

ABSTRACTS

MILLER, T. GRIER.

Gastritis in its relation to other diseases. Am. J. Med. Sc., 186:192-197, August, 1933.

Chronic gastritis, manifested clinically by a decrease or absence of hydrochloric acid and sometimes by the presence of mucus in the gastric contents, is commonly found in association with carcinoma of the stomach and with Addisonian anemia; there are indications that such gastritis usually precedes the development of these diseases and is a factor in their origin. Attention is called to the need for experimental and clinical investigation pertaining to the etiology of chronic gastritis and its clinical recognition.

J. T. S.

OWEN, W. B., HONESS, R. F., AND J. R. SIMON.

Protozoal infestations of American Indian Children. Jour. A. M. A., 102:913 (March 24), 1934.

The authors point out how common protozoal infestations are in American Indian children. They discovered positive stools in 78 of 83 Indian boys of the Arapaho tribe in Wyoming. 144 separate infestations were represented and of these endameba histolytica was common, 26.5% of the total number of cases. The authors say "these data raise the question of whether endameba histolytica is not widespread among the North American Indians and a contributing factor in many gastro-intestinal disorders in these people."

Samuel Morrison

WEINBERGER, H. L.

Dysentery—Report of three cases in one family due to atypical bacillus dysenteriae and endameba histolytica. Jour. A. M. A., 102:916 (March 24), 1934.

Weinberger stresses the possibility of a double infection in certain cases of acute colitis. He reports three cases in which an atypical bacillus dysenteriae was isolated from the stool and found in high titre in the blood. Endameba histolytica was not discovered in the stool until 60 days after the acute onset of the disease and it is suggested that perhaps a long incubation period of endameba histolytica may be responsible for its latency. Treatment had to be directed toward both etiologic agents.

Samuel Morrison

MORRISON, THEODORE H., AND MAURICE FELDMAN.

The redundant duodenum: clinical significance. Ann. of Int. Med., 7:1126 (March) 1934.

Morrison and Feldman report that duodenal anomalies are quite common. They call particular attention to the redundant duodenum since it is so frequently associated with disturbances of duodenal motility as well as with ulceration. A characteristic symptomatology was not noted because the associated lesion often overshadowed the picture. There are undoubtedly cases in which redundancy of the duodenum gives rise to no symptoms whatever and the condition is discovered accidentally during the routine gastrointestinal roentgen-ray study. The latter remains the essential means of diagnosis. The treatment in the cases reported was purely medical.

Samuel Morrison.

HARRIS, SEALE.

Nomenclature of the Disorders of Insulin Secretion. Annals of Internal Med., 7, 9, 1084.

By reference to his own large experience as well as by extensive reference to American and foreign literature, the author makes a reasonable and convincing plea for the adoption of the terms *hyperinsulinism* and *dysinsulinism*. He has collected many reports of cases in which low blood sugars were found in association with typical insulin reactions in persons not using commercial insulin. In some of these cases tumors of the islets of Langerhans were found at operation or autopsy, and frequently removed, with improvement or cure. There seems no good reason why the term *hyperinsulinism* should not be used to designate cases of hypoglycemia of spontaneous type, even where it is impossible to demonstrate a tumor of the pancreas. To refuse to use this term would be tantamount to denying the converse, which is generally accepted, viz., that diabetes mellitus actually is *hypoinsulinism*. The latter term is not recommended because age-old usage has adopted the term diabetes mellitus. A large group of cases has accumulated in the literature in which there is obviously an unregulated, irregular secretion of insulin, resulting in opposite extremes at different times—hyperglycemia and hypoglycemia. This may occur in a diabetic or a non-diabetic person and deserves, for parallel reasons, to be classified as *dysinsulinism*.

C. O. D.

HEPBURN, JOSEPH S., EBERHARD, HARRY M., RICKETTS, ROWLAND, AND RIEGER, CHARLES L. W.

Temperature of the Gastro-intestinal Tract. Arch. Int. Med., 52:603-615, October, 1933.

Research was undertaken to ascertain the influence exerted on gastro-intestinal temperatures by (a) the ingestion of hot and cold foods and drinks, and by (b) the local application of cold and of various forms of heat. In a group of 257 healthy, active subjects, the gastric temperature was found to be approximately 1 degree higher than the oral temperature. In a group of 53 subjects, the temperature of the upper part of the intestine was within 1 degree of the gastric temperature. In a group of 6 subjects, the sigmoidal temperature was higher than the oral temperature by 2 degrees or more.

Ingestion of either ice water (250 c.c.) or ice cream (90 gm.) produced a marked decrease in gastric temperature, followed by a rise, at first quite rapid, then progressively slower. The average recovery time was in excess of one-half hour. Use of ice water in a test meal delayed the gastric emptying time by from 15 to 30 minutes.

Evidence was obtained that leakage of a cold beverage through the pylorus lowers the temperature of the upper part of the intestine by several degrees. This observation may throw light on the etiology of gastro-enteric disturbances in patients who have a rapid gastric emptying time and partake copiously of cold beverages.

Ingestion of hot coffee produced a marked increase (maximum increase, 17° F.) in gastric temperature, followed by a decrease, at first rapid, then progressively slower.

Physical therapeutic agents (electric pad, hot water bag, infra-red lamp, diathermy, hot wet pack and ice bag) were applied over either the stomach or the upper part of the intestine, usually for an hour or longer. None of the observed changes in visceral temperature exceeded the maximum variation in gastric temperature during similar periods of time in a control series.

The application of heat to the abdomen produces a feeling of comfort when localized or general pain exists. However, in view of the results obtained in this research, the production of any reparative benefit by local application of heat or cold is conjectural. Consultation with several physiologists has not produced any explanation of the process resulting in the feeling of comfort. The results also render debatable the use of ice locally for the control of gastric or intestinal hemorrhage, and the local application of heat to promote the healing of gastric or duodenal ulcer. A recording resistance thermometer was used to determine the temperatures in the gastro-intestinal tract.

P. E. B.

CoTUI, FRANK W.

"The Combined Effects of Bile Salts and Oleic Acid on Choleresis." The Journal of Laboratory and Clinical Medicine, March 1934, Volume 19, No. 6: page 567-71.

The author supplies some scientific basis for the advantages claimed for combinations of bile salts and oleic acid which have appeared on the market from time to time.

In three series of experiments of eight experiments each, on the dog, in which the weight factor, the diet, the anesthetic level, and the dose of cholericics given were kept constant, it was shown that choleresis caused by the combination of relatively small doses of oleic acid and of bile salts was much more marked than would be expected from the sum of effects of the same doses of bile salts and oleic acid administered separately.

The term "choleresis" is used with reference to the secretion of bile as "diuresis" is used in relation to the secretion of urine and is contrasted to the term "cholagogue," which is defined as a substance which promotes the expulsion of bile.

Authorities are quoted for the experimental proof of the choleric action of bile salts and of oleic acid and of sodium oleate when administered separately, but the experimental evidence of the synergistic action of the two is new.

Finkelstein and Lipschutz had shown on human subjects by duodenal intubation that when bile salts were injected into the duodenum, the biliary output as compared with control periods averaged 91 per cent; but that when oleic acid was administered with the same dose of bile salts the increase was over 143 per cent. In this clinical test however, it was impossible to eliminate the cholagogue factor in the results obtained.

The author's dog experiments showed that bile salts and oleic acid had about the same choleric power, namely, about 18 per cent increase but the average increase after administration of the combined substances was 97½ per cent or almost three times the sum of the two separate effects.

O. L. M.