

How the endoscope has averted operations

By Arthur J. Snider *Daily News Science Editor*

After he first learned how to use the endoscope, a periscope-like tube that enables a physician to view the body's interior, Dr. Leonidas H. Berry began peering at stomachs of Skid Row alcoholics.



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Contrary to the Carrie Nation dogma that booze rotted the stomach, Berry discovered the alcoholics' stomachs were in fairly good condition, a finding that angered the ardent prohibitionists of the time.

But Berry did not give the drunks a pass. He found that the liver was an especially vulnerable target. Many studies since have shown that heavy drinking is not compatible with good health.

Berry, a Chicago gastroenterologist, is one of the country's relatively few endoscopists, physicians who extend physical diagnosis to the innermost recesses of the human body in



Dr. Leonidas H. Berry

Medicine chest

search of early cancers, ulcers, polyps and hiatus hernias.

He and his colleagues have averted countless exploratory operations as they move their tubes in serpentine fashion to see the curved inner walls of the stomach, small intestines, colon and adjacent organs.

TUBAL ENTRY can be made through the mouth and down the esophagus, through the rectum or through a tiny incision made directly into the abdomen.

The internal contours of every individual vary, depending on body build. A broad-chested individual is likely to have a stomach shaped like a steer horn, while a lean individual with a narrow chest is more likely to have a stomach curved like a fishhook. Most stomach shapes are between the two extremes.

The first endoscope was tried 180 years ago after its inventor watched a sword swallower in action. It was a straight, rigid tube and not popular.

In 1932, Dr. Rudolf Schindler of Munich invented a semiflexible gastroscope with an attached light bulb for viewing the stomach.

Two years later he moved to the University of Chicago. Berry studied there under him and in the 35 years since has trained 350 other endoscopists at Michael Reese, Provident, University of Illinois and Cook County hospitals.

The modern age of endoscopy opened in 1959 with the introduction of fiber optic tubes consisting of a bundle of thousands of individual glass fibers that are highly flexible image transmitters.

BERRY SUMMED UP the progress to date and the prospects for the future in his book, "Gastrointestinal Pan-Endoscopy," just published by C.C. Thomas, Springfield.

It has been 10 years since the Japanese put a tiny camera on the end of the tube, now widely used to take serial photographs of the stomach to be studied at leisure.

The introduction of closed-circuit television has permitted the lone endoscopist with his monocular vision to share the living vistas of the alimentary canal with several of his colleagues simultaneously.

An extra channel to insert a knife permits bits of tissue to be brought out for biopsy.

The goal in the future is to bring the entire alimentary tract from the esophagus to the rectum within the range of the endoscopy.