

Beiträge zur klinischen Chirurgie, Tübingen

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- 66 *Present Status of Transplantation of Living Human Bone. E. Streissler.
67 Meckel's Diverticulum in Congenital Inguinal Hernia. Schede.
68 Cause of Congenital Torticollis. (Entstehung des angeborenen muskulären Schiefhalses.) H. Schloessmann.
69 Alkaptonuria a Degeneration from Inbreeding. (Ueber Ochro-nose.) H. Kolaczek.

66. Present Status of Transplantation of Living Human Bone.—This article of 208 pages is a summary of this subject from its early history to date. Extensive experimental research is also reported.

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- 70 *Chronic Duodenal Ulcer. E. Melchior.
71 *Relations Between Tumors in Female Genital Apparatus and Diabetes Mellitus. F. Hirschfeld.
72 *Leprosy and Cancer. M. Sægaard.
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76 Case of Splenomegaly, Left Hydronephrosis and Carcinoma of Ureter. I. Israel.
77 *Relations Between Status Lymphaticus and Addison's Disease. E. v. Werdt.
78 Metastatic Gonorrheal Conjunctivitis. W. Rusche.
79 Vestibular Nerve Symptoms in Disease of the Internal Ear. (Vestibular Reiz- und Ausfall-Erscheinungen bei Labyrinth-erkrankungen.) I. Herzfeld.
80 Oil Suspension of Salvarsan. (Ein 40 proz. Dioxidiamdarsenobenzol-Oel.) C. Schindler.
81 Action of Injections of Metallic Mercury. E. Richter.
82 Principles for Treatment of Placenta Prævia. E. Runge.

70. Chronic Duodenal Ulcer.—Melchior is inclined to believe that chronic duodenal ulcer is the result of a predisposition and that it is useless to excise the ulcer as the conditions inducing the predisposition remain after excision. The best means of treatment is to exclude the entire duodenum; this is effectually done by a gastro-enterostomy if the pylorus is closed at the same time; if the pylorus persists permeable the operation does not remedy conditions. He reports the details of four typical cases to illustrate the benefit that will follow treatment on these principles. Even with fulminating hemorrhage from a chronic duodenal ulcer, it is better, he says, to avoid any direct operative procedure on the ulcer itself. The gastro-enterostomy permits complete exclusion of the duodenum; with gastric ulcer the region can never be so completely excluded. Cancerous degeneration of a duodenal ulcer is extremely rare, he declares. He even advocates gastro-enterostomy as a prophylactic measure, not waiting until the surgeon's hand is forced. Although the affection may seem harmless yet it is a Damocles' sword hanging over the patient's head, perforation peritonitis or severe hemorrhage being liable to occur at any moment. This does not of course refer to the echymosis or hemorrhagic erosions of the duodenum liable to follow amputations; he has observed this in three cases and has found records of nine others. The trouble in these cases is probably the result of minute arterial emboli; in every case there was a suppurating focus elsewhere. In no instance, however, he adds, has a chronic duodenal ulcer been traced to an accident of this kind in the past. It always seems to be due to some reduction of the vital resisting power of the duodenal wall in respect to the peptic action of the gastric juice. This assumption is confirmed by the frequent multiplicity of such tumors and their association with gastric ulcers.

71. Genital Tumors and Diabetes.—Hirschfeld reports two cases in which diabetes preceded or accompanied uterine fibroma and cites four others from the literature. In three of the cases the diabetes retrogressed or became attenuated after removal of the tumor. In his clinical experience diabetes in women under 50 has run a more rapid course than in men and after 50 a much slower course. The conditions with an accompanying genital tumor are much the same as with pregnancy. The rapidly growing tumor may cause changes in the organs concerned in the carbohydrate metabolism; the influence of menstruation can be detected and also the lessening of the hemorrhage from the tumor on an antidiabetic diet.

72. Cancer in Lepers.—Sægaard has studied the records of the leper asylums in Norway and found only nineteen deaths from cancer in the 2,269 deaths recorded, that is, only 0.84 per cent., while the cancer mortality in the population at large was 3.5 per cent. in 1865; 5.1 per cent. in 1880; 7.5 per cent. in 1897; and 8.5 per cent. in 1906. The lepers in Norway are isolated.

73. Antitrypsin Reaction in Diagnosis of Cancer.—Pinkuss states that the reaction was positive in nearly 94 per cent. of ninety-eight patients with certain cancer and he thinks that it can be accepted as a valuable sign of the presence of cancer and as an index of the results of operative treatment, radiotherapy, fulguration, etc. The technic is that described by Brieger, Marcus and Trebing. B. Fränkel, von der Heide and Kröning have also reported from 90 to 100 per cent. positive reactions with the method. The test is based on the fact that normal blood-serum contains sufficient antibodies to inhibit the digestive action of a 1 per cent. solution of trypsin on the Loeffler plate in the proportion of 1 to 3. This inhibiting power is materially increased in cancer patients, ranging between 1 to 10 and 1 to 20. It was described in THE JOURNAL, July 4, 1908, page 83. Pinkuss found that the test was liable to fail after excessive losses of blood, and he warns that it is a biologic reaction which should be estimated in connection with the clinical picture as a whole.

77. Relations Between Addison's Disease and the Status Lymphaticus.—In v. Werdt's two cases pronounced hypoplasia of the chromaffine system accompanied the typical Addison's disease, while the lymph glands were enlarged.

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- 83 Metabolism of Matter and Energy During Fever. (Stoff- und Kraftwechsel im Fieber.) E. Grafe.
84 Formation of Blood in Spleen and Liver After Posthemorrhagic Anemia. (Zur Frage der extramedullären Blutbildung bei posthämorrhagischen Anämien.) A. Skornjakoff.
85 Pulse and Respiration-Rate. (Studien über Puls und Atmungs-frequenz.) K. v. Korosy.
86 *Changes in Gastric Mucosa with Acute Infectious Diseases. (Veränderungen der Magenschleimhaut bei akuten Infektionskrankheiten.) E. Jerusalem.
87 *Tryptophan Test and Acetic-Acid Test in Early Diagnosis of Gastric Cancer. H. Oppenheimer.
88 *Inhibiting Influence of Emotions on Gastric Secretion. (Hemmende Einfluss der Psyche auf die Sekretion des menschlichen Magens und seine Bedeutung für die diagnostische Verwertbarkeit des Probefrühstücks.) K. Grandauer.
89 Functioning of Diseased Kidneys. W. Schlaver and Takayasu.
90 Direct Injury from Extreme Tachycardia. K. F. Wenckebach.
91 Histology of the Intestines with Pernicious Anemia. L. Aschoff.

86. Changes in the Gastric Mucosa During Acute Infectious Diseases.—Examination of the bodies of persons dying from acute infectious diseases showed invariably serious pathologic conditions, mostly an interstitial gastritis with proliferation of connective tissue. Whooping-cough with complicating bronchopneumonia was the only disease in which the changes were merely a slight interstitial degeneration. Jerusalem examined the cadavers twenty-four hours after death, and remarks that the pathologic conditions found readily explain the lack of appetite, vomiting, etc., observed in acute infectious diseases.

87. Early Diagnosis of Gastric Cancer.—Oppenheimer reports the findings with Neubauer and Fischer's glycytryptophan test constantly negative in five normal persons, in twelve with gastric ulcer and in seven with non-malignant stomach troubles, while the findings were constantly positive in six cases of certain cancer in the stomach and in three clinical cases while they varied in the suspects. In only one case were the findings contradictory of the clinical history. (The test was described in THE JOURNAL, Jan. 1, 1910, page 86.) It is evidently not infallible, as even this one case shows, but positive findings are certainly strong evidence in favor of presumptive cancer. Acetic acid, Oppenheimer adds, can also be used to differentiate cancer. Forty minutes after the Boas test breakfast some stomach content is withdrawn and a 3 per cent. solution of acetic acid is added a drop at a time to a few cubic centimeters of the filtered gastric juice. In case of the presence of cancer the fluid turns turbid and persists turbid