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The object of *Gut* is to publish original papers and reviews concerned with practice and research in the field of gastroenterology. The field is that of alimentary, hepatic, or pancreatic disease, and papers may cover the medical, surgical, radiological, or historical aspects. They may also deal with the basic sciences concerned with the alimentary tract, including experimental work. The report of a single case will be accepted only if it is of sufficient interest in relation to a wider field of research.

There will be a section for short papers on laboratory and surgical techniques and methods of investigation.

COMMUNICATIONS Papers should be addressed to the Editor, *Gut*, BMA House, Tavistock Square, London, WC1H 9JR. Papers are accepted only on the understanding that they are not published elsewhere without previous sanction of the Editorial Committee. They should be in double-spaced typewriting on one side of the paper only. On the paper the name of the author should appear with initials (or distinguishing Christian name) only, and the name and address of the hospital or laboratory where the work was performed. A definition of the position held by each of the authors in the hospital or laboratory should be stated in a covering letter to the Editor. Communications should be kept short, and illustrations should be included when necessary; coloured illustrations are allowed only if monochrome will not satisfactorily demonstrate the condition. It is not desirable that results should be shown both as tables and graphs.

ILLUSTRATIONS Diagrams should be drawn in indian ink on white paper, Bristol board, or blue-squared paper. The legends for illustrations should be typed on a separate sheet and numbered to conform with the relevant illustrations. Photographs and photomicrographs should be on glossy paper, unmounted. **TABLES** should not be included in the body of the text, but should be typed on a separate sheet.

ETHICS The critical assessment of papers submitted will include ethical considerations. Authors are referred to publications on ethics of human experimentation by the Medical Research Council in Britain and to the code of ethics of the World Medical Association known as the Declaration of Helsinki (see *Brit. med. J.*, 1964, 2, 177).

ABBREVIATIONS In general, symbols and abbreviations should be those used by the *Biochemical Journal*. In any paper concerning electrolyte metabolism, it is desirable that data be calculated as m-equiv/l.

REFERENCES These should be made by inserting the name of the author followed by year of publication in brackets. At the end of the paper, references should be arranged in alphabetical order of authors' names. Such references should give author's name, followed by initials and year of publication in brackets, the *title of the article quoted*, the name of the journal in which the article appeared, the volume number in arabic numerals, followed by the numbers of first and last pages of the article. Abbreviations are according to *World Medical Periodicals* (published by BMA for World Medical Association), thus: Chandler, G. N., Cameron, A. D., Nunn, A. H., and Street, D. F. (1960). Early investigations of haematemesis. *Gut*, 1, 6-13.

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The June 1973 Issue

THE JUNE 1973 ISSUE CONTAINS THE FOLLOWING PAPERS

A possible relationship to treatment between hepatitis-associated antigen and chronic persistent hepatitis in Hodgkin's disease M. J. GRANGE, S. ERLINGER, F. TEILLET, N. SCHLEGEL, J. BARGE, AND C. DEGOTT

Liver structure and function following small bowel resection M. C. GUPTA, GRAHAM NEALE, AND R. HERMON DOWLING

Asymptomatic primary biliary cirrhosis R. A. FOX, P. J. SCHEUER, AND SHEILA SHERLOCK

Primary biliary cirrhosis in India A. K. S. SAMANTA, A. G. BHAGWAT, M. MUKHERJEE, N. M. GUPTA, S. SEHGAL, AND D. V. DATTA

Serum complement in chronic liver disease B. J. POTTER, ANGELA M. TRUEMAN, AND E. A. JONES

The effect of glucagon on serum gastrin

I Studies in normal subjects J. HANSKY, C. SOVENY, AND M. G. KORMAN

II Studies in pernicious anaemia and the Zollinger-Ellison syndrome M. G. KORMAN, C. SOVENY, AND J. HANSKY

Effect of nephrectomy on the rate and pattern of the disappearance of exogenous gastrin in dogs B. GUY CLENDINNEN, DAVID D. REEDER, E. N. BRANDT, JR, AND JAMES C. THOMPSON

The gastric secretory response to a continuous insulin infusion in the dog R. R. DOZOIS, D. C. CARTER, AND J. R. KIRKPATRICK

A double isotope technique for the evaluation of drug action on gastric evacuation and small bowel propulsion studied in the rat FOLKE NILSSON AND HENRY JOHANSSON

Periodic hypokalaemic paralysis, adrenal adenoma, and normal colonic transport of sodium and potassium PETER RICHARDS, M. B. S. JONES, AND W. S. PEART

The influence of secretin on ion transport in the human jejunum T. HICKS AND L. A. TURNBERG

Immunochemical study of the malabsorption syndrome with cow's milk intolerance E. SAVILAHTI

The significance of enzyme histochemical patterns in carcinomas of the large intestine in man F. MCGINTY, G. DELIDES, AND D. HARRISON

Progress report

Experimental ulcerative disease of the colon in animals J. WATT AND R. MARCUS

Notes and activities

Copies are still available and may be obtained from the PUBLISHING MANAGER, BRITISH MEDICAL ASSOCIATION, TAVISTOCK SQUARE, LONDON WC1H 9JR, price 87½p

Notes and activities

The British Society for Digestive Endoscopy

The Annual General Meeting of the British Society for Digestive Endoscopy will be held in association with the autumn meeting of the British Society of Gastroenterology at Imperial College, London, on 20 September 1973, under the Presidency of Dr S. C. Truelove. The meeting will comprise the annual business meeting, a scientific session, the second annual foundation lecture, and a symposium organized by the British Society of Gastroenterology to which members of the British Society for Digestive Endoscopy are invited. There will be no annual dinner but a reception will be held during the evening of Thursday 20 September. Accommodation can be booked for members in the neighbourhood. Members and non-members may obtain further details from Dr K. F. R. Schiller, Hon Secretary, British Society for Digestive Endoscopy, St Peter's Hospital, Chertsey, KT16 0PZ.

Gastroenterological Society of Australia

At the Annual Meeting of the Gastroenterological Society of Australia held in Adelaide on 24 May 1973, the following office bearers were elected:

President: Professor R. A. Joske
 President elect: Dr B. P. Billington
 Past President: Dr A. Kerr Grant
 Hon. Secretary: Dr M. Gracey
 Hon. Treasurer: Dr L. W. Powell, presently at Gastrointestinal Unit, Massachusetts General Hospital, Boston, Massachusetts, 02114, USA. (Dr C. B. Campbell is acting honorary treasurer.)

Councillors: Dr N. D. Gallagher
 Dr K. J. Goulston
 Dr I. G. Hislop
 Dr J. Hansky

The address of the Secretariat is Gastroenterological Research Unit, Princess Margaret Children's Medical Research Foundation, Perth, Western Australia.

Digestive Disease Week

The 1973 Digestive Disease Week was held in New York from 20 to 26 May, bringing together the American Gastroenterological Association, the American Association for the Study of Liver Disease, the Gastroenterology Research Group, the American Society for Gastrointestinal Endoscopy, and the Society for Surgery of the Alimentary Tract.

The meeting opened on the Sunday evening continuing through the next day with the postgraduate course, this year on portal hypertension and cirrhosis. No fewer than 1250 registered at \$80 each to attend a first-class statement on the present position of hepatic pathophysiology, portal hypertension, and cirrhotic controversies. The characteristic precision and clarity of the main speakers, including Professor Sheila Sherlock, Dr Hans Popper, and the other speakers, including the organizers, Dr Robert Zeppa and Dr Harold O. Conn, provided yet another outstanding postgraduate course. On both sides of the Atlantic the educational components of the annual meeting have become a significant part of the programme.

During the week approximately 2500 registered for the scientific sessions. For the first time the Society for Surgery of the Alimentary Tract arranged its annual meeting to become part of the Digestive Disease Week. The American Gastroenterological Association, in the traditional pattern, held its plenary session on Friday, with scientific papers in the morning, and four clinical symposia running in tandem during the afternoon, the final plenary session being held on the Saturday morning, starting with the annual memorial lecture, 'Clinical gastroenterology: toward a formal diagnostic decision system', given by Professor Wilfrid Card, from Glasgow, Scotland. Logical medicine applied to gastroenterology opened up new fields of thought and was clearly greatly appreciated. The Presidential address by Dr Henry D. Janowitz, entitled 'Gastroenterology, big gastroenterology, big-big gastroenterology: the future of the AGA', expressed the problems of being the right size. A Senior Committee was set up to make recommendations. It was perhaps reassuring for the British society to see how very well a meeting four times the size of Aviemore could be contained in one large hotel, with excellent opportunities for meeting one another and for slipping from one session to the next. The

three-ring circus has now become, in the best American tradition, a six-ring circus with many sideshows, but somehow it manages to retain cohesion and a sense of purpose. There is no doubt that their early decision to bring in all the specialist splinter groups into a Digestive Disease Week and still retaining the identity of the American Gastroenterological Association has proved an admirable solution. Altogether, 451 abstracts were submitted for various meetings and 172 papers were given. The abstracts are published in *Gastroenterology*. With so many really good papers it is perhaps invidious to pick out a few for comment, and any such selection can only be on a personal basis. Perhaps the most original, and also providing therapeutic dividends came from P. Nikoomeanesh, B. T. Engel, B. Vanasin, and M. M. Schuster of the Johns Hopkins University School of Medicine. They studied six adult patients with severe intractable faecal incontinence and were able to train them to contract the external sphincter in synchrony with internal sphincter relaxation. This was done by minimal rectal distension, recording the internal sphincter relaxation visually for the patients who were taught to contract the external sphincter in synchrony with internal sphincter relaxation. The same centre also reported chronic inorganic mercurial poisoning due to laxative abuse (J. R. Wands *et al*), where two patients with chronic mercurial poisoning due to the use of calomel-containing laxative preparations were studied. The patients developed central nervous system disorders, including disturbance of consciousness. They also displayed chronic renal failure, intractable diarrhoea, and pseudo-membranous colitis endoscopically. Melanosis coli was a prominent feature in both patients. Tissue levels of mercury were extremely high, and were greatest in the colon and kidney, and they were identified as a beta-mercuric sulphide. A paper which attracted much comment was presented by L. H. Bernstein and his colleagues from the Albert Einstein College of Medicine, who postulated that tropical sprue might be an algal disease, due to the organism *Prototheca portoricensis*. One of the authors ingested a dose of the alga and developed gastrointestinal symptoms, mild steatorrhoea, and an abnormal biopsy. The organism was sensitive to various antibiotics. This certainly demonstrated yet another form of microbial damage to the intestinal mucosa, but whether this

will prove to be a main factor in tropical sprue needs further work. W. M. Weinstein from Edmonton, Alberta, demonstrated the existence of latent coeliac sprue, with a mucosa which may become abnormal when the gluten content of the diet is increased to above normal levels. This was demonstrated in two patients with dermatitis herpetiformis who were placed on a high gluten diet, containing 20 g of gluten per day. Both patients developed moderately abnormal to severe flat mucosal lesions which reverted to normal when the gluten intake contained the usual amount. R. L. Farrell, G. T. Roling, and D. O. Castell, of the US Naval Hospital, Philadelphia, demonstrated sustained stimulation of the lower oesophageal sphincter with a cholinergic agent, oral bethanechol 25 mg four times a day, which provided symptomatic improvement in patients with chronic gastroesophageal reflux. It seems that bethanechol may be a welcome addition in the therapy of refractory heartburn. Among the surgical papers were studies on the treatment of severe pancreatitis, with a plea for early intravenous hyperalimentation from J. H. Feller and his colleagues in Montreal, together with close attention to calcium and magnesium deficits and giving broad-spectrum antibiotic coverage. L. Norton and B. Eiseman, from Denver, had successfully performed emergency near-total pancreatectomy in three patients with very severe acute haemorrhagic pancreatitis and noted that the procedure was more easily performed than expected on account of thrombosed vessels.

AMERICAN SOCIETY FOR GASTROINTESTINAL ENDOSCOPY

The American Society for Gastrointestinal Endoscopy divided its activities over two and a half days, and included a plenary session of free papers, teaching workshops, and a trade exhibition. Live endoscopy demonstrations were presented using closed circuit colour television at three hospitals and were subsequently discussed on video tapes. All sessions were characterized by large and enthusiastic audiences, particularly those concerning colonoscopy and endoscopic polypectomy—techniques which Americans have found especially rewarding. The standard of free papers was mixed, and included anecdotal 'endoscopy versus x-ray' series, an uncontrolled study of

duodenitis, and an attempt to associate the presence of bile seen in the stomach with ill-defined 'functional' intestinal symptoms. Roesch (Erlangen) described the use of specially designed endoscopic retrieval forceps to remove a large number of foreign bodies from the stomach. An experimental two-channel operating gastroscope was presented by Kuramata. He was pleased to report the removal, by diathermy snare, of submucosal tumours, pulled up by biopsy forceps passed through the second channel.

McCray (New York) gave the first results of using the pan-view Machida PFS gastroduodenoscope, which has a moving prism in the distal tip allowing a change from forward to lateral vision. He confirmed the results of other workers, that some duodenal ulcers may be missed when using only a prograde system. The latest model of the panview instrument (PFSB) has facilities for biopsy, and possibly cannulation. Safrany (Budapest) gave an invited review of retrograde cholangio-pancreatography, stressing the problems of interpretation of some pancreatograms. There were several other foreign contributions and reports of the first sizeable American series.

Curtis (ACMI) explained the physical principles of the use of diathermy currents, and ACMI showed a well designed small endoscopic diathermy source with integral light source and CO₂ supply—for the roving polypectomist. The use of large volumes of CO₂ within the bowel during polypectomy was shown not to cause significant changes in arterial PCO₂ or pH, even in patients with moderate ventilatory defects (Rogers). Other new instruments on show for the first time included a new generation of 'operating colonoscopes'. The Olympus instrument (CFMB2) has a single large suction/instrument channel but incorporates a 'deflector' allowing some independent movement of the polypectomy snare. The new ACMI prototype coloscope has two instrument channels; the larger one can accommodate a variable stiffening device during insertion, and a polyp retrieval forceps during withdrawal. Olympus have a 1 cm diameter 'screening' scope for use in narrowed segments of bowel. Machida showed the first of a range of redesigned instruments with push-button controls.

The seven teaching workshops and the televised demonstrations provided useful opportunities for discussion on practical techniques. The professionally produced videotapes were impressive as a teaching

method but showed that even with the best equipment satisfactory intraluminal colour pictures are sometimes difficult to obtain.

F.A.J., C.B.W., and P.R.C.

North of England Gastroenterology Society

At a meeting of members of the British Society of Gastroenterology, convened in Manchester by Professor Henry T. Howat, on 5 May 1973, it was unanimously agreed to form a new regional society.

Geographically this will fill the gap between the areas of the existing Northern Gut Club and Midlands Gastroenterology Society. Membership will be open to individuals interested in any aspect of gastroenterology. The emphasis will be on symposia and clinical topics rather than on original papers, the intention being that it will complement rather than duplicate the functions of the British Society of Gastroenterology.

The first meeting will be held in Manchester on Saturday, 20 October 1973, with the President, Dr R. B. McConnell in the chair. The programme and further particulars will be available from the Honorary Secretary, Dr C. D. Holdsworth, Clinical Research Institute, Royal Infirmary, Sheffield, S6 3DA.

Fourth International Symposium on Gastrointestinal Motility

The Fourth International Symposium on Gastrointestinal Motility will meet at the Advanced Center, University of Calgary, Banff, Alberta, Canada, on 6, 7 and 8 September 1973. The theme will be 'Control mechanisms of gastrointestinal motility.' The Program Committee invites abstracts of reports dealing with the broad aspects of motor action of the alimentary canal in health and disease, particularly reports directed to ordered and disordered control mechanisms, for consideration. Abstracts, representing research in either basic science or clinical areas, should not exceed 300 words. Time and facilities will allow no more than 100 participants. Advance registration is required. Please submit abstracts and requests to attend to the Program Committee, Fourth International Symposium on Gastrointestinal Motility, Department of Pharmacology, University of Alberta, Edmonton 7, Alberta, Canada.

Third International Conference on Liver Diseases

A series of meetings will be held in Freiburg, W-Germany, from 9 to 14 October 1973. The first of the series will be concerned with 'Collagen-metabolism in the liver' (information from Professor Klaus Becker, I. Medizinische Universitätsklinik, D—2000 Hamburg 20, Martinstrasse 52, W-Germany), the second on 'Liver regeneration after experimental injury' (information from Dr R. Lesch, Pathologisches Institut der Universität Freiburg, D—7800 Freiburg i. Br., Albertstrasse 19, W-Germany), and the third on 'Drugs and the liver' (information from Professor W. Gerok, Med. Univ.-Klinik Frbg, D—78 Freiburg i. Br., Hugstetterstrasse 55, W-Germany).

Third International Congress on Endoscopy

The third International Congress on Endoscopy will be held immediately after the fifth World Congress on Gastroenterology in Mexico City from 19 to 21 October 1974. Information in English can be obtained from the Secretariat, III Congreso Internacional de Endoscopia Gastrointestinal, Avenida Veracruz No. 93, Mexico 11, D.F. Mexico.

Eleventh International Cancer Congress

This will be held from 20 to 26 October 1974 in Florence. For further information write to General Secretariat, XI International Cancer Congress, Via G. Venezian, 1, 20133 Milan, Italy.

Notes on books

Gastroenterology (Concise Medical Textbooks Series) by I. A. D. Bouchier. (Pp. x + 292; 17 figures. £2.00.) Baillière Tindall, London; Williams Wilkins, Baltimore. 1973. This book is one of a series planned to provide readable and up-to-date accounts of a subject. Professor Bouchier has achieved this objective most successfully. No gastroenterologist, senior or junior, will fail to benefit from this book which is ideal for bedside reading.

Physiology and Biophysics. Volume III. Digestion, Metabolism, Endocrine Function and Reproduction edited by Theodore C. Ruch and Harry D. Patton. (Pp. xii + 391; 177 figures. £7.25.) W. B. Saunders Company, Philadelphia, London, and Toronto. 1973. This is the 20th edition of this physiology textbook and in this volume the motility secretion and absorption aspects of the gastrointestinal tract are covered in depth.

Clinics in Gastroenterology Vol. 2, No. 2 Peptic Ulceration edited by W. Sircus. (Pp. 270; illustrated. Three consecutive issues: £9.00. Single copy: £4.50.) W. B. Saunders Company Ltd, London, Philadelphia, and Toronto. 1973. This further issue in the 'Clinics in Gastroenterology' series reaches a new high level of excellence. The landscape of enquiry skillfully brings in the new approaches to the ulcer problem, including the incompetent pylorus, reflux gastritis, parietal-cell vagotomy, bulbogastrone, and other endocrine and healing factors. In addition it reappraises endoscopy and medical therapy. Australian, German, South African, and Danish contributors give strong support to this publication.

Endoscopy and Biopsy of the Esophagus and Stomach. A Color Atlas by L. Demling, R. Ottenjann, K. Elster, and Konrad H. Soergel. (Pp. xiii + 126; 235 illustrations. £8.50.) W. B. Saunders Company, Philadelphia, London, and Toronto. 1972. This is a practical book written without the ballast of too much theory, and it is written for the practising gastroenterologist who has a continuing need for endoscopic assistance in diagnosis and management. It is very well illustrated with colour plates.

Nutritional Deficiencies in Modern Society edited by Alan N. Howard and I. McLean Baird. (Pp. 109; illustrated. £1.30.)

Newman Books Ltd, London. 1973. This book contains the contributions given to a symposium held in 1971 and arranged by the Food Education Society. Iron-deficiency anaemia, dietary deficiency of vitamin B₁₂ and folic acid, nutritional aspects of calcium and vitamin D, vitamin C deficiency, trace elements deficiency, malabsorption, and the special problems of the elderly are all dealt with by the leading authorities in each field. A small, easily read publication packed with information about the contemporary scene.

Radiological Diagnosis of Digestive Tract Disorders in the Newborn. A Guide to Radiologists, Surgeons and Paediatricians by B. J. Cremin, S. Cywes, and J. H. Louw. (Pp. vii + 146; illustrated. £5.80.) Butterworth Group, London. 1973. Disorders of the digestive tract are a major cause of infant mortality and many are congenital in origin. Clinical and radiological data complement each other and this admirable monograph will be found of real value by paediatricians, radiologists, and obstetricians. It will stimulate interest in this rapidly advancing speciality of paediatric gastroenterology.

Surgery of the Liver and Intrahepatic Bile Ducts by I. Fagarasanu, C. Ionescu-Bujor, D. Aloman, and E. Albu. (Pp. 492; illustrated. £12.00) Editura Academiei, Bucarest; Adam Hilger, London. 1972. This is the second edition in English of a major publication by Romanian surgeons. It has been 'revised and americanized' by Henry J. Heimlich.

Scintigraphy of the Pancreas by Carlo Prior and Umberto Valente. (Pp. 135; illustrated. \$10.) Piccin Medical Books, Padua, Italy. 1971. This specialist monograph in English comes from departments of clinical surgery and pathology in Siena and Genoa universities, and provides a full survey of this technique.

Advances in Gastrointestinal Endoscopy edited by G. Marcozzi and M. Crespi. (Pp. xxi + 929; illustrated. Lit. 30.000.) Piccin Medical Books, Padua, Italy. 1972. This volume records the papers given at the 2nd World Congress of Gastrointestinal Endoscopy held in Rome and Copenhagen in July 1970. It is a well produced and well illustrated volume in English, printed and published in Italy.

Clinical Genetics 2nd edition edited by Arnold Sorsby. (Pp. xi + 646; illustrated. £17·00.) Butterworth Group, London. 1973. This is a comprehensive textbook of clinical genetics, with contributions from 31 outstanding British and American authorities. An opening section deals with general problems, such as the taking of a family history, pharmacogenetics, immunogenetics, and lethal and sublethal malformations. Twenty-one chapters are devoted to the genetic aspects of the individual specialities, such as metabolic disorders, the muscles, the central nervous system, the haemopoietic system,

and cancer. A concluding chapter lists all known syndromes. The section on the alimentary tract is covered in detail by Dr R. B. McConnell.

The Chinese Medical Journal has restarted publication this year. Formerly it was in English only, but it is now in Chinese with shortened English translations. In view of the differences between western and Chinese medical experience it is of special interest to read. In the second issue there is an account of surgery in 1230 patients with oesophageal and gastric carcinoma.

Corrections

On page 288 of the paper by J. Schragar and M. D. G. Oates (*Gut*, 14, 324-329), column 1, line 16 of the discussion (in glycoproteins with blood group specificity) the phrase should read correctly (in glycoproteins with blood group specificity H).

We regret that in the paper by Penninckx *et al* (*Gut*, 14, 393-398) figs 2 and 3 have been transposed.