Book Reviews


This booklet contains the reports of a Symposium held on November 28th, 1966, under the chairmanship of F. Avery Jones. Only three items of post-gastrectomy nutrition are concerned here: anaemia, calcium metabolism and the result of vagotomy; the first one is analyzed as an Editorial in the same issue of Digestion (p. 370).

Bone disease. Gross post-gastrectomy osteomalacia is rare, in equal number of males or females. But on 203 patients with gastrectomy who were followed up around 10 years after the operation, 27 had a raised alkaline phosphatase level; in absence of hepatopathy, it represents a vitamin-D deficiency (C. C. Booth, London). But these patients had no steatorrhea at all or only mild and they absorb vitamin-D pretty well.

D. B. Morgan (Leeds) measured the thickness of metacarpal cortex in 1553 gastrectomized patients; it gets thinner progressively, whilst the serum calcium is lowering slightly. This does not happen in 198 patients with peptic ulcer, at the same age.

Most probably there is a multiplicity of nutritional disorders in most gastrectomized patients, combined with dietary deficiencies. On the other hand, A. W. Delli-piani (Edinburgh) found a high endogenous loss of calcium in the faeces.

Vagotomy as an alternative to gastrectomy. H. Ellis (London) insists on the advantages of vagotomy, combined with some drainage procedure. After this operation there is no change in absorption of electrolytes and sugar, and a normal faecal excretion; steatorrhea is “subclinical” in 30% of the cases (mean = 7.3 mg/24 h).

According to A. Cox (London), there is no loss of weight, 8-10 years after the operation in patients with vagotomy and pyloroplasty (mean = +12 kg) compared to Polya-gastrectomy (mean = −1.8 kg).

Conclusions. J. A. Williams (Birmingham) discussed the awareness of the problem, the pre-operative selection of the cases, how to follow-up the patients and detect the deficiencies or to prevent them. Ellis pointed out “the difficulty of making sure that patients do carry on prophylactic therapy for the rest of their lives after an operation which is supposed to cure them...” M. Demole, Geneva


The intestinal absorption is one of the major problems in modern gastroenterology, but its treatment is far from satisfactory. Besides the gluten-free regimen in sprue or celiac disease, the dietotherapy does not provide much help in this respect. The double distillation of steam hydrolysed coconut oil, by V. K. Babayan in 1954, resulted in 96% of octaneic and decanoic acids (i.e. 8- and 10- carbon length fatty acids); when reesterified with glycerol, they produce the “medium chain triglycerides” (M. C. T.) opposite the 16- and 18- carbon length fatty acids which produce “long chain triglycerides” (L. C. T.). Their clinical use by van Italie began in...

The first part is devoted to absorption and metabolism of M. C. T. compared with L. C. T.; the fourth part, to their use in infants and children diseases. We shall now point out a few results which were obtained in adults (Parts II and III).

Book Reviews
In disorders of pancreatic exocrine secretion (P. R. Holt, New York), the M. C. T. are readily absorbed, as the slight residual lipolytic activity is much more rapid on M. C. T. as on L. C. T. In biliary diversions, the intestinal absorption of trioctanec is not diminished.

As far as the “short bowel syndrom” (massive resection, tropical sprue) is concerned, A. B. French, Ann Arbor, Michigan, found that the maximal capacity for the absorption of triglycerides is five times greater for trioctaneic (M. C. T.) than for triolein (olive oil, L. C. T.). In lymphatic obstruction, the fecal fat excretion is dramatically reduced during administration of M. C. T. M. C. T. do not act only on fat absorption but also decrease the fecal losses of proteins (exsudative enteropathy), Na, K and Ca (P. R. Holt, New York); this usually provides a definite gain of weight.

Replacing \( \frac{3}{4} \) of alimentary (L. C. T.) fats by M. C. T. is enough to decrease the “chemical” statorrhea in regional enteritis, with weight gain (N. J. Greenberger, Columbus, Ohio). On the other hand, M. C. T. do not seem effective (IF. Linscheer, Boston, Mass.) in the common malabsorption of patients with liver cirrhosis or portocaval shunt.

Two panel discussions (p. 191 and 247) report all the questions and answers which followed each session, and an appendix (p. 280-285) provides very useful “suggested Diets and Recipes”, as the taste of M. C. T.’s fats is not always easily accepted by the patients. M. Demole, Geneva


When an animal is submitted to a very large dose of X-rays (600 to 10,000 r) he will die between the third and the sixth day from gastrointestinal troubles; if he survives, he will die between the eighth and the sixteenth day from bone-marrow atrophy, with infection, hemorrhage and anemia. This book reports the contributions to a meeting organized at Richland, Wash., USA, in September 1966. They are divided in three parts: effect of radiation on structure and function of the gastrointestinal tract; the mechanism of radiation injury; and the injuries from ingested emitters. Among the topics discussed are the kinetics of cell renewal in the intestine of animals and man; the influence of bile, bacteria or hibernation on cell replacement; transport mechanisms involved in the movement of water, electrolytes, fat and vitamine B12 across the mucosa along with radiation effects of these processes.

There are critical panel discussions on the cause of death from intestinal radiation injury, on the passage time for intestinal contents, the effects of particle size, radiation dose and the influence of maturity of the subject on the function of the gut. It is a magnificent work, printed with great care, including a lot of drawings, figures and photographs, where gastroenterologists will be glad to find details on problems which are hardly known at present in practical medicine.

M. Demole, Geneva
R. Cheli e C. Canciani: Lavoro e malattie dell’apparato digerente. Coll. Artis Medicae Studia No. 38. I.N.A.M., Roma 1968. 327 p. In this big volume, a statistic of digestive diseases in connection with professional work is given. It was recorded from 19,093 charts of patients at working age, from a total of 177,048 available cases collected in 1965 at the public insurance office of Genoa, Italy. These digestive diseases gave a degree of morbidity of about 10%, with a total loss of 529,618 working days in a year.

The most frequent digestive illnesses were chronic gastritis (19.45%), acute colitis (11.65%), chronic appendicitis (10.59%), chronic colitis (8.36%) and “oral sepsis” (7.29%). We know how difficult it is to establish these diagnoses, which would most probably be different in a hospital ward as they are in an out-patient clinic. On the other hand, the patients of this series come from industrial and commercial jobs, excluding liberal professions where abdominal diseases are frequent.

On the basis of this statistical evaluation, Ch. thinks that chronic gastritis, duodenal ulcers, chronic and acute cholecystitis and colitis may be the result of the subjects’ jobs; whilst acute gastritis, gastric ulcers, gastric neurosis are aggravated, but not caused, by the jobs. Other tables include the months when the diseases begin, and we saw with great interest that the seasonal periodicity of duodenal ulcers in men is confirmed, with a peak in April/May, and in September/October.

M. Delmole, Geneva


Professor Sherlock’s book “Diseases of the Liver and Biliary System” is the most popular monograph on liver ailments. Its first edition, published in 1955, has been followed by three more. The first edition was reprinted once and the second and third twice each. A first and second edition have also come out in Spanish. The third edition has been translated into German and Italian, and Japanese translations are being prepared.

Chapters on hepatic coma, ascites and cholestasis were added in the fourth edition. The various articles in the book were supplemented by new discoveries made possible by electron microscopes, on new aspects of immunology, bilirubin metabolism, intrapulmonary shunting in cirrhosis, the relationship of cirrhosis to diabetes mellitus, the scintiscanning and angiography in localization of the space-filling lesions in the liver and the relation of biliary micelles to gallstone formation. The chapter on cholestasis has been elaborated to include a reclassification of intra-hepatic cholestasis. Many of these are findings made by Professor Sherlock or her pupils.

The fourth edition of Professor Sherlock’s monograph in her own language will surely meet with the same response in world medicine as the three earlier ones. Professor Sherlock’s outstanding pedagogic understanding, her concise and clear formulation and masterful presentation will certainly guarantee even the fourth edition first place among monographs on clinical manifestations of diseases of the liver.

K. Herfort, Prague

Considerable attention has been paid recently to serotonin, its biological activity and the role it plays in the carcinoid of the gastrointestinal tract. On the basis of detailed knowledge of the voluminous literature available today it presents current views on the occurrence of 5-HT in nature, the oncostatic activity of serotonin and its radioprotective properties, information of clinical manifestations and the result of X-ray therapy, surgical- and pharmacotherapy of the Flushing and Carcinoid Syndrome and contains a large bibliography. Sokoloff's book is therefore receiving justified interest of all gastroenterologists, and all other physicians interested in this disease of the alimentary system. I commend the book to their attention. K. Herfort, Prague

NEWS

Course in Gastroenterology London, 22 June – 5 July, 1969
The British Council has organised this course on fundamental processes and diseases mechanisms.
Director of studies: Dr. B. Creamer, Consultant Physician, St Thomas’ Hospital, London.
The following topics will be covered:
The stomach: Physiological aspects of gastric secretion and clinical tests. Assessment of surgical results (St Thomas’ Hospital).
The liver: Physiology; hepatitis and cirrhosis (Royal Free Hospital).
The colon: Crohn’s disease and ulcerative colitis, ischaemic and diverticular disease (St Mark’s Hospital).
This course is open to senior medical practitioners from overseas. There are vacancies for 16 members. Applications must be received in London by 1 March 1969. Applications should be made to: The Director, Courses Department, The British Council, 2/3 Bloomsbury Square, London W. C. 1.

The programme will include a limited number of reports followed by discussion, and a Round Table.
A maximum of 60 participants will be invited and the English language will be used throughout. Information: Dr. A. Torsoli, 2a Clinica Medica, Viale del Policlinico, 00100 Rome.