

## NOTICE TO CONTRIBUTORS

THORAX is the Journal of "The Thoracic Society." It is primarily intended for the publication of original work on diseases of the chest and relevant anatomical and physiological studies. Original contributions may be submitted to the Editors by workers who are not members of the Society. The journal is published quarterly.

All papers submitted for publication and all other editorial matters should be referred to one of the Editors, whose names and addresses are as follows:—

J. G. Scadding, F.R.C.P., Brompton Hospital, London, S.W.3.

N. R. Barrett, F.R.C.S., Dept. of Surgery, St. Thomas's Hospital, London, S.E.1.

Papers may also be sent, in the first instance, to any member of the Editorial Committee.

Papers are accepted on the understanding that they are subject to editorial revision and that they are contributed to this journal only. Adequate reference should be made to previous work on the subject of the paper. A summary of observations and conclusions must be given. A paper describing a single case will not generally be accepted unless the case is rare, or shows important features which have not been previously described, or has been made the subject of special observation or experiment.

Papers sent for publication must be typewritten on one side of the paper only, with double spacing and with a margin of at least  $1\frac{1}{2}$  in. Where half-tone reproduction of radiographs is required authors should submit *positive* prints and satisfy themselves that the appearances which they desire to demonstrate are shown clearly on the prints. If the Editors consider that the prints are likely to be unsatisfactory in reproduction they may ask for the original films. Photographs and photomicrographs should be printed on glossy paper, and should be larger than the size desired for reproduction; they should be submitted unmounted, and lettering, when required, should be indicated on tracing paper fixed over the print. Drawings and diagrams should be done in black ink on tracing linen, Bristol board, or stout, white paper. Any lettering on these drawings should be lightly inserted in pencil. Legends should be typed on a separate sheet of paper.

References should be arranged according to the Harvard system. If the reference is to a book, the place of publication, the number of the edition, and the page number should be given. In the text the year of publication must follow the author's name, more than one paper in any one year being indicated by a small letter (a, b, c) after the date. No numbering of references is necessary. At the end of the paper references should be arranged in the alphabetical order of the authors' names. The reference details should be given as follows: author's name, initials, year of publication (in parentheses), title of periodical (in italics, abbreviated according to the *World List of Scientific Periodicals*), volume number (bold type, Arabic numerals), and first page number (ordinary type, Arabic numerals), thus:

Dunn, C. W. (1940). *J. Amer. med. Ass.*, 115, 2263.

Contributors will receive one proof in page, but it is assumed that all but verbal corrections will have been made in the original manuscript; an allowance at the rate of ten shillings per sheet of sixteen pages is made for alterations in the proof (printer's errors excepted), and contributors will be responsible for any excess.

Twenty-five reprints of articles will, if desired, be provided free. A limited number of additional reprints at cost price can be supplied if application is made when returning proofs. An estimate of costs will be given on application to the Publishing Manager, British Medical Association.

Papers which have been published become the property of THORAX and permission to republish must be obtained from the Editors.

Applications for advertisement space should be addressed to the Advertisement Manager, British Medical Association, Tavistock Square, London, W.C.1.

## NOTICE TO SUBSCRIBERS

Subscriptions are payable to the British Medical Association. Address: British Medical Association House, Tavistock Square, London, W.C.1. The subscription is £2 2s. 0d. a year. The cost of the journal to members of the Thoracic Society is included in their subscription to that Society.

## INDEX TO VOLUME IX

### A

- ABRAMS, L. D., *see* Collis, J. L., *et al.*  
ABUL-WAFA, M.: A congenital bronchopulmonary cyst associated with an anomalous artery, 167  
Adhesions, pleural, production of by kaolin injection, 10  
ALEXANDER, JOHN: obituary note, 173  
Alimentary tract, congenital anomalies of, 116  
ANDERSON, H. J., and PIERCE, J. W.: Carcinoma of the bronchus presenting as thin-walled cysts, 100  
Angiocardiology in investigation of bronchial carcinoma, 91  
Arterial anomaly with bronchopulmonary cyst, 167  
— specimens, synthetic resin technique for preparing casts of, 123, 229  
ASHLEY, G. T.: The morphological and pathological significance of synostosis at the manubrio-sternal joint, 159  
Atresia, oesophageal, unusual case of, 350

### B

- BADEN, HELGE, and THERKELSEN, F.: Extra-auricular mitral valvotomy, 340  
BAKER, C., *see* Enticknap, J. B., *et al.*  
"Batswing" shadows, anatomical explanation of, 198  
BEACONSFIELD, P., COULTHARD, H. S., and KERGIN, F. G.: Treatment of pulmonary tuberculosis by thoracoplasty in patients over 50 years of age, 211  
BECKLAKE, MARGARET R., GOLDMAN, H. I., and MCGREGOR, M.: The effects of pneumoperitoneum on lung function in pulmonary emphysema, 222  
BELCHER, J. R., and SIDDON, A. H. M.: Air-containing cysts of the lung, 38  
BENNETT, D. H., *see* Wylie, J. A. H., *et al.*  
BERNSTEIN, L.: A critical discussion of the recorded form of the fast vital capacity record, 63  
— and KAZANTZIS, G.: The relation between the fast vital capacity curves and the maximum breathing capacity, 326  
BINGHAM, J. A. W.: Two cases of unilateral paralysis of the diaphragm in the newborn treated surgically, 248  
Bowel, intrathoracic duplications of, 116  
BRITT, R. G., *see* Slesser, B. V., *et al.*  
Bronchial carcinoma and sarcoidosis, 291  
— — presenting as thin-walled cysts, 100  
— — value of angiocardiology in, 91  
Bronchogenic cysts, pathology of, 38  
Bronchspirometry, value of, 273  
"Butterfly" shadows, anatomical explanation of, 198

### C

- Carcinoma, bronchial, malignant cells in serous effusions in, 26  
— — presenting as thin-walled cysts, 100  
— — value of angiocardiology in, 91  
— bronchogenic, with pulmonary infarcts, 304  
— pulmonary, and lipid pneumonia, 35  
CAUGHEY, J. E., and GRAY, W. G.: Unilateral elevation of the diaphragm in dystrophia myotonica, 67  
Cavities, characteristic, in bronchial carcinoma, 100  
CHESTERMAN, J. T.: Intrathoracic duplications of the bowel, 116  
Collagen diseases, diffuse, pulmonary manifestations in, 46  
COLLIS, J. L., KELLY, T. D., and WILEY, A. M.: Anatomy of the crura of the diaphragm and the surgery of hiatus hernia, 175  
— SATCHWELL, L. M., and ABRAMS, L. D.: Nerve supply to the crura of the diaphragm, 22  
Convulsion therapy, lung abscess as complication of, 216  
COULTHARD, H. S., *see* Beaconsfield, P., *et al.*  
CROFTS, N. F.: Pneumothorax complicating therapeutic pneumoperitoneum, 226  
CRUICKSHANK, D. B., *see* Philip, W. P., *et al.*  
CUDKOWICZ, L., *see* Ellman, P., and Cudkowicz, L.  
CURETON, R. J. R., *see* Hanbury, W. J., *et al.*  
Cyst, congenital bronchopulmonary with anomalous artery, 167  
Cystic lung changes and scleroderma, 154  
Cysts, air-containing, of the lung, 38  
— characteristic, in bronchial carcinoma, 100

### D

- DAVIDSON, J. S.: Instrumental perforation of the oesophagus and perforated duodenal ulcer, 84  
DE NAVASQUEZ, S., and HASLEWOOD, G. A. D.: Endogenous lipid pneumonia with special reference to carcinoma of the lung, 35  
Dermoid tumour, posterior mediastinal, 245  
Diaphragmatic crura, anatomy of, 175  
— — innervation of, 22  
— elevation in dystrophia myotonica, 67  
— paralysis, neonatal, unilateral, 248  
Diverticulum, tracheal, and oesophago-tracheal fistula, 106  
D'SILVA, J. L., and KAZANTZIS, G.: Measurement of the mechanical function of the lung in normal subjects, 128  
Dystrophia myotonica, elevated diaphragm in, 67

## E

- Ebstein's disease, case of, 14  
 ELLMAN, P., and CUDKOWICZ, L.: Pulmonary manifestations in the diffuse collagen diseases, 46  
 Embolism, pulmonary, study of, 71  
 Emphysema, hypertrophic, treatment by pneumoperitoneum, 87  
 — pulmonary, effects of pneumoperitoneum treatment, 222  
 ENTICKNAP, J. B., MILSTEIN, B. B., and BAKER, C.: Lingular biopsy in mitral stenosis, 58  
 EVANS, M., and PARKER, R. A.: Honeycomb lung and mitral stenosis in scleroderma, 154

## F

- Fibroma, giant intrathoracic, 112  
 FLEMING, H. A., and WEST, L. R.: An appreciation of bronchosprometry as a method of investigation based on 125 cases, 273  
 FLETCHER, C. M., see Kilpatrick, G. S., *et al.*  
 FREER, J. L., see Slessor, B. V., *et al.*

## G

- GOLDMAN, H. I., see Becklake, M. R., *et al.*  
 GOLDWATER, S., and LOCKET, S.: Transpericardial phrenicotomy from a dagger wound, 242  
 GRANT, I. W. B., see Macleod, J. G., and Grant, I. W. B.  
 GRAY, W. G., see Caughey, J. E., and Gray, W. G.

## H

- HANBURY, W. J., CURETON, R. J. R., and SIMON, G.: Pulmonary infarcts associated with bronchogenic carcinoma, 304  
 HARRISON, K., see Philip, W. P., *et al.*  
 HASLEWOOD, G. A. D., see de Navasquez, S., and Haslewood, G. A. D.  
 Heart, synthetic resin for preparing casts of, 123  
 Hemidiaphragmatic paralysis and paresis, 299  
 HEPPLESTON, A. G., see Kilpatrick, G. S., *et al.*  
 HERRNHEISER, G., and HINSON, K. F. W.: An anatomical explanation of the formation of butterfly shadows, 198  
 Hiatus hernia, surgery of, 175  
 HIDDLESTONE, H. J. H., and TAYLOR, A. J.: Tuberculous cavitation of the apical segment of the lower lobe, 344  
 HINSON, K. F. W., see Herrnheiser, G., and Hinson, K. F. W.  
 Histoplasmosis, acute disseminated, case of, 233

## I

- Infarcts, pulmonary, associated with bronchogenic carcinoma, 304  
 Isoniazid resistance, post-treatment changes in, 254

## J

- JEFFERSON, M., SMITH, W. T., TAYLOR, A. B., and VALTERIS, K.: A report of two cases of sarcoidosis with bronchial carcinoma, 291  
 JONES, G. P., see Temple, L. J., and Jones, G. P.

## K

- Kaolin injection in production of pleural adhesions, 10  
 KAZANTZIS, G., see Bernstein, L., and Kazantzis, G.  
 — see D'Silva, J. L., and Kazantzis, G.  
 KELLY, T. D., see Collis, J. L., *et al.*

KERGIN, F. G., see Beaconsfield, P., *et al.*

KILPATRICK, G. S., HEPPLESTON, A. G., and FLETCHER, C. M.: Cavitation in the massive fibrosis of coalworkers' pneumoconiosis, 260

## L

- LAVERTINE, J. D. O'D., see Poles, F. C., and Lavertine, J. D. O'D.  
 LEMOINE, A., see Mathey, J., and Lemoine, A.  
 LINDAHL, T.: Spirometric and bronchosprometric studies in five-rib thoracoplasties, 285  
 Lingular biopsy in mitral stenosis, 58  
 Lipid pneumonia, endogenous, and carcinoma of lung, 35  
 LOCKET, S., see Goldwater, S., and Locket, S.  
 Lung abscess as complication of shock therapies, 216  
 — air-containing cysts of, 38  
 — unilateral abnormal transradiancy of, 147  
 — volumes, normal standards for, 313  
 Lupoid reaction to vole vacillus vaccine, 190

## M

- MCDONALD, I., see Needham, C. D., *et al.*  
 MCGREGOR, M., see Becklake, M. R., *et al.*  
 MACLEOD, J. G., and GRANT, I. W. B.: A clinical, radiographic, and pathological study of pulmonary embolism, 71  
 MACLEOD, W. M.: Abnormal transradiancy of one lung, 147  
 MANN, B., and MURPHY, E. A.: The treatment of hypertrophic emphysema by pneumoperitoneum, 87  
 Manubrio-sternal synostosis, significance of, 159  
 MATHEY, J., and LEMOINE, A.: Tracheal diverticulum and congenital oesophago-tracheal fistula without oesophageal atresia, 106  
 MATTHEWS, M. B., see MEDD, W. E., *et al.*  
 MAXWELL, J.: The production of pleural adhesions by kaolin injection, 10  
 MEDD, W. E., MATTHEWS, M. B., and THURSFIELD, W. R. R.: Ebstein's disease, 14  
 Mediastinal dermoid tumour, histology of, 245  
 Medical Research Council isoniazid trial: report No. 6, 254  
 MILSTEIN, B. B., see Enticknap, J. B., *et al.*  
 Miners' pneumoconiosis, cavitation in fibrosis of, 260  
 Mitral stenosis and scleroderma, 154  
 — — lingular biopsy in, 58  
 — valvotomy, extra-auricular technique for, 340  
 MURPHY, E. A., see Mann, B., and Murphy, E. A.  
 Muscular dystrophy, elevated diaphragm in, 67  
*Myc. tuberculosis*, isoniazid resistance in, 254

## N

- NEEDHAM, C. D., ROGAN, M. C., and MCDONALD, I.: Normal standards for lung volumes, intrapulmonary gas-mixing, and maximum breathing capacity, 313  
 Nerve supply to crura of diaphragm, 22  
 isoNicotinyI hydrazide: see Isoniazid

## O

- Obituary: John Alexander, 173  
 Oesophageal atresia, congenital, unusual case of, 350  
 Oesophago-tracheal fistula and tracheal diverticulum, 106  
 Oesophagus, instrumental perforation of, 84  
 — muscular hypertrophy of, 136

## P

- PARKER, R. A., *see* Evans, M., and Parker, R. A.  
 Pericardium, stab wound of, 242  
 PHILIP, W. P., HARRISON, K., and Cruickshank, D. B.: A posterior mediastinal dermoid tumour with marked anatomical differentiation, 245  
 Phrenic nerves, anatomical study of, 22  
 Phrenicotomy, transpericardial, traumatic, 242  
 PIERCE, J. W., *see* Anderson, H. J., and Pierce, J. W.  
 Plastic medium for preparing anatomical specimens, 123, 229  
 Pleural adhesions, production of by kaolin injection, 10  
 Pneumoconiosis, coalworkers', massive fibrosis of, 260  
 Pneumonia, lipoid, endogenous, and lung carcinoma, 35  
 Pneumoperitoneum and lung function, 222  
 — therapeutic, pneumothorax as complication of, 226  
 — treatment in emphysema, 87  
 Pneumothorax complicating therapeutic pneumoperitoneum, 226  
 POLES, F. C., and LAVERTINE, J. D. O'D.: Acute disseminated histoplasmosis with a report of a case occurring in England, 233  
 Pulmonary embolism, study of, 71  
 — fibrosis and scleroderma, 154  
 — infarcts associated with bronchogenic carcinoma, 304

## R

- Radiographic phenomena, pulmonary, 198  
 RAKOWER, J., *see* Wayl, P., and Rakower, J.  
 Resection in pulmonary tuberculosis, 1  
 Resins, synthetic, for casting specimens, 123, 229  
 Respiratory function after pneumoperitoneum, 222  
 — — measurement of in normal subjects, 128  
 — — normal standards for, 313  
 ROGAN, MARY C., *see* Needham, C. D., *et al.*  
 ROSSER, T. H. L., *see* Thompson, H. T., *et al.*

## S

- Saranac Laboratory, note on, 253  
 Sarcoidosis with bronchial carcinoma, 291  
 SARKISIAN, S.: An unusual case of congenital oesophageal atresia, 350  
 SATCHWELL, L. M., *see* Collis, J. L., *et al.*  
 SAVAGE, T., *see* Thompson, H. T., *et al.*  
 Scleroderma, pulmonary manifestations in, 154  
 Shock therapy, lung abscess as complication of, 216  
 SIDONS, A. H. M., *see* Belcher, J. R., and Siddons, A. H. M.  
 SIMON, G., *see* Hanbury, W. J., *et al.*  
 SLESSER, B. V., BRITT, R. G., and FREER, J. L.: Assessing the inoperability of bronchial carcinoma by angiocardiology, 91  
 SLOPER, J. C.: Idiopathic diffuse muscular hypertrophy of the lower oesophagus, 136  
 SMITH, W. T., *see* Jefferson, M., *et al.*

- Spirometric curves, analyses of, 63, 128, 327  
 — studies in normal subjects, 128  
 Spirometry: *see also* Bronchosprometry  
 SPRIGGS, A. I.: Malignant cells in serous effusions complicating bronchial carcinoma, 26  
 SWITHINBANK, J., *see* Wylie, J. A. H., *et al.*  
 Synostosis of manubrio-sternal joint, 159

## T

- TAYLOR, A. B., *see* Jefferson, M., *et al.*  
 TAYLOR, A. J., *see* Hiddlestone, H. J. H., and Taylor, A. J.  
 TEMPLE, L. J., and JONES, G. P.: Two cases of giant intrathoracic fibroma, 112  
 THERKELSEN, F., *see* Baden, H., and Therkelsen, F.  
 THOMPSON, H. T., SAVAGE, T., and ROSSER, T. H. L.: The treatment of pulmonary tuberculosis in adults by resection, 1  
 Thoracoplasty in elderly patients, 211  
 — spirometric studies after, 285  
 THURSFIELD, W. R. R., *see* Medd, W. E., *et al.*  
 TOMPSETT, D. H.: A method of making a cast in synthetic resin of the bronchial arteries, 229  
 — A technique for preparing a cast in synthetic resin of the cavities and blood vessels of the heart, 123  
 Tracheal diverticulum and oesophago-tracheal fistula, 106  
 Tracheo-oesophageal fistula, unusual case of, 350  
 Tricuspid valve, Ebstein's malformation of, 14  
 Trudeau Sanatorium, closing of, 253  
 Tubercle bacilli, isoniazid resistance in, 254  
 Tuberculosis of apical segment of lower lobe, 344  
 — pulmonary, treatment of in adults by resection, 1

## V

- Vaccine, vole bacillus, cutaneous reactions to, 190  
 VALTERIS, K., *see* Jefferson, M., *et al.*  
 Vascular specimens, synthetic resin for preparing casts of, 123, 229  
 Vital capacity after pneumoperitoneum, 222  
 — — in normal subjects, 128  
 — — record, fast, 63, 128, 327  
 Vole bacillus vaccine, cutaneous reactions to, 190

## W

- WAYL, P., and RAKOWER, J.: Lung abscess as a complication of shock therapies, 216  
 WEST, L. R., *see* Fleming, H. A., and West, L. R.  
 WILEY, A. M., *see* Collis, J. L., *et al.*  
 WYLIE, J. A. H., BENNETT, D. H., and SWITHINBANK, J.: An unusual cutaneous reaction in mental defectives after vole bacillus vaccination by multiple puncture and its treatment, 190  
 WYNN-WILLIAMS, N.: Hemidiaphragmatic paralysis and paresis of unknown aetiology without any marked rise in level, 299