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Medizinische Klinik

Ärztlicher Direktor: Professor Dr. K. Heinkel

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*Recd.  
June 28th  
will correct  
and send copy of  
summary  
manuscript*

Anlagen

Datum und Zeichen Ihres Schreibens

Durchwahl (0711)

Unser Zeichen

Tag

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Prof.H/H

20 June 1976

Betreff

Dear Dr. Berry,

I am so sorry and feel guilty that I haven't written you for a long time. I am carrying your letters from clinic to my home and again to the clinic, I took it always with me to all congresses I attended hoping to have a few hours to work on this subject. Now, on a trip to Kassel I had a very long stop at the station in Frankfurt and I have now my clear conception to draw the manuscript out of my head. I started already with the paper: "Clinical Significance of Gastroduodenal Endoscopy". Now my suggestion: I have a very short introduction, coming then to the main problem why we perform endoscopy, that is to decide between a benign and a malignant disease.

The second part deals with the fact that there is not only the gastroscopy, there is also the gastrocamera examination and I will bring into discussion that the best method to serve the patients is to have first the basic documentation by gastrocamera and then the gastroscopy with biopsy. This may be done in one session or subsequently if more patients should be examined.

The next chapter is the teaching of endoscopy and here again I have to compare gastrocamera examination as the first step the becoming gastroscopist will have to begin his training with. He can read from the films the level of his technique and the findings and he may be judged by an experienced endoscopist in all his actions. I will then come to the points I believe to be very interesting if one engages in endoscopy of the upper G.I.tract.

The next paragraph are the main findings. Here I have tables of the last three years of our own clinic with about 5000 gastroscopies and the same number of gastrocamera examinations. Therefore the incidence of diagnosis is given.

Next comes the discussion of benigne and malignant alterations. Here I shall give a short, systematic survey on the different diagnoses. The last must be the early gastric cancer ; there 2 or 3 case-reports are given and our own results.

The duodenum is of less importance and I have to point out that from the clinical point of view in responsibility to the patient. It is of minor importance, but, if the patient knows he has something at the upper G.I. tract which makes pain, discomfort and anxiety, he will be content.

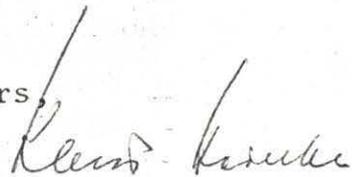
I think, dear Dr. Berry, that this is done in a view days in July between my return from Budapest and starting my vacation after Henning's birthday. I am on vacation already and I hope that I shall have the time to finish this manuscript with the tables and pictures.

Now, may I bring Prof. Henning's 80th birthday on the 12 of July to your knowledge. You may possibly write him a note or send him a telegram. I know that he has a good opinion of you, of your work as doctor and as teacher. He found always very amiable words about you.

Please, Dr. Berry, forgive me. I shall try to do better, but sometimes it is difficult, because so many things press on my shoulders.

With best regards, I am,

always yours,



Prof. Dr. K.Heinkel