

Beitrag zur Erkenntnis der pathologischen Physiologie des Hungers und Mangels beim Menschen dar.

Die Anaemia perniciosa ist eine der vielen Erscheinungsformen, unter denen dem ärztlichen Beobachter Hunger und Mangel beim Menschen entgegentreten. Die Eigenart des Mangels, seine besonderen Ursachen und schwerwiegenden Folgen verleihen dieser Mangelkrankheit ihr bemerkenswertes und charakteristisches klinisches Gepräge. Die allgemeinen Gesetze des Hungers beherrschen aber auch bei ihr den Mechanismus und Verlauf der Erkrankung. Über die Intensität, das Ausmaß und die Veränderungen des Mangelzustandes gibt die Erythrozytenzahl im Blut und das Körpergewicht genaue Auskunft.

(Fortsetzung folgt.)

Editorial

Dysphagia and the Short Oesophagus

Our knowledge of the causes and treatment of dysphagia has grown in recent years both through continued clinical observation and also through advances in the technique of oesophagoscopy, radiology and surgery. The majority of cases of difficulty in swallowing due to causes at the lower end of the oesophagus are the result of carcinoma, or of achalasia of the cardia (cardiospasm). In both of these conditions there has been some progress in therapy mainly owing to improved surgical procedure. The various modern operations devised for removal of oesophageal growths have for the most part utilised the thoracic approach, whilst in cases of cardiospasm excellent results have followed mobilisation of the oesophagus via the transperitoneal route, and section of the cardia down to the mucous membrane, similar to the pyloroplasty operation associated with the name of Rammstedt.

In any case in which medical measures fail and gradual loss of strength occurs, radical operation must be most carefully weighed up as compared to the alternative of continued efforts at dilatation with bougies.

Beyond these two important conditions is a less well known but far from rare one, namely that of short oesophagus. This abnormality probably occurs in some 1 to 2 per cent of all individuals, but gives rise to dysphagia in only a proportion of these. As compared to carcinoma and achalasia the

relative frequency of the condition as a cause of pain and difficulty in swallowing is about $\frac{2}{3}$ that of achalasia and about $\frac{2}{5}$ that of carcinoma. It occurs equally in men and women and is most often seen between the ages of 30 and 50. The diagnosis is frequently missed and the symptoms of dysphagia, heart-burn, and acid regurgitation are regarded as neurotic. The anatomical condition present is that of a drawing up of part of the stomach through the diaphragmatic opening into the thorax, so that a partial thoracic stomach exists. In the upright position this thoracic portion of the stomach above the cardiac orifice may not be visualised by the ordinary barium meal and the essential point in the radiological examination is the placing of the patient in a head low or Trendelenburg position so that barium may fill and expose this gastric portion of the „oesophagus”.

Several speakers — particularly J. B. Rennie, at the meeting of the British Society of Gastro-Enterologists — drew attention to this condition and to its not uncommon association with peptic ulcer. Opinion was mainly that the condition might be a congenital or acquired one, but that operation was not to be advised. Alkalis or anaesthetic oils were recommended for symptomatic relief. *Th. H.*

Referate - Abstracts - Analyses

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