Table of Contents

Editorial IX

Crohn’s Disease, with Special Reference to Surgical Management
J. C. Goligher, F. T. de Dombal and I. Burton, Leeds
I. Introduction 1
II. Incidence and Site of Lesions 3
III. Pathology 5
The Risks of Malignant Change in Crohn’s Disease 6
IV. Clinical Features and Diagnosis 7
V. Surgical Treatment and Results 10
 1. Immediate Morbidity and Mortality 10
 2. Late Results 11
    a) Frequency of Persistent or Recurrent Crohn’s Disease at Review 12
    b) Overall State of Patients’ Health at Review 14
    c) Outcome of Individual Operative Procedures throughout the Period of
       Follow-up 14
VI. Discussion 17
  1. By-Pass versus Resection 17
  2. Recurrence after Resection 18
    a) Influence of Siting of Lesion in Small or Large Bowel 18
    b) Effect of Length of Segment of Intestine Involved and Adequacy of
       Margins of Clearance of Bowel Wall and Mesentery in Resection 18
    c) Influence of Age of Patient 19
  3. Prognosis after Recurrence 19
  4. Relative Achievements of Medical Therapy 20
Acknowledgement 21
References 21

Calcium and Phosphate Metabolism and the Bone
D. B. Morgan, Bern
I. Calcium and Phosphate Metabolism in Healthy Persons 26

Table of Contents VI

A. The Fluxes of Calcium and Phosphate (Table II) 26
  1. Dietary Intake 26
  2. Intestinal Absorption 27
    a) Calcium 27
    b) Phosphate 28
3. Urinary Excretion 28
4. The Tubular Reabsorption of Calcium and Phosphate 28
5. The Rate of Bone Turnover 29
B. The Controllers 30
1. Parathyroid Hormone 30
2. Calcitonin 31
3. Vitamin D 31
4. Other Hormones 32
5. Ion Concentrations in Serum 32
C. The Serum Calcium: Homeostasis 33
D. The Serum Phosphate 33
E. The Bone 34
1. Structure 34
2. Composition 34
3. Distribution 34
4. The Cells 35
5. Bone Formation 36
6. Bone Destruction 36
II. Disorders of Calcium Metabolism 36
F. The Syndromes 37
1. The Syndrome of Hypercalcaemia 37
2. The Syndrome of Hypocalcaemia 37
3. The Osteomalacia Syndrome 37
4. Thin Bones (Osteoporosis) 38
5. Renal Stones 42
G. Some Causes of the Syndromes 43
1. Primary Hyperparathyroidism 43
a) Pathophysiology 44
b) Diagnosis 45
c) Detection of Hyperparathyroidism among Patients with Renal Stones 45
d) Detection of Hyperparathyroidism in Patients with Hypercalcaemia 46
e) Distinction of Primary from Secondary Hyperparathyroidism 46
f) Tests for Hyperparathyroidism 46
g) Surgical Treatment 48
h) Medical Treatment of Hyperparathyroidism 49
2. Hypoparathyroidism after Thyroidectomy 51
3. Malignant Disease 53
4. Partial Gastrectomy 54
5. Senile and Post-menopausal Osteoporosis 56
6. Immobilisation 57
Table of Contents VII

7. Corticosteroid Treatment 59
8. Idiopathic Renal Stone Formation 60
   a) The Relation between the Urinary Excretion of Calcium and Renal Stones 62
   b) Idiopathic Hypercalciuria 63
   c) The Prevention of Recurrence of Calcium-Containing Stones in Idiopathic Stone Formers 63
H. Appendix: Techniques 65
   1. Serum Calcium 65
   2. Serum Phosphate 66
   3. The Urinary Excretion of Calcium and Phosphate 66
   4. Intestinal Absorption of Calcium 67
   5. Tubular Reabsorption of Phosphate 67
   6. Tubular Reabsorption of Calcium 68
   7. Measurement of the Amount of Bone 69
References 69

Antifibrinolytic Drugs in the Treatment of Urinary Tract Haemorrhage
L. Andersson, Umeå

I. Fibrinolytic Activity in the Urinary Tract 76
II. Antifibrinolytic Drugs 77
III. Haemorrhages in the Lower Urinary Tract 79
   A. The Prostate 79
   B. Bladder and Bladder Neck 82
IV. Haemorrhage in the Upper Urinary Tract 83
V. Generalized Fibrinolysis - Fibrinolytic Haemorrhages 84
VI. Disseminated Intravascular Coagulation and Fibrinolysis 86
VII. Risks of Antifibrinolytic Therapy 89
References 90

Bloodless Surgical Procedures for the Cure of Idiopathic Hydrocoele and EpididymaCyst (Spermatocoele)
Peter H. Lord, London

I. Hydrocoele 94
   A. First Step 99
   B. Second Step 99
   C. Third Step 100
D. Fourth Step 100
E. Fifth Step 100
F. Sixth Step 101
G. Seventh Step 102
II. Spermatocoele 104
A. First and Second Steps 105

Table of Contents VIII

B. Third Step 106
C. Fourth Step 108

References 108

A New Approach to Haemorrhoids (With Colour Plate I and II)
Peter H. Lord

I. Introduction 109
II. The Theory and Observations on which the Treatment is Based...................... 110
III. The Diagnosis and Pre-Operative Management 112
IV. The Post-Operative Care 115
V. Follow-up and Complications 117
1. Incontinence 117
2. Bruising 118
3. Splitting 119
4. Prolapse 119
5. Bleeding 120
VI. Strangulated Haemorrhoids 121
VII. Results 121
VIII. Summary 123

References 124
What about a Vicious Circle Causing and Perpetuating Various Benign Anal Diseases?
(Comments Concerning Article by Mr. Lord, pp. 109-124)
M. Allgöwer and Th. Rüedi, Basel 125

Progress in Surgery
Index Vols. 1-9 130

Editorial

We take great pride in announcing that the Swedish member of our
Editorial-board, Docent Dr. Sven-Erik Bergentz, has been appointed full Professor of Surgery by the King of Sweden at the beginning of this year. Dr. Bergentz, born 1927, has been trained with Docent Stig Lindgren in Falun and Professor Ragnar Romanus at the Department of Surgery II, University of Gothenburg, Sahlgrenska Sjukhuset. During the last 8 years he has been associated with Prof. Lars Eric Gelin at the first Surgical Department in Gothenburg. One year was spent with Professor Francis D. Moore at the Peter Bent Brigham Hospital, Harvard Medical School, Boston, Massachusetts. Dr. Bergentz is internationally known for his important contributions in the field of rheology and blood coagulation as related to surgery. His thesis on fat embolism (1961) has become a standard reference. During the past 7 years he has been very active in clinical kidney transplantation, now overlooking one of the largest and finest series in the world. He will continue his important work as transplantation and vascular surgeon as head of one of the departments of Surgery and Director of Experimental Surgery at the Malmö General Hospital, which is one of the teaching Hospitals of the University of Lund.

We heartily congratulate our colleague in Sweden for his great success and wish him all the very best for his future activities.

July 1971
M. Allgöwer, R. Calne and U. F. Gruber