plished. They report many physiological and pharmacologic experiments not only on animals but on normal and diseased men. In these experiments from one to three recording balloons were passed into esophagus, stomach, small intestine, colon or bladder.

Danielopolu believed that this type of work should be of great value to the clinician but the reviewer could not find in the rather verbose discussion of the experiments much to support the statement. Danielopolu felt that his experiments were of great value also in showing how different the pharmacologic reactions of the digestive tract are in man and in laboratory animals. Actually, the reviewer's impression from the many good copies of kymographic records which are here published is that drug actions are much the same in animals and man. The striking fact which the clinician might do well to grasp is that most of the drug-actions were fleeting. The physician, when he gives a drug has in mind and usually desires an action which will last several hours or all day; Danielopolu's records show that the action usually lasts seconds or minutes; that it is often a mixture of inhibition and stimulation, and that this mixture varies with the dosage of the drug used.

The book really constitutes a valuable and unusual contribution to our knowledge of the motor functions of the digestive tract. There is much information of value about the behavior of esophagus, stomach and bowel. It is interesting to see that years ago Danielopolu found that atropin and eserin will sensitize the gastric musculature so that it will become more sensitive to psychic stimuli. Such observations have been repeated of late.

The esophagus in cases of cardiospasm gave a peculiar record with the balloon technic. Large doses of ephedrin quieted the intestine for several minutes. Pilocarpin produced a temporary increase of gastric motility followed by a period of quiet. The effect of adrenalin was found to last but a few seconds. Small doses of atropin seemed to increase the activity of the stomach but large ones inhibited it. The book should be studied by everyone who is interested in the research side of gastro-enterology.

Zeanglose Abhandlungen auf dem Gebiete der Frauenheilkunde. Vol. 2. Der Aneurin- (Vitamin B_1) haushalt in der Schwangerschaft und im Wochenbett. By Gerhard Gaehtgens, Leipzig, Georg Thieme, 76 pp., 1939. Price 6.70 RM (bound).

This small monograph contains results of careful studies of the excretion of Vitamin B_1 in the urine and feces of pregnant women. There are also studies of the amount of B_1 in the serum, the placenta and the milk. Lactation didn't appear to influence the level of Vitamin B_1 in the body. There didn't seem to be any greater need for the substance during pregnancy and lactation. It didn't seem to Dr. Gaehtgens that the lack of B_1 could explain any of the pathologic manifestations seen in some pregnancies.

Abstracts

SCHATZKI, RICHARD.

The Roentgenologic Appearance of Intussuscepted Tumors of the Colon, with and Without Barium Examination. Am. J. Roent. and Radium Therapy, Vol. 41, No. 4, pp. 549-563, April, 1939.

The occurrance of intussusception of tumors of the colon is a rare enough occurrence to warrant the report of eleven instances seen at the Massachusetts General Hospital by Dr. Schatzki, during the past three and one-half years.

Of these eleven cases, the site of the tumor was the caecum in four instances; in three instances, hepatic

flexure was involved; in two instances, the ascending colon. In one instance, the transverse colon, and in another case, the sigmoid. In seven cases, the tumor was an adenocarcinoma—in three cases, it was a submucous lipoma which all showed partial necrosis and ulceration, and in one case, the histology was unknown.

The roentgenologic signs of intussusception are analyzed, using as a model a figure showing three concentric cylinders; a narrow central canal surrounded by a thin peripheral sheath, which are separated by a wide space representing the mesentery of the two intestinal walls, and finally the distal intestinal wall.

Examination of these cases may be done in one of three fashions:

I. Barium Enema:

(a) The enema may stop suddenly with the formation of a cap.

(b) The enema may enter the sheath surrounding the intussuscepted gut producing two peripheral lines of barium outlining the profile of the non-filled intussuscepted gut. On occasion, circular bands forming a spiral-like picture around this part of the gut may be seen.

(c) The enema may enter the lumen of the intussuscepted gut.

II. Peroral Examination:

In this case the central canal may be filled as well as the sheath. The caliber of the gut may change suddenly and may have the shape of a bird's beak.

III. Flat Film:

In instances of small bowel obstruction, air- and fluid-filled dilated loops are seen. However, in cases of large bowel obstruction there may be an absence of gas in the hepatic flexure and small loops of bowel may occupy that region. Likewise, the absence of the normal pattern of the air- and fecal-filled caecum and ascending colon is a common and valuable sign.

There are several other diagnostic aids which may be obtained from the flat film alone:

(1) The area of intussusception is characterized by a sausage-shaped homogeneous shadow.

(2) This may be surrounded by an air-filled sheath, or by air rings.

(3) The shadow of the intussuscepted gut is differentiated from that of the fecal mass by its homogeneity as compared with the mottled appearance of fecal material.

(4) The tumor causing the obstruction can sometimes be seen.

(5) At times, a narrow air-filled lumen surrounded by a thick soft tissue cylinder may be seen.

(6) The beak-like appearance of the gut entering the area of intussusception is characteristic.

(7) The portion of the colon proximal to the intussusception may appear unusually short. There may be gross obstruction with distended air-filled gut proximal to the intussusception.

The two important factors in the differential diagnosis are:

(1) Is an intussusception present?

(2) What type of intussusception is present?

Two diagnostic pitfalls are mentioned:

(1) The inverted caecum in intussusception may simulate a mass when no mass is present.

(2) The narrowed piece of intussuscepted gut may lead to a diagnosis of regional ileitis because it may simulate the "string sign" of ileitis.

A question as to what part of the gut is involved is important. In colocolic intussusception enough of the proximal colon is visible to mark off the beginning of the process. It is, however, difficult to decide whether the intussusception at times arises from the ileum or from the caecum. In the former instance, the caecum is routinely inverted, whereas in the latter it is not always involved. They may also be differentiated by the fact that the continuity of the outline of

the ascending colon is interrupted at the beginning of the intussusception of the colocolic type. It is not interrupted in the ileocolic type.

Although clinical symptomatology of intussusception is not discussed in this paper, one important symptom which occurred in eight of the eleven cases was named. This was the occurrence of repeated cramp-like pains in the abdomen of short duration, more or less severe and sometimes accompanied by fainting spells.

The article is accompanied by illustrations, both X-ray and diagramatic, which are extremely interesting and lucid. It emphasizes the value of the study of soft tissue shadows seen on the flat film in cases of intussusception.

Henry H. Lerner, Boston, Mass.

KIRSNER, JOSEPH B. AND MILLER, JOHN FRANCIS.

The Roentgen Diagnosis of Intussusception. Radiology, Vol. 31, 6, pp. 658-669, Dec., 1938.

The authors distinguish four common types of intussusception.

1. Ileocecal—the most frequent, in which the ileum and ileocecal valve pass into the cecum.
2. Colic — in which the large intestine is prolapsed into itself.
3. Enteric (ileal) — in which the small bowel alone is involved.
4. Ileocolic — in which the ileum prolapses through the ileocecal valve.

The best procedure is the examination by contrast enema. The careful study of the colon after filling and post-evacuation is necessary. As the enema is administered, a hindrance of the flow of barium usually occurs. This obstruction is produced by the apex of the intussusceptum and contraction of the ensheathing layer. If the invagination is loose, the obstruction will often recede for a varying distance by increasing the pressure of the enema. Under such circumstances there is an irregular filling of the colon proximally. Complete reduction may result, allowing the colon to fill out normally. This fact has encouraged the use of the barium enema for therapeutic as well as diagnostic purposes in selected cases.

However, movable obstruction is not completely diagnostic of intussusception since pedunculated tumors can give similar findings. If barium is able to pass between the sheath and the invaginated portion, a characteristic forking of the contrast substance occurs at the point of obstruction. The barium diverges into two narrow channels enclosing the intussusception as a thin cylindric shell within the intussuscipiens. The length of the forking depends on the length of the invagination and on the anatomic space between the cylinders. It is possible, of course, that any rounded mass projecting into the lumen of the bowel, but completely obstructing it, will present a similar appearance. Further stress has to be layed on the presence of a palpable mass in the abdomen. The roentgenograms covering one colic and six ileocolic cases of intussusception illustrate these important points.

Franz J. Lust, New York, N. Y.

KANTOR, JOHN L.

The Roentgen Diagnosis of Idiopathic Steatorrhea and Allied Conditions. "Practical Value of the 'Moulage Sign.'" Am. J. Roent. and Radium Therapy, pp. 758-778.

The disease syndrome which has been called "idiopathic steatorrhea" is characterized by an inability to absorb fat, carbohydrate, calcium, and sometimes phosphorous, along with anti-anemic factors and vitamins.

Clinically this condition is recognized by changes in the stool due to an increase of fatty content. There is very often a diarrhea of a frothy or soapy stool. Changes in the nervous system occur due to loss of calcium and result in irritability, tetany, and spasmophilia. The skeleton may show osteoporosis and dwarfism. Opacities of the lens are often present. Anemia, tongue lesions, skin lesions, and dis-

turbance of water metabolism occur.

During the past ten years, the roentgenologic findings have been gradually clarified and classified consisting of:

1. In the small intestine—"Moulage Sign," dilatation, segmentation.
2. In the colon—Dilatation and redundancy.
3. In the gall bladder—Faint filling.
4. In the bony skeleton—Osteoporosis, deformity, and dwarfism.

Small Intestinal Findings:

Normally the valvulae conniventes which are present in decreased frequency from the duodenum to the ileum are clearly seen in the X-ray film. In steatorrhea, however, they become coarser or ironed out. The wall outline seems softer than normal and may resemble a tube into which wax has been poured. This Dr. Kantor calls the "Moulage Sign." There may also be dilatation and segmentation of the small bowel with intervening areas of spasm. The emptying time of the small intestine is often prolonged.

The pathology which underlies the X-ray appearance is still as yet not definitely known. This is particularly important, in view of the fact that diseases other than "idiopathic steatorrhea" have been reported as producing similar X-ray findings. They have been reported in patients with pellagra, chronic pancreatitis, carcinoma of the head of the pancreas, lymphosarcoma of the intestine or of the mesenteric lymph glands, as well as in gastro-colic fistula.

Colon Findings:

An interesting observation is that this disease is the only form of chronic diarrhea in which the colon is dilated instead of being narrowed. The dilatation is due to the gas formed by the fermentation of sugars which fail to be absorbed in the small intestine. Associated with this typical colonic dilatation is a moderate degree of redundancy.

Gall Bladder Findings:

Although the data is insufficient, there is some indication that failure of the gall bladder to visualize well is a characteristic roentgen finding during the acute phase of the disease.

Bone Changes:

In children, stunted growth has often been reported as the result of steatorrhea. In adults, there may be such changes as spontaneous fractures, bending of bones, un-united epiphysis, pain and tenderness over the bones and joints.

The author presents six cases of "idiopathic steatorrhea." Many of these patients were seen by other physicians and permitted to go on without a definite diagnosis being made from the clinical picture. In several instances, on reviewing the old films typical roentgenologic changes were noted. Adequate treatment, consisting of a banana and strawberry diet, accompanied by injections of the liver and vitamins, resulted in improvement. In one series of films, the improvement was demonstrated roentgenologically by the reappearance of the normal markings of the jejunum and the disappearance of a previously noted "Moulage Sign."

Henry H. Lerner, Boston, Mass.

EGGERS, CARL.

Cancer of the Gastro-Intestinal Canal. Bulletin of the New York Academy of Medicine. Vol. 14, No. 6, pp. 325-348, June, 1938.

Eggers gives a clear description of cancer in the gastro-intestinal tract. He emphasizes that in New York City about 6% are found in the esophagus, 33% in the stomach, ½% in the small intestines, 25% in the colon and sigmoid and 14% in the rectal sigmoid. Eggers stresses the importance of the preoperative treatment with administration of adequate quantities of fluids to overcome dehydration and toxemia. Preoperative precautions should be given to raise the lowered vitality. The results of Eggers operative experience in cancer and carcinoma of the sigmoid after 5 years show that 31% were still alive. In

carcinoma of the sigmoid and rectum, 31% were still alive. The author stresses the importance of an early diagnosis of cancer which would improve the results of our treatment.

Franz J. Lust.

MAYER, EDGAR AND DWORKIN, MARTIN.

Roentgen and Light Therapy of Intestinal and Peritoneal Tuberculosis. Radiology, Vol. 31, No. 1, pp. 35-41, July, 1938.

The use of roentgen-ray and light radiation for treatment of intestinal and peritoneal tuberculosis is often productive of good results, warranting more general use of these measures as adjuvants to rest and hygienic treatment. A trial of tumor dosage of X-ray under careful study is indicated in proliferative forms of intestinal and peritoneal tuberculosis that have not responded to smaller doses. With X-ray treatment, best results are obtained in hyperplastic and simple proliferative forms of intestinal and peritoneal tuberculosis, and especially when applied early in ascitic forms of peritoneal tuberculosis. With light therapy, both natural and artificial the ascitic and proliferative forms of peritoneal tuberculosis as well as the proliferative and ulcerative forms of intestinal tuberculosis are generally responsive in patients not too critically ill.

Franz J. Lust, New York, N. Y.

GOTTLIEB, CHARLES AND REITMAN, NORMAN.

Leiomyosarcomatosis of the Small Intestine. Am. J. of Roent. and Radium Therapy, Vol. XLI, No. 2, March, 1939.

A case of multiple leiomyosarcoma of the small intestine is presented. This appears to be the first case of multiple leiomyosarcoma of the intestines to be reported. Leiomyosarcoma of the small intestine is a relatively rare tumor, occurring in one out of every 96 cases of small intestinal tumors. They may be divided roughly into an internal and external type. Although the diagnosis may be made clinically, there is no definite clinical syndrome, and the diagnosis is usually made by the pathologist.

Gottlieb and Reitman think that the roentgenological study of the gastro-intestinal tract is unsatisfactory as a rule. They show, however, roentgenograms on which some of the round masses in the small intestines can be detected. This report proves again the importance of roentgenological study of the small intestines.

Franz J. Lust, New York, N. Y.

HASEGAWA, TAKURO.

Influence of Splenectomy on the Alkalinity of Intestinal Juice. Arbeiten aus der medizinischen Fakultät Okayama, 6, 72-8, 1938.

The acidity of the intestinal secretions was studied in dogs provided with simple intestinal fistulae. Cholic acid administration produced a rise in pH. Splenectomy likewise resulted in an elevation of pH values, but the magnitudes of this rise and of the volume of secretion were not as great as with the cholic acid. Administration of spleen extract maintained the alkalinity at a normal value, although the pH was reduced subnormally. Bile acid exerted a similar effect.

Franklin Hollander.

AKERLUND, AKE.

Transparent Gas Containing Fissures in Gall Stones and Their Roentgenological Significance. Acta Radiologica. Vol. XIX, Fasc. 3, pp. 215-229, 30:IX, No. 109, 1938.

Star-shaped fissures in gall stones occur not only in dried specimens but also quite extensively during life when they usually contain fluid or semi fluid material and do not roentgenologically stand out against the tissues of the body. These cracks are of roentgenological interest only in

the relatively rare cases where they are directly evident on the roentgen film due to striking transparency or when they bring about a decrease in the specific gravity of the concrement, a feature which comes to light in roentgenological sedimentation examinations. Both the great roentgenological transparency of the fissures and the low specific gravity of the stones as estimated on the fresh specimen (varying in Akerlund's material between 1,010 and 1,035 and thus being lower than even the specific gravity of pure cholesterin) showed that in such rare cases the cracks contain gaseous substances probably arising from gas-producing bacteria or from other disintegration processes.

These transparent star-like fissures in the gall bladder region have up to the present attracted very little attention in roentgen diagnosis and cause of the occurrence of this new roentgen sign has never before been explained. However, gas-filled fissures within a gall stone, even if they are rare, may in certain cases make possible a diagnosis of gall stone when the concrement itself cannot be roentgenologically verified in any other way.

Franz J. Lust, New York, N. Y.

BAILEY, H.

Acute Dilatation of the Stomach. Brit. Med. J., p. 434, March 4, 1939.

Acute dilatation of the stomach was first described by Kundradt in 1871 and Fagge in 1872. It is a common complication which may occur after any operation. Actual vomiting occurs relatively late and the condition should be recognized before vomiting occurs.

The stomach should be emptied and kept empty by constant drainage through a stomach tube (nasal type). Intravenous saline should be administered continuously. The patient's position need not be shifted. Patient may be allowed to drink but the ingested fluid is removed by the stomach tube. Eserine, 1/200 grain, may be given every four hours for 3 doses. The gastric tube is left in place for 36 hours before the stomach recovers tone.

HOYER, ANDREAS.

The Roentgen Diagnosis of Intestinal Obstruction. Acta Radiologica., Vol. XIX, Facs. 5, 30:XI, No. 111, p. 409-432, 1938.

The author describes the roentgenologic symptoms of intestinal obstruction (without the contrast media). The significance of the amount and location of gas in the colon is stressed by Hoyer. He reports his findings in 46 acute abdominal cases in which he

was able to give a correct reply as to whether or not an intestinal obstruction was present. In the majority of the cases Hoyer was able to locate the accurate site of the lesion. It is important to know that we have certain normal (physiologic) fluid levels in the stomach, duodenum and terminal coil of the ileum, which should not be confounded with pathologic conditions.

Franz J. Lust.

NORGAARD, FLEMMING.

Peptic Ulcer of the Esophagus. Acta Radiologica, XIX, 5, 458, 1938.

Primary diagnosis of peptic ulcer of the esophagus by roentgenological examination is much rarer than ought be expected, even considering the rarity of the affection. The author reports such a case, in which the diagnosis was established roentgenologically. It is important to repeat the examination if necessary several times and preferably during periods with markedly pronounced symptoms, or else under artificial provocation of such symptoms. (hard bread to swallow!!)

Franz J. Lust.

LUEDIN, MAX.

Lymphatic Hyperplasia of the Mucosa of the Stomach in Lymphatic Leukemia. Roentgenpraxis, 5, 11, 1816, 1933.

Lymphatic leukemia is able to involve the stomach to a great extent. A case is described in which the mucosal studies could be compared with the autopsy specimen. The infiltration of the mucosa is shown in the form of broad rugae. These irregular rugae can not be flattened out by palpation during the fluoroscopy. The histological examination confirmed the diagnosis in showing that the mucosa and the muscularis propria were infiltrated by lymphatic tissue.

Franz J. Lust.

OPPENHEIMER, ALBERT.

Acute Transient Intestinal Atony. Am. J. Roent. and Rad. Therapy, Vol. 41, No. 4, pp. 574-580, April, 1939.

In a well-illustrated, brief article, Dr. Oppenheimer describes the occurrence of dilatation of the colon in cases where the pathology was primarily either in the urinary tract or in the gall bladder.

The well-known observation that the colon often appears dilated and filled with gas in instances of disease of the genito-urinary tract, particularly calculi is reaffirmed by his findings. Studies performed on the gastrointestinal tract during retrograde pyelography reveal that: (1) the

stomach is dilated, the pylorus spastically closed; (2) that some of the loops of the small intestine are dilated, with diminution of the peristalsis, while other loops may be spastically contracted; and (3) that the colon is dilated and elongated.

From these findings, he concludes that the findings are due to irritation of a sensitive renal pelvis. This dilatation or atony disappears rapidly, indicating that the intestinal muscle itself was not damaged. The author maintains that this work is a confirmation of Alvarez's experiments in respect to the normalcy of intestinal muscular response in experimental paralytic ileus. As a result of these experiments, the author maintains that intestinal ileus may be produced by inhibitory impulses which originate in irritation of the peritoneum or the renal pelvis.

Henry H. Lerner, Boston, Mass.

BRUCE, G. G.

Diagnosis and Treatment of Acute Appendicitis in Children. Lancet, p. 1247, June 3, 1939.

The paper constitutes a report on 467 consecutive operations in cases of acute appendicitis in children under the age of twelve years. The mortality was 1.9 per cent, all the deaths occurring in cases with perforated appendix with local or general peritonitis. Bruce finds at least five different types of clinical pictures which the child with acute appendicitis may present and warns against thinking of only a single set of symptoms. Immediate operation is advisable in children. It is essential to diagnose the condition before opening the abdomen and to operate quickly, gently and accurately.

M. H. F. Friedman, Detroit.

LINDER, FRITZ.

The Active Principles of the Small Intestine. Medicine in its Chemical Aspects. Bayer, Leverkusen, Germany, Vol. 3, p. 226, 1938.

A review dealing chiefly with the "hormones" reported present in the small intestine. Secretin, cholecystokinin, inkretin, and haemopoietin are dealt with but no mention is made of enterogastrone. The role of the small intestine as a detoxicating agent is stressed.

M. H. F. Friedman, Detroit.

BRAUCH, F.

Studien zur normalen und pathologischen Physiologie der Bewegsvorgänge am menschichen Magen. Ztschr. klin. Med., Vol. 134, p. 581, 1938.

No correlation was found between the state of the blood sugar level and the gastric hunger movements in both normal and sick humans. The spontaneous movements of the empty stomach probably are not due to a fall in blood sugar level. During active gastric peristalsis there are neither the sensations of hunger or the abdominal rumblings. Gastric pain is usually correlated with alterations in the tonus of the gastric musculature but perhaps may also be associated with increased or decreased gastric peristalsis.

M. H. F. Friedman, Detroit.

MACY, I. G., REYNOLDS, L. AND SOUDERS, H. J.

The Effect of Carmine Upon the Gastro-Intestinal Motility of Children. Am. J. Physiol., Vol. 126, p. 75, May, 1939.

Seven healthy children, ages 7-11 years, were given 0.2 to 0.3 gm. carmine. The carmine reduced by 21 to 51 per cent the average emptying time of the stomach but the intestinal motility was decreased so that the total retention time of a barium meal was unaffected. The authors point out that since carmine is used as a marker for separating fecal units in metabolism studies, due consideration of its influence (decreased peptic and increased intestinal digestion phases) should be made.

M. H. F. Friedman, Detroit.

MORRISON, J. L., SHAY, H., RAVDIN, I. S. AND CAHOON, R.

Absorption of Glucose from the Stomach of the Dog. Proc. Soc. Exper. Biol. Med., Vol. 41, p. 131, May, 1939.

Contrary to what is believed by many, these workers present evidence that the stomach is capable of absorbing glucose. Using dogs under amytal anaesthesia, they found that isotonic solutions are not absorbed to any significant degree but that higher concentrations are definitely absorbed. The concentration of the glucose solution in the stomach apparently determines the rate of absorption.

M. H. F. Friedman, Detroit.

ROBINSON, LEON J.

Radiologic Gastro-Intestinal Studies in Epilepsy. Am. J. Psychiat., Vol. 95, p. 1095, March, 1939.

Roentgenographic studies were carried out on 100 patients with epilepsy. Examination was made immediately after giving barium sulfate and 6, 24, 48, and in some cases 72 hours later. 86 per cent of the patients had a normal gastro-intestinal series, 4 per cent had duodenal ulcer, and one patient had a gastric ulcer. It was concluded that there is no characteristic gastro-intestinal

pathology in epilepsy. The gastrointestinal aurae present in 23 per cent of the epileptic patients did not depend on demonstrable abnormalities of the digestive tract.

M. H. F. Friedman, Detroit.

CONNOTATIONS

H. J. SIMS, M.D.
Denver, Colorado

The pancreas was first described by Wirsung in 1642.

In 1885, De Cerenville performed what is now known as the first thoracoplasty. He resected segments of ribs over tuberculous cavities at the apex of the lung.

Durston described in 1670 the first case of tracheoesophageal fistula.

In 1812, Meckel discovered and described a diverticulum, now known by his name. He added that the structure of its inner layer was identical with that part of the intestine from which it arises.

In 1882, Cervello introduced paraldehyde.

Merchinson recognized an emotional jaundice. He believed that, as a result of lowering the blood pressure in the liver, the tension in the small bile ducts became greater than that in the blood vessels.

Galen's textbook of anatomy appeared in 195 A.D. The platysma myoides, palpebral, palmaris, plantaris, and the interossei muscles of the hands and feet are described. Since it was unlawful at that time to dissect human bodies, it is believed much of Galen's information was gained by dissection of the Barbary Ape. It is more than possible that much of his knowledge was gained through the method of embalming as abdominal organs were removed through an abdominal incision and then embalmed and returned to the body. He gives no description of the brain; it is to be recalled that as the brain was removed through the nose, it was necessarily destroyed. The heart was never removed as it was assumed that the heart was an organ of necessity and immune to disease. Consequently, absence of pathology of the heart was noticed. Galen mentions a complete human skeleton being on display in Alexandria, the only one known to him.

Hotel Dieu is the favorite name for hospitals in France. Every city capable of supporting one or more hospitals has its Hotel Dieu. Its literal translation is: House of God.

Galen stated that inflammation of visible parts of the body offers no difficulty, but there is difficulty in recognizing it in hidden parts.

Boas made an attempt in 1889 to recover the duodenal contents through a tube. Hemmeter made a definite attempt to intubate the duodenum. Turck insists on priority of this procedure; however, his primary intention was to outline the boundaries of the stomach by the aid of a *gyromele*. Eihorn and Gross developed in 1909 the duodenal tube much as it is used today.

In 1868, Kussmaul attempted gastroscopy with a rigid tube but was unable to visualize the interior of the stomach. Miculicz was the originator of the modern instrument. In 1895, Rosenheim developed the new type of gastroscope.

It is believed that both the Greeks and the Egyptians successfully carried out operative procedures on hernia. However, Celsus in the first century, A.D., gave a fairly accurate description of a hernia and of the surgical technique for its relief. The origin of the word *hernia* is not known. It is believed that its inception dates from one of the vulgar terms used in reference to the genitalia, concerning which Celsus apologized in his writings. Celsus advised against surgery on hernia that did not cause pain. Historians visualize operations as being performed for cosmetic reasons only and not from any discomfort or complications which might be suffered. In the Baths of the Roman Clubs, where nude baths were taken, each Roman desired to exhibit the perfect body.

The origin of madstones is unknown. In the application of madstones to wounds it was directed that the flat surface of the stone be applied to the wound and maintained in position by bandages for several hours. The stone was then removed and placed in warm milk. If green bubbles appeared, it signified that the poison was being abstracted. This procedure was repeated until the green bubbles no longer appeared. There seems to have been a wide variety of madstones. One variety, a porous calcareous stone, was capable of absorbing its own weight in water and possessed unusual magic power. When fully saturated with water, the weight of the stone necessarily separated it from the wound. Oddly, the same discoloration and bubbles may be noted by boiling calcium carbonate gall stones in milk. Calculi and enteroliths were unusual prizes if they were discovered in a deer by an Indian. It is known that Indians artificially made madstones; the secret of the process was religiously guarded.

William Bull, born in 1710, was the first native born South Carolina physician. Other physicians preceded him but they were English immigrants. It is believed Dr. Jacob Lumbrazo, a Portuguese immigrant who was born in 1656 was the first Jewish physician in America.

Peter Chamberlen is said to have invented the obstetric forcep. The family kept its discovery secret for at least a hundred years.

In 1759, Hallowell, following the suggestion of Lamber, closed a wounded artery with hare-lip pins. Assman, repeating this procedure in 1773 found that hemostasis was due to thrombosis. In 1886, Postempski succeeded in closing a lateral wound of the femoral vessel with suture. He is credited with the first successful arteriorrhaphy in man.

BAKER, M. D.

A Statistical Note on Gastro-Intestinal Disorders in Infants. Arch. Dis. Child., Vol. 14, p. 40, March, 1939.

An analysis is made of 1993 case records of children under the age of one year who were treated at the Alder Hey Children's Hospital, Liverpool. Of this number, 539 cases were classified as gastro-intestinal disorders. Of these 539, 45 per cent were within the expected weight range; 34 per cent were 20 to 40 per cent underweight, and 15 per cent were more than 40 per cent underweight. A latent infection was the suggested cause of the digestive disturbances in many cases. The incidence of "true summer diarrhea" was comparatively low. The diets of the infants under one year were found to be very unsatisfactory.

M. H. F. Friedman, Detroit.

HANEY, H. F., ROLEY, W. C. AND COLE, P. A.

The Effect of Bile on the Propulsive Motility of Thiry-Villa Loops in Dogs. Am. J. Physiol., Vol. 126, p. 82, May, 1939.

A series of Thiry-Villa loops were prepared in dogs, the loops being about 12 cm. long. A small rubber sponge pellet was placed in the proximal end and the time taken for expulsion at the distal end noted. Dog's gall bladder bile when introduced at the proximal end markedly increase the rate of propulsion of the rubber pellet. That this effect was not due to the pH of the bile was shown by control experiments. The authors conclude that bile salts may play an important role in the normal regulation of the propulsive intestinal movements.

M. H. F. Friedman, Detroit.

ROBERTS, L. V.

Achlorhydria in Landry's Paralysis. Brit. Med. J., p. 1084, May 27, 1399.

The cause of Landry's paralysis is not known but it is considered by some to be a striking form of acute polyneuritis. The concurrence of polyneuritis with lack of free hydrochloric acid in the gastric juice makes Roberts' case of Landry's paralysis associated with achlorhydria of interest. Free HCl was shown only when the patient was fully recovered. Vitamin B_1, effective in some forms of polyneuritis and alcoholic neuritis, was not effective in the present case. Roberts believes there may have been a deficient formation or absorption of some other neurotropic factor.

M. H. F. Friedman, Detroit.

SHELDON, W. AND HALL, M.

The Apple Treatment in Infantile Diarrhea. Arch. Dis. Child., Vol. 14, p. 43, March, 1933.

The apple treatment for diarrhea of children was practiced in England before 1775. Sheldon and Hall give their results of treatment in 36 babies, age range 9 weeks to 2 years. The infants were from lower income families and most of them were anemic, puny and undernourished. Apples were peeled, grated, and the wash fed. Even finely cut peel caused vomiting so care was taken to exclude the peelings. Tea was also given to keep the water intake level high. Most noticeable effects were lessening of toxemia, improvement in stools, and gain in weight. The treatment is not specific but is a valuable adjunct. It is best used in the persistent diarrhea associated with frequent passage of loose offensive stools.

M. H. F. Friedman, Detroit.

DOENGES, J. L.

Spirochetes in the Gastric Glands of Macacus Rhesus and of Man Without Related Disease. Arch. Pathol., Vol. 27, p. 468, March, 1939.

Spirochetes were found in the gastric glands of 43 per cent of 242 human stomachs examined in routine autopsies and in 100 per cent of a series of 43 rhesus monkeys. Reports in the literature of the presence of spirochetes in both dogs' and cats' stomachs are numerous and probably the spirochete is present in 100 per cent of rats. However, spirochete infection is species specific, it is absent in mice and Cebus fatuellus (monkey). The pathogenicity is low. The infection centres in the parietal cell. The question still remaining to be answered is whether the spirochete of these animals (cat, dog, monkey and rat) can be ignored in physiologic and pathologic studies of the stomach.

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