Histopathologic Observations in a Fatal Case of Q Fever. PERRIN, T. L. (1949). *Arch. Path.*, **67,** 361.

In this paper are described the histological findings in a previously recorded case. A 43-year-old cattle-worker died after a 15-day illness characterized by fever, cough, nasal congestion, headaches, and mental confusion. Necropsy revealed a diffuse consolidation of lungs, microscopy showing an essentially mononuclear exudate, with congestion and haemorrhages, but neutrophil granulocytes were not infrequent and there was a fibrin network. No rickettsiae or other microorganisms could be found. Focal hypoplasia was seen in the sternal marrow. In the myocardium there was fairly extensive ischaemic fibrosis due to occlusion of a major coronary vessel. No significant change was found in other organs. It is concluded that the lung changes were essentially due to the Q-fever virus and possibly also the marrow hypoplasia ; however, the cardiac condition certainly seems to have had an unfavourable influence in a disease usually benign in the healthy adult.

Diffuse Cystic Lungs of Granulomatous Origin. A Histological Study of Six Cases. CUNNINGHAM, G. J., and PARKINSON, T. (1950). *Thorax,* **5,** 43.

Detailed histological studies on 6 cases of honeycomb lungs are reported, and brief clinical records of the patients are given. All cases showed a granulomatous process in the walls of the cysts and in the intercystic spaces. In the acute phase this process was characterized by a highly cellular histiocytic response, and in the chronic phase by widespread fibrosis. In the intermediate stages, foamy macrophages were present in large numbers, sometimes being the predominant cell. It is suggested that the cystic spaces are produced by weakening of the walls of the smaller bronchioles as a result of granulomatous infiltration. In the present material the distinction between cysts of alveolar and bronchiolar origin is impossible. The nature of the granulomatous process is discussed. [Authors' summary.]

Diagnostic Value of Histologic Lesions of Striated Muscle in Rheumatoid Arthritis. SOKOLOFF, L., WILENS, S. L., BUNIM, J. J., and MCEWEN, C. (1950). *Amer. J. med. Sci.,* **219,** 174.

Biopsy or necropsy specimens or muscle from the deltoid and gastrocnemius were examined by serial section in 57 cases of rheumatoid arthritis, 10 of ankylosing spondylitis, 21 of acute rheumatism, 101 of various other conditions, some involving the joints, and in 13 healthy volunteers. Focal cellular lesions similar to those described by other workers were found in 56% of the cases of rheumatoid arthritis, but also in 3 of the normal controls and in 25% of the non-rheumatoid group as a whole. Various other laboratory investigations were performed, such as determination of the erythrocyte sedimentation rate and estimation of the serum content of streptococcal agglutinins and agglutin of sensitized sheep erythrocytes. None of these threw any light on the mechanism of production of the histological lesions, and the authors conclude that muscle biopsy is of little value as a diagnostic procedure in rheumatoid arthritis. *G. J. Cunningham.*

Correction

DR. LEVIN writes: I must apologize for an error, which was in our typescript and was no fault of the printers.

In the paragraph headed "Method" of "A Simple Visual Turbidimetric Estimation of Serum Gamma Globulin" (*J. clin. Path.*, **3,** 284) the first line should read: "Serum, 0.1 ml., is added to 2.4 ml. of saline ammonium sulphate solution" . . . instead of "Serum, 0.1 ml., is added to 4.9 ml. of saline ammonium sulphate solution."