

EDITORIAL

- Of Past Glories and Glories Past** 1119
Nicholas A. Halasz, MD, San Diego

ORIGINAL ARTICLES

- Rural Rotations for Senior Surgical Residents: Influence on Future Practice Location** 1120
Eleanor F. Asher, MD; Louis F. Martin, MD; J. David Richardson, MD;
Hiram C. Polk, Jr, MD, Louisville
A larger number of residents entering rural practice had completed a rural residency rotation than those entering urban practice.
- Altered Hormonal Activity in Severely Ill Patients After Injury or Sepsis** 1125
Arthur E. Baue, MD, New Haven, Conn; Bernulf Günther, MD; Wolfgang Hartl, CandMed;
Margarethe Ackenheil, MD; Georg Heberer, MD, Munich
Triiodothyronine, thyroxine, and thyroid-stimulating hormone (TSH) reached extremely low levels with little or no response of TSH to thyrotropin-releasing hormone in patients who died.
- Peritoneovenous Shunts: Lessons Learned From an Eight-Year Experience With 70 Patients** 1133
J. Timothy Fulenwider, MD; Robert B. Smith III, MD; Stephen C. Redd, MD;
Joseph D. Ansley, MD; J. Michael Henderson, MB, ChB, FRCS;
William F. Millikan, MD; John T. Galambos, MD; W. Dean Warren, MD, Atlanta
The peritoneovenous shunt should be reserved for patients with disabling and truly refractory ascites.
- Blood Transfusions and Survival After Surgery for Breast Cancer** 1138
Roger S. Foster, Jr, MD; Joan C. Foster, MAT; Michael C. Costanza, PhD, Burlington, Vt
Blood transfusions had no effect on outcome in these patients.
- Treatment of the Perineal Wound After Proctectomy by Intermittent Irrigation** 1141
D. Alan Aubrey, MS; Wyn P. Morgan, FRCS;
Nicholas Jenkins, MB; John Harvey, MPhil, Cardiff, Wales, United Kingdom
This method produced frequent primary healing without immobilization of the patient.
Editorial comment by Lloyd M. Nyhus, MD, Chicago
- Noninvasive Techniques in the Assessment of Lower-Extremity Arterial Occlusive Disease: The Advantages of Proximal and Distal Thigh Cuffs** 1145
John W. Francfort, MD; Patricia S. Bigelow, RN;
Julia T. Davis, RN; Henry D. Berkowitz, MD, Philadelphia
A four-cuff system of segmental pressure measurement helped in the diagnosis of aortoiliac vascular disease.
- Diagnosis and Management of Thoracic Outlet Syndrome** 1149
J. Manly Stallworth, MD, Jane B. Horne, RVT, Charleston, SC
Soft tissues rather than the first rib are responsible for the majority of outlet compression problems.
- Effects of Hemorrhage on Inflammatory Response** 1154
Edward Abraham, MD, Yi-Han Chang, PhD, Los Angeles
The development of carrageenan-induced inflammation was suppressed after temporary loss of blood.
- Femoral Hernia in Children** 1161
Paul K. H. Tam, FRCS (Edin),
James Lister, MD, FRCS, Liverpool, England
Infrequency of this hernia in children led to a correct diagnosis in only 15% of patients.

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**Expanded Criteria for the Diagnosis of Deep Venous Thrombosis:
Use of the Pulse Volume Recorder and Doppler Ultrasonography** 1167
 Harold R. Howe, Jr, MD; Kimberley J. Hansen, MD;
 George W. Plonk, Jr, MD, Winston-Salem, NC
 The expanded criteria greatly increased the sensitivity of
 this screening test for deep venous thrombosis.

SPECIAL ARTICLE

The Barber-Surgeons of London 1171
 James O. Robinson, MD, MChir, FRCS, Dallas
 Today, about one third of the Company of Barbers are physicians
 and they continue to meet in London.

CLINICAL NOTES

Aneurysms of a Double Velour Aortic Graft 1182
 Ramsay C. Nucho, MD, William A. Gryboski, MD, New Britain, Conn
 Evidence is provided indicating a primary graft fiber degeneration.

Pyoderma Gangrenosum at the Parastomal Site in Patients With Crohn's Disease 1186
 William C. McGarity, MD; Dirk B. Robertson, MD; Peter P. McKeown, MB, BS, FRCS(C);
 J. Richard Amerson, MD; William A. Darden, MD, Atlanta
 The ability of antacids to bind bile salts must be considered in treating bile gastritis.

Mucormycosis in Patients With Multiple-Organ Failure 1189
 Salim Aziz, MD; Ronald C. Merrell, MD; Mary F. Edwards, Stanford, Calif
 Mucormycosis occurred in the setting of multiple-organ failure in two patients.

**Complicated Access for Regional Infusion Chemotherapy:
A Consequence of Variant Hepatic Artery Anatomy** 1195
 Frederic E. Eckhauser, MD; James A. Knol, MD;
 William E. Strodel, MD; John L. Shellito, MD, Ann Arbor, Mich
 Reconstruction of the right hepatic artery allowed
 cannulation and infusion.

Cholecystoduodenocolic Fistula With Recurrent Gallstone Ileus 1201
 Jose C. Pangan, MD; Rodegelio Estrada, MD; Ricardo Rosales, MD, Ware, Mass
 Gallstone ileus recurred three weeks after removal of an initial stone in the ileus.

Chronic Pancreaticopleural Fistulas 1204
 Nelly Rotman, MD, Pierre-Louis Fagniez, MD, Paris
 Recurrent pleural effusion with a high amylase content
 was the main clinical manifestation.

BRIEF CLINICAL NOTE

Survival Following Aggressive Treatment of Secondary Aortocolonic Fistula 1208
 Capt Paul D. Hatton, MC, USAF; Maj Jacob G. Robison, MC, USAF;
 Lt Col John W. Hallett, Jr, MC, USAF, Lackland AFB, Tex
 Abscess drainage, graft removal, and extra-anatomic bypass
 resulted in prolonged survival of this patient.

TECHNIQUE

**A Clinical Technique for Prevention of Spasm and Preservation of
Endothelium in Saphenous Vein Grafts** 1212
 Frank W. LoGerfo, MD; Christian C. Haudenschild, MD; William C. Quist, Boston
 Warm papaverine solution for initial distention and storage in cold papaverine are helpful.

REGULAR DEPARTMENTS

Correspondence and Brief Communications 1216
Barrett's Esophagus: A Surgical Entity? Douglas Jay Sprung, MD, Burlington, Mass . . . **Fatal Ventricular Arrhythmia
Associated With Swan-Ganz Catheter Placement** Donald E. Fry, MD, Thomas F. Higgins, Cleveland

Calendar of Events 1218

Books 1220
Atlas of Surgical Procedures (McDermott) Reviewed by L. H. Stahlgren, MD, Denver . . . **Advances in Surgery** (Shires, ed)
 Reviewed by COL Michael J. Lisanti, MC, USA, Aurora, Colo . . . **Antibiotics and Infection** (Edberg and Berger) Reviewed by
 Gerhard Schröter, MD, Denver

Instructions for Authors See September 1984 Issue, p 996

Index to Advertisers 1218