the severity of stroke? *Neurology* 1985;35:632-636.

(21) Harrison MJG: Role of platelets and antiplatelet agents in cerebrovascular disease. Clues from trials. *Circulation* 1990;81 (suppl I): I20-I21.

(22) Hass WK, Easton JD, Adams HP, Pryse-Phillips W, Molony BA, Anderson S, Kamm B, for the Ticlopidine Aspirin Stroke Study Group: A randomized trial comparing ticlopidine hydrochloride with aspirin for the prevention of stroke in high-risk patients. *N Engl J Med* 1989;321:501-507.

(23) Hennerici M, Hülsmömer HB, Heftner H, Lammerts D, Rautenberg W: Natural history of asymptomatic extracranial arterial disease. *Brain* 1987;110:777-791.

(24) Herskovits E, Famulari A, Tamaroff L, Gonzalez AM, Vazquez A, Dominguez R, Fraiman H, Vila J, Benjamin V, Matera V: Comparative study of pentoxifylline vs. antiaggregants in patients with transient ischemic attacks. *Acta Neurol Scand* 1989; (suppl 127): 31-35.

(25) Imparato AM, Riles TS, Mintzer RM, Baumann FG: The importance of hemorrhage in the relationship between gross morphologic characteristics and cerebral symptoms in 376 carotid artery plaques. *Ann Surg* 1983;197:195-203.

(26) ISIS-2 Collaborative Group: Randomized trial of intravenous streptokinase, oral aspirin, both, or neither among 17,187 cases of suspected acute myocardial infarction: ISIS-2. *Lancet* 1988;2:349-360.

(27) Jonas S: Anticoagulant therapy in cerebrovascular disease: Review and metaanalysis. *Stroke* 1988;19:1043-1048.

(28) Joseph R, Welch KMA, D'Andrea G: Effect of therapy on platelet activating factor – induced aggregation in acute stroke. *Stroke* 1989;20:609-611.

(29) Levine M, Hirsh J: Hemorrhagic complications of long-term anticoagulant therapy for ischemic cerebral vascular disease. *Stroke* 1986;17:111-116.

(30) Levine MN, Raskob G, Hirsh J: Hemorrhagic complications of long-term anticoagulant therapy. *Chest* 1989;95 (suppl): 26 S-36 S.

(31) Lusby RJ, Ferrell LD, Ehrenfeld WK, Stoney RJ, Wylie EJ: Carotid plaque hemorrhage. Its role in production of cerebral ischemia. *Arch Surg* 1982;117:1479-1488.

(32) Millikan C: The pathogenesis of transient focal cerebral ischemia. *Circulation* 1965;32:438-450.

(33) Pelz DM, Buchan A, Fox AJ, Barnett HJM, Vinuela F: Intraluminal thrombus of the internal carotid arteries: angiographic demonstration of resolution with anticoagulant therapy alone. *Radiology* 1986;160:369-373.

(34) Peto R, Gray R, Collins R, Wheatley K, Hennekens C, Jamrozik K, Warlow C, Hafner B, Thompson E, Norton S, Gilliland J, Doll R: Randomized trial of prophylactic daily aspirin in British male doctors. *Br Med J* 1988;296:313-316.

(35) Phillips SJ: Heparin anticoagulation in focal cerebral ischemia: An alternative view. *Stroke* 1989;21:295-298.

(36) Powers WJ, Press GA, Grubb RL, Gado M, Raichle ME: The effect of hemodynamically significant carotid artery disease on the hemodynamic status of the cerebral circulation. *Ann Intern Med* 1987;106:27-35.

(37) Roederer GD, Langlois YE, Jager KA, Primozich JF, Beach KW, Philipps DJ, Strandness DE: The natural history of carotid arterial disease in asymptomatic patients with cervical bruits. *Stroke* 1984;15:605-613.

(38) Rohey R, Rolak LA, Harati Y, Kutka N, Verani MS: Coronary artery disease in patients with cere-

brovascular disease: a prospective study. *Ann Neurol* 1984;16:50-53.

(39) Sandercock P: Aspirin for strokes and transient ischemic attacks. No panacea. *Br Med J* 1988;297: 995-996.

(40) Sorensen PS, Pedersen H, Marquardsen J, Petersson H, Heltberg A, Simonsen N, Munck O, Andersen LA: Acetylsalicylic acid in the prevention of stroke in patients with reversible cerebral ischemic attacks. A Danish Cooperative Study. *Stroke* 1983;14:15-22.

(41) Spranger M, Asprey BS, Harrison MJG: Sex difference in antithrombotic effect of aspirin. *Stroke* 1989;20:34-37.

(42) Steering Committee of the Physician's Health Study Research Group: Final Report on the aspirin component of the ongoing Physician's health study. *N Engl J Med* 1989;321:129-135.

(43) Sterpetti AV, Schultz RD, Feldhaus RJ, Davenport KL, Richardson M, Farina C, Hunter WJ: Ultrasonographic features of carotid plaque and the risk of subsequent neurologic deficits. *Surgery* 1988;104:652-660.

(44) Swedish Cooperative Study: High-dose acetylsalicylic acid after cerebral infarction. A Swedish cooperative study. *Stroke* 1987;18:325-334.

(45) Taylor DW, Sackett DL, Haynes RB: Sample size for randomized trials in stroke prevention. How many patients do we need? *Stroke* 1984;15:968-971.

(46) Taylor LM, Loba L, Porter JM: The clinical course of carotid bifurcation stenosis as determined by duplex scanning. *J Vasc Surg* 1988;8:255-261.

(47) Theille BL, Strandness E jr: Distribution of intracranial and extracranial arterial lesions in patients with symptomatic cerebrovascular disease. In Bernstein EF (ed): *Noninvasive diagnostic techniques in vascular disease*. Mosby Company, 1982. pp 193-199.

(48) Uchiyama S, Sone R, Nagayama T, Shibagaki Y, Kobayashi I, Maruyama S, Kusakabe K: Combination therapy with low-dose aspirin and ticlopidine in cerebral ischemia. *Stroke* 1989;20: 1643-1647.

(49) UK-TIA Study Group: United Kingdom transient ischemic attack (UK-TIA) aspirin trial: interim results. *Br Med J* 1988;296:316-320.

(50) Warlow C: Antithrombotic Drugs and the Prevention of Stroke, in: Verstraete M, Vermeylen J, Lijnen R, Arnout J. (eds): *Thrombosis and Haemostasis* 1987. Leuven, Leuven University Press, 1987. pp 301-324.

(51) Weksler BB, Kent JL, Rudolph D, Scherer PB, Levy DE: Effects of low dose aspirin on platelet function in patients with recent cerebral ischemia. *Stroke* 1985;16:5-9.

(52) Winslow CM, Solomon DH, Chassin MR, Koseoff J, Merrick NJ, Brook RH: The appropriateness of carotid endarterectomy. *N Engl J Med* 1988;318:721-727.

Buchbesprechung

J. Eisenburg: *Differentialdiagnose gastrointestinaler Symptome und Krankheitsbilder*. 202 Seiten, 161 zum Teil 4farbige Abbildungen, 39 Tabellen. Stuttgart-New York, Thieme, 1989. DM 168,-.

Exakte Anamnese und Beachtung aller Symptome bilden nach wie vor in allen Teilgebieten der Medizin, besonders in der Gastroenterologie, den Grundstein zur richtigen Diagnose. Voraussetzung für die richtige Deutung, Wertung und Zuordnung anamnestischer Daten und Symptome als Bausteine der klinischen Diagnose ist die Kenntnis definierter Krankheitsbilder und Syndrome sowie das Verständnis pathophysiologischer Zusammenhänge. Anhand von zahlreichen Abbildungen, Diagnosebäumen und Übersichtstabellen werden die richtige Diagnose und Differentialdiagnose nach diesen Grundsätzen erleichtert. Nahezu lückenlos werden al-

le gastrointestinalen Kardinalsymptome wie Krankheitszeichen an Mundhöhle und Zunge, Sodbrennen, Dysphagie, Singultus, Erbrechen, Obstipation, Meteorismus, Aszites, Diarrhö, Ikterus und Cholestase, Gefäßgeräusche im Abdomen, Leibschmerzen, akute Abdominalbeschwerden, gastrointestinale Blutungen, Hepatosplenomegalie und ihre möglichen Ursachen einprägsam besprochen. Kapitel über extraabdominale Organmanifestationen, Gefäßerkrankungen im Abdomen, paraneoplastische Syndrome und die Bedeutung statistischer Größen runden das gestellte Thema ab. Ein reichhaltiges Sachverzeichnis versöhnt den an Literatur interessierten Leser. Für Studenten und Ärzte aller Fachrichtungen mit besonderem Interesse an der Gastroenterologie sei dieses gut gegliederte Buch vor allem als Nachschlagewerk empfohlen.

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