
During a period of 20 months, 101 patients underwent gastroduodenal endoscopy for acute upper gastrointestinal tract hemorrhage. Of these, the study was performed within 48 hours in 72 patients, providing a positive diagnosis of the original lesion in 64 patients (90%). A positive diagnosis was established for only eight (33%) of the 24 patients studied later than 48 hours. Standard radiologic studies with barium indicated a possible cause for bleeding in only 38 (54%) of the 71 patients studied within 48 hours, but correctly identified the actual cause for hemorrhage in only 23 (32%). Endoscopy resulted in only one false positive diagnosis. A previous diagnosis or historical data suggested a cause for bleeding in 61 of the 101 patients, but was correct in only 35 (57%). Massive bleeding prevented endoscopy in two patients, and technical factors limited the examination in four.


Elevated levels of serum calcitonin basally and in response to calcium infusion are reliable in indicating the presence of medullary thyroid carcinoma, and are valuable not only in screening for the presence of this lesion, particularly in members of involved families, but also in the postoperative assessment of these patients. Thus, elevated levels of serum calcitonin were found in 14 of 48 members studied from two kindreds with familial medullary thyroid carcinoma. Thirteen of the 14 have subsequently been operated on and the presence of the malignancy confirmed, in seven before it was detectable by thyroid scintigrams or physical examinations of the neck. Two of the thirteen patients had previous operations to remove medullary thyroid carcinoma; serum calcitonin levels were within normal limits following reoperation for these two patients. The degree of elevation of calcitonin in the serum appears to correlate with the extent of disease. No false positive tests have been found. Since hyperplasia of parathyroids often develops in association with familial medullary thyroid carcinoma, and parathyroid tumors (present in four patients of one family of our study) may occur, the parathyroid glands should be evaluated at operation and grossly abnormal glands removed.
Abstracts


Clinical studies suggest arterial complications in gout arise at an earlier age than expected. Factors common to gout and arteriosclerosis such as renal disease, hypertension, diabetes mellitus and hyperlipidemia do not alone occur frequently enough in gout to explain the development of vasculopathy. The role of secondary hyperuricemia as a risk factor in the development of arterial disease in non-gouty patients is also reviewed. The mediating factor may be the response of the platelet to hyperuricemia both in primary gout and secondary hyperuricemia. Platelet morphology in primary gout by ultrastructural studies suggested a direct correlation with abnormal platelet surface activation and/or aggregation as the serum uric acid rises above 6 mg %.

Using ultrastructural evaluation to assess platelet activation, drugs used in the treatment of gout were screened and classified by their ability to inhibit platelet surface activation. Colchicine, phenylbutazone and probenecid were unable to inhibit platelet surface activation whereas indomethacin, sulfinpyrazone, halofenate and allopurinol demonstrated inhibition. Since the platelet may be an important mediator between hyperuricemia and the greater incidence of arterial disease in primary gout, the more ideal agent for the control of the patient with primary gout would be one that has the capability of exhibiting a direct inhibitory effect on platelet surface activation as well as lowering the serum uric acid to below 6 mg %.


Sera of 532 patients with bullous diseases, connective tissue diseases and malignancies were tested for pemphigus epidermal intercellular fluorescence (ICF) and for the bullous pemphigoid "tubular" band by the indirect fluorescent antibody technique. Human normal skin cryostat sections were used. The band and ICF were seen primarily only in bullous pemphigoid and pemphigus respectively. Some indirect band and ICF-negative patients demonstrated positive direct results in involved skin, suggesting that direct tests should be performed in indirect negative patients clinically thought to have pemphigus or bullous pemphigoid. No close correlation was found between disease activity and positive or negative indirect tests in bullous pemphigoid and pemphigus. Steroids did not interfere with positive results of this diagnostically valuable test.


In a small but highly selected series of patients with uncomplicated psoriasis the authors found four patients with abnormal results from an oral glucose tolerance test (OGTT) and 13 of 34 patients (38%) of those with a normal OGTT value who had an abnormal cotrisone glucose tolerance test (CGTT) result. This degree of abnormal glucose tolerance mimics the frequency of impaired tolerance in the close relatives of known diabetics. While findings are preliminary, they are unique in that only uncomplicated psoriatics were studied. On the basis of findings, the authors believe that the clinician would be well advised to evaluate each psoriasis patient for diabetes and to be alert to diabetes developing when selecting treatment for, and in observing, the patient with psoriasis.
Abstracts


Studies of lung biopsy specimens by light and electron microscopy are described in three workers in the tungsten carbide industry: one worker, with established diffuse interstitial fibrosis thought to be related to inhalation of dust in the industry; a second who developed a semi-acute interstitial pneumonitis; a third asymptomatic individual with clinically normal lungs. The chief abnormal findings were: deposits of collagen and elastic tissue in the septal areas, usually associated with very hard multi-faceted crystals which tore the tissue and are thought to be tungsten carbide; groups of finer needlelike crystals often found in lysosomes or macrophages; alteration of the alveolar lining cells (Type 1) with swelling and formation of microbili; and in Case 2, occasional alteration of the capillary endothelium cells. Impressive similarities exist between the clinical and pathologic findings of this disease and those caused by inhalation of beryllium.


Bypass of the small intestine has become a recognized surgical treatment for severe and intractable obesity in selected patients as a last resort. This procedure leads to certain complications which include diarrhea, disturbed liver function, fluid and electrolyte loss, and nutritional deficiencies, which for the most part can be corrected by adequate prophylactic therapy. Only passing reference is made in the literature to the occurrence of renal calculi in these patients. A review of 34 patients who had undergone intestinal shunts for severe, intractable obesity revealed a 32.4% incidence of renal calculi. The incidence of calculi was greater in those who had undergone jejunocolostomy rather than jejunostomy. All of the stones analyzed, with the exception of one, were calcium oxalate. Urinary oxalate levels were determined in 14 patients, and these averaged twice those in normal patients, a possible indication that these might be a contributing cause in some patients. Other factors contributing to calcium oxalate stone formation are discussed. In selecting patients for intestinal bypass, the surgeon should consider the complication of renal calculous disease, particularly in those with a past history or family history of urinary tract calculi.


It has been shown that the length of the interval which can be allowed between fractions, without affecting cure rates for C3H/HeJ mouse adenocarcinomas, depends on the size of the fraction and on the number of times it is repeated. C3H/HeJ female mice, bearing spontaneous mammary tumors, were treated with 12 different radiotherapeutic programs, each varying in size and number of fractions. Fraction size ranged from 400r to 1200r, and the number of fractions from 6-to-20. The spacings between these fractions were 2, 3, 5, and 7 times per week, and once every fifth day. An examination of cure rates for different spacings of the fractions shows that 24 hour intervals are optimum for 20 fractions of 400r. However, the best results were obtained when treatment was three times a week with six 1000r fractions. Comparing a clinical investigation of treated carcinoma of the lip with out laboratory investigation of treated adenocarcinoma, the slopes, as shown on the log-log graph are nearly the same; 0.76 for the human and 0.79 for the mouse, although the dose level at which the iso-response lines lie is different. The results lead credence to the validity of applying data obtained in animal experiments to clinical problems qualitatively, but not quantitatively.

The surgical complications of biliary-tract disease are discussed in relation to a study comprising 18 cases of cholecystoduodenal fistula, 6 cases of gallstone ileus, and representative cases of gallstones, pancreatitis and suppurative cholangitis. The average age of the patients was 67 years. The findings led to the following conclusions: 1) age is an important factor in the increased risk in these complicated cases, but with careful management, surgery can be successful; 2) acute cholecystitis usually can be treated conservatively in aged patients, but all too often the patients ignore the recommendation for an elective operation and are later admitted to the hospital with complications that demand emergency surgery; 3) this sequence of events applies particularly to patients with biliary calculi, who should undergo an elective operation before more serious complications develop. Had our patients been operated on earlier, the surgical risk would have been minimal and the complications would have been prevented.


Calcitonin concentrations in serum were measured by radioimmunoassay during calcium infusion in 76 members of 3 kindreds with known familial medullary thyroid carcinoma. Results were positive in 22 individuals. Six (27%) with normal basal values had abnormal elevations with calcium. Thyroid abnormalities (bilateral cancer in 16 and "C-cell hyperplasia" in 1) were confirmed in all patients who had had surgery. The result of the calcitonin assay was the sole indication for surgery in the 57% without palpable lesions. Distribution of 31 cases in these families is compatible with an autosomal dominant inheritance, with high penetrance evidenced by calcitonin studies. Studies in 26 relatives of 10 patients with apparently sporadic medullary cancer and in 10 patients with pheochromocytomas disclosed 2 new families with the pheochromocytoma-medullary thyroid cancer syndrome. Thyroid and adrenal lesions were bilateral only in those two families, suggesting that families of patients with bilateral pheochromocytomas or medullary thyroid cancers should be studied for these detectable neoplasms.


This 32-page article with 44 color photographs reviews the authors' clinical approach and differential diagnosis of white lesions of the mouth. The lesions are divided into keratotic and non-keratotic groups clinically by the adherence of the surface and histopathologically by the presence of hyperkeratosis. The basic emphasis is on differential diagnosis and clinical clues that are helpful in making the specific diagnosis. Treatment is not stressed, partly because of the frequency with which it changes and also because of the desire to emphasize diagnosis. Three tables are included which (1) distinguish keratotic from non-keratotic white lesions; (2) identify the more common differential diagnoses within these groups; and (3) differentiate epithelial nevi and hereditary lesions of the mouth.
Abstracts


White cell response to trauma, or to antigen in the absence of specific antibody, consists of macrophages, monocytes, and neutrophils present locally in tissue. In a subject with prior exposure to antigen, this response is augmented by immunologically competent lymphocytes. The balance between immune-competent and immune-neutral cell types provides an index to the quality of host defense mechanisms. With use of sequential timed coverslip preparations on skin windows, the resistance status of ten burn patients was examined. Moderate burns showed no immunodepression. Severe burns displayed uniform deletion of immune-competent cell elements, and variable depression of nonimmune cell migrations.


Because of the problems caused by a long waiting list of patients wanting psychiatric services, in January 1970 the department of psychiatry of Henry Ford Hospital in Detroit decided to set aside one day a week for a walk-in clinic. On that day any patient who wanted psychiatric help could appear without an appointment and be assured of being seen. The intake of new patients rose significantly after the clinic was established, from 447 in 1969 to 540 in 1970. The authors compared the patients seen at the clinic with those using conventional referral procedures to determine differences between the two groups in place of residence, social class, source of referral, diagnosis, and disposition.


Over a nine-month period, 640 diabetic patients were admitted to the Metabolic Diseases Service of the Henry Ford Hospital. Sixty-seven (10.5%) of these patients required hospitalization for treatment of various infectious diseases. Foot infection (26 cases) was the leading cause. Fourteen other patients had acute lower respiratory infections; acute pyelonephritis ranked third (10 cases). Four others had acute cholecystitis, and among 13 other patients there were ten miscellaneous infections including tuberculosis, carbuncles, a subcutaneous abscess due to Candida and acute appendicitis. During the same period, 25 patients were admitted for treatment of diabetic ketoacidosis; six (25%) had preexisting infections that may have contributed to the production of ketoacidosis. Infections did not precipitate ketoacidosis as frequently as we had expected. Study of these 67 patients with primary infection suggests areas where patient education and preventive medical advice might diminish the need for hospitalization (ie, assiduous foot care, search for asymptomatic bacteriuria and neurogenic bladder, as well as for instruction in general measures of personal hygiene). In a parallel short-term study during 1969-1970 (67 patients), we confirmed the above statistics and found that infection (15 patients) was the third most common cause of hospitalization of the diabetic after uncontrolled diabetes (21 patients) and cardiovascular disease (16 patients).
Abstracts

Listed by title only:


**Rickets and Osteomalacia.** B Frame. *Current Therapy*, J.B. Saunders, 413-16, 1973