.	ii
Baldpate, Inc.	xvi
The Bayer Company	iv
Beth Israel Hospital	xiii
The Channing Home	xvi
Ciba Pharmaceutical Products, Inc.	xi
Crane Discount Corp.	x
Crosbie-Macdonald	x
David Memorial Nursing Home	xvi
Edison Chemical Co.	viii
Electroencephalographic Laboratory, Inc.	xiv
Glenside, Inc.	xvi
Institute for Speech Correction, Inc.	xvi
Leary Laboratory	xiv
Lederle Laboratories	After viii
Eli Lilly and Company	Front Cover
E. F. Mahady Co.	xiii
Duncan C. McLintock Co., Inc.	v
Nepera Chemical Company, Inc.	xv
T. J. Noonan Co.	x
Perkins School	xvi
Postgraduate Medical Institute	xiii
R. J. Reynolds Tobacco Co.	ix
Ring Sanatorium	xvi
E. R. Squibb & Sons	Back Cover
(Division of Mathieson Chemical Corp.)	
Storrow House (Massachusetts General Hospital)	xiv
Walker Laboratories, Inc.	iii
Washingtonian Hospital	xiii
Westwood Lodge, Inc.	xvi
Winthrop-Stearns, Inc.	xii
Wiswall Sanatorium	xvi
Woodside Cottages, Inc.	xvi