chronic or recurrent cholangitis. Thirteen of the 19 survivors who are more than 1 yr of age have developed portal hypertension. The authors found that nearly all the infants with biliary atresia who survived the first postoperative month developed chronic liver disease even when bile flow was restored.—*George Holcomb*

Assessment of Portasystemic Shunt Patency by Estimation of D-Xylose Excretion. *R. C. Smith and A. I. S. MacPherson.* Br J Surg 63:435–437, 1976.

The risks of occlusion of a portasystemic shunt are probably greater in children because the vessels themselves are smaller. It is sometimes difficult to be certain that the shunt is still patent and a noninvasive technique for establishing this would be useful. The authors describe their experience with a technique reported by Fraser at the BAPS in 1965, namely the administration of D-Xylose and the assessment of the 5-hr excretion of this inert substance in the urine. A 5-hr urinary excretion of more than 6 g out of an administered dose of 25 g given orally in water is an acceptable indicator that the shunt is patent. Similarly, if the 5-hr excretion in the postoperative phase shows an increase of 4 g over the preoperative results, this shunt can be assumed to be patent. An excretion rate of less than 4.2 g in 5 hr probably indicates occlusion of the shunt.—*R. B. Zachary*

Neonatal Pancreatic β-Cell Hyperplasia: Report of a Case With Failure of Diazoxide and Benefit of Early Subtotal Pancreatectomy. *Wayne L. Crowder, Noel K. Maclaren, Ronald L. Gutberlet, James L. Grost, G. Robert Mason, and Marvin Cornblath.* Pediatrics 57:897–900 (June), 1976.

A newborn with pancreatic β-cell hyperplasia had persistent hypoglycemia due to hyperinsulism. After medical management had proved ineffective, a subtotal pancreatectomy was curative. Cumulative experience seems to indicate that there should be little delay in performing such surgery when proper medical management cannot maintain normoglycemia in a neonate.—*S. L. Gans*

Splenectomy in Childhood: A Review in England and Wales, 1960 to 1964. *W. Walker.* Br J Surg 63:36–43 (January), 1976.

A total of 821 patients were entered into this study, which is a review of those who were known to have had splenectomy in the 5-yr period from 1960 to 1964. Follow-up was less than 2 yr in only 40 patients: 37 who had died within the period and 3 who had emigrated, but 2 of the latter were known to be well 12 and 19 mo after operation.

Under 2 yr of age, hereditary spherocytosis accounted for more than 50% of the indications for operation, and even between the ages of 2 and 5 it was the indication in 40 cases out of 104. The next most common indications were accidental injury in 20, and idiopathic thrombocytopenic purpura in 19.

In considering the deaths following splenectomy it is important to consider whether the original disease was a probable cause of death or not. In the cases of congenital hemolytic anemia there were four deaths, none of which were likely to be due to the original disease, but almost certainly due to infection.

In 16 children with infections probably attributable to splenectomy four had been operated on during the first year of life and ten before the age of 5, and age at operation is probably a significant factor in the etiology of infection. Four children out of 52 operated on for congenital hemolytic anemia under the age of 4 yr developed septicemia and all died, whereas only 2 out of 152 operated on over this age developed septicemia and neither died.

The author recommends that splenectomy should be avoided if at all possible during the early years of life, and recommends that prophylactic penicillin be administered for 3 yr following operation, whatever its indication and whatever the age of the patient, since the organism most commonly concerned has been pneumococcus. This is a very valuable review.—*R. B. Zachary*

Overwhelming Sepsis Following Splenectomy for Trauma. *J. R. Balfanz, M. E. Nesbit, Jr., C. Jarvis, and W. Krivit.* J Pediatr 458–460 (March), 1976.

The classical OPSI syndrome occurs in young patients usually under 4 yr of age within 2–3 yr of splenectomy and has been thought to occur only when splenectomy was done for an underlying hematologic or malignant condition. Data indicating this complication is also associated with splenectomy for trauma was provided by Singer, who reported infection rate 60-fold greater in this group than in controls.

The authors review 12 instances collected from the literature where the OPSI syndrome