

## BOOK REVIEWS.

DUODENAL ULCER. By B. G. A. MOYNIHAN, M.S., London, F.R.C.S., Senior Assistant Surgeon at Leeds General Infirmary, England. 8vo, 379 pages. Philadelphia and London: W. B. Saunders Company, 1910.

It would seem that during the centuries that have elapsed since human anatomy really began to be studied but little would have remained undiscovered in this particular domain. As a matter of fact, this is not the case, for each new volume that appears contains important discoveries even in the gross anatomy of the body, and the minute anatomy of some of the organs is still a sealed book.

Our knowledge of the appendix and its surgical diseases is relatively recent. All of the abdominal viscera in turn have been subjected to radical operations for the relief and cure of disease and it would seem that little remained to be accomplished.

Within the last year, however, the pancreas and the adjacent hollow viscera have been studied more and more, and it has been the good fortune of the writer of the present volume to elaborate and report a series of clinical studies and operations performed upon the duodenum, which it is safe to say will in the future be regarded as important as the work done in the early eighties by McBurney, Fowler, and other surgeons whose names are especially associated with the operations for appendicitis.

Anatomical knowledge of the duodenum is still far from complete. It is a matter of historic interest that Morgagni described a diverticulum of the duodenum for the first time in 1761, and one or two other specimens were casually reported in the century which followed. The Editor of this journal, Dr. Pilcher, described "A Large Pseudo-diverticulum of the Duodenum" in 1894 and redirected attention to this viscus. In this case the duodenum opened into the sac, and from the sac the jejunum passed. The sac presented mucosa in only one small strip. Elsewhere the parietes were devoid of epithelial lining and exhibited inflammatory changes.

In 1904, Good collected five specimens. Two of these received mere mention. For twenty years few other facts have

been recorded, but within the last year or two, Dr. Wesley M. Baldwin, of the Cornell Medical School at Ithaca, has dissected and demonstrated a remarkable series of cases. As a result of casual findings in the dissecting room, Dr. Baldwin became convinced that diverticula of the duodenum were more common than is generally supposed. He carefully examined the duodenum in 105 consecutive cases, and the result of his investigations showed fifteen true duodenal diverticula. One duodenum presented two diverticula. All of these diverticula were situated upon the left or concave side of the duodenum extending towards the pancreas. Four projected directly into the gland, eight lay behind, while the other three were caudal to the head of the gland. None of the diverticula presented any evidence of inflammatory conditions. All of them belonged to the "true" variety.

Exclusive of this Cornell series, there are reports of only 67 specimens of duodenal diverticula available in medical literature. This figure, however, does not in any way represent the frequency with which these anomalies occur, for, as a matter of fact, the duodenum is rarely carefully examined at the routine autopsy, and still less frequently has it been the subject of surgical intervention.

It is the good fortune of the writer to have seen all of the specimens which Dr. Baldwin has so carefully prepared, and it was evident that many of them, forming pockets within the substance of the pancreas or extending behind the duodenum with an opening often of a size which would barely admit a probe, must be the cause of various disorders of this portion of the intestinal tract not hitherto recognized in a clinical way. The full report of this interesting series will be found in the *Anatomical Record* in the course of a few months.

This opinion as to the surgical importance of this condition is substantiated by the extraordinary work done by Dr. Moynihan, for there is little doubt that many of the ulcers which he found in his operations started primarily in a duodenal diverticulum.

Ten years ago ulceration of the duodenum was looked upon as a rare disease, and its confident recognition during life was believed to be hardly possible. To-day, largely as a result of Dr. Moynihan's personal observation, it is known to be a common disease and its diagnosis in the majority of cases presents no great difficulties. Indeed, the author states that in his experience, the diagnosis of duodenal ulcer is made with a degree of accuracy that is not exceeded in the case of any other abdominal disorder.

In the book itself the preliminary chapters are devoted to a consideration of the various forms of ulceration of the duodenum. "Curling's ulcer," which often follows extensive burns and scalds of the body, appears to be the most common form due to external traumatism. Uræmia, tuberculosis, or chronic nephritis play an important rôle in the etiology of this affection, and in the newborn, melena neonatorum often arises from ulceration and bleeding from this portion of the bowel. These affections are clearly described but are relatively unimportant when compared with the type of chronic duodenal ulcer which existed in the majority of cases coming under Dr. Moynihan's care.

The symptoms of this type of ulcer are definite; are easily mistaken; and appear in an order and with a precision which are indeed remarkable. Most patients give a clinical history which is of itself of the greatest importance in diagnosis. Physical signs as a rule rarely can be elicited by abdominal palpation. When bleeding occurs as evidenced by hæmatemesis or melena, the prognosis is much more grave than any similar bleeding following ulceration of the stomach. Quite characteristic is the fact that pain, instead of occurring immediately after the ingestion of food, begins three or four hours later at a time when the stomach is practically empty and about the time when the patient begins to feel hungry for his next meal.

The chapter, Symptomatology, is one of the most important in the volume and should enable any one thoroughly familiar with it to make an accurate diagnosis. It is worthy of note that the so-called acid dyspepsia is practically synonymous with this disease, but as a matter of fact, hyperacidity rarely if ever exists. In some aggravated cases which had extended over years, a test of the stomach contents showed little more than half of the normal acidity.

The treatment is essentially surgical in character. No records exist of operations performed after the primary attack, but after the second attack, a number of cases have been operated and the diagnosis confirmed. Four methods of treatment are open to the surgeon: first, excision of the ulcer; second, gastro-enterostomy; third, resection of the duodenum with or without the pyloric portion of the stomach; and fourth, resection and end-to-end anastomosis, the pylorus being left intact. Each of these operations is clearly described, and the illustrations which are well executed add materially to the value of the text.

Perforation is a complication which frequently occurs in the

later stages of the disease, and its possibility should be borne in mind in all cases in which the appendix, the gall-bladder, or the duodenum are objects of suspicion. Even in these severe cases recovery has followed a timely operation. Dr. Moynihan personally reports eleven such cases with but four deaths.

The pathology of duodenal ulcers receives much attention, and in the Appendix there is given a summary of all the cases operated upon by Dr. Moynihan and his associate, Dr. Collinson. For the nine years ending in 1908, 186 cases occurred—males 137, females 49. Eight patients were operated upon twice. The results are truly extraordinary, for up to the end of 1909, the mortality of the whole series was 1.6 per cent., and among the last 121 cases there was no death.

Altogether this volume is one of the most satisfactory to the student, the clinician, or the operating surgeon that has appeared for years, and one which in the future is bound to be the basis for many independent lines of investigation.

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**THE SURGERY AND PATHOLOGY OF THE THYROID AND PARATHYROID GLANDS.** By ALBERT OCHSNER and RALPH L. THOMPSON, St. Louis, C V. Mosby Co., 1910. Octavo, pages 391.

In this book the large clinical experience of the senior author and the special attainments in pathology of the junior author have been combined to present in the most full and satisfactory manner the present knowledge and teachings with reference to the diseases of the thyroid gland. To this has been added the main facts which have been ascertained with regard to the parathyroid glandules.

The book is very freely illustrated, its style is clear, its teachings are plain, and its pages cannot fail to reward either the student or the experienced surgeon who desires to measure his own observations by the standard of others.

The operation of thyroidectomy is minutely described and most elaborately illustrated. This chapter may be considered as presenting in a most satisfactory manner all the elements of the modern methods of removing the diseased thyroid which have been elaborated of late years.

The authors in this book present to us what they consider to be the best, and give their reasons why it is the best. A very considerable part of the book, two-fifths of it, is devoted to the consideration of the parathyroid glandules, the surgical impor-