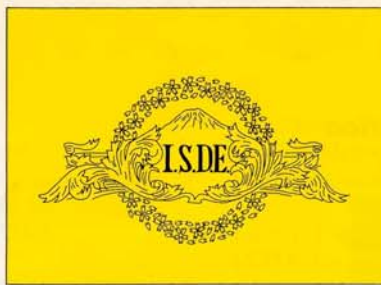


ISDE



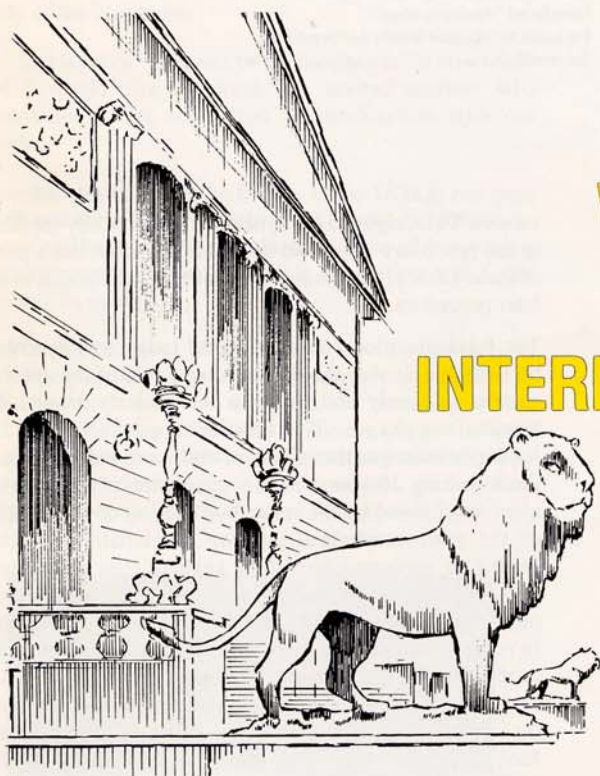
NEWS

The International Society for Diseases of the Esophagus

No. 4, July. 1st, 1988

Secretariat : ISDE Office Tokyo Women's Medical College 8-1 Kawadacho Shinjuku-ku Tokyo 162, Japan Tokyo 03(353)8111

World Congress



FOURTH WORLD CONGRESS OF THE INTERNATIONAL SOCIETY FOR DISEASES OF THE ESOPHAGUS

**SEPTEMBER 6-8, 1989
CHICAGO, ILLINOIS, U.S.A.**

Congress President
David B. Skinner, M.D., FCCP

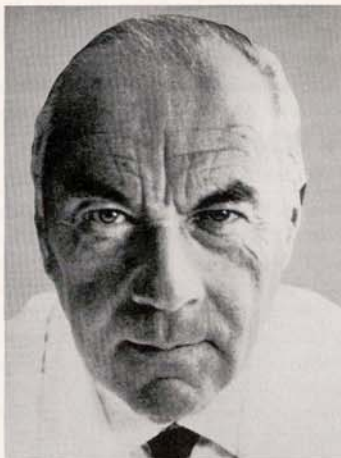
Organizing Committee
Alex G. Little, M.D., FCCP
Mark K. Ferguson, M.D., FCCP



★ FOURTH WORLD CONGRESS ★

The Fourth World Congress of the International Society for Diseases of the Esophagus will take place in Chicago from September 6 through September 8, 1989. The format of this meeting will be similar to the previous world congresses. There will be invited lectures and panel discussions and, of course, presentation of original scientific investigations. Solicitations for abstracts will be forthcoming approximately eighteen months prior to the actual meeting. The President of the Congress will be Dr. David B. Skinner.

30 Years of Nissen Fundoplication



Professor Rudolph Nissen
(1896-1983)
Professor of Surgery in Istanbul, Turkey
Professor of University of Basel,
Switzerland

Pioneer thoracic surgeon
Introduced "fundoplication"
for hiatal hernia now widely performed in
the world.

These days, the fundoplication will become 30 years old. It has been described by Rudolf Nissen in 1956 and has since started a parade of triumph around the world. Doubtless, it is one of the most frequently used anti-reflux operations. It is interesting to hear how this operative method was developed (1).

The first operation, which was to trigger the later development of the fundoplication, was performed by Rudolf Nissen already in 1937 in the U.S.A.. It was then that he had, for the first time following a transthoracic gastroesophageal resection on behalf of an ulcer penetrating into the pericardium, considered how to prevent postoperative reflux of gastric juice into the esophagus. To achieve this, he had sutured the remaining lower esophageal part into the gastric remnant in the same fashion as the rubber tube for a Witzel-fistula. 13 years after this operation, he saw the patient again and was impressed by the successful prevention of reflux by this operative method. He then performed the first elective anti-reflux surgery in the sense of a fundoplication in 1955. This concerned a female patient who was admitted to stationary treatment due to severe reflux symptoms. A hiatal hernia could not be detected even with very careful X-ray studies. Therefore, the then common surgical procedures of the classical hiatal-hernia-surgery were out of the question. Remembering the continent anastomosis after resection of the cardia described above, Nissen hoped to create a valve by folding of the lesser curvature in the area of the fundus, without opening the esophagus or the stomach, which would allow the passage of fluids only in one direction. This turned out surprisingly successful, so that the description of this operative method followed in 1955 (2).

This procedure was the so-called original fundoplication. This required the splitting of the small omentum and opening of the bursa omentalis in order to form a fold from the anterior and posterior wall of the stomach, which then were joined over the terminal esophagus by sero-muscular

sutures. This original fundoplication is practically identical to the procedure described by Hill much later, but a pexia of these folds at the preaortic membrane was added to the later procedure.

The fundoplication commonly used today was described by Rossetti. He was the first to form a fold of the anterior gastric wall only and to wrap it circularly around the terminal esophagus. The functional mechanism of the fundoplication was the subject of numerous publications in the following 20 years. The interpretation of this mechanism was formed by the respective opinion of the function of the gastroesophageal junction. Explanations encompassed the reconstruction of the angle of Hiss, the generation of a new flutter-valve up to the replacement of the physiological sphincter by the musculature of the fundus. In recent years, these interpretations have been repeatedly modified. The current interpretation is founded on the surprising fact that a silicone prosthesis wrapped around the cardia also has an anti-reflux effect. In this sense, the fundoplication today is primarily understood as a ring formation around the lower esophagus which is able to neutralize the opening pressure working on the cardia. A special advantage of this procedure is that ring formation is achieved by endogenous material, i.e. by fundus wall.

Therefore, Rudolf Nissen not only described an invariably valid principle for reflux prevention by means of the fundoplication, but has also kept the clinical research of an entire generation busy investigating and analyzing the functional mechanism of the fundoplication he described. An end to these efforts still cannot be seen.

(J.R. Siewert, A.H. Hölscher)

References

1. Nissen R, Rossetti M, Siewert JR: Fundoplicatio und Gastropexie bei Refluxkrankheit und Hiatushernie. Georg Thieme, Stuttgart 1981.
2. Nissen R.: Erfahrungen mit der Gastropexie als alleinigem Eingriff bei der Hiatushernie. Schweiz. med. Wschr. 86, 1353 (1956)

Recent Organizational Developments

Executive
Committee
Meeting



★ Executive Committee Meeting ★

How to select the Council Members for the next term (1989-92)

Successively to the previous meeting since July, 1987, the Executive Committee met on April 24, 1988 at Hilton Hotel, Tokyo. The draft of the amended charter and by-laws for the ISDE were prepared for submission the coming Business Meeting at Chicago, 1989. The cardinal point of the amendment consists of the new governing system involving Executive Committee, Council and General Assembly, as explained in Newsletter No. 3.

The Executive Committee discussed the steps to be taken to select the Council Members for the 4th term (1989-92) and the following were agreed upon.

★ Research Committee Meeting ★



Research Project Committee on the TNM Classification of Esophageal Cancer

The present committee meeting was held on June 19, 1988 in Tokyo chaired by Dr. Iizuka, the first event of the ISDE Research Committee activity. Dr. N.K. Altorki (USA), Dr. R. Bardini (Italy), Dr. P.B. Desai (India), Dr. R. Giuli (France), Dr. A.H. Hölscher (W-Germany), Dr. G.J. Huang (PRC), Dr. T. Lerut (Belgium), Dr. K. Isono (Japan) were present.

Those were two sessions: Session I, Q & A on the revised TNM Classification; Session II, Extent of lymph node dissection—approach to the establishment of an international survey.

The TNM Classification newly revised in 1987 has a significant improvement over the previous classification in that the "T" is specified by the depth of invasion, instead of the size of the lesion. Recently advances in ultrasonography and CT have made it easy to determine "T" in terms of the depth of invasion. However the TNM Classification is merely a pathological grading of the lesion and does not reflect the extent of the surgical radicality which greatly influences prognosis. Unless the extent of lymph node dissection is specified in the charts, accurate evaluation of the new TNM, and, further, that of the individual treatment will no be feasible. Should the surgical extent of lymph node dissection be designated as "S", the TNM-S classification will first be a significant common base for analysis of individual treatment.

(1) The number of ISDE members from each nation necessary for qualification for representation on the council by a national representative will be based on that as of January 1, 1989.

(2) The minimum requirement for membership eligible for the Business Meeting of 1989 is determined to be those who paid annual dues at least once from 1986-1988 (See "Membership News", page 8 of this News).

(3) Parameters governing the election of national representatives will be determined at the Executive Committee Meeting, which will be held in the spring of 1989.

(4) The Secretariat will send ballot forms to members from nations, that are entitled to have a representative on the Council, vote for a representative and to send the ballot by mail to the Secretariat.



(left to right) Iizuka, Giuli, Hölscher (Isono)

Based on such a concept, a draft of the extent of lymph node dissection and the documentation forms for esophageal cancer were proposed.

Although more work needs to be done before establishing the TNM-S classification, the case documentation forms proposed were accepted and it was agreed upon to begin the registration of esophageal cancer according to a uniform manner, first among the institutions to which the committee members belong. The discussions were eager and hot. New spirit for developing the ISDE was strongly felt. It was significant that the first step of international survey system of the esophageal cancer has begun.

After the TNM Research Committee Meeting was finished, a preparatory Central Research Committee of the ISDE was held according to the discussion made at the Executive Committee Meeting April, 1988.



After the Research Project Committee Meeting
(left to right) Hölscher, Akiyama, Desai, Bardini, Iizuka, Lerut, Inokuchi, Giuli, Huang, Altorki

Related Activities

Canada

ESOPHAGEAL INVESTIGATION AND TREATMENT IN CANADA

MOTOR DISORDERS OF THE ESOPHAGUS:—Beauchamp et al (Montreal-Quebec) studied long term pH monitoring in patients with achalasia, prior to surgical treatment. Twelve patients were assessed. Four patients did not show a simple episode of reflux: their mean LES pressure was 38 mmHg. Eight patients showed 1 to 90 episodes of reflux with 2 patients showing preoperative esophagitis. Their mean LES pressure was 29 mmHg. They conclude that a subgroup of achalasia patients can allow reflux from stomach to esophagus and that esophagitis may result because of the poor emptying capacity of the esophagus. The same authors studied 19 patients with 24 hr pH monitoring following a Heller myotomy for achalasia without any antireflux operation following the myotomy. Two groups were identified: an upright refluxers group with 0 to 130 reflux episodes in this position. A second group showed 2 to 9 reflux episodes longer than 5 minutes and 3 to 81 reflux occurring mostly in a supine position. Overall, 30% of the operated patients showed pathologic reflux and they conclude that a partial fundoplication could help to prevent it.

Duranceau et al (Montreal-Quebec) reported the long term effects of total fundoplication on a myotomized esophagus for primary motor disorders. In 15 patients followed from 4 to 7 years, the manometric changes remain stable over time. The liquid emptying capacity of the esophagus deteriorates over time and this correlates with progressive dilatation of the esophageal lumen. The conclusion was that a total fundoplication added on a myotomized esophagus leads to long term function deterioration and esophageal retention. Henderson (Toronto-Ontario) reported a 5 year follow up of 34 patients treated by a long thoracic myotomy and a short total fundoplication to prevent reflux. With a clinical and radiological evaluation, 88% of the patients are asymptomatic and 93% are substantially improved. Mercer (Kingston-Ontario) and Hill reported 11/48 patients with failed esophagomyotomy for achalasia. Seven had an inadequate or healed myotomy, 2 had reflux esophagitis with spasm or stricture and 2 had an incorrect initial diagnosis. Remedial surgery for failed myotomy for achalasia can correct dysphagia but not as successfully as after an initial successful operation.

Henderson (Toronto) reported a 5 year follow up of 34 patients treated by a long thoracic myotomy and a short total fundoplication to prevent reflux. With a clinical and radiological evaluation, 88% of the patients are asymptomatic and 93% are substantially improved.

Taillefer et al (Montreal-Quebec) proposed a new evaluation method to document oropharyngeal dysphagia more objectively. They have studied 15 patients with muscular dystrophy and proximal dysphagia by using pharyngeal emptying scintiscans before and after cricopharyngeal myotomy. Pharyngeal emptying of liquids is significantly improved by the operation.

CARCINOMA OF THE ESOPHAGUS AND CARDIA:—Flores A. et al (Vancouver-B.C.) reported their experience with intracavitary and external irradiation for esophageal cancers. Complete restoration of swallowing was obtained in 30/50 patients or 60%.

Finley R. (London-Ontario) presented their technique of stapled side to side anastomosis between cervical esophagus and the posterior wall of the stomach in the neck. In all stapled anastomosis one fistula was seen and no stricture resulted. This technique is proposed as a satisfactory technique for restoring esophagogastric continuity. Hobson, De Rose et al (London-Ontario) studied total esophageal reconstruction using jejunal interposition with proximal revascularization and intact distal arcade. This operation was performed in 10 dogs and the results suggest that this is a reliable method for esophageal reconstruction.

Finley, Hobson and Duff (London-Ontario) operated on 57 patients with adenocarcinoma of the cardia, 14 of them arising within a columnar lined esophagus. All resections were carried without thoracotomy with reconstruction through the mediastinum in the neck. Ten of the 57 patients showed an anastomotic leak and transient hoarseness was observed in 17 patients. Recurrent disease was documented in 26 patients, 9 of them locally or at the anastomosis and for 7 more locally and at distance simultaneously. Good swallowing was obtained in 95% of the patients.

John Guy and Daroch Moores (St. John, Nfld) reported on 70 cases of esophageal and cardiac carcinoma. Three deaths and no leak were seen and the mean postoperative stay was 12 days. Average survival after operation was 15 months and 19/70 patients survived over 2 years.

GASTROESOPHAGEAL REFLUX:—The Toronto group remains very active in the investigation and management of gastroesophageal reflux. Pearson et al reviewed their long term experience with the Collis gastroplasty associated with partial fundoplication: 360 patients treated were divided in 166 patients with a stricture, 84 patients with active ulcerative esophagitis, 55 patients with recurrent hernias and 55 patients with an intrathoracic stomach. In 166 patients followed 5 years or more, 70 patients had peptic stricture and 13% of this group show poor results.

Henderson studied 20 patients with scleroderma treated by a Collis gastroplasty associated to short total fundoplication. Seventeen of these patients had a stricture. With a clinical and radiological follow up of 1 to 11 years 80% of the patients are asymptomatic, 15% are improved and 5% show continued ulcerations. Henderson also reviewed 65 patients who had previous gastric surgery with reflux appearing after their operation. With a 5 to 10 year follow up, clinical and radiological evaluation show that 80% are asymptomatic and 14% have mild residual symptoms and 3 patients are considered a failure.

Touré and Beauchamp in Montreal studied the effects of total fundoplication on gastric physiology. They observed that this functional amputation of the gastric fundus creates a higher lower esophageal sphincter pressure as well as an increased intragastric pressure. Emptying of liquids is faster following a total fundoplication. They propose an alteration of vagal function as an explanation for these results. (A. Duranceau)

ISDE Scholarship

★ Scholarship Committee Meeting ★ 1988 ISDE Scholarship winners are selected

In 1988 Scholarship, seven applicants from all over the world applied. The Scholarship Committee Meeting was held on April 24th presided over by Prof. Siewert (Chairman). After strict evaluation, it was decided that five Research Scholarships and one Visiting Scholarship would be awarded and support per award ranged from \$7000 to \$10,000. Scholarship winners are Dr. Zeno Popovici (Rumania), Dr. Srdjan C. Rakic (Yugoslavia), Dr. Anand G. Nande (India), Dr. Mannan K. Jadliwala (India), Dr.



Zeno Popovici, M.D.



Srdjan C. Rakic, M.D.



Anand G. Nande, M.D.



Mannan K. Jadliwala, M.D.



Genzan Shirozu, M.D.



Tetsuo Nishihira, M.D.

Genzan Shirozu (Japan) and Dr. Tetsuro Nishihira (Japan).

Their hosts and study sites are as follows.

Dr. Z. Popovici-Prof. Teruo Kakegawa, Kurume University, Fukuoka, Japan: Dr. S.C. Rakic-Prof. Tom R. DeMeester, Creighton University, Omaha, U.S.A.: Dr. A.G. Nande-Prof. Hiroshi Akiyama, Toranomon Hospital, Tokyo, Japan: Dr. M.K. Jadliwala-Prof. A. Duranceau, Hotel Dieu de Montreal, Montreal, Canada: Dr. G. Shirozu-Prof. S. Hakomori, University of Washington, Seattle, U.S.A.: Dr. T. Nishihira-Prof. Y.M. Nyhus, University of Illinois, Chicago, U.S.A.

1989 Scholarship

The Scholarship Committee Meeting also decided the outline of the 1989 Scholarship as follows. It offers to provide both Research Scholarships with full travel and accommodation allowances and Visiting Scholarship consisting of travel expenses only.

Outline of the 1989 Scholarship

Eligibility:

- (1) Applicants must be fully paid members of the ISDE.
- (2) Applicants must submit an outline of the research they wish to undertake, and give their reasons for choosing the proposed host institution. The host institution should preferably be one with experienced and qualified staff who have contributed to the ISDE.
- (3) Applicants must provide evidence of acceptance at the proposed host institution.
- (4) Applicants must attach a letter of recommendation from the chief of his or her department.
- (5) Applicants must be on the staff of a university, teaching hospital, research laboratory or similar institution.
- (6) In principle, applicants for research must be under the age of 45, and must be able to work for 3 months at the intended institution (Research Scholarship).
- (7) Professor or chiefs of departments are eligible only for short term grants (Visiting Scholarship).

Financial Support:

Stipends will be granted towards the cost of tourist/economy class air fares and accommodations in the host country up to 3 months. No allowance will be given for dependents. In case of visiting scholarships (item (7)), only air fare costs (business class), and not accommodation costs, will be granted.

Total Amount of Support per Annum:

Approximately US \$70,000

Number of Awards: 6-7 per annum

Maximum Support per Award: US \$10,000

Applications:

Applications should be received by the Secretariat by January 1, 1989, including acceptance from the host institutions he or she intends to attend. Notification of awards will be made by March 31, 1989, and the grantee should then finish his/her research by the end of March 31, 1990.

Limitations:

This scholarship will not be awarded for the sole purpose of attending conferences or visiting institutions. Applicants for Visiting Scholarships should submit the documents in the above items (2), (3) and (4).

Additional Information and Application Forms:

Additional information and application forms may be obtained from the Secretariat of the ISDE.

Obligations:

Grantees must submit a report on their activities within 3 months after completion of the scholarship.

(N. Ando)

Scholarship Report

Pathophysiology, early detection and new treatment of esophageal cancer. Three months of experience at the Second Department of Surgery at Kyorin University in Tokyo.

The Second Department of Surgery at the Kyorin University is a well-organized and efficient structure which excels in the high quality of all its physicians, technology and scientific production.

My stay here started on December, 15, 1987 and I was delighted in the first place with the friendship and the kindness of all the Japanese people I met, and then, with several scientific and cultural experiences.

Besides the continuous scientific activity at the Second Department of Surgery I also had the great opportunity to appreciate once again the high level of the Japanese surgical science, taking part in some meetings.

In particular, I remember the accurate use of the endoscopy in diagnosis and therapy (i.e., endoscopic treatment of the early gastric cancer —Jumbo biopsy— should be stressed) and the absolute effort to reach radical surgery as possible in all neoplastic diseases.

Directly concerning esophageal cancer I would like to emphasize some points, first of all the real effort to obtain early diagnosis. This goal is approached by two ways: the accurate and prolonged follow-up of all patients discharged from the Hospital and the high technology and experience of diagnostic methods.

Very effective double contrast and computed esophageal series must be stressed as one of the best radiological technique in detecting small esophageal cancer. Besides that it allows accurate evaluations of preoperative staging according to the depth of layer invasion based upon the so-called "Contraction Difference", a useful radiological criterion by Prof. Nabeya and Co. Endoscopy, in which all Japanese surgeons are always so able, is the second step of primary importance. The video-endoscopy, the routine Lugol test, the meticulous histological and cytological studies determine a diagnostic accuracy over 95% for early esophageal cancer. The endoluminal echography guarantees another important step for the correct preoperative staging of the disease. The images define the depth of invasion and the existence of pathological regional lymph-nodes even very small in size (0.5 mm.), with an accuracy probably better than CT does. The "Plasticity" of the lymph-node appears as a very useful morphologic echographic criterion to predict the possible malignancy of the node. CT scan and other routine examinations complete the study, based upon the new UICC TNM Classification and the general condition of the patient. Thus one of the most goals to obtain the best results of the treatment ie accurate selection of the patients is reached. The preoperative hospitalization for people complaining of esophageal cancer must be meticulous in pulmonary, cardiac and other vital organs care as well as in the nutritional status, in which matter TPN plays the strongest part. Much more information and randomized studies are still need for the correct evaluation of preoperative radiotherapy but, surely, it increases the resectability rate of A-2 and A-3 esophageal cancer significantly. Interesting results seem to be reached by radiotherapy in hyperthermic status and some patients with slight invasion of the adventitia layer are still alive and free of disease two years after this treatment without surgery. More experience is needed as well as in the use of



cisplatinium for preoperative chemotherapy.

Strictly from a technical point of view total esophagectomy is always recommended independently of the primary site of the cancer. The possible microscopic localization, intraductal spreads etc. justify this radical tactic. Cervical bilateral lymphadenectomy should be considered more often even in cases of middle thoracic or abdominal esophageal cancer considering the about 20% and 5% of cervical metastasases respectively. The preservation of the azygos arch, the right bronchial artery and the innervation of the tracheo-bronchial tree guarantee a more physiologic circulatory and pulmonary function with lower postoperative complication rate. The gastric pull-up with cervical esophagogastric anastomosis looks an easy and feasible method of reconstruction. The subcutaneous route seems the safest one especially for "poor risk" patients with impaired pulmonary function. Finally all efforts must be made to be most careful concerning vital structures in esophageal surgery.

The "two stage reconstruction" by Prof. Nabeya deserves a special mention. It is a new and safe technique which reduces significantly anastomotic leakages and the postoperative pulmonary complications. It allows the performance of the anastomosis in the best nutritional status period two weeks after a transient cervical esophagostomy. It avoids the dangerous pulmonary inspiration of the gastric content when the rough reflex and the patients breathing are not normal yet. I personally feel this technique should be recommended.

Finally I would like to mention the care in decreasing the postoperative complications, in particular, pulmonary complications.

Routine epidural anesthesia minimizing the postoperative pain, prolonged postoperative endotracheal intubation (48 hours), early mobilization and physiotherapy are all efficient methods to reach this goal.

An accurate pathological study of the resected specimens led to the most correct postoperative treatment and a serious, meticulous, prolonged follow-up is needed for the best control of the results.

In conclusion, the I.S.D.E. Scholarship, an ingenious idea of Prof. Inokuchi, has been a fantastic opportunity to me for visiting Japan in this manner. I strongly guess that any young surgeon who decides to mark his training scientifically and in a modern way cannot forget Japan. A longer stay should be discussed and recommended.

I would like to thank very much Prof. Nabeya whose human, scientific and technical qualities must be emphasized. He was a great teacher of life and surgery for me.

(F.S. Correnti)

DEAR MEMBERS,

I am honoured to present to you "Diseases of the Esophagus" as the official journal of the International Society for Diseases of the Esophagus (I.S.D.E.).

The motives for such a realization are the development and the technological evolution that "Esophagology" has had in these last 30 years and the growth of our society.

This editorial initiative has been possible thanks to the efforts of all the members of I.S.D.E. and the editorial board, whose high scientific reputation concerning esophageal problems, guarantees that this journal represents a point of reference and source of constant up-dating in the study of the esophagus.

The first issue of "Diseases of the Esophagus" is now ready and I would like to thank the invited authors who contributed to its realization in combination with our efforts.

Now that this basic step in the life of the I.S.D.E. has been taken and the official journal is born I invite the collaboration of all those interested in the same aims of this journal, remaining open to every possible suggestion which can improve its quality.

Now more than ever all of us have the responsibility of making the society stronger taking care of the journal as its "Mind" which can also integrate the meaning of the I.S.D.E. scholarship. "Diseases of the Esophagus" should be a compendium of landmarks in esophageal diseases by the most expert researchers on this subject, reading that, the young surgeons could improve their knowledges.



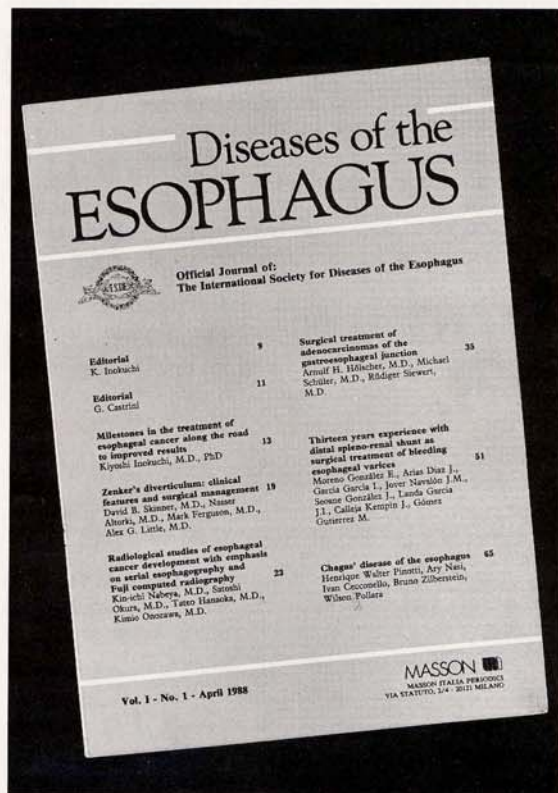
Prof. Castrini dedicating the first edition to Prof. Inokuchi

The "Journal" will be delighted to receive any qualified and stimulating research papers because it was created also for increasing experimental progress in the field.

Finally I wish to thank the Executive Committee of I.S.D.E. for the trust given to me in this enterprise. On my part I pledged myself to make every effort possible not to betray this trust.

In closing I would like to thank my editorial staff, in particular professor G. Pappalardo, whose enthusiasm has been a great stimulus for my undertaking of this enterprise.

Guido Castrini
Editor in Chief



Congress News

• 10th World Congress of the Collegium Internationale Chirurgiae Digestivae (CICD)

Venue: Copenhagen, Denmark
Date: Aug. 30 — Sept. 2, 1988
President: Hans-Eric Jensen
Language: English
Deadline for abstract: Feb. 1, 1988

• Annual Meeting of the G.E.E.M.O. (European Group for Diseases of Esophagus)

Site: Louvain, Belgium
Date: September 24, 1988
Topic: ① Carcinoma of the upper third
② Caustic injuries of the esophagus

• 6th World Congress of Bronchoesophagology

Site: Grand Hill, Ichigaya, Tokyo, Japan
Date: Oct. 15-18, 1989
President: Tetsuzo Inoue, M.D.
The National Defense Medical College

Recent Publications

Radiology of the Esophagus
 Edited by Dieter N. Hüpscher
 Georg Thieme Verlag Stuttgart New York, 1988

Radiologic examination is usually the first choice for detection of abnormality in the esophagus. The barium test is simple and convenient but the representation and interpretation of various esophageal lesions is not easy. This book not only deals with the techniques of examination but also introduces many excellent x-rays of various esophageal diseases.

The book consists of fifteen chapters with 160 illustrations. Classification of dysphagia is described in Chapter 1 so that the radiologist can decide on his approach to examination. Chapter 2 covers the standard examination of the esophagus. Chapters 3 and 4 present an overview of the anatomy, physiology, pathology, radiological anatomy and radiological physiology of the pharynx and the esophagus. Chapters 5 to 9 cover congenital anomalies, displacement and impression, diverticula, foreign bodies and perforation. Chapters 10 and 11 discuss tumors and the value of computed tomography for the staging of esophageal cancer. Chapters 12 to 14 treat abnormalities of the esophageal wall with special emphasis on reflux esophagitis, disturbed motility, hiatal hernia and gastroesophageal reflux. Chapter 15 describes the radiological aspects of the postoperative esophagus. This textbook specially emphasizes the relationship of pathophysiology and radiology in the functional abnormality of the esophagus.

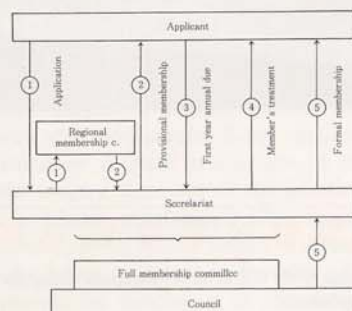
The text is intelligibly written and attractively printed. It should find a useful place in the library of those who must deal with esophageal diseases. (K. Yoshino)

Membership News

AMENDMENT OF MEMBERSHIP APPLICATION

The guidelines which have been partially revised as follows.

The completed application form and two recommendation letters are sent only to the secretariat. The Secretariat will notify the applicant of the result of the review of these documents by the committee. The rest of the procedure is unchanged.



NON-PAYERS OF DUES AND THEIR MEMBERSHIP

Membership shall be terminated by failure to pay the annual dues for 3 consecutive years according to the bylaws. The eligibility of each country to have a national representative depends upon the number of the country's members.

The number of national representatives who will be elected to attend the next assembly (Chicago, September 1989) will be decided by the number of members of each country as of

December 31, 1988. Those who have failed to pay but wish to keep membership are urged to remit. (M. Kijima)

Meet Your Executive Committee Members

The Executive Committee of the society is composed of 8 members and convenes at least once every three year but also on several other occasions several times as occasion demands. In between those meetings they mostly conduct their business through the coordinating efforts of the International Secretary General and his staff at the Central office in Tokyo. The Executive Committee reports to the Board of Governors composed National Section Representatives whose member is over 10, but according to conjunction with the Triennial Congress of the Society.

The incumbent 8 members of the Executive Committee serving a 3-years (1986-1989) are as following:



Kiyoshi Inokuchi, M.D. (Japan), President: Emeritus Prof. of Kyushu University and Director of Saga Prefectural Hospital, Koseikan.



Komei Nakayama, M.D. (Japan), Immediate Past President: Emeritus Director of the Institute of Gastroenterology, Tokyo Women's Medical College.



J. Rudiger Siewert, M.D. (West Germany), Vice President: Chairman and Prof. Dept. of Surgery, Technical University of Munich: (Chairman of Scholarship Committee of the ISDE.)



Kinichi Nabeya, M.D. (Japan), Federation Chairman (Asia & Australia): Chairman and Prof. of 2nd Dept. of Surgery, Kyorin University.



Guido Castrini, M.D. (Italy), Federation Chairman (Europe & Africa): Chairman and Prof. of Dept. of Surgery, University of Rome.



David B. Skinner, M.D. (U.S.A.), Federation Chairman (North & South America): President and Prof. of Surgery, Cornell University Medical College The New York Hospital, (Chairman of Membership Committee of the ISDE.)



Seiichiro Kobayashi, M.D. (Japan), Treasurer: Director and Prof. of Surgery, Institute of Gastroenterology, Tokyo Women's Medical College.



Mitsuo Endo, M.D. (Japan), General Secretary: Chairman and Prof. of 1st Dept. of Surgery, Tokyo Medical & Dental University.

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