

Abstracts from Current Medical Literature.

RADIOLOGY.

Comparison of Intravenous and Oral Cholecystography.

S. J. HAWTERTY (*American Journal of Roentgenology*, August, 1931) gives a comparison of the results obtained in approximately two hundred and fifty cases, each after oral and intravenous administration of sodium-tetraiodo-phenolphthalein. The author found that there was practically no difference between the accuracy of the two methods and has discontinued the use of the intravenous method, even for checking the results of the oral method.

So-Called Calcifying Subacromial Bursitis.

J. B. CARNETT (*Radiology*, September, 1931) states that the calcified masses which are commonly thought to occur in the subacromial bursa actually are situated not in the bursa, but beneath its floor, in, on, or even under the supraspinatus tendon. There is only one bursa present, and this is subacromial; there is no subdeltoid bursa. The term bursitis is a misnomer, since the symptoms are caused by the tendon lesion. The pathological lesions consist of tendinitis, necrosis of tendon, and deposition of calcium, and the lesion is due not to a single acute trauma, but to the innumerable small occupational traumata resulting from pinching the supraspinatus tendon between the humeral head and the acromion process or coraco-acromial ligament. After an acute attack of pain, the deposit may undergo spontaneous absorption, and skiagrams taken several weeks after the attack may fail to show the deposit which caused the attack. In 25% of cases these deposits are bilateral. The finding of a deposit in the symptomless side only in a patient who had passed through an acute attack several weeks earlier, suggests that originally he had bilateral deposits with subsequent spontaneous absorption in the painful shoulder. The milder degree of the condition may occur in the absence of a demonstrable deposit, probably due simply to inflammation of the tendon. In order to throw the deposit shadow clear of the bone shadow, skiagrams should be taken in full external rotation and in full internal rotation of the head of the humerus, and the central ray should be directed slightly caudally and laterally, usually about 10° from the vertical in each direction.

The Bone and Joint Changes of Leprosy.

W. CHAMBERLAIN, W. WAGSON AND L. GARLAND (*Radiology*, November, 1931) describe the bone and joint changes in leprosy. These changes occur in the bones of the hands and

feet. Bone absorption is the most constant finding; this varies from slight metaphyseal narrowing to diffuse diaphyseal absorption. Complete disappearance of one of the phalanges may occur. The absence of any bone production is a conspicuous feature. When joint involvement occurs, there is usually considerable destruction of the joint, with well marked erosion of the adjacent bone; in some cases bony ankylosis may take place. The authors consider that the bone changes are not specific, but are of neurotrophic origin. Besides the actual neurotrophic factor, inflammatory changes and repeated trauma influence the deformities; hence the feet are usually more affected than the hands.

Peptic Ulcer of the Oesophagus.

J. RICHARDS AURELIUS (*American Journal of Roentgenology*, November, 1931) gives a description of peptic ulcer of the oesophagus and reports a case. He considers that the preponderance of ulceration in the lower third of the oesophagus would seem to indicate more than a casual relationship between the acid gastric secretions and oesophageal ulceration, and that the aetiology of these ulcers is probably similar to that of gastric ulceration. The most prominent symptoms are pain, dysphasia, vomiting, hæmorrhage and perforation. X ray examination may reveal the ulcer crater due to retention of a small fleck of barium. This should be checked by a second examination; but if it is constant, it is almost pathognomonic. These ulcers may cause varying degrees of associated spasm. This may take the form of a simple transient defect causing retardation of the meal, a tapering defect towards the cardiac end, or even a localized incisura as seen in gastric ulcers.

Lobar Pneumonia.

WALTER H. UDE (*American Journal of Roentgenology*, November, 1931) analyses the X ray findings in early lobar pneumonia and shows that in all these early cases the consolidation assumes a conical distribution, with the base of the cone towards the periphery. The periphery may be lateral, anterior or posterior. The triangular areas of consolidation whose bases are directed laterally, are best seen in the antero-posterior view, but when the consolidation extends posteriorly or anteriorly, a lateral view is essential. The author shows by the study of lateral views that the term "hilum" or "central" pneumonia, used to describe these areas of consolidation seen in the antero-posterior view in the hilar region, is a misnomer. These medial shadows are really of cone-shaped consolidations extending posteriorly, which may best be defined as "early postero-medial" consolidations.

Linitis Plastica.

W. R. BROOKSHER (*Radiology*, December, 1931) discusses linitis plastica and gives a long series of

histories of patients. He concludes that linitis plastica is an atypical fibro-carcinoma. It is characterized by an extensive pathological increase of connective tissue in the gastric walls, most pronounced in the submucosa and in the muscularis mucosæ, containing cells (frequently isolated cells only) of a malignant nature. The author considers that the term linitis plastica is worthy of retention as descriptive of the gross deformity, but, from the pathological point of view, fibromatosis or carcinoma, diffuse or local in its extent, would be more suitable.

Pulmonary Asbestosis.

J. V. SPARKS (*Radiology*, December, 1931) describes a type of pneumoconiosis due to the inhalation of asbestos fibres by workers in asbestos factories. Clinically the condition resembles silicosis, and radiologically a diffuse fibrosis is seen, of a rather finer type than that which occurs in silicosis. The small asbestos fibres can be recognized microscopically in the sputum. The prognosis is grave, and once the asbestos bodies appear in the sputum, the course of the disease would appear to be progressively downwards. Cessation of exposure to the dust is of no avail in checking the spread of the disease process.

Osteitis Fibrosa Cystica.

ARTHUR R. BLOOM (*Radiology*, December, 1931) reports a case of osteitis fibrosa cystica associated with an adenomatous condition of the parathyroid glands. There was pronounced improvement, as evidenced by the X ray appearance of the bones after surgical removal of the affected glands. However, the author concludes that the whole question of the relationship of hyperparathyroidism and osteitis fibrosa cystica is far from settled.

Chronic Ulcerative Colitis.

J. ARNOLD BARGIN AND HARRY M. WEBBER (*Radiology*, December, 1931) state that chronic ulcerative colitis may attack all or any part of the large intestine. Among the predisposing factors are infection of the upper respiratory tract, acute contagious diseases, and distant foci of infection. The actual organism appears to be a diplostreptococcus closely resembling the pneumococcus, but possessing morphological and biological characteristics. The condition is not a form of bacillary dysentery. If the disease is not of long standing, there may be no radiological evidence, or the only sign may be extreme hyperirritability. In about 20% of cases the lesion is confined to the rectum, which is markedly narrowed. In a skiagram the appearance is suggestive of a series of linear strictures, due to the retention of barium in the folds of the contracted bulbous ampulla. In a well advanced case the barium enema flows very rapidly back to the caecum and generally

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