original specimens, the grouping to serve his purpose, their arrangement in association with legends and text and, finally, to completeness in the field discussed. Although Lyon, himself, has had several hazardous experiences with the abdominal surgeons, one may not contemplate this "Atlas," the latest of his numerous important ventures into medical authorship, without feeling strongly, that whatever the surgeons may have done to him, they did not deprive him of his "intestinal fortitude." The reviewer has scrutinized critically each of the photomicrographs in this unique collection and has been unable to find a "poor" one. What this means will be appreciated by those who have attempted photomicrography with "wet" specimens—mostly unstained—when we mention that the illustrations include epithelia, salivary corpuscles (and of *lecithin liberated from such!)*, myelin threads, pus cells, various bacteria, algae, bile-duct "casts," crystalline formations, protozoa (wonderful groups of giardia), (some perfect at x 1600!), strongyloides, and practically every common form of food cell. Even if there were no "text," Lyon's "Atlas" would be a monumental achievement.

Doubtless, this work will serve as a model for the issuance of similar volumes, particularly in specialized fields of endeavor. To the reviewer, publications of this character sorely are needed, especially by physicians and investigators who have "passed the first grade." More than ever, what is desired (as did the Members of the American Gastro-Enterological Association who travelled to Philadelphia on that hot day in May, 1920, to "look over Lyon's shoulder") is fewer huge textbooks whose contents have been assembled from many sources by the plugging, but rarely brilliant, type of "author," but more and briefer texts which represent what one clinician or investigator has found he can depend upon—and such books actually planned and written by that person. Our shelves are laden with what purported to be the "latest and most authoritative" and yet, on examination, proved "just another compilation"—hence, remains decorative, perhaps, but rarely used. Our money outlay for that kind of book runs into startling dollar-figures: when we "pass on," the volumes rarely sell for as much as twenty-five cents each, if at all! The crying need in medical literature is for books which bear the stamp of personality, individual effort, first-hand knowledge, pioneering, usefulness, and which do not attempt to cover so much ground that one knows, instinctively, that not even a Nicholas Senn could have been sufficiently versatile as to have been "an authority" on so many varied topics.

Lyon has given us a "path finding" book, every page of which bears the stamp of personal effort, careful and controlled clinical and laboratory experience and conservatism, yet sufficiently daring to venture into what, seemingly, will be common knowledge a decade or two hence and, above all, a series of illustrations which demonstrate the unquestionably valuable discoveries of his pioneering.

Whatever may be the cost of this type of book, always it will be worth what one pays. The regrettable feature is that an "Atlas" such as that of Lyon's must be an issue limited as to number available. Fortunate, indeed, is he who secures a copy!

Frank Smithies.

N. B. The reviewer paid the full price: he would have felt it an imposition had he accepted an "Atlas," gratis, "for review." Also, he would have regretted that by so securing a copy, one person would have lost the opportunity of buying one.

SECTION XI—*Societies, Programs and Proceedings*

Report on the First International Congress of Gastro-Enterology Held at Brussels, Belgium

THE Belgian Society of Gastroenterology has been in existence for some years; likewisely the periodical the "Journal Belge de Gastro-Enterologie." About a year ago, largely through the activities of Dr. Georges Brohée, a gastroenterologist in Brussels and the Editor of the Journal, the interests of these were pooled and the International Congress was born. The officers and Honorary Presidents representing the various countries were selected and contacts were made with prominent men throughout the world. The Presidents of the different gastroenterologic societies, 22 in number, were appointed as "Patrons." As part of Belgium's activity in connection with the national exposition, the occasion was propitious for congresses of various kinds to be held in Brussels. Dr. Brohée was the moving genius and organizer to establish one on gastroenterology, which was held in Brussels, August 8th to 10th inclusive under the presidency of Dr. Jan Schoemaker of The Hague.

With the exception of nearby France, the largest delegation from any foreign country came from the United States. Most of these came from the Eastern part of the country, the South and West not being represented. In this country propagandic work for the Congress had been going on for some months. At the last moment, the United States appointed a committee of 9 all of whom were members of the American Gastroenterological Association headed by a retired Army Medical man who was an otolaryngologist. Representing the two national gastroenterological or-

ganizations here, there were 17 from the National Society for the Advancement of Gastroenterology, 5 from the American Gastroenterological Association, 3 who belonged to both organizations, and 10 who belonged to neither of them: all together 32 Americans.

The Committee of Organization consisted of five members. These met with committees of like kinds from different countries, formed a permanent organization, adopted statutes, and selected Paris, France, as the place of the next Congress to be held in 1937. The official languages selected were English, French and German.

At Brussels no American had been selected for the main papers; 5 entered into the discussions. The subjects considered were Gastritis and Ulcerative Colitis. It being the first congress, run without a permanent organization and with no guiding experience, there were omissions in the way of arrangements for exhibits, unbalance in representations, absence of interpreters, etc., but no doubt these will be provided for in future Congresses. The enthusiasm and spirit however ran high and the Belgian medical men displayed themselves as excellent social hosts to the visiting medical men and their ladies as well. The American authorities most mentioned in the papers read and the discussions were Doctors W. Beaumont, W. J. Mayo, M. E. Rehfuss, M. Einhorn, H. Bockus, A. Bassler, J. Bank, F. D. Ackerman, E. B. Benedict, W. Allen, R. H. Cheney, C. C. McClure, B. Crohn, E. S. Judd, G. W. Nagel, A. B. Rivers, I. W. McRoberts, M. E. Steinberg, W. Alvarez, Lynch and Felsen, M. Paulson, A. Bargen, M. Rosenou, and S. Flexner.

In this country with the advent of abdominal surgery, roentgenology, bacteriology, etc., we have gotten away from an interest in gastritis as a subject. This has not been so with the European gastroenterologists, and since Minot and Murphy's work, attention to deficiency disorders, and the possible connection of gastritis with ulcer and carcinoma, real attention to gastritis has been reestablished here. The use of the Wolf-Schindler flexible gastroscope has added stimulus to this.

Dr. A. F. Hurst of England, drew attention to the exceptional frequency of chronic gastritis, the inflammatory changes seen in ulcerated stomachs, suggested that chronic gastritis may be an underlying cause of carcinoma, the importance of alcohol and the continuous use of purgatives as particularly important in the causation of chronic gastritis, the significance of "elimination gastritis" from products administered outside of the stomach, the relationship of gastritis in the production of diseases of the liver and gall-bladder, and the significance of gastritis occurring after gastric operations due to invasion of bacteria into the anacid remaining portion of stomach.

Prof. H. H. Berg of Hamburg, brought out the limited value of the X-ray in the diagnosis, in which relief changes, severe and deformed, plastic thickness due to hypertrophy and oedema and non-malignant neoplastic rigidities were important. Hypertrophy of the rugae, he believed, was only of value when accompanied by consistant changes, that spasms were largely the result of swelling states, and that great care and considerable experience were necessary so as not to suspect a carcinoma when only a gastritis was present.

Dr. Francois Moutier's of Paris, contribution on the anatomic pathology of gastritis was exceptionably able especially in the micro-pathology. He showed the frequency of the acute, subacute and chronic processes existant at the same time in various parts of the same stomach, the occurrence of epithelial erosions, the differing pathology of the glands, and the associated degeneration of all the structures that make up the stomach as an organ. He held that hypertrophic reactions of the epithelial cells of the lining or acini are less common than believed, that the mucosa tends to change by localized necrosis and fibrosis, that the gross appearance of the mucosa in diagnosing hypertrophy or atonic states should not be made without histological study and this ruling in the use of test meals as commonly studied, the X-ray and the gastroscope.

Prof. Lion of Paris, discussed the value of test meal examinations from the standpoints of the volume of secretion and concentration abilities especially in connection with the harmone excitants of gastric secretions and enzyme values in diagnosis. He scheduled the values in functional and syndrome states and the ease by which the chemism can be altered by various agents such as medications, various functional and emotional disturbances even for long periods of time.

Prof. G. E. Konjetzny of Hamburg, presented the surgical aspects of the subject. In this he drew attention to the symptom-complex of gastro-duodenitis being non-recognized and often diagnosed as ulcer and that gastro-duodenitis requires distinctly more study and attention than is being paid to it. He believed that surgery in chronic gastritis should be confined to localized polypoid swelling of the mucosa in which there is suspicion of malignancy and to the various forms of non-malignant hypertrophic stenosis which in the large majority of cases are sequelae to chronic gastritis. Another paper on the surgery of the subject was presented by Dr. H. Paschoud of Lausanne, which summarized the entire subject of gastritis.

Prof. F. G. Mones of Barcelona, presented the pathology in connection with Prof. P. Domingo Sanjuan who added the bacteriology of ulcerative colitis. Their beliefs were that this disease was toxic-infectious in etiology in which the most important offender is the streptococcus. While attaching importance to the Rosenow-Bargen so-called "diplostreptococcus," which they found commonly in healthy intestines, from its action on haemoglobin, cultural characteristics and bio-chemical qualities, they claim is identical to the *streptococcus mitis*, it being only a secondary variety according to the classification of Brown's. While these organisms and the majority of the diplostreptococci found in ulcerative colitis have a pathological effect on rabbits, in healthy individuals they are inocuous. It was claimed that, when in the very occasional human, they produced lesions it was by effect on the mucosal chorin, the lesions not being in any way characteristic of the disease. Curettings of the mucosa of patients with ulcerative colitis and the intravenous inoculations of salt solution filtrates made with a Chamberland L (3) filter produced a disease in rabbits similar to the inoculations of pure cultures. They therefore felt, as

Bassler had drawn attention to, that a filterable virus may be the cause of the disease, a virus that may at times be found in healthy individuals. They stated that their experiments very much diminished the value of the conception that the diplostreptococcus is the only cause of the disease. Judging by analogy of *B. tuberculosis* injections in Guinea pigs, the anaerobic organisms are enhancers of virulence. They concluded their presentation with the following statement: "The treatment is not very successful and until now we cannot do much more than work against the symptoms; a specific treatment does not exist." Prof. I. Snapper of Amsterdam, claimed that the causative agent was unknown even though a typical clinical picture of the disease exists. He felt that any form of treatment, including the biologic, should not be viewed optimistically, rest in bed, strengthing, and easily digestible diets with heat on the abdomen being the most worth while. He cautioned against believing in the curative effect in the use of drugs, lavagings and vaccines, and that almost all cases in which the ulceration is limited to the rectum and descending colon have a good prognosis under any form of treatment—thus the cure of such a case cannot be regarded as proof of the efficacy of any particular drug or method. When the right colon is definitely involved no method has much effect, this explaining why the collaboration of the surgeon is so often required.

The paper of Dr. Dall'Acqua of Milan, was an excellant presentation of the X-ray diagnosis of ulcerative colitis especially in the rugal studies of the early cases, for only in this way can the inflammatory alterations of the colon in the mucosal substratum be revealed. In this the reactional contractions of the muscular layers and the auto-plasticity of the mucosa occur in a way which gives definite roentgen patterns. He brought forward that different radiological pictures are seen in the same case at different times and different in various parts of the colon and different in the same part according to the influence of functional changes; this explains why one may have anything from the absence of classic pictures to the different characteristic pictures met with in the certain cases. He felt that characteristic pictures meant serious involvement.

Dr. B. Vintrup of Copenhagen, stated that the disease was first described by Wilck and Moxon in their lectures on pathological anatomy (London, 1875) and but little has been added to their original description of it. He drew attention to the denuded coats of the mucosa and submucosa being replaced by naked granulation tissue and claimed that the disease is primarily an affection of the mucosa involving chiefly the blood vessels and the connective tissue with masses of leucocytes at the edges of the ulcers, a zone of fibronoid necrosis, congested tissue containing polyblasts, and the mucosa rich in fibrocytes and fibrils but no conspicious sclerotic processes. In the slow and chronic case the *muscularis* remains well preserved for a long time, but in the fulminating case it becomes quickly involved.

Prof. R. Goiffon of Paris, advanced that blood in the movements was the first stool finding and that modifications of the blood and urine are secondary and are the result of complications rather than due to the ulceration itself.

Prof. M. Donati of Milan, made the point that there were different forms of the disease, and that infectious and surgical conditions in different parts of the body (teeth, sinuses, gall bladder, etc.) should have attention in these cases. He felt that the various types of direct surgery were dependent upon the study of the case at hand and that total colectomy should be rejected. He believed in conservative surgery if it sufficed and that one should not be partial to any standard way or a single surgical procedure for all cases, some not doing well with ileostomy but far better with colostomy on the ascendans, transverse or even the left side. He preferred doing a right colectomy in one stage but using several stages on other parts of the colon.

These papers were discussed by 130 persons. Because of the small time possible, each discussion was so short that it was unsatisfactory especially so with the mixture of languages spoken. Since French was the dominent language of the Congress the discussion was rendered further unsatisfactory by the poor and hesitant French that most of the foreigners struggled with. The writer suggests to those who attend the future Congresses that they be familiar with French but speak at the medical meeting in their native tongue. Generally it was true that those who attended this Congress understood English and were anxious to hear it spoken. They would far rather have this, than be treated to a poor quality of their own language some of which must have been far more difficult for them to understand than would have been English. It should be stated that the Europeans deeply appreciated the large and representative delegation that came from the United States. It is to be hoped that one day this Congress will be held in this country and that we be given the opportunity to repay our Belgian hosts for the kindnesses extended to us.

Anthony Bassler, New York City.

DELEGATES ON THE PART OF THE UNITED STATES TO THE FIRST INTERNATIONAL CONGRESS OF GASTRO-ENTEROLOGY APPOINTED BY THE DEPARTMENT OF STATE, UNITED STATES GOVERNMENT

Brussels, Belgium, August 8 to 10th, 1935

Lieutenant Colonel John H. Trinder, Chairman, Medical Corps, Retired, United States Army.

Dr. Henry L. Bockus, 250 South 18th Street, Philadelphia, Pennsylvania.

Dr. Russell S. Boles, Rittenhouse-Plaza, Philadelphia, Pennsylvania.

Dr. Max Einhorn, 20 East Sixty-third Street, New York, New York.

Dr. Sara Jordan, 605 Commonwealth Avenue, Boston, Massachusetts.

Dr. B. B. V. Lyon, 2031 Locust Street, Philadelphia, Pennsylvania.

Dr. William Gerry Morgan, 1801 Eye Street, Washington, D. C.

Dr. De Witt Stetten, 850 Park Avenue, New York, New York.

Dr. Franklin W. White, 322 Marlboro Street, Boston, Massachusetts.

REPORT ON THE ANNUAL SESSION OF THE AMERICAN PROCTOLOGIC SOCIETY, JUNE 10, 1935

The Atlantic City meeting was the largest in the history of the Society with a total of 218 members and guests present. 70% of the Fellows and 64% of the Associates attended the sessions.

The following Associates were elevated to Fellowship:

Dr. Jesse Hall Allen, Philadelphia.
Dr. James Kerr Anderson, Minneapolis.
Dr. Harry E. Bacon, Philadelphia.
Dr. Karl Brucker, Lansing.
Dr. Emor L. Cartwright, Fort Wayne.
Dr. A. W. Martin Marino, Brooklyn.
Dr. Frederick G. Smith, Philadelphia.

From a very large group of applicants, the following were selected for *Associate Membership in the Society:*

Dr. Hulett H. Askew, Atlanta.
Dr. Hugh Beaton, Fort Worth.
Dr. F. B. Bowman, Hamilton, Ont.
Dr. E. A. Daniels, Montreal.
Dr. Geo. F. Eubanks, Atlanta.
Dr. Benjamin Haskell, Philadelphia.
Dr. E. J. Lynch, Detroit.
Dr. S. D. Manheim, New York.
Dr. W. J. Martin, Louisville.
Dr. J. P. Nesselrod, Rochester, Minn.
Dr. John C. Noss, Altoona.
Dr. R. A. Scarborough, San Francisco.
Dr. M. S. Woolf, San Francisco.

The 1936 meeting will be held in Kansas City in conjunction with the A. M. A. next May. Dr. Frederick B. Campbell will be Host to the organization at that time. Kansas City, in the heart of America, is accessible to all portions of the country and there is every prospect of a splendid attendance.

Curtice Rosser, Secretary, Dallas.

ABSTRACTS

HINTON, J. WILLIAM, AND CHURCH, REYNOLD B.

The Incidence of Gastrojejunal Ulcer Following Gastro-enterostomy. S. G., and O., 60:65-73, Jan., 1935.

During the five year period beginning Jan. 1, 1928, the Gastro-Enterological Clinic of the Fourth Division of Bellevue Hospital admitted 583 cases of peptic ulcer, 143 of which had been previously operated upon. Of this latter group 79 had had gastroenterostomies and 13 of these patients (16.4%) presented marginal or gastrojejunal ulcers. The reports of these 13 cases are adequately and concisely presented by the authors. One patient had two gastroenterostomies performed and developed a marginal ulcer after each operation. Another patient who developed a marginal ulcer after a gastroenterostomy submitted to a gastric resection and yet 1½ years later showed another marginal ulcer. The authors' plea for a ten year follow-up is endorsed by the fact that in three of the cases symptoms did not develop until seven years or more after the operation. They attach little dependence upon a follow-up letter because of the periodicity of symptoms presented and prefer a frequent personal examination. Conservative medical treatment is recommended as long as it affords symptomatic relief. Continued severe pain generally means perforation into some adjacent viscus and is therefore the chief indication for operation. Six of the 13 patients reported required operation of some type. The medical treatment used included the Sippy routine, gastric mucin, Saunder's streptococcus vaccine, intravenously, and in one case aolin, subcutaneously.

J. Duffy Hancock, Louisville.

WILBUR, DWIGHT L., AND OCHSNER, HAROLD C.

The Association of Polycythemia Vera and Peptic Ulcers. Ann. Int. Med., Vol. VIII, p. 1667, June, 1935.

After a review of the literature on the association of *polycythemia vera* and peptic ulcers, beginning with the first report published in 1905 by Weber and Watson, to 1934, when Boyd reported a case, the authors summarize by stating that not all writers have been able to concur in the opinion that duodenal ulcer and polycythemia are frequently associated. Doubt as to the accuracy of the diagnosis of *polycythemia vera* in some of the cases covered by the literature is expressed, the belief being entertained that some of them were cases of concentration polycythemias or *polycythemic hypovolemia.* Reference is made to a suggestion that both of these diseases appear to be a result of disturbance in secretion of epinephrine, that polycythemia is relative or secondary to a loss of fluid and that duodenal ulcer associated with hyper-secretion results in an excessive production of an intrinsic hematopoeitic factor and that the occurrence of ulcer is a result of a thrombosis of blood vessels in the mucosa of the stomach and duodenum. In all, the authors studied 143 cases of what they termed proved *polycythemia vera,* the basis for such proof being elevation of the erythrocyte count and the hemoglobin content above normal values, increase in viscosity and volume of the blood and a hematocrit reading indicating a higher percentage of erythrocytes than the normal value of 45 to 48 per cent. Patients represented in the group were closely observed over a considerable period, hence the opportunity for discovering gastro-intestinal symptoms was considered good. In another group of 143 cases 1114 gave no history suggestive of gastro-intestinal disease; 17 cases were subjected to roentgenologic examination of the stomach and duodenum and no pathological process was disclosed; in 12 cases there were roentgenologic or pathologic evidences of peptic ulcer. The ulcer was located in the duodenum in 10 of these cases and in the stomach in 2. Of the 10 duodenal ulcer cases one was diagnosed at post mortem, 9 were demonstrated by X-ray examination. In 7 cases the history of ulcer antedated the history of *polycythemia vera* by periods varying from one year to 21. Singularly, of the two cases with gastric ulcer, one gave no history suggestive of ulcer, the lesion being an accidental finding post mortem. In the other case symptoms had obtained for four years and polycythemia symptoms for about two. The study of the acidity contents of the stomach in patients of the group with polycythemia disclosed that of the 24 cases so studied only one showed a marked increase in hydrochloric acid. Four cases showed moderate increases, 16 had acid values within normal limits and 4 had low or