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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 devoted to short papers on laboratory and surgical techniques and methods of investigation where these are not part of a lesser survey.

COMMUNICATIONS Papers should be addressed to the Editor, *Gut*, B.M.A. House, Tavistock Square, London, W.C.1. Papers are accepted only on the understanding that they are not published elsewhere without previous sanction of the Editorial Board. 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.

ABBREVIATIONS In general, symbols and abbreviations should be those used by British Chemical and Physiological Abstracts. In any paper concerning electrolyte metabolism, it is desirable that data be calculated as m-equiv/l. as well as (or alternatively to) mg/100 ml.

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 B.M.A. 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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GUT

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Signposts

PERSISTENT HAEMOLYSIS AFTER INFECTIOUS HEPATITIS (page 516) This study describes certain long-term effects of infectious hepatitis. The haemolytic disorder cannot be related either to the severity or duration of acute liver disease or relapsed hepatitis.

EFFECT OF CORTICOSTEROIDS ON MOUSE HEPATITIS VIRUS INFECTION (page 522) A deleterious effect was noted when corticosteroids were administered before or early in the course of the viral hepatitis in mice. An increase of virus in the liver is possibly an important factor in the increased severity of mouse hepatitis.

CLINICAL SIGNIFICANCE OF WHITE BILE IN THE BILIARY TREE (page 530) Nine patients operated on for obstructive jaundice were found to have white bile in the biliary tree. White bile alone does not point to a grave immediate prognosis.

MOTILITY STUDIES IN DIVERTICULAR DISEASE OF THE COLON (pages 534 and 538) In part I basal activity and the response to food was assessed by miniature balloons and open-ended tubes. In part II the study was extended to measure the effect of colonic and rectal distension.

RELATION BETWEEN GASTRODUODENAL MUSCLE CONTRACTILITY AND GASTRIC EMPTYING (page 543) Gastric emptying is regulated in part by the relative contractile force of the antrum and duodenum, the greater rate of emptying when there is relatively high antral and low duodenal activity and, conversely, slowest when there is relatively low antral and high duodenal activity.

OEESOPHAGEAL STRICTURE ASSOCIATED WITH CROHN'S DISEASE (page 549) Unusual oesophageal strictures occurring in two cases of Crohn's disease.

ABSORPTION OF ELECTROLYTES FROM THE COLON IN CASES OF ULCERATIVE COLITIS AND IN CONTROL SUBJECTS (page 555) This is a study of absorption of electrolytes in the normal disease of the colon by means of radioactive isotopes.

DEFINITION OF MEGACOLON IN COLITIS (page 562) The radiological upper limit of normal of the diameter of the transverse colon in the midline has been defined as 5.5 cm

on a plain abdominal radiograph and 6.5 cm on double contrast enema films, a definition tested in patients with colitis complicated by megacolon and found valid.

FAECAL FLORA OF PATIENTS WITH ULCERATIVE COLITIS DURING TREATMENT WITH SALICYLAZOSULPHAPYRIDINE (page 565) The results provide no support for the view that the action of salazopyrine in ulcerative colitis is related to its antibacterial effect.

DUODENAL pH VALUES IN NORMAL CONTROLS AND IN PATIENTS WITH DUODENAL ULCER (page 569) Neutralization capacity in the duodenum in patients with duodenal ulcer does not seem to be impaired.

THE PROGNOSIS OF THE PERFORATED ACUTE DUODENAL ULCER (page 572) Patients with only a brief dyspeptic history before perforation are shown to have an appreciably lower incidence of complications, although the operative mortality rate was no different from that in patients with chronic ulcers.

DEGRADATION OF BILE SALTS BY HUMAN INTESTINAL BACTERIA (page 575) This study indicates that anaerobic bacteria are of major importance. This is probably true *in vivo* as well as *in vitro*.

VALUE OF HISTOCHEMICAL REACTIONS FOR MUCOSUBSTANCES IN THE DIAGNOSIS OF CERTAIN PATHOLOGICAL CONDITIONS OF THE COLON AND RECTUM (page 577) Histochemical methods to visualize neutral mucins and sulphated and non-sulphated acid mucosubstances have been used in various conditions of the colon and rectum, and have shown interesting differences.

HYPERTROPHY OF THE APPENDICES EPILOICAE AND LIPOMATOUS POLYPOSIS OF THE COLON (page 587) A unique case.

COMPARISON OF THREE ISOTOPIC METHODS FOR THE STUDY OF CALCIUM ABSORPTION (page 590) The results obtained by using a simple single crystal whole-body counter correlated well with those using carefully checked seven-day collections of stools and urine.

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The June 1969 Issue

THE JUNE 1969 ISSUE CONTAINS THE FOLLOWING PAPERS

Signposts

Electric-potential difference—a neglected parameter of gut integrity and function? MICHAEL G. GEALL and W. H. G. SUMMERSKILL

The gut and oral glucose tolerance C. D. HOLDSWORTH

Hypotonic duodenography POUL STAGE and LARS BANKE

Radiological determination of spleen size L. M. BLENDIS, ROGER WILLIAMS, and LOUIS KREEL

Double-contrast method for the evaluation of gastric lesions TORIOLA F. SOLANKE, KENJI KUMAKURA, MASAKAZU MARUYAMA, and NAIKI SOMEYA

Aspirin and uncomplicated peptic ulcer B. L. CHAPMAN and J. M. DUGGAN

Intestinal disaccharidase activity after Billroth II resection for peptic ulcer E. GUDMAND HØYER, S. JARNUM, and H. WORNING

Perforated duodenal ulcer in Reading from 1950 to 1959 PAUL CASSELL

Nine cases of gastric ulcer after vagotomy and drainage for duodenal ulcer SIMMY BANK, I. N. MARKS, J. H. LOUW, and B. BROM

Transmural potential difference in patients with hiatus hernia and oesophageal ulcer IVAN T. BECK and NAOMI A. HERNANDEZ

Fate of trypsin and chymotrypsin in the human small intestine D. M. GOLDBERG, R. CAMPBELL, and A. D. ROY

Polymeric collagen isolated from the human intestinal submucosa F. S. STEVEN, D. S. JACKSON, J. D. SCHOFIELD, and J. B. L. BARD

Effect of gastric juice on iron absorption in patients with gastric atrophy A. JACOBS and G. M. OWEN

Prognostic value of estimating serum proteins in cases of ulcerative colitis in remission F. T. de DOMBAL

Measurement of deoxyribonucleic acid (DNA) in canine jejunal fistular fluid DALE P. J. GOLDSMITH

Obituary

Notes and activities

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BRITISH MEDICAL ASSOCIATION, TAVISTOCK SQUARE W.C.1. price 18s. 6d.

that correlation between measured and calculated volumes is much better in a fairly fast perfusion system than in a closed loop'. They found that approximately 100% PEG recovery could be obtained from closed loops only on 'repeated washing'. A perfusion system may provide such a washing effect. In their discussion they actually state that 'absorption of PEG on to mucosal cells, however, is not conclusively excluded by these results'. We still feel that the extremely slow perfusion system, described by Whalen *et al* (1966), is open to the criticism that the very long transit times might allow considerable inequalities of marker distribution across the lumen to develop.

5 There is, in fact, little published evidence on the magnitude and practical significance of contamination of this sort. The most elaborate relevant studies are those of Whalen *et al* (1966), but we consider that their methods are open to the criticisms detailed in the preceding paragraph and in the discussion section of our paper.

Finally, we wonder what other explanation there can be for our finding that contamination does not underestimate absorption rates in the type of study, which we described.

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Notes and activities

BOOKS OF INTEREST TO READERS OF *Gut*

Natural Antinutritive Substances in Foodstuffs and Forages By Iancu Gontzea and Paraschiva Sutzescu. The purpose of this book is to describe naturally occurring constituents of some foods which on ingestion adversely attack the state of nutrition. Additive toxins due to cultivation or manufacture are excluded, and the book is concerned only with naturally occurring antinutrients. These are divided into three main groups according to whether they depress the digestion or metabolic utilization of protein, reduce the availability of minerals, or inactivate or increase the requirements for certain vitamins. The protein inhibitors include antiproteases present in various foods, including legume seeds. Another section deals with oxalic acid which is present in spinach and rhubarb. The Brassica family, including cabbage, contains substances which increase the levels of thiocyanate in the blood and depress absorption of iodine by the thyroid gland. The antiproteases, and also certain vitamin inhibitors, are of special interest in gastroenterology and may contribute to symptoms. It is a monograph primarily written for nutritional scientists, but is also a publication which should be known to all those actively engaged in academic gastroenterology. It is very well documented, and prefaced by Sir David Cuthbertson. (Published by S. Karger, Basel, Switzerland and New York.)

Abdominal Operations Published in two volumes this is practically a new book compared with the fourth edition of 1961. It deals with choice of operation, difficulties and dangers which may arise during operation, and pre- and postoperative care in great detail, with special reference to complications. It is written by an Anglo-American team of 82 with British surgeons, physicians, and pathologists very well represented. Younger men wherever appropriate have been invited to contribute. The net result is a most up-to-date and quite invaluable record of modern knowledge and practice. The book should be available in all gastroenterological departmental libraries and hospital medical libraries. (Published by Appleton-Century-Crofts.) Price £20 set of two volumes.

Diagnostic Uses of Radioisotopes in Medicine This volume of 104 pages brings together present-day diagnostic radioisotope techniques available to the clinician. It covers the main fields of medicine; the section on gastroenterology is written by D. N. Croft. A real asset for all engaged in hospital medicine. Price 15s.

THE SECOND INTERNATIONAL SYMPOSIUM ON GASTRO-INTESTINAL MOTILITY This will be held at Villa Falconieri, Frascati, Rome, from 10 to 14 September 1969. All information can be had from Dr Torsoli, 11 Clinica Medica dell'Universita, Viale del Policlinico, 00100 Rome.