

results in increased plasma titers of erythropoietin. This finding probably explains the polycythemia-producing effect of cobalt. While it has not yet been completely purified, this hormone is apparently a glycoprotein. It is relatively heat and acid stable but is inactivated by proteolytic enzymes.

There is evidence indicating that in the experimental animal erythropoietin is formed in the kidney. Such an origin for erythropoietin may serve to explain the anemias associated with renal disease and the polycythemia sometimes present in conjunction with hypernephroma. There have been no reports of the use of erythropoietin in the treatment of anemias in man.

### SMOKING AND LUNG CANCER

A summary of pertinent data relating to smoking and lung cancer appeared in *THE JOURNAL*, Nov. 28, pages 1829 to 1837. Written by Dr. Leroy E. Burney, surgeon general of the Public Health Service, the report documents the major researches and identifies the Public Health Service with those

who consider that the evidence to date implicates smoking as the principal etiological factor in the increase in lung cancer. A number of authorities who have examined the same evidence cited by Dr. Burney do not agree with his conclusions. Although the studies reveal a relationship between cigarette smoking and cancer that seems more than coincidental, they do not explain why, even when smoking patterns are the same, case rates are higher among men than among women and among urban than among rural populations. Neither the proponents nor the opponents of the smoking theory have sufficient evidence to warrant the assumption of an all-or-none authoritative position. Until definitive studies are forthcoming, the physician can fulfill his responsibility by watching the situation closely, keeping courrant of the facts, and advising his patients on the basis of his appraisal of those facts. The Public Health Service can best meet its obligations by collecting and disseminating data from all sources and making known to the health and medical professions its own evaluations of such data.

J. H. T.

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## MEDICAL FILM REVIEWS

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**Circulation of the Blood:** 16 mm., color, sound, showing time 7 minutes. Produced in 1958 by Churchill Wexler Film Productions, Los Angeles. Procurable on loan or purchase from American Heart Association Film Library, 267 W. 25th St., New York 1.

This film, by means of diagrammatic drawings, shows how the heart works and explains the structure of the arteries and how their expansion and contraction controls the flow of blood. Animated diagrams trace the circulation of the blood through the body. This is a stylized, accurate, and attractive presentation of the activity of the normal human heart. The animated diagrams are augmented by a few actual views of the movement of blood in capillaries, arterioles, and venules, and the animation and narration are excellent. The film is highly recommended for adult lay groups and also for supplementary material in college and high school classes in biology, physiology, and health education.

**Physical Examination of the Newborn: The Art and the Findings:** 16 mm., color, sound, showing time 33 minutes. Prepared by Mary B. Olney, M.D., San Francisco. Produced in 1959 by Medical Arts Productions, San Francisco for and procurable on loan from Pfizer Laboratories, 630 Flushing Ave., Brooklyn 6, N. Y.

Part 1 of this film demonstrates the steps of a complete routine examination as it is performed on a baby a few hours old. Part 2 shows special examination techniques and some of the more com-

mon abnormal findings as well as normal findings which can be mistaken for anomalies. One of the best parts of this film is the last sequence, in which the pediatrician visits the mother with the newborn infant and demonstrates to her many of the points in the physiology of newborn infants which might possibly disturb her. This is a very good illustration of putting a mother at ease with her newborn baby. This film is an excellent demonstration of physical examination of newborn infants and it is highly recommended for obstetricians, pediatricians, general practitioners, and house officers.

**The Thiersch Wiring For Massive Rectal Prolapse:** 16 mm., color, sound, showing time 15 minutes. Prepared in 1958 by and procurable on loan from Robert Turell, M.D., 25 E. 83rd St., New York 28.

This film demonstrates the technique of inserting a Thiersch wire for the control of rectal prolapse. The author's indications for using this procedure, as well as his program of preoperative and postoperative care, are described. Photographs demonstrate the condition of patients before and after the operation and roentgenograms are shown of the wires in place after surgery. Some of the complications of this operation are described; however, a rather common one, fecal impaction, has been omitted. The technical details are well presented, but one must look at the indications for this procedure with a very critical eye. The photography is good and the film will be of interest to proctologists.