

**Do you want
to stop his pain...
..or heal his ulcer?**

Why not do both at once?

DUOGASTRONE[®]



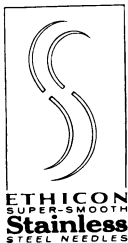
BIOGASTRONE[®]



Full details available on request

J.3572

**your patient has to live
with the suture...**



ETHICON provides predictability with MERSILK* braided silk sutures

A TRADITIONAL SUTURE MATERIAL

The acceptance of surgical silk is founded on a long history of predictable performance. MERSILK Braided Silk, the criterion for flexibility, meets all the demands of today's surgeon with better handling and greater uniformity.

KNOT TYING

At Ethicon Ltd., we build uniformity into our surgical silk right from the start. That's why MERSILK Braided Silk resists breakage and knots firmly.

FOR EVERY OCCASION

Ethicon Ltd., makes all its own needles of stainless steel - the alloy proved best for the most demanding of surgical needs. MERSILK Braided Silk attached to a variety of needles or in sterile cut lengths caters for every surgical requirement.



ETHICON, LTD.

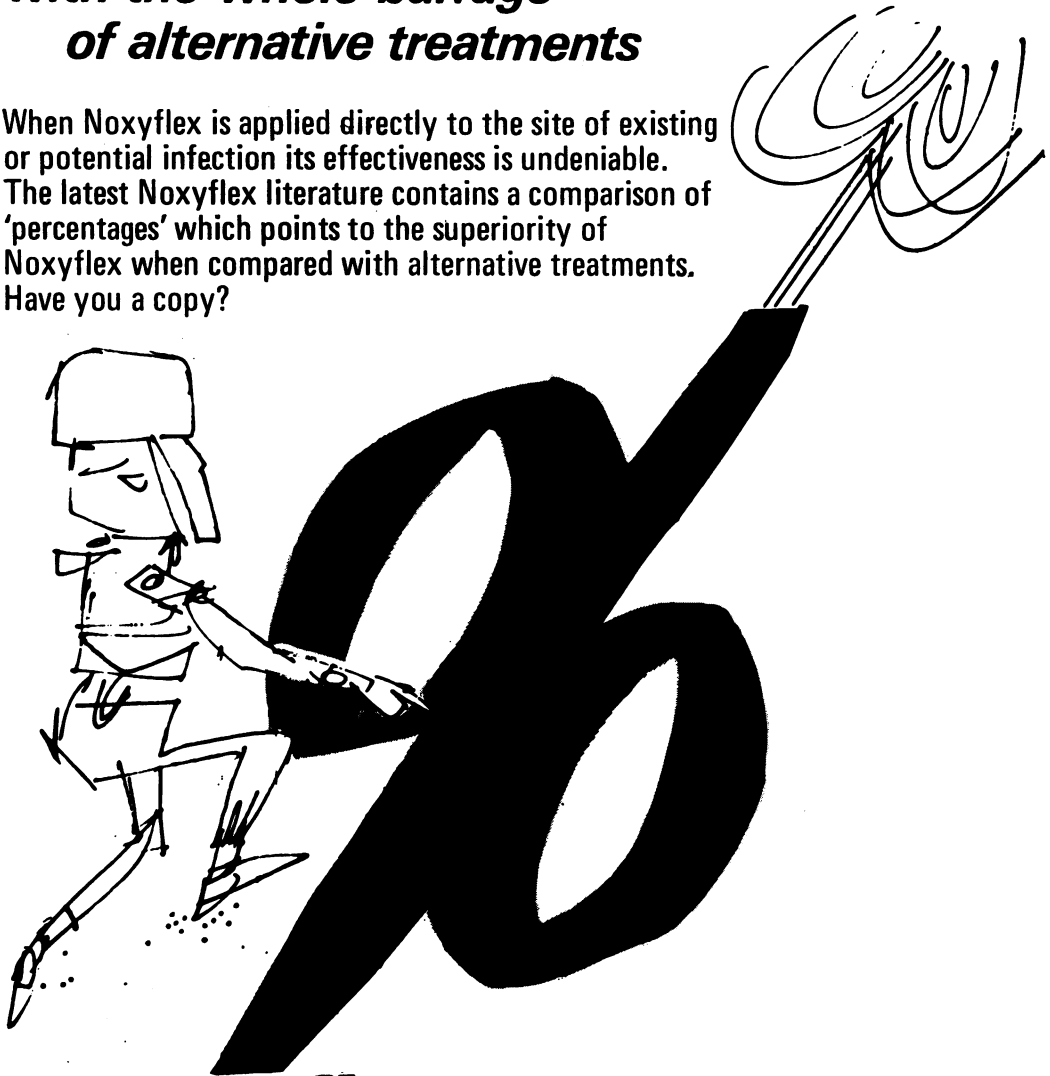
Edinburgh

*Trademark

©ETHICON Ltd 1971

***The combative role
of Noxyflex against bacteria
is seen to be singularly effective
when compared
with the whole barrage
of alternative treatments***

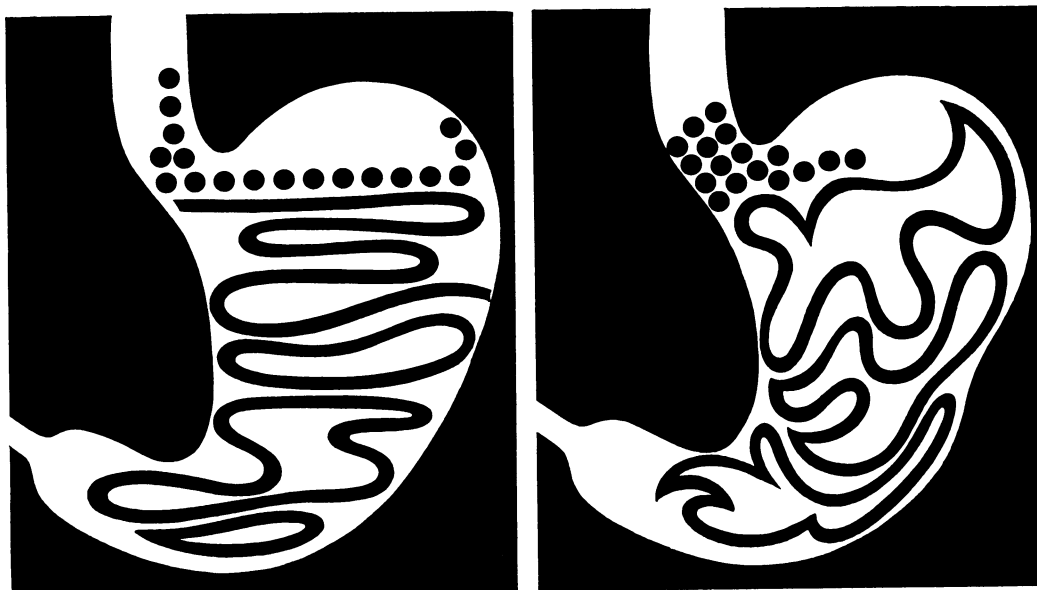
When Noxyflex is applied directly to the site of existing or potential infection its effectiveness is undeniable. The latest Noxyflex literature contains a comparison of 'percentages' which points to the superiority of Noxyflex when compared with alternative treatments. Have you a copy?



Noxyflex
Geistlich Chester

2.5G. Noxytiolin and 10 mgm. Amethocaine HCl

A completely new concept in the treatment of hiatus hernia



In the treatment of hiatus hernia, 'Gaviscon' has a unique physical mode of action. Taken after each meal it forms a demulcent gel which floats on top of the stomach contents and gently occludes the cardiac sphincter for up to 4 hours. Gastric reflux is thus physically suppressed and the irritated sphincter allowed to recover and resume its normal competence. Being completely physical in its mode of action, Gaviscon is more efficient than chemical agents and does not carry the risk of masking symptoms. Originally developed from work carried out on X-ray contrast media, its physical action has been conclusively demonstrated in clinical trials.

'GAVISCON': Supplied as chewable granules in single-dose (5 gramme) sachets containing Alginate Acid B.P.C. 0.521 g., Sodium Alginate B.P.C. 0.521 g., Magnesium Trisilicate B.P. 0.052 g, Dried Aluminium Hydroxide Gel B.P. 0.208 g, Sodium Bicarbonate B.P. 0.177 g, in a chocolate flavoured base.

A single-dose is recommended after each meal and at bedtime.

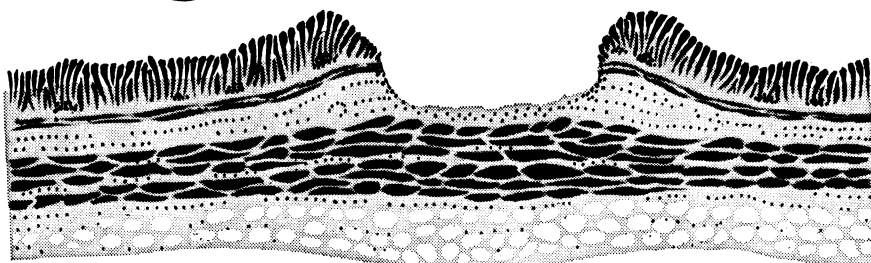
- Physically suppresses gastric reflux
- Breaks the vicious circle of acid reflux – sphincter irritation and incompetence – acid reflux
- Simplifies the diagnosis of reflux oesophagitis
- Often postpones or avoids the need for surgery
- Suitable for long term prophylaxis

GAVISCON REGD Gastric Reflux Suppressant

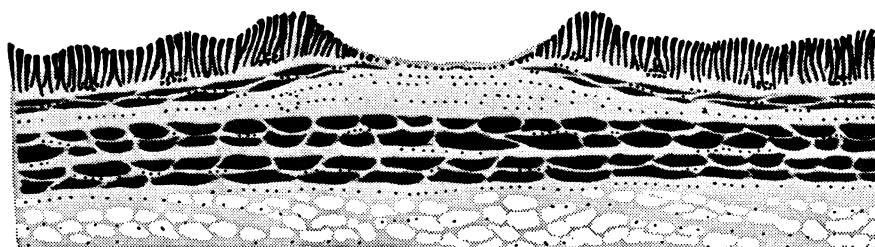


Further information available on request from:
Reckitt & Colman Pharmaceutical Division · Hull

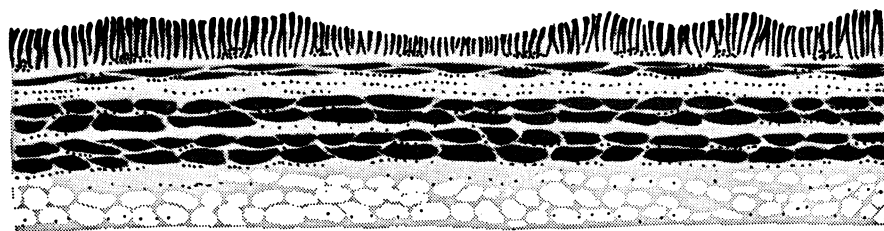
Gefarnil and gastric ulcers



0-15 days: Remission of symptoms occurs.



15-30 days: Ulcers are no longer detectable radiographically, but may be evident endoscopically.



30-60 days: Ulcers are no longer detectable endoscopically.

EVIDENCE

At the 4th International Congress of Gastroenterology a British multi-centre, double-blind clinical trial* indicated that Gefarnil is a useful healing agent in gastric ulcers.

23 patients were studied, 12 receiving Gefarnil and 11 a placebo. All patients remained ambulant, but were instructed to avoid fried foods. They received antacids as necessary. All patients in the Gefarnil group showed a reduction in ulcer size.

Gefarnil

60 DAYS' TREATMENT — THE RELIEF OF A LIFETIME

Full information available on request

*4th International Congress of Gastroenterology, Copenhagen, July, 1970

Gefarnil (Gefarnate) is a trade mark and is manufactured under licence from Istituto De Angeli, Milan, Italy, by The CROOKES Laboratories Limited, Basingstoke, Hampshire



How many of the drugs you prescribe are as well documented as Alka-Seltzer?

TRADE MARK

In the booklet 'A Scientific Assessment of Alka-Seltzer' no less than forty-three sources of reference are quoted - and that represents only part of the documentation available on the product. Based on these references the facts about Alka-Seltzer are presented in explicit detail:

Physico-chemical studies-on pH, solubility, ionisation and fat-solubility, antacid and buffering action *in vitro*.

Pharmacological studies-on

antacid and buffering action *in vivo*, effect on gastric emptying, absorption, salicylate blood levels, excretion.

Therapeutic studies-on its antacid and analgesic properties.

Safety studies-on the difference between sodium acetylsalicylate and acetylsalicylic acid, gastroscopic observations, faecal blood loss, and special studies related to alcohol ingestion.

The total picture that emerges

is that of a safe and effective home remedy which is as well documented as many ethical prescription items.

For every doctor who is concerned about the subject of self-medication 'A Scientific Assessment of Alka-Seltzer' makes instructive reading. Copies available from: Dept G11, Miles Laboratories Limited, Stoke Court, Stoke Poges, Bucks.



DIAGNOSIS BY GASTROPHOTOGRAPHY

45 full colour 35mm slides and book in slipcase

This book represents a considerably broadened version of the original work on Gastric Endoscopy developed by Dr. Yawara Yoshitoshi of the University of Tokyo, in collaboration with Dr. Umeda, and published by the Nippon Medical Photo Center in 1966.

On the basis of additional experience which Dr. Umeda and his colleagues have gathered, they have adapted the original work to include chapters dealing with all aspects of Gastroscopic Pathology with special emphasis on the diagnosis of cancer.

Each chapter contains: a concept; a classification of the disease entity; its clinical significance; the characteristic endoscopic findings, a description of each picture (in text line drawings) and references. A set of 45 colour slides containing 67 pictures accompanies the text and each slide is co-ordinated with the appropriate line drawing in the book. The line drawings in the text amplify the critical diagnostic features which are reproduced in the accompanying colour slides. The text is more than a supplement to the slides, it is critical to the recognition of the pathology expressed in the slides.

TABLE OF CONTENTS:

The History of Gastroenterology
Normal Stomach
Gastritis
Gastric Ulcer
Benign Gastric Tumors
Gastric Carcinoma

Early Gastric Carcinoma
Progression of Gastric Carcinoma
Gastric Sarcoma
Postoperative Stomach
Gastric Varices
Miscellaneous

By Noritsugu Umeda, M.D., D.M.Sc., *Institute of Gastroenterology, Presbyterian University of Pennsylvania Medical Center, Philadelphia.*

BOOK: 88 pages. 65 drawings. FILM SLIDES: 45 full colour 35mm slides.
Both presented in slipcase £25.50. April 1971

W. B. SAUNDERS COMPANY LTD
12 Dyott Street, LONDON WC1A 1DB

Disorders of Carbohydrate Metabolism

The Proceedings of a Symposium organized by the Association of Clinical Pathologists

CONTENTS: Symposium on disorders of carbohydrate metabolism ● Hormonal control of carbohydrate metabolism ● Disorders of fructose metabolism ● Hyperinsulinism ● The diagnosis of diabetes mellitus ● Disorders of carbohydrate digestion and absorption ● Glycogen storage diseases ● Practical aspects of the investigation of disorders of carbohydrate metabolism ● Carbohydrates, fats, and atherosclerosis ● Hypoglycaemia in infancy and childhood ● Diabetic ketosis and coma ● Intermediary carbohydrate metabolism ● Disorders of galactose metabolism ● Pathogenesis of diabetes mellitus.

PRICE £1.50 (U.S.A. \$3.75) including postage

This publication can be ordered now from: The Publishing Manager

JOURNAL OF CLINICAL PATHOLOGY

B.M.A. House, Tavistock Square, London, WC1H 9JR, or through any leading bookseller

SCANDINAVIAN JOURNAL OF GASTROENTEROLOGY

Volume 6, No. 2, 1971

CONTENTS

Review: B. Uvnäs: <i>Role of Duodenum in Inhibition of Gastric Acid Secretion</i>	113
E. Hietanen & O. Hänninen: <i>Comparison of Mucosal Metabolism in the Small Intestine of Specific Pathogen-free and Conventional Rats</i>	127
Catherine, Figarella & T. Ribeiro: <i>The Assay of Human Pancreatic Phospholipase A in Pancreatic Juice and Duodenal Contents</i>	133
K. Herfort, J. Sobra, P. Frič & A. Heyrovský: <i>Familial Hyperlipoproteinemia and Exocrine Pancreas</i>	139
N. K. Kwong, B. H. Brown, G. E. Whittaker & H. L. Duthie: <i>Response of the Electrical Activity, Motor Activity, and Acid Secretion of the Human Stomach to Pentagastrin and Histamine Stimulation</i>	145
A. Berstad & J. Myren: <i>Effect of Oxyphenyclimine Hydrochloride on Basal Gastric Secretion of Acid and Pepsin in Man</i>	155
E. Gjone, J. P. Blomhoff & Ingrid Wiencke: <i>Plasma Lecithin:Cholesterol Acyltransferase Activity in Acute Hepatitis</i>	161
J. E. Berk, K. H. Ibsen & C. Blau: <i>Modified Tetracycline Fluorescence Test for Gastric Cancer: Preliminary Results</i>	169
I. Szantay, S. Cotul, O. Fodor & St. Popescu: <i>Intragastric Secretion of I¹³¹ in Duodenal Ulcer under Basal Conditions and Following Histamine and Insulin Stimulation</i>	173
J. Engström, K. Hellström, L. Högman & B. Lönnqvist: <i>Microorganisms of the Liver, Biliary Tract and Duodenal Aspirates in Biliary Disease</i>	177
J. M. Limbosch, J. de Graef & A. Gerard: <i>Effect of Insulin on Acid and Pepsin Secretion in Vagotomized and Non-Vagotomized Patients Already Stimulated by Pentagastrin</i>	183
H. Sarles, C. Crotte, A. Gerolami, Annie Mulé, N. Domingo & J. Hauton: <i>The Influence of Calorie Intake and Dietary Protein on the Bile Lipids</i>	189
Index	

Issued 15 April 1971

THE SCANDINAVIAN JOURNAL OF GASTROENTEROLOGY publishes original papers in gastroenterology and pertinent fields of nutrition. Each issue contains about 100 pages; eight issues form one annual volume. Supplements are supplied free of charge to subscribers. The subscription price, including postage, is N. kr. 220.-(U.S. \$36.-) payable in advance.

Editorial Correspondence

Manuscripts should be addressed to the managing editor. The Scandinavian Journal of Gastroenterology has no objection to the reproduction of short passages and illustrations from this journal without further formality than acknowledgement of the source.

Business Communications

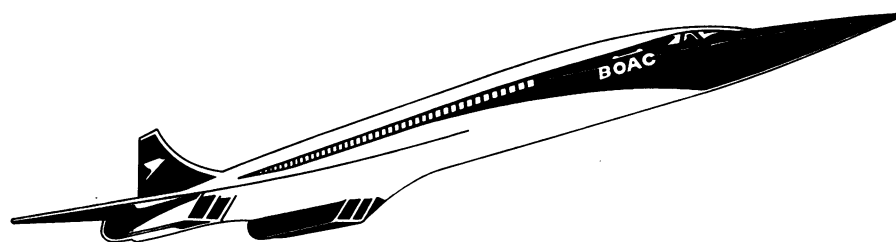
Business communications, including subscriptions and orders for reprints or advertisements, should be sent to the publishers.

Publishers

UNIVERSITETSFORLAGET

P.O. Box 307, Blindern, Oslo 3 Norway

Photograph by courtesy of B.O.A.C.



your journal by air mail

Many subscribers prefer to receive their copy of *GUT* within a few days of its publication by having it sent by air mail.

This is a service for all subscribers at the following annual rates which are charged in advance and in addition to the normal annual subscription rate.

If you reside in		Air Mail Charges
Area A (Examples)	Middle East, Cyprus, and Spanish N. & W. Africa etc.	£5.50
Area B (Examples)	Rest of World, including North America etc.	£7.25 (U.S.A. \$17.50)
Area C (Examples)	Australasia & Far East etc.	£8.50

Subscribers who wish to take advantage of this air mail service should write direct to The Subscription Manager, *GUT*, B.M.A. House, Tavistock Square, London WC1H 9JR, England.

ACTA GASTRO-ENTEROLOGICA BELGICA

SOMMAIRE du FASCICULE 2-1971

Bibliographie.

P. J. KESTENS, E. AUBRY, Ph. HAUTCOEUR (Louvain) et Ch. DIVE (Namur). Mortalité et morbidité dans les suites des anastomoses porto-cave.

R. MEDEVAND et P. GRIESSEN (Genève). Le traitement chirurgical de l'hypertension portale. Résultats immédiats et éloignés.

J. van der STRICHT et M. GOLDSTEIN (Bruxelles). Résultats lointains de la chirurgie de l'hypertension portale.

H. PIETRI (Marseille). Valeur fonctionnelle des dérivations porto-cave spontanées. Comparaison avec les dérivations chirurgicales.

G. A. MARTINI (Marburg a.d. Lahn). The metabolic changes after porto-caval shunt.

P. ECTORS, J. M. LIMBOSCH et J. DE GRAFF (Bruxelles). Physiopathologie de l'hypersécrétion gastrique après anastomose porto-cave.

J. CAROLI, J. SCOTTO, GRYNBLAT, G. MARCUS-BOQUET, M. GEORGAKOPOULOS et CHEVREL (Paris). Deux complications majeures après shunt porto-cave: ictère et adénocarcinome.

J. P. NAKACHE, Y. HECHT, M. GEORGAKOPOULOS, D. SALMON, Cl. GARÇON et M. H. GIARD (Paris). Le pronostic des anastomoses porto-systémiques pour cirrhose. Apport de l'analyse discriminante et de l'analyse factorielle des correspondances.

E. SCHOOPS, F. DEROM, G. BERZSENYI, H. VAN HOUTTE, W. VAN HEE, M. HAMERIJCK et L. DEMEULENAERE (Gand). Morbidité hépatique des dérivations porto-systémiques. A propos d'une série de 27 cas.

L. DEMEULENAERE (Tielt). Conclusions du modérateur.

J. PIROTTE (Liège). Les bases physiopathologiques du traitement de l'encéphalopathie porto-cave.

SOMMAIRE du FASCICULE 3-1971

Bibliographie.

Les affections parasitaires digestives.

P. LIMBOS (Anvers). Introduction.

R. DESCHIENS (Paris). La répartition segmentaire des protozoaires parasites de l'appareil digestif. Leur action pathogène.

F. BLANC (Marseille). Traitement des états coliques de nature et d'origine amibiennes (Résumé).

P. G. JANSSENS (Anvers). Anguillulose. Aspects cliniques et thérapeutiques.

E. LEBACQ, L. GILON, V. DESMET et N. VAN MEIRVENNE (Louvain, Jolimont, Anvers). La lésion hépatique de la distomatose humaine à *Fasciola hepatica*.

P. L. GIGASE (Anvers). Diagnostic sérologique des parasitoses digestives (Résumé).

P. LIMBOS (Anvers). Conclusions du modérateur.

I. GHERMAN (Bucharest). Observations sur le rôle de quelques parasitoses dans la pathologie de l'intestin grêle.

M. GILLET, Mme M. WEILL-BOUSSON, M. ADLOFF, J. P. WEILL, F. GEISLER et C. MONATH (Strasbourg). Problèmes thérapeutiques posés par l'association, chez l'enfant, d'une rectocolite ulcéro-hémorragique et d'un cancer du côlon.

SOMMAIRE du FASCICULE 4-5. 1971

Bibliographie.

K. KOWALEWSKI et J. F. SCHIER (Edmonton. Canada). Effect of deficiency of gastric mucus on posthistaminic secretion and gastric mucosa of Heidenhain pouch.

P. J. KESTENS, R. FIASSE, J. C. ORBAN, F. MEERSEMAN (Louvain). La résection massive du grêle. Etude de 3 cas. I. Aspects chirurgicaux et anatomopathologiques.

R. FIASSE, P. J. KESTENS, C. HARVENGT, L. PIRET et C. NAGANT de DEUXCHAINES (Louvain). La résection massive du grêle. Etude de 3 cas. II. Aspects métaboliques et diététiques.

R. KIEKENS, E. WELCH et Ch. DEBATICE (Bruxelles). Etude métabolique après résection de l'intestin grêle mésentérique et de l'hémicôlon droit pour infarctus mésentérique.

N. JACQUET, A. COPS, A. BRASSINNE et J. DELVIGNE (Liège). Phlébographie splanchnique par repermeabilisation ombilicale. Intérêt du cathétérisme portal occlusif.

G. DELESPESE et J. STERNON (Bruxelles). Conceptions actuelles de l'immunopathologie du foie.

Acta gastro-enterologica belgica: 10 fascicules par an.

Abonnements (Belgique et étranger): 1.200 Fr. b.-le fascicule isolé: 250 Fr. b.

Secrétariat et rédaction: rue des Champs Elysées. 43. B 1050. Bruxelles. Belgique.