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ERRATUM

In the paper by Mandred W. Comfort, Robert L. Parker and Arnold E. Osterberg, on "The concentration of pancreatic enzymes in the duodenum of normal persons and persons with diseases of the upper part of the abdomen," which appeared on page 249 of the June issue of this journal, an error occurred in the values for trypsin. All values for trypsin as they were given should be multiplied by the factor 2.4 in order to obtain the correct values.

HOW OFTEN IS THE DIAGNOSIS OF AN ABDOMINAL NEUROSIS CORRECT?

EVERY gastro-enterologist will be interested in a paper recently published by Wilbur and Mills (Ann. Int. Med., 12:821, Dec., 1938) in which they report efforts to check the accuracy of the commonly made diagnosis of digestive neurosis. Every physician who sees many patients with gastro-intestinal symptoms will every day make one or more diagnoses of a functional disorder. Often the patient will resent this diagnosis and will be dissatisfied with it. Often he or she will refuse to accept it and will shop around for a time in the hope of finding some physician who will make a diagnosis of organic disease.

In order to see how often well trained physicians are likely to be correct in their diagnosis of a functional or nervous indigestion, Wilbur and Mills reviewed the records of 354 patients who returned to The Mayo Clinic for a check-over some years after they had been told there that they were suffering from a functional disorder. The minimal interval was more than five years and the average interval was 7.3 years. The results of the study indicated that the original diagnosis was correct in at least 85 per cent of the cases. There were 39 cases in which organic disease of the gastro-intestinal tract was found at the second examination. In 19 of these the final diagnosis was duodenal ulcer. A few gastric ulcers were found. There were 3 cases of cholecystic disease and two of carcinoma of the stomach. Of course, one cannot be sure that the disease on the subsequent examination was present when the patient first went to the Clinic, but in many cases the fact that the symptoms com-

plained of at the second visit were those described at the first visit indicated that a mistake in diagnosis had been made. There were a few cases of pernicious anemia and cardiac disease in which the diagnosis was probably missed at the first examination.

One conclusion drawn by Wilbur and Mills was that the diagnosis of an ulcer-like functional syndrome should now be made with reluctance. Probably now that the gastroscopist has come forward to help us we gastro-enterologists will not so often fail to recognize the presence of the shallow type of gastric ulcer which the roentgenologist can hardly hope to see. The outstanding conclusion to be drawn from this important paper is that when well trained men make the diagnosis of functional indigestion they are correct in a high percentage of cases.

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DIAGNOSIS OF DISEASE OF THE PANCREAS

THE pancreas is one of the few abdominal organs which has been inaccessible for roentgen exploration. However, some progress has been made in the detection of early changes in the duodenum, secondary to disease of the head of the pancreas. Changes in the mucosa of the descending portion of the duodenum has been previously ignored by the roentgenologists. It has only been recently that our attention has been focused upon abnormal mucosal configuration which has made it possible to disclose small and early lesions of the head of the pancreas, which frequently produce secondary changes in the duodenum. Frostberg in 1938, and Feldman in the last issue of the American Journal of Digestive Diseases calls attention to a new roentgen sign produced by pressure on the ampullary portion of the duodenum, elicited roentgenologically by an inverted three filling defect, which is indicative of swelling of the head of the pancreas.

It is probable that a more direct method of examination of the pancreas and the biliary ducts will become feasible in the near future. Imperatori recently reported studies on intubation of the duodenum by means of a duodenoscope, in which after the injection of an opaque medium into the duct he could radiologically demonstrate the common bile duct and the Duct of Wirsung. The new method of investigation opens up a vast field for the diagnostic exploration of the pancreas and biliary ducts. It is hoped that this method will be further developed into a practical procedure for the study of the pancreas.

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REFERENCES

1. Frostberg, N.: A Characteristic Duodenal Deformity in Cases of Different Kinds of Peri-Vaterial Enlargement of the Pancreas. *Acta Radiologica*, 19:164, 1938.
2. Imperatori, C. J.: Some Experimental Studies of Peroral Catheterization of the Common Duct. *Ann. Otol. Rhinol. and Laryng.*, 47:807, 1938.

A FINE RÉSUMÉ OF RECENT GASTRO-ENTEROLOGIC ADVANCE

AMERICAN gastro-enterologists who have not yet read it will greatly enjoy and profit from a reading of the excellent review of gastro-enterologic literature (from January, 1937, to June, 1938) published by Chester M. Jones and his associates in the October

number of the Archives of Internal Medicine. It is well written and full of valuable information. We wish we could reprint it here in toto.

Walter C. Alvarez, Rochester, Minn.

THE CLINICAL USE OF AN IMPROVED METHOD OF GASTRIC ANALYSIS

IN the September, 1938, number of the Journal of Clinical Investigation, Welch and Comfort reported results obtained with the use of the type of test meal advocated by Wilhelmj, Neigus and Hill. With this test meal it is possible to follow the progress of secretion in the stomach and to estimate the acidity of the juice secreted instead of the acidity of the usually studied mixture of gastric juice and food and regurgitated duodenal secretions. The method permits one to follow the reduction in concentration of acid chloride during the latter half of the test period, also the appearance of an excess of acid or alkali in the combined fluids that enter the stomach.

Unfortunately the method does not permit measurements of the total amount of acid secreted, of the total amount of alkali that enters the stomach, or of the total neutralization of acid chloride during the test period. It does give a good idea, however, of the effectiveness of duodenal regurgitation in lowering the acidity of the gastric contents. Such regurgitation was observed repeatedly in the patients studied.

The relative importance of the factors concerned in the regulation of acidity of the gastric contents appeared to be different in normal persons and in patients with duodenal ulcer. In normal persons the alkaline element of the gastric juice was more important than the acid element, whereas the reverse was true in most of the patients with duodenal ulcer. Largely because of this, the final dilution of the juice tends to be 100 per cent effective in normal persons, while it rarely is so effective in cases of duodenal ulcer. The volume of acid secreted by the fundus of the stomach seemed to be greater in cases of duodenal ulcer than in the case of normal persons.

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A DEPRESSANT TO GASTRIC SECRETION FOUND IN SOME GASTRIC JUICES

AT the meeting of the Central Society for Clinical Research held in Chicago, November 4 and 5, 1938, Dr. Alexander Brunschweig, Dr. John Van Prohaska, Dr. T. H. Clarke and Dr. Ernestine Kandel reported that in dogs with subtotal gastric pouches and the nerves and vessels intact, the intravenous injection of neutralized gastric juice from the same animal or from other dogs produced no effect on the secretions of the pouch, but the injection of gastric juice from nine out of twelve patients with pernicious anemia produced periods of achlorhydria. The same thing happened with the juice from three out of six patients with gastric cancer. Juice from three out of sixteen patients who did not have pernicious anemia or gastric cancer also produced achlorhydria in the dogs. Boiling

the effective juice for ten minutes destroyed its power to suppress secretion in the dogs.

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PECULIAR RACIAL DIFFERENCES IN INCIDENCE OF GASTRIC LESIONS

BONNE, Hartz, Klerks, Posthuma, Radsma, and Tjokronegoro (Am. J. Cancer, 33:265-279, 1938) have been interested in the striking difference in frequency of gastric ulcer and gastric cancer as observed in Malays and Chinese living in Java and Sumatra. This difference has been observed by every pathologist working in these islands. The incidence of both diseases is remarkably low among the Malays, whereas among the Chinese it is about the same as that observed in the western world. The authors have tried in vain to correlate this difference with differences in diet and differences in temperament.

This first paper of a series reports the writers' inability to find any morphologic or physiologic differences in the stomachs of the individuals of the two races. It was found that the incidence of gastritis and erosions was about the same in the stomachs of the two groups of people. The acidity averaged perhaps a little higher among the Malays, who are largely immune to ulcer. No difference could be seen in the amount of duodenal regurgitation. The wise conclusion reached was that the freedom of the Malays from gastric lesions must be due to the absence in them of some deleterious factor that is at work in Europeans and Chinese.

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DOES DISTENTION OF THE BOWEL IN CASES OF INTESTINAL OBSTRUCTION START A VICIOUS CIRCLE BY INCREASING SECRETION?

EVERYONE who is concerned with the problems of intestinal obstruction will read with interest a paper by M. L. Montgomery in the Proceedings of the Society for Experimental Biology and Medicine, November, 1938, page 382. It has long been a question whether or not distention of the obstructed bowel will bring about an increased secretion of intestinal juice and in this way produce more distention. Work by Swindt and Montgomery showed that in an isolated duodenojejunal loop a strangulating type of obstruction depressed the secretion in stomach, pancreas, liver, and duodenum. This depression came promptly and lasted for from twelve to twenty-four hours, after which the secretion returned toward normal and then decreased again as the animal became moribund.

These experiments have now been repeated by Montgomery using also a denervated loop of bowel. Both loops were distended by a balloon and suppression of the combined digestive secretions was observed only in the normal loop. The impression was that in intestinal obstruction distention of the loop does not start a vicious circle due to the increase of secretion.

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