In June, 1958, five months after receiving the I\textsuperscript{131}I, the patient was apparently free from symptoms of the carcinoma. However, regurgitation of fluids occurred five minutes to an hour after some meals. This occurred only about once in three days if the patient restricted fluid intake with her meals. When regurgitation occurred it was forceful and uncontrolled. Even in reply to leading questions, she did not admit to discomfort of the lower part of the esophagus, but stated that the trouble was at the level of the thyroid cartilage.

**Comment.**

The diverticulum in Case I was a true diverticulum as stated by Bockus (1943), having all muscle layers in its wall. It projected from the posterior wall of the esophagus, but was visible on the right side on radiographic examination. Most epiphrenic diverticula project from the right side of the anterior wall, according to Cornell (1956). This was so in Case II. Dessecker (1924) reported 12 cases, in which nine projected to the right, two directly posteriorly and one to the left of the esophagus.

Epiphrenic diverticula usually do not cause symptoms until the fifth or sixth decade, and 80% occur in males (Cornell 1956). Both presented cases were in women, the first having reached the fifth decade but not the second; symptoms in the latter case were mild and disguised by the presenting condition.

The pathogenesis of the disease is obscure.

It may be thought that intermittent lower esophageal hypertrophy and raised intraluminal pressure could well be followed by diverticulum formation. However, Johnstone (1949) argues that an obstruction of the lower end as in Case I is unlikely to be a cause, as he examined over 200 cases of achalasia without finding a single diverticulum. The variation from achalasia in this case was the absence of any constriction at the cardia seen on esophagoscopy, the lack of relief after the second dilatation by the esophagoscope and the extensive hypertrophy of the esophageal muscle. Atropine gave complete temporary relief of the dysphagia.

Case II differs from the description of Johnstone (1949) in the relative lack of symptoms and the absence of demonstrable obstruction of the lower part of the esophagus. Weakening of the wall by peptic ulceration was not definitely excluded, but freedom from epigastric pain suggested its absence.

It is not known whether the prolonged administration of steroid therapy played any part in the production of the epiphrenic diverticulum in Case I.

**Acknowledgements.**

I wish to thank the Medical Superintendent, Royal Adelaide Hospital, for permission to publish these cases, and Dr. K. Stuart Hetzel, under whom the patient in Case II was admitted. I am indebted to Mr. Mark Bonnin, under whose care the patient in Case I was admitted, and for his help in writing these reports.

**References.**

Bockus, H. L. (1943), "Gastroenterology", Volume I, Saunders, Philadelphia: 121.

Cornell, A. J. (1956), "Mount Sinai Hospital New York Synopsis. Diseases of the Esophagus", Volume 23, No. 1: 44, 47.

Dressecker, C. (1924), "Das epiphrenale Pulions-devertikel der Speiseröhre", Arch. klin. Chir., 123: 236.

Goodman, H. L., and Farber, I. H. (1952), "Epiphrenic Diverticula of the Esophagus", J. Thorac. Surg., 13: 146.

Johnstone, A. S. (1949), "Diverticula of the Esophagus", Brit. J. Radiol., 22: 420.

**Legends to Illustrations.**

**FIGURE I.**—Skigram showing the diverticulum of the esophagus (Case I).

**FIGURE IV.**—Skigram showing a large diverticulum arising from the right side of the esophagus just above the diaphragm (Case II).

**Reviews.**

Basic Surgery. Edited by Leslie Oliver, M.B., B.S., F.R.C.S., F.R.A.C.S.; 1956. London: H. K. Lewis and Company, Limited. 9\textsuperscript{1/2}" x 6\textsuperscript{1/4}". pp. 1376, with 680 Illustrations (including four coloured plates). Price: £6 6s. (English).

Our undergraduates' choice of a textbook of surgery is probably determined by the prices prevailing on the second-hand market, or is based on the unreasonable conservatism of a teacher who advocates a textbook which was good enough to guide him through his final examination, but which he has never reread critically since. Whatever the reason, it is certainly true that a very few books have been singled out and have enjoyed immense popularity within the past ten years. More recently, however, we have seen several new publications to challenge the reign of the old favourites. Some have been extensive revisions of texts which have already gone through many editions; others, like this present one, are entirely new.

If one attempts to analyse the motives which lead to the publication of yet another general textbook for undergraduates, it is hard to believe that the hope of material reward does not feature somewhere, however little, for success in this field of medical publication can be assumed to mean big business. If we use the yardstick of sales value to measure "Basic Surgery" it is hard to believe that it will succeed. It is true that, as judged by bulk for the money, it does not do too badly; but the presentation is stodgy and unattractive and unlikely to please the undergraduate, who has proved by his custom of sales value to measure "Basic Surgery" it is hard to believe that it will succeed. It is true that, as judged by bulk for the money, it does not do too badly; but the presentation is stodgy and unattractive and unlikely to please the undergraduate, who has proved by his custom of sales value to measure "Basic Surgery" it is hard to believe that it will succeed. It is true that, as judged by bulk for the money, it does not do too badly; but the presentation is stodgy and unattractive and unlikely to please the undergraduate, who has proved by his custom of sales value to measure "Basic Surgery" it is hard to believe that it will succeed. It is true that, as judged by bulk for the money, it does not do too badly; but the presentation is stodgy and unattractive and unlikely to please the undergraduate, who has proved by his custom of sales value to measure "Basic Surgery" it is hard to believe that it will succeed. It is true that, as judged by bulk for the money, it does not do too badly; but the presentation is stodgy and unattractive and unlikely to please the undergraduate, who has proved by his custom of sales value to measure "Basic Surgery" it is hard to believe that it will succeed.
can still be made no excuse for the poor reproduction of X-ray films and some very indifferent line drawings. No, we do not become a better teacher.

But it may be that the authors have not been looking for brisk sales and for quick progression to a second edition, but have had an urge to produce something better, something to make good the deficiencies of the other text-edition, but have had an urge to produce something better, quite the reverse is true. The chapters on lung abscess and bronchial carcinoma are excellent, and surgical considerations of cranial nerves is novel and experience that urges him to plead for a more general and practical approach in the general no less than in the particular.

In the preface we read that the "... book has been written primarily for undergraduates...". Sufficient operative surgery has been included to meet the needs of the future surgeon intending to specialise in surgery for lung abscess and bronchial carcinoma; if we allowed this latter to be a proper objective (and we do not), we should still quarrel with this excuse to sanction the publication of an old method of estimating apparatus dead space which is sufficient for most purposes. He points out the possible function of a radiological lesion. Differentiation of the various derived indices are redundant if the results of this test are considered together with the absolute and relative values obtained by the simpler ventilatory tests.

In the general no less than in the particular.

It is a tragedy that a book of this value should be included in its critical nature, since quite a number of very trivial observations are included. Books of this type should appear without a solitary reference for more detailed reading; at least the more important review articles in each field should have been included.

The book is well produced and moderately priced. It is a useful review for the professional pharmacist, but is too specialized to be of wider interest. A bibliography of 629 entries is appended, which must represent an appreciable number of the total published in this field, and its joint effort, with American approval, to discard it in favour of the more fundamental procedure of estimating the forced expiratory volume at (usually) one second. Walking ventilation is in a poor condition to the ventilatory apparatus. A steady exercise as a functional test; the latter is especially valuable when the lungs are "still" for any reason, or in conditions where the presence of a valved-capillary network makes the results of this test are considered together with the absolute and relative values obtained by the simpler ventilatory tests.

In the general no less than in the particular.

This monograph is the fourth in a series of five reviews of the literature on analgesic and sedative drugs. The previous volumes dealt with acetanilide, the salicylates and antipyretics. This is a valuable series for presenting together the scattered literature in this field.

In a summary at the conclusion of the monograph the authors take a more critical stand, and gives an excellent account of the general pharmacology of acetophenetidin which is sufficient for most purposes. He points out the established value of acetophenetidin as an antipyretic, but sees a little disturbed that proof of the analgesic efficacy in experimental animals is less certain. It is usually accepted now that drugs of this type are effective in man associated with inflammation or capillary permeability changes. It is also probable that the drugs act centrally, and so contrast with the narcotic analgesics, which have a marked central sedative action.

The book is a useful review for the professional pharmacologist, but is too specialized to be of wider interest.