Erratum

The editorial comments (p. 87) following the article "Postgastrectomy Problems," by Thomas E. Machella (*Am. J. Digest. Dis.* 6:76, 1961) were incomplete, and should have read as follows:

Dr. Machella has covered the field of surgical mishaps as well as physiologic disturbances after gastric disturbances. Enteroenterostomy is no longer looked on favorably in most surgical departments. In many of the roentgen studies made early after operation performed to relieve obstruction, I prefer Hypaque to barium. Hinshaw's observations on the abnormal homeostatic mechanism in some patients with the dumping syndrome have been confirmed in a study in which I encountered abnormal peripheral vasodilation and electroencephalographic findings reproducible by orally administered 50% glucose. Converting a Billroth II to a Billroth I operative result has strong advocates at present as the corrective measure for intractable dumping.

Nilevar is not an innocuous agent. Some of the weight gain related to its administration may be the result of fluid retention.

It has been brought to my attention that Dianabol, an anabolic steroid, is subject to the same criticism one can levy against Nilevar—that it is not an innocuous drug and that a precautionary attitude should be held toward it. I am also informed that Nilevar is 17-alpha-ethyl-17-hydroxynorandrostenone, which is considerably different structurally and pharmacologically from methyl testosterone, while Dianabol is 1-methyl testosterone.

However, I have observed that peripheral edema followed administration of Nilevar as an anabolic agent in 5 of 6 patients with regional enteritis, and that the edema subsided when the drug was discontinued.

Lastly, we should not forget that subtotal gastrectomy produces a precancerous state—achlorhydria, gastritis, and chronic irritation—in many patients and that gastric cancer can and does occur after gastrectomy for a benign lesion.—Ed.