Clinical Congress of the American College of Surgeons

The Clinical Congress of the American College of Surgeons assembled in Atlantic City, N. J., October 14-18, 1957. As usual, many papers were presented on the surgical forum which are of interest to gastroenterologists.

Pancreatitis

Several papers were presented on the subject of pancreatitis:

1. Hemolytic Aspects of Acute Pancreatitis, BERRIDGE, Ohio State University. Pancreatitis was produced in dogs by injecting bile into the pancreatic duct. Increased red-cell fragility and increased red-cell destruction were shown by a rise in free plasma hemoglobin.

2. Pathogenesis of Acute Pancreatitis: The Relationship Between Edematous Pancreatitis and Necrotizing Pancreatitis, NEMIR, and DRABKIN, University of Pennsylvania. On the basis of work in dogs, the authors felt that edematous pancreatitis liberated pancreatic enzymes into the peritoneal cavity and blood stream, and that when vascular compromise was superimposed the activated juice reacted with hemoglobin to produce a toxic substance causing the necrotizing form of pancreatitis.

3. Serum Trypsin: A New Diagnostic Test for Pancreatic Disease, NARDI, Massachusetts General Hospital, Boston. The author utilized a synthetic polypeptide substrate with a linkage vulnerable only to trypsin. In a series of 50 patients, serum trypsin determinations were a more sensitive and reliable index of pancreatic disease than serum amylase or lipase determinations.

4. A Study of the Relationships Between Alcoholic Intoxication, Vomiting and Acute Hemorrhagic Pancreatitis, BOBA, STEIN, NAKAMURA, and POWERS, Albany Medical College. Pancreaticocholedochostomy was performed in dogs. The animals were gavaged with alcohol, and vomiting was produced with apomorphine. Twelve hours later acute hemorrhagic pancreatitis was found in all cases.

5. The Clinical Picture of the Sequential Development of Acute Hemorrhagic Pancreatitis in the Dog, PFPEER, STASIOR, and HINTON, New York University and Bellevue Hospital. Acute hemorrhagic pancreatitis was produced in dogs by making a closed-loop obstruction of the segment of duodenum into which the major pancreatic duct enters. Bile was eliminated by dividing the common bile duct. Hemorrhagic peritoneal fluid was present in 4 hours, and in 10 hours hemorrhagic pancreatitis was present.

6. The Effect of Propylthiouracil on Acute Hemorrhagic Pancreatitis in Dogs, PAULETTE, CHALLIS, REID, and HINTON, New York University-Bellevue Hospital. Pancreatitis was produced by the method described in the
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preceding paper. Twelve dogs receiving propylthiouracil therapy showed remarkable delay in the development of acute hemorrhagic pancreatitis.

Liver and Biliary Tract

The following papers were presented on the liver and biliary tract:

1. Effect of Hepatectomy on the Protein Components of the Plasma, Stephens, Bahn, Fopiano, and Schenck, University of Buffalo. The authors studied 16 totally hepatectomized dogs surviving for 20 to 36 hours. In 16 dogs there was a decrease in plasma proteins beginning immediately but becoming much more marked in the 16- to 28-hour period. At 24 hours the plasma proteins were about 50 per cent preoperative level.

2. Effect of Artificially Induced Ascites on Pressure in Portal Vein, Derrick, Thompson, and Howard, Emory University. Ascites was simulated by infusing Dextran into the peritoneal cavity. Simultaneous pressure recordings were made in the portal vein, inferior vena cava, and peritoneal cavity. A rise of from 6 to 8 cm. in intraperitoneal pressure produced a precipitous rise in portal pressure of 20 to 24 cm. of water. Pressure in the cava remained equal to that in the peritoneal cavity. The authors suggest paracentesis in patients with ascites who are bleeding from esophageal varices.

3. A New Method for Measurement of Hepatic Blood Flow, Haupt, Ballinger, and Gibbon, Jefferson Medical College, Philadelphia. The authors described a complex method for measuring hepatic blood flow by dividing the vena cava and diverting the cava blood to the right atrium through an aortic homograft. Blood can then be aspirated from the proximal cava through siliconized polyethylene catheters, and consists of pure mixed hepatic venous blood.

4. Demonstration of Impaired Blood Flow Through the Liver Following Circulatory Stasis, Turner, Barnett, and Griffin, University of Mississippi, Jackson. Sodium-24 was injected into the exposed liver of dogs and clearance rates were determined by scanning. When the blood flow to the liver was occluded for periods of more than 15 minutes, persistent impairment of circulation occurred, as determined by delayed clearance.

5. The Amelioration of Experimental Ascites by Hepatopexy, Gage, McGrath, Gianturco, and Santoro, University of Buffalo and VA Hospital, Buffalo. Ascites was produced in dogs by partial constriction of the cava proximal to the hepatic veins. Perihepatic adhesions were produced by scarification and insufflation of talc. In 10 dogs treated in this way no ascites appeared. It is concluded that exudation of lymph from the liver is important in the formation of ascites under the experimental conditions.

6. Studies on Lipid Metabolism in Dogs with Altered Biliary Physiology, Economou, Tews, Taylor, and Cox, Presbyterian-St. Luke's Hospital, Chicago. An in vitro incubation technique has been used to estimate chole-