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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, WC1H 9JR. 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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The October 1970 Issue

THE OCTOBER 1970 ISSUE CONTAINS THE FOLLOWING PAPERS

An interplay of genetic and environmental factors in familial hepatitis and myasthenia gravis
SENGA WHITTINGHAM, IAN R. MACKAY, AND Z. S. KISS

A case of the Dubin-Johnson syndrome complicated by acute hepatitis
RAJIV R. VARMA, JOHN M. GRAINGER, AND PETER J. SCHEUER

Idiopathic acute fatty liver of pregnancy
K. J. BREEN, K. W. PERKINS, S. P. MISTILIS, AND R. SHEARMAN

Dose response relationships of insulin hypoglycaemia and gastric acid in man
J. H. BARON

A case of the Zollinger-Ellison syndrome associated with hyperplasia of salivary and Brunner's glands
B. S. JONES, J. J. O'HAGAN, D. N. PHEAR, AND E. SHEVILLE

Recurrent acute retrograde intragastric intussusception
J. ALEXANDER WILLIAMS AND J. F. FIELDING

Pepsin secretion in man after Histalog stimulation
MICHAEL D. TURNER, PAULA J. MAYER, LEON L. MILLER, AND HARRY L. SEGAL

The role of chronic blood loss in the pathogenesis of postgastrectomy iron-deficiency anaemia
J. M. HOLT, M. W. L. GEAR, AND G. T. WARNER

Histological localization of plasminogen activator and proteolytic activity in the human stomach and duodenum
P. ERAS, P. HARPEL, AND S. J. WINAWER

Oestrus and gastric secretion in the dog
JOHN H. LANDOR AND ROBERT A. WILD

The interrelationships of pancreatic enzymes in human duodenal aspirate
D. M. GOLDBERG AND K. G. WORMSLEY

Electrical potentials of the sigmoid colon and rectum in irritable bowel syndrome and ulcerative colitis
C. J. EDMONDS

Gastric leiomyoblastoma
B. BOSE AND J. CANDY

The selective nerve stain leucomethylene blue as an intraoperative aid to achieving complete vagotomy
M. L. FRIMER, M. M. COHEN, R. C. HARRISON, AND I. B. HOLUBITSKY

Progress report Inhibition of gastrointestinal secretion
K. G. WORMSLEY

Notes and activities

Copies are still available and may be obtained from the PUBLISHING MANAGER, BRITISH MEDICAL ASSOCIATION, TAVISTOCK SQUARE, LONDON WC1H 9JR price 17s. 6d.

Studies on serum gastrin levels in pernicious anaemia

M. G. KORMAN, D. J. B. ST. JOHN, AND J. HANSKY (Melbourne)

Fasting serum gastrin levels were measured by radioimmunoassay in 21 patients with pernicious anaemia and studies to assess the response to physiological inhibitors of gastrin release were performed in 15 of the patients. Serum gastrin levels were measured in five patients during infusion of 0.9% saline and 0.1N hydrochloric acid into the stomach, and in two patients during infusion of solutions of increasing acidity. The response to the intravenous injection of secretin was studied in eight patients. The mean fasting serum gastrin level (\pm SEM) for the 21 patients was $1,036 \pm 215$ pg/ml. Only one patient had a fasting level within the normal range (0-120 pg/ml). Infusion of hydrochloric acid into the stomach resulted in a mean fall of 40% in serum gastrin. Infusion with solutions of increasing acidity was increased from pH 6 to pH 4. Rapid intravenous injection of secretin produced a mean maximal fall of 44% in the serum gastrin levels, whereas slow infusion produced a mean maximal fall of 35%.

the Gastroenterological Society of Australia. Like the spring meeting in Great Britain, this was devoted to a special subject, on this occasion, the pancreas. Dr I. M. Marks, of Cape Town, as the 1970 Phillip Bushell lecturer, was the guest speaker on pancreatitis. The physiology and pathophysiology and diagnosis of pancreatic disorders were admirably covered by the contributions to this weekend meeting which was attended by 180 visitors. It was a vigorous, lively, informative meeting and held under ideal conditions. The Society was inaugurated in 1959 and has developed exceedingly rapidly and is now holding meetings twice a year. Gastroenterology in Australia began in the 1930s with the splendid pioneer work by Ian Wood and his colleagues in introducing the flexible gastric biopsy tube. This not only led to a clear understanding of the natural history and pathology of gastritis but opened up a vast new field of intestinal research. The Walter and Eliza Hall Institute in Melbourne, under the direction of Ian Wood, was the starting point not only for clinical and scientific gastroenterology but also for the practice of clinical research in Australia. Many of those who worked with him, such as Saint, King, Joske, and Mackay, later developed their own gastroenterological units around Australia. At the same time Dr A. W. Morrow and Dr S. Goulsion were building up another unit, which is now the Sir William Morrow Unit at the Royal Prince Alfred Hospital, Sydney, and its research activities made a great impact on world gastroenterology.

Today, each main hospital in Australia and New Zealand has a well developed gastroenterological service and everywhere there is a great interest and activity in clinical research, as indeed is evident from the report of the Proceedings of their Society published in this number. Not all centres could be visited, but among those seen the Sir William Morrow Unit at the Royal Prince Alfred Hospital, Sydney, stood out with the best-planned programme for postgraduate training and for its very lively and active research activity under the direction of Dr Mistilis. For a well-developed gastroenterological service in a busy general teaching hospital special credit is due to Dr Alan Kerr Grant for the attention to detail and to the efficiency of his Department at Queen Elizabeth Hospital, Adelaide. Gastroenterology in Australia is being very well backed up by fundamental research work going on in university pre-clinical and clinical departments. Professor Joske in Perth, a very active gastroenterologist himself, is particularly well supported by Professor N. J. Simmonds, Dr Morgan and Dr Hoffman in the Department of Physiology in the University of Western Australia, and the same applies to Dr

Fone and Dr Mackay at the Royal Melbourne Hospital, to Dr Luke Murphy at St Vincents Hospital and Dr Hansky and Dr Peter Parsons in relation to Monash University. Monash, a new university with delightful architectural appeal, had been catalysed into great activity by its medical dean, Professor Rod Andrew, a gastroenterologist with a special gift for administration. Other hospitals visited included the Royal North Shore Hospital, Sydney, where Dr D. Piper and Dr Nagy focus down on problems of peptic ulceration and are particularly well backed up by their radiological colleague, Dr John Hunt. At the Prince Henry Hospital, Dr B. Billington continues his interest in analgesic drugs in relation to ulceration, and at the Concord Hospital Dr Neil Gallagher, Secretary of the Gastroenterological Society of Australia, runs a very active department. The uninhibited and original approach to so many problems is equally to be found in other centres and adds up to a particularly stimulating experience for overseas visitors. Those who were particularly interested in liver diseases would be able to pinpoint many other workers and departments, including Professor Blackburn at the Royal Prince Alfred Hospital, Sydney, Dr Hecker at Adelaide, and Dr Powell at Brisbane. It was interesting to find how well gastroenterological services have been developed in the smaller hospitals, a particularly good example being the Department of Gastroenterology at Geelong, under Dr Andrew Newell.

Most medical visitors to this continent will find some special interest, apart from gastroenterology, in nature conservancy, animal or bird life, Australian art or architecture. Any such interest shown is at once picked up by one's hosts and combined with suitable excursions, barbecue picnics and suitable introductions. Indeed, any such line can rapidly build up into a major commitment! It was particularly pleasing to find the sense of importance of nature conservancy which has recently come very much to the fore.

It is important to include New Zealand with one's visit to Australia, or vice versa. New Zealand, with its green countryside and splendid scenery, offers a happy contrast to the rather arid Australian landscape. Gastroenterology, as in Australia, has rapidly developed in recent years and hospitals have built up first-class gastroenterological services, and it is clear that the New Zealand Society of Gastroenterology is another young and progressing Society, with Dr Brian Scobie as President. Each of the three modern hospitals in Auckland has a particularly well organized department of gastroenterology, and it was interesting to find the integration of effort which was possible under one board of management for the city and to see the collaboration which

Notes and activities

A Gastroenterological tour of Australia and New Zealand

A visit to gastroenterological centres in Australia and New Zealand is a particularly memorable and invigorating experience. My visit took me to Perth, Adelaide, Melbourne, Sydney, Canberra, and Auckland, with the opportunity of attending the Spring (October) meeting of

exists between Dr Tasman Jones, Dr Alan Cameron, Dr Gordon Nicholson, and Dr Pamela Brown, together with their surgical and radiological colleagues. It seems that the same is equally true of the other main cities in New Zealand. One can combine a visit to gastroenterological centres with a special interest in thermal pools, glow-worm caves and the superb scenery of highlands, mountains, and islands, particularly the Bay of Islands! The friendliness and superb hospitality which one encounters everywhere adds so much to one's stay and to one's life-long memories.

F.A.J.

Eighth International Congress of the International Society of Endoscopy and Radio-cinematography

The congress will be held in Liège on 17, 18, and 19 September 1971. The subjects will be 'Anaesthesia for endoscopy', 'New fibrescopes', 'Television in endoscopy', and 'The applications of three-dimensional microscopy'.

The last day of the congress will be a joint session with the Gastroenterological Society of North Lorraine.

For further information please write to Dr J. Raikmann, the Secretary General, 9 Quai des Ardennes, 4000 Liège, France.

The Collegium Internationale Chirurgia Digestivae will hold its first world congress in Sanremo (Italy) from 20 to 23 May 1971.

The subjects chosen for symposia, discussions, and lectures are: 'Oesophagoplasty', 'Surgical treatment of precancerous lesions of the rectum and colon', 'Chronic vascular mesenteric insufficiency', 'Emergency surgical treatment of acute pancreatitis', 'Surgical treatment of primary and secondary liver tumours', 'Clinical experience of liver transplantation', and 'Teaching of digestive surgery in universities and hospitals'.

The address of the secretariat, from which further information can be obtained is: II Divisione Chirurgica, Ospedale S. Giovanni, Via Amba Aradam, 00184 Rome, Italy.

man; economic aspects of trichinosis, methods of inspection of pork in Germany; and epidemiology and control of the infection.

The Ehlers-Danlos Syndrome by Peter Beighton. William Heinemann Medical Books Limited. (Price 63s.) This monograph is based on a personal study of 100 patients—a remarkable achievement for such a rare condition—and brings together all the clinical facets of this disorder of connective tissue, giving rise to hyperextensible skin, hypermobile joints, fragile tissues, and a bleeding diathesis. The gastrointestinal complications include alimentary bleeding, retroperitoneal haemorrhage, and a greater liability to the formation of diverticula in all parts of the gastrointestinal tract. The tissue fragility makes alimentary surgery particularly hazardous.

Kinin Hormones by M. Rocha e Silva. Charles C. Thomas, Springfield, Illinois, USA. This monograph is mainly concerned with the hypotensive peptides, particularly Bradykinin and its derivatives, and is a monograph intended for those who are interested in keeping abreast of the fast-growing field of biologically active peptides, of which some are of special interest in gastroenterology. It is one of the series, 'Living chemistry,' which aims to relate the new knowledge of chemical medicine to clinical practice.

Immunological Surveillance by Macfarlane Burnet. Pergamon Press, Oxford. (Price 60s.) Immunological surveillance is a term introduced by Burnet to describe the function of immune cells in controlling cancer by the elimination of mutant cells, including potential cancer cells. The essential theme of the book is somatic mutation; cancer being only one, though medically the most important of the results of this. The book discusses a remarkable range of biological topics, including children born immunologically crippled; why cancer is not contagious; the evolution of vertebrates; and spots on Dalmatian dogs! This relatively small book may well prove to be the most important of Sir Macfarlane Burnet's many contributions to medical science.

Notes on books

This comprehensive volume, **Trichinosis in Man and Animals**, edited by S. E. Gould, published by Charles C. Thomas, Springfield, Illinois (540 pages; price \$44.50) describes the current prevalence of trichinosis not only among human beings, but also among domestic and wild animals in all regions of the world. Twenty-four recognized investigators in this field report their findings and their evaluations of the infection in chapters concerning the history, life cycle, morphology, physiology, biochemistry, chemical pathology, and cultivation *in vitro* of *Trichinella*; effects of irradiation on *Trichinella*; immunology, pathology, serology, symptomatology, clinical diagnosis, diagnostic laboratory methods, and treatment of trichinosis in