There is a new feature in this book: the last chapter, which the authors call an appendix, is devoted to certain technical procedures not generally available, which are required to make a diagnosis in this difficult field of medicine. Our laboratory technicians will welcome this part, for it gives a description of different methods, and is aided by references in each field.

The text is clear and concise. Lea and Febiger have done a good job with the 136 illustrations, the plates and colored illustrations. The book will be widely read by all those interested in this field: medical men, surgeons and students alike. We wish Twiss and Oppenheim good luck with their great work!

Franz J. Lust

THE CIBA COLLECTION OF MEDICAL ILLUSTRATIONS. VOLUME 2. THE REPRODUCTORY SYSTEM. Prepared by Frank H. Netter, M. D. Published by Ciba Pharmaceutical Products, Inc., Summit, N. J. 1954. (Sold at cost, $13.00).

This exhaustive atlas of the reproductory system with text and a profusion of beautiful color illustrations represents a tremendous amount of labor and expense. Its 300 pages are well worth the price asked, and it is highly recommended to all those especially interested in this field.

PATHOLOGIE DU FOIS. Etienne Chabrol. Masson et Cie, 120 Bvd. St. Germain, Paris 6, 1200 francs.

While the present volume touches upon most of the diseases of the liver, chief interest centers in biliary calculi and cirrhosis. While some of the dissertations are possibly too theoretical to interest the average physician, nevertheless the book is chiefly valuable inasmuch as it betrays a wide-angle viewpoint on a very important subject.

THE KIDNEY. Edited by A. A. G. Lewis and G. E. W. Wolstenholme. A Ciba Foundation Symposium, Little, Brown and Co., Boston. 1954. $6.75.

This book embodies a verbatim account of the proceedings at an international symposium on The Kidney arranged jointly by the Ciba Foundation and the Renal Association and held in London in July, 1953. The participating members were chosen for their eminence in those aspects of renal anatomy, physiology, pathology and medicine that it was desired to integrate for study, and included experts from many countries. Some of the 22 papers presented constitute rather technical and "tough" reading for the average physician but nevertheless the volume is of great value for those desiring to keep modern on the subject of renal disease.

HYPERTENSION: HUMORAL AND NEUROGENIC FACTORS. Edited by G. E. W. Wolstenholme and Margaret P. Cameron. A Ciba Foundation Symposium. Little, Brown and Co., Boston. 1954. $6.75.

The present symposium, contributed to by many experts in this general field, is somewhat clinical yet also largely chemical. It is a good illustration of the fact that most medical conundrums seem to possess at base a chemical foundation. The book is valuable and should be read by all internists and cardiologists. The volume is an example of the increasing value to medicine which is accruing through the help of various pharmaceutical firms who, more and more, are helping to produce beautiful volumes at costs which, without their assistance, would be quite prohibitive.

GENERAL ABSTRACTS OF CURRENT LITERATURE

SPRINZ, H. AND NELSON, R. S.: *Persisent nonhemolytic hyperbilirubinemia associated with lipochrome-like pigment in liver cells: report of four cases.* Ann. Int. Med., 41, 5, Nov. 1954, 952.

Four cases of long standing and, in two instances, recurrent icterus associated with an unusual type of hyperpigmentation of liver cells are presented. The onset of the condition resembled infectious hepatitis which gradually merged into persistent jaundice without definite incapacitation of the individual. In addition to the elevated serum bilirubin, the only constant and significant laboratory finding was a slightly increased bromsulphalein retention. The gallbladder was nonfunctioning in all cases. Anatomically, the black-brown color of the liver biopsy specimen was striking and was due to storage of a non-iron, non-bile pigment, the exact nature of which remains to be determined. There was no concomitant inflammation of the liver parenchyma or bile stasis. It is felt that some inborn error of metabolism is responsible for this peculiar disease.

ALBERT, A. AND ALBERT, M.: *Cholesterol metabolism. Evaluation of polysorbate 80-choline-inositol complex (Monichol) for the management of hypercholesteremia.* Texas State J. M., 50, \12, Dec. 1954, 814.

The use of polysorbate 80-choline-inositol (Monichol —Ives-Cameron Company) was found to produce a significant lowering of the serum cholesterol in the patients studied. Those with the anginal syndrome and post-operative biliary dyskinesia with hypercholesteremia were improved subjectively and symptomatically. Diabetic, obese and hypothyroid patients with hypercholesteremia likewise were improved objectively and subjectively.

COLWELL, A. R.: *Occurrence of accumulation of fat in the liver and its relation to excess weight gain in patients convalescing from viral hepatitis.* Ann. Int. Med., 41, 5, Nov. 1954, 963.

A significant degree of accumulation of abnormal hepatic fat was demonstrated by needle biopsy to occur in approximately one-half of 144 soldiers with infectious hepatitis at an average of 6 and 13 weeks after the onset of symptoms. Clinical, laboratory and pathological data regarding patients with fatty livers

were compared with values for those showing no fat. At both the acute (6 weeks) and persistent (13 weeks) phases of the disease, gain of body weight in patients with fatty livers was more than twice that in those without hepatic fat. It is concluded that increased caloric intake and, necessarily, intake of fat, perhaps associated with a "relative protein deficiency," were responsible for the fat deposition. Hepatic function, as estimated by the bromsulphalein retention test, was not impaired by the accumulation of fat, and the incidence of reticulinosis was no greater when abnormal hepatic fat was present. Although it is impossible to state whether or not this is harmful, its presence on histological section is abnormal. Therefore, the dietary fat and caloric intake should be moderately limited so that obesity does not occur. Vitamin B_{12} had no lipotropic effect in this condition, but its use might be justified to increase the appetite in patients with anorexia.

FIGIEL, L. S. AND FIGIEL, S. J.: *Volvulus of the transverse colon.* Radiology, 63, 6, Dec. 1954, 832.

A case of volvulus of the transverse colon occurring as a result of herniation through a tear in the transverse mesocolon is presented. Volvulus in the normally developed colon is very rare. The diagnosis was made by x-ray films.

HAINES, R. D. AND COLEMAN, J. A.: *Physiologic and therapeutic aspects of hepatic insufficiency.* Texas State J. Med., 50, 12, Dec. 1954, 809.

In the treatment of hepatic insufficiency, rest is fundamental. A high caloric diet, with emphasis on adequate protein and carbohydrate consumption, supplemented with necessary vitamins is essential. The avoidance of sodium has been stressed. Adequate lipotropic substances and liver extract are also important. During acute infectious episodes, antibiotics are valuable. The value of paracentesis should be weighed in the light of anticipated loss of protein against possible increase in renal function and likelihood of diuresis. Anemia of whatever origin should be treated by transfusions. The use of balloon esophageal compression may be a life-saving measure during bleeding until local injection can be undertaken. Mercurial diuretics may yield transient beneficial diuresis. Testosterone is sometimes indicated in men. The use of intravenous glutamic acid in coma shows therapeutic promise.

MOORE, T. C. AND HARRIS, E. J.: *Congenital malformations which may produce gastrointestinal tract obstruction in infancy and childhood.* Jour. Ind. State Med Assn., 47, 12, Dec. 1954, 1390.

The authors describe the following conditions found in infancy and childhood,—hypertrophic pyloric stenosis, stenosis and atresia of the intestines, annular pancreas, malrotation of the intestines, duplications, mesenteric cysts, omphalomesenteric duct anomalies, meconium ileus, incarcerated congenital hernias, functional obstructions and imperforate anus. A better outlook for these patients exists today partly because of an increasing awareness of the possibility of these lesions and partly because of great improvement in surgical technique and after care.

MEADOWS, J. C. AND LEFEBER, E. J.: *Gastroscopy: a 14 year survey of over 1000 consecutive examinations.* Ann. Int. Med., 42, 1, Jan. 1955, 69.

The authors have done 1064 gastroscopies in 14 years without major or minor complication or accident. A gastroscopic diagnosis of a definite organic lesion is frequently accomplished in patients with an indefinite x-ray diagnosis and occasionally in patients with a normal x-ray. Organic lesions are seen more frequently at x-ray than at gastroscopy. The gastroscopic diagnosis appears to be more accurate than on the x-ray diagnosis. Organic lesions may be found at gastroscopy that are not seen on the x-ray. Chronic gastritis is a frequent finding at gastroscopy regardless of the indication for the procedure and is especially frequent in patients with duodenal ulcer. The assumption that chronic gastritis is the cause of otherwise unexplained gastrointestinal bleeding may be fallacious. The diagnosis of chronic gastritis has fallen into disrepute with the authors. Many have commented on the lack of a symptom pattern in chronic gastritis, and the same findings may be present in persons with no complaint. It is possible that chronic gastritis, excluding gastric atrophy, represents only physiological changes and not intrinsic disease. Gastric cancer may occur in patients with duodenal ulcer. Marginal ulcers are seen infrequently at gastroscopy. Atrophic gastritis and gastric polyps are found frequently in patients with pernicious anemia without notable change during therapy. In the authors' series no patient with pernicious anemia was found to have gastric cancer. Atrophic gastritis is a common finding in hypothyroidism. Gastroscopy is indicated if a gastric lesion is noted at x-ray, if the x-ray findings are indefinite, or if the symptomatology is not in keeping with the radiological diagnosis.

ABRAMS, H. L.: *Leiomyoma of the stomach.* Am. J. Roentgen., Rad., Ther. and Nuc. Med., 92, 6, Dec. 1954, 1023.

Five cases of leiomyoma of the stomach, discovered at operation, are presented with the pertinent clinical, pathological and roentgenological findings. The demonstration of a smooth, round, sharply demarcated, sessile gastric tumor, with central ulceration, normal adjacent mucosa, and normal peristalsis should suggest the possibility of a leiomyoma of the stomach.

PAULLEY, J. W.: *Observations on the etiology of idiopathic steatorrhea.* Brit. Med. J., Dec. 4, 1954, 1318.

In 4 cases of idiopathic steatorrhea, Paulley found definite changes in the jejunal mucosa. The specimens for histologic examination were taken at laparotomy. All showed chronic inflammation of the jejunum and lymph nodes. In the past, descriptions of the histological conditions in this disease were inconstant and inconclusive because of ignorance of the normal appearances, differences in the stage of the disease, postmortem changes making reliable interpretation impossible and the fact that biopsy material was usually not available. If Paulley's observations are correct, ideas of the etiology of the disease will require revision.

BACHMAN, A. L.: *Roentgen aspects of gastric invasion from carcinoma of the colon.* Radiology, 63, 6, Dec. 1954, 814.

The x-ray findings in 4 cases of cancer of the colon with local extension to the stomach appear to conform to a pattern which is highly suggestive of the lesion. Depending upon the degree of gastric wall invasion, the x-ray examination may show: (1) a simple crescentic indentation on the greater curvature, (2) a large crescentic defect with a deep central ulcer crater, (3) a defect with ulceration and a fistulous tract. The x-ray differentiation from several other gastric lesions is discussed. The size of the intra-abdominal mass and the presence of a fistula are not contraindications to operative exploration in cases of cologastric involvement. Three of the cases reported showed no lymph node, liver or distant metastases at the time of operation. Two patients have remained well for more than 18 to 27 months respectively, following operation.

JARMAN, J. A. AND SWINDELL, H. V.: *Gastrectomy in the treatment of peptic ulcer in the Air Force.* U. S. Armed Forces M. J., 6, 1, Jan. 1955, 8-19.

In 36 patients with peptic ulcer, operation was urgent in 53 percent (massive hemorrhage, gastric ulcer, and obstruction). In the balance the indications for operation were questionable (chronic recurrence, repeated hemorrhage and intractability). The more urgent the need for operation the better are the results on an average. Better results were also obtained in patients from whom 75 percent of the stomach was removed as compared with those from whom less was removed. The authors are not ready to experiment with the newer idea of removing less stomach and doing a vagotomy.

DENICOLA, R. R.: *"Stop and go" intestinal foreign body.* Am. Pract. & Dig. Treat., 5, 12, Dec. 1954, 907.

A laborer of 60 swallowed a U-shaped staple which was last seen by x-ray in the stomach. It caused him no further *obvious* trouble, and was apparently passed in a stool at an unknown time. About 5 weeks after swallowing the staple he was admitted to hospital with symptoms suggesting perforated peptic ulcer, a diagnosis which seemed likely inasmuch as he suffered from a perforated duodenal ulcer 3 years previously. At operation, however, it was found that he had a highly inflamed loop of terminal ileum which required resection. Careful examination of the specimen left no doubt that the staple had temporarily lodged in this portion of ileum producing a perforation into the mesentery where abscess formation occurred. He made a good recovery.

JONES, G. E.: *An unusual case of pseudopolyposis of the colon.* Bull. Mason Clin., 8, 4, Dec. 1954, 150.

A case of widely diffused inflammatory-type polyposis in a man of 40 years of age is described. He had only a few episodes resembling ulcerative colitis and such a diagnosis could not be made. Double-contrast barium enema revealed many polypi throughout the entire colon. A colectomy was decided upon but an abscess in the lower right quadrant (due to infection from the colon rather than the appendix) required preliminary drainage. Finally a complete colectomy with ileostomy was done. The patient made a good recovery and adjusted to the ileostomy. No malignancy was found on gross or microscopic examination of the specimen but there was extreme ulceration resulting in intra-epithelial bridging of the isolated mucosal folds, producing a picture of pseudopolyposis.

CHATTERJEE, J. B. AND GUPTA, C. R. D.: *Myeloid metaplasia of the spleen in aplastic anemia.* Jour. Indian Med Assn., 24, 5, Dec. 1, 1954, 165.

A fatal case of aplastic anemia in a male Hindu, aged 22, is described because of the interesting fact that the spleen, during the disease, was involved in a process of myeloid metaplasia and produced blood cells long after the bone marrow had become aplastic. Ultimately the patient died. The point of theoretic and therapeutic interest is that since the spleen underwent myeloid hyperplasia, after the bone marrow had become aplastic, it would appear erroneous to accept the idea of "splenism" in which the spleen is supposed to have a depressing effect on the bone-marrow, and consequently it seems erroneous to do a splenectomy in aplastic anemia inasmuch as this would mean the removal of an organ which might give some assistance in blood formation.

LICHSTEIN, J.: *The differential diagnosis of benign prolapse of gastric mucosa.* Ann. Int. Med., 42, 1, Jan. 1955, 44.

The passage of prepyloric gastric mucosa transpylorically into the base of the duodenum has been termed benign gastric mucosal prolapse. The condition may be completely asymptomatic. Ulcer-like symptoms, or cramping after eating, or vomiting or bleeding also may be present. There is great difficulty in being sure that a pure prolapse is present. Sometimes spine-pressure may give such an appearance artificially. The condition may be simulated by a number of other conditions, —pedunculated gastric polyp, hypertrophic gastritis, prepyloric ulcer, primary or secondary adenocarcinoma of the stomach, antral gastritis and diffuse gastric lesions.

COHN, E. M., ORLOFF, T. L., SKLAROFF, D. M. AND GERSHON-COHEN, J.: *The use of cholografin in the post-cholecystectomy syndrome.* Ann. Int. Med., 42, 1, Jan. 1955, 59.

The new radiopaque medium, Cholografin, having an affinity for the biliary tract, has made possible the non-operative visualization of the common duct, hepatic ducts and, when present, the gallbladder. Cholografin has proved to be important as a new diagnostic aid for the study of the common duct by providing a method for the demonstration of stones in the bile ducts, a cystic duct stump, and the functional phenomenon known as biliary dyskinesia. Several x-ray reproductions showing stones in the common duct and also demonstrating the influence of morphine on the sphincter of Oddi are presented. (Cholografin is obtainable from E. R. Squibb & Sons. It was first produced by Schering A. C. and called Biligrafin).

FLOOD, C. A.: *The results of medical treatment of peptic ulcer.* Jour. Chronic Dis. 1, 1, Jan. 1955, 48.

Flood thinks the average healing time of gastric ulcer (and probably also of duodenal ulcer) on medical

treatment is about 6 to 7 weeks. Emotional factors often increase the period needed. In general, the immediate results of medical therapy for uncomplicated gastric or duodenal ulcer are satisfactory. After healing of the ulcer, medical management probably has little influence on the natural course of the disease. The majority of patients ultimately experience recurrences about every 2 years on the average. A slow initial symptomatic response to treatment is a bad prognostic sign. The risk of a second hemorrhage was about once every 6 years in Flood's series. After the second hemorrhage the subsequent risk of bleeding was almost doubled. The development of a gastric cancer was observed in 5 of 101 patients with evidence of benign gastric ulcer who were followed on conservative therapy.

McGIVNEY, J.: *Anorectal complications of broad spectrum antibiotic therapy.* Texas State Jour. Med., 51, 1, Jan. 1955, 16.

Certain broad spectrum antibiotics produce side effects in the lower intestinal tract. These drugs are usually chemically irritating to the bowel, and those which are best absorbed seem to be most incriminated. Some of the drugs are partially excreted in a biologically active form and irritate the anus and perianal skin. Certain microorganisms, resistant to the antibiotic being used, may grow in the bowel in sufficient numbers to produce a fulminating and frequently fatal enteritis. Monilial proctocolitis and anal moniliasis do occur, but not as frequently as supposed. The author describes methods of treating these conditions.

NAHON, J. R.: *The roentgen appearance of localized hyperplasia of the lymphoid follicles of the duodenum.* Am. J. Roentgen., Rad. Ther. and Nuclear Med., 75, 2, February 1955, 211.

The x-ray appearance of numerous, small, rounded radiolucencies in the barium-filled duodenal bulb may indicate any one of several possible lesions,—gas or food in the cap, swallowed foreign bodies, undissolved medicinal tablets, gallstones, prepyloric pedunculated polypus, part of which has passed into the duodenum, ascaris lumbricoides, duodenal ulcer seen *en face,* scarring of a healed ulcer; axial view of the open pylorus, simple hypertrophy of the mucosa due to long-standing duodenitis, true polyposis, benign tumors, polypoid hemangioma, adhesions involving the cap, etc. Now another possibility is discovered, viz., localized hyperplasia of the lymphoid follicles of the duodenum. In the case reported, radiolucencies proved, at autopsy, to be due to this rare condition. Four illustrations accompany the article.

JAMES, T. W. AND ROSELLINI, L. J.: *Peripheral fibromas of the oral cavity.* Northwest Med., 54, 11, Feb. 1955, 139.

Within the oral cavity one may find almost all of the tumors which can occur in other parts of the body. Among these are,—inflammatory hyperplasias, hyperplasia of gingival tissue caused by dilantin, pregnancy tumors, peripheral giant cell tumors, fibroblastomas, fibromas, fibrosarcomas, and neurofibromatosis (von Recklinghausen disease). Differentiation of some of these tumors requires histological examinations. Hyperplastic changes in the mouth are often secondary to some other underlying medical problem which may give the clue to the diagnosis.

DAVIS, L. A., KNOEFEL, P. K. AND PIRKEY, E. L.: *Factors influencing the roentgen visualization of the gastric mucosa.* Radiology, 64, 1, Jan. 1955, 29.

In the x-ray visualization of the gastric mucosa with an opaque medium, the results are influenced by the volume of the resting gastric juice as well as the physical composition of the contrast medium. Barium sulfate preparations with a particle size larger than that of U. S. P. barium sulfate are undesirable. The greater the volume of resting gastric secretion, the poorer was the rugal pattern obtained. Similarly, the greater the total mucin content, the poorer was the pattern obtained. T.I.P.E., an organic compound containing iodine gave better results than did barium sulfate. (T.I.P.E. is Tetraiodophthalimidoethanol, furnished in experimental quantities by the Research Laboratories, Eastman Kodak Company, Rochester, N. Y.).

EDDY, L. L.: *Leiomyosarcoma of the stomach—an unusual case with hemoperitoneum.* Bull. Mason Clin., 8, 4, Dec. 1954, 144.

A 73 year old Swedish lumber workman was admitted to hospital with an irreducible right inguinal hernia. On the second day peritoneal irritation of a general character became obvious associated with shock. Laparotomy revealed a large leiomyosarcoma of the greater curvature of the stomach. About 4/5 of this tumor was exogastric and had herniated, along with some omentum through the right inguinal ring. Anesthesia caused the hernia to reduce. The abdomen was full of fresh blood which had come from the necrotic edge of the exogastric portion of the tumor. A partial gastric resection was done removing 3/4 of the stomach. No metastases could be found. He made a perfect recovery and a year later was working hard at day labor and eating whatever he wished.

BARRIE, J.: *Spontaneous rupture of the esophagus. (Report of three successful cases treated surgically).* Brit. Med. J., Jan. 1, 1955, 23.

Spontaneous perforation of the esophagus is an acute emergency which may simulate many other lesions. It may suggest coronary thrombosis, perforated gastric ulcer, acute pancreatitis and acute cholecystitis. Convincing chest signs are often hard to elicit. Not all cases have cervical emphysema but, if present, it is diagnostic. Chest x-ray including a swallow of radiopaque oil usually confirms the diagnosis. (A chest x-ray should always be taken when faced with an acute abdomen difficult to diagnose). The characteristic history is substernal pain following severe vomiting. Surgery to close the perforation should be employed within 48 hours of the accident.

OTTOMAN, R. E. AND WOODRUFF, J. H.: *Polypoid diseases of the stomach.* Radiology, 64, 1, Jan. 1955, 34.

Polypoid carcinoma is by far the most common polypoid disease of the stomach. Polypoid sarcomas are second and benign adenomatous polyps third in frequency. The incidence of malignancy in polypoid gastric lesions is high.