

the phloridzin reaction. Indeed, according to this test, these cases should have shown symptoms of renal insufficiency, but not one did. The cases certainly show the fallacy of depending upon this one test alone, and emphasize the necessity of comparing the composite picture of each urine in order to obtain a reliable knowledge of the condition of each organ.

CLARENCE A. MCWILLIAMS, M.D. "Primary Carcinoma of the Vermiform Appendix." *Amer. Jour. Med. Sciences*, June, 1908.

The report is based upon a study of 105 collected cases, and deals with the subject in a very thorough and up-to-date manner. The chief points of interest may be stated briefly. The condition cannot be diagnosed clinically, but is generally associated with symptoms of appendicitis. Thus, 83 per cent. had symptoms of some variety of appendicitis; 36 per cent. were operated upon during or immediately after the first acute attack; 63 per cent. had symptoms of chronic appendicitis for varying periods of time. The age incidence is almost the same as for ordinary inflammatory appendicitis, *e.g.*, 60 per cent. occur before the age of thirty. It has been found to be more frequent in females than males in the proportion of 57 to 42 per cent., which is a complete reversal of frequency in the inflammatory type. From the figures alone, it would seem that concretions play but little part in the etiology of carcinoma of the appendix. The location of the growth in the great majority of cases reported was at or distal to the middle of the organ, corresponding to the region where strictures, obliterations of the tip, and chronic inflammatory lesions most often occur. Lymphatic involvement would appear to be exceedingly slow. Cæcal cancer in many instances has its origin in the appendix. In quite a number of cases no visible tumour was present in the organ, hence the uncertainty of a macroscopical diagnosis. The frequency of occurrence of primary cancer of the appendix may be conservatively placed at not lower than 0.4 per cent. A pathological classification of the growths gives 22 per cent. columnar-cell, 53 per cent. spheroidal, 9 per cent. transitional, 4 per cent. colloid. This corresponds to the occurrence of the two first varieties in the stomach, while in the intestine alone the columnar type occurs in about 72 per cent. The average age for the spheroidal tumours was twenty-three, for the columnar forty-three, a difference in the age-incidence of twenty years. These tumours show a tendency to progressively infiltrate contiguous tissues, but distant metastases are uncommon. The invading mass is of slow growth, the new growths being allied rather to the rodent ulcer type in contradistinction to malignant growth of the alimentary tract generally. Any circumscribed tumour in an