from the small intestine within 15 minutes. On occasion the capsule has been pushed on into the ileum within a further five to ten minutes. Sometimes the capsule turns up the greater curvature towards the fundus. This difficulty can be overcome by turning the patient on the right side with the left shoulder well forward and legs drawn up, thus encouraging the capsule to fall towards the pyloric canal, where it can easily be manipulated into the pylorus.

The method has obvious advantages for the patient. The tube is easier to swallow; radiation time can be reduced; there is no need for injections to relax the pylorus; and the period of intubation and associated discomfort is minimal. The saving of time is also valuable for the clinical staff. This technique has enabled biopsies to be obtained from patients in whom previous attempts have failed because of local difficulties produced by a large hiatus hernia, chronic duodenal ulceration, or previous pyloroplasty.

We thank Dr N. F. Coghill for permission to include patients under his care and we are indebted to the West Middlesex Hospital Medical Research Fund for an equipment grant.

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Comment

Significance of Early and Late Positive Responses to Insulin Hypoglycaemia in Patients with Intact Vagi

Burns, Cheng, Cox, Payne, Spencer, and Welbourn (1969) have discussed the significance of early and late positive responses to insulin hypoglycaemia in 100 duodenal ulcer patients before surgery, using the 'dividing line' suggested by Ross and Kay (1964). On two points of fairly fundamental importance their results differ from the results of a similar study performed in our department, where 59 duodenal ulcer patients had insulin tests before surgery. We have used 0.4 I. E. insulin/kg body weight intravenously and pH 3.5 as the endpoint for electrometric titration.

Burns *et al* found the mean spontaneously secreted acid output in men to be 0.8-3.9 m-equiv H⁺/hour whereas our 53 subjects produced 7.7 m-equiv H⁺/hour. In the series of Burns *et al* 37 patients had a late positive response, while this was the case in only eight of our 59 patients. Fifty-seven of our 59 patients had a positive response within 60 minutes after insulin injection, one man a positive response after 60 minutes, while one man had a negative response, having a mean spontaneous acidity of 93 m-equiv H⁺/l. We have found a significantly lower spontaneous acid output in patients having an early positive test (45 min) than in patients with a positive response after 45 minutes. In the work of Burns *et al* this was only the case in which the division between early and late positive was made at 60 minutes. The smaller number of late positive insulin tests and

the higher mean spontaneous acid output in our work may be explained by a more complete collection of gastric secretions than that of Burns *et al*. The higher dose of insulin used in our work cannot explain the difference in response. Information concerning the blood glucose concentration 30 minutes after insulin injection is lacking in the article by Burns *et al*. In our patients the blood sugar level was below 50 mg % 30 min after insulin injection in all cases.

We fully support the suggestion that division into 'early' and 'late' positive responses is artificial and can have no meaning in predicting the completeness of the vagotomy when used after this operation. Also the division between positive and negative tests according to Hollander (1948) is highly problematic. Of 300 patients with duodenal ulcer followed for three to four years after

truncal vagotomy and drainage we have found 15 patients with recurrent ulcer and/or incomplete vagotomy verified at reoperation: 10 patients had a negative, three an early positive (60 minutes), and two a late positive (after 60 minutes) insulin test 10 days after the first operation.

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Notes & Activities

During the 4th World Congress of Gastroenterology, meeting in July, 1970, in Copenhagen, a special meeting will be arranged for those concerned with research into gallstone disease. The discussions will cover the physico-chemical aspects of bile, the composition of gallstones, and epidemiological aspects of gallstone disease. The meeting is being arranged by Dr I. A. D. Bouchier, Department of Medicine, Royal Free Hospital, Grays Inn Road, London, WC1, for the Research Committee of the World Organisation of Gastroenterology (OMGE).

Research workers who would like to attend should notify Dr Bouchier who will send further details of the programme.

The tenth series of Medical Days, the anniversary meeting, and the 3rd scientific meeting of the gastroenterologists of Yugoslavia will be held from 24 to 28 June 1970 in Subotica, Yugoslavia. The main topics to be discussed will be 'Tumours of the digestive tract', 'Pathophysiological aspects of liver disease', and 'The clinical value of liver function tests'. There will also be a session for free

communications, as well as panel discussions and lectures.

Enquiries should be addressed to The Organizing Committee, 10th Medical Days, Medical Department, General Hospital, Subotica, Yugoslavia.

The third meeting of the **European Society for Pediatric Gastroenterology** will take place from 9 to 11 July 1970 in Lund, Sweden. The transactions of the Society are published in *Acta Paediatrica Scandinavica*.

Information about the society may be obtained from Professor Bertil Lindquist, Lunds Universitet, Barnsjukhuset, Lund, Sweden.

A one-day meeting on **Mechanisms of Hepatic Injury** will be held at the Royal Free Hospital, London, on Saturday 25 July 1970. Subjects to be considered will include viral, alcoholic, myotoxic, iron, drug-induced, cholestatic, and immunological liver injury. To date C. S. Davidson (Boston), A. J. Levi (New York), C. S. Lieber (New York), P. N. Magee (London), J. G. Walker (London), and R. Williams (London) have accepted invitations to speak.

A symposium on **Applied Gastroenterology** will be held at the London Hospital on 1 and 2 October 1970. There will be three sections: 'The stomach' (Mr Hermon Taylor, Chairman); 'The duodenum' (Dr Lester Dragstedt, Chairman); and 'The colon' (Mr H. E. Lockhart-Mummery, Chairman).

Further details may be obtained from The Secretary, The Surgical Unit, The London Hospital, Whitechapel, London, E1.

Notes on Books

Diseases of the Colon, Rectum and Anus. The William Heinemann Publishing Company are introducing a new series of specialized textbooks designed to facilitate postgraduate education during the early postgraduate years, and this volume edited by Basil C. Morson, is the first in the series.

It consists of 26 chapters, each written by an expert in his subject, but specifically to provide a basic introductory account and a general picture of our present state of knowledge. Each chapter therefore enables a doctor not particularly familiar with polyps and polyposis, irritable bowel syndrome, idiopathic proctocolitis, diverticulosis, ileostomy, diverticular disease, fistula-in-ano—as some examples of the

clinical subjects—to bring himself up to date. In addition there are chapters on anatomy, physiology, radiology.

The book is splendidly concise, well illustrated, and each chapter provided with the important references. It is likely that this book will prove most popular with more senior practitioners, as it will with those in the early, formative years of their medical career.

Gastroenterologic Medicine, edited by Moses Paulson, is a single volume covering the liver, gallbladder, and pancreas, as well as the alimentary tract. It has 1,627 pages and 67 chapters. It is in the 'Buckus' tradition but compressed into one volume. It is extremely comprehensive and obviously a most useful reference book. Historical aspects, applied physiology, and modern diagnostic techniques take up the first 24 chapters, and the remaining 43 are clinically orientated. A feature common to all such 'multi-author' books is the difficulty in getting sections fully up to date. References are very numerous, some chapters having over 300 but very few quoted are after 1964. The ugly title of the book and the price (£27) will reduce its attraction to individual physicians and surgeons, but it is clearly a book which must be found in hospital and departmental libraries.

Diets for Sick Children by Dorothy E. M. Francis and Daphne J. W. Dixon. Organizing special diets for children poses extra difficulties which have been overcome by the publication of this book from the Hospital for Sick Children, Great Ormond Street, London, and now in its second edition. The sections on diets for various carbohydrate intolerances and amino-acid disorders are of special interest and value but all the chapters and appendices are likely to be of considerable use to many physicians, as well as to paediatricians. Gluten-free diet is of course covered particularly comprehensively. (Published by Blackwell Scientific Publications, Oxford and Edinburgh, Price 50s.)

Gastroenterologists have to keep a close watch on the immunology research field as it is a possible gateway to some of the unsolved aetiological problems of the alimentary tract. Attention is drawn to the publication **Dyscrasias of Immunoglobulin Production: Their Impact on Modern Immunology** by Benjamin L. Gordon II. F. A. Davis Company, Philadelphia and Blackwell Scientific Publications, Oxford. Price 50s.