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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 December 1970 Issue

### THE DECEMBER 1970 ISSUE CONTAINS THE FOLLOWING PAPERS

- Hereditary angioneurotic oedema: an unusual case of recurring abdominal pain EDWARD J. FELLER, HOWARD M. SPIRO, AND LEONARD A. KATZ
- Studies of the effect of metoclopramide and apomorphine on gastric emptying and secretion in man N. RAMSBOTTOM AND J. N. HUNT
- Observations on gastric acid output by a three-hour histamine infusion test using maximal doses on patients with duodenal ulcer and in normal controls R. M. HECTOR AND J. F. WEBB
- Peptic ulceration in Crohn's disease (regional enteritis) J. F. FIELDING AND W. T. COOKE
- Crohn's disease of the stomach and duodenum J. F. FIELDING, D. K. M. TOYE, D. C. BETON, AND W. T. COOKE
- Electron microscopy of myenteric nerves in Hirschsprung's disease and in normal bowel E. R. HOWARD AND J. R. GARRETT
- A new method of measuring the rate of shedding of epithelial cells from the intestinal villus of the rat RUFUS M. CLARKE
- The influence of sex, body weight, and renal function on the xylose test MARTIN J. KENDALL AND SHEILA NUTTER
- Reversible nicotinamide-deficiency encephalopathy in a patient with jejunal diverticulosis S. TABAQCHALI AND C. PALLIS
- Acalculous adenomyomatosis of the gallbladder G. BEVAN
- Occurrence of an abnormal lipoprotein in patients with liver disease A. ROSS, G. M. MURPHY, P. A. WILKINSON, G. L. MILLS, AND S. SHERLOCK
- The action of sennosides and related compounds on human colon and rectum J. D. HARDCASTLE AND J. L. WILKINS
- Progress report* Lactulose S. G. ELKINGTON
- Progress report* Electrolyte absorption from the colon L. A. TURNBERG
- Proceedings: British Society of Gastroenterology: 31st Annual General Meeting
- Notes and activities

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## Notes and activities

### The New Gastrointestinal Unit at Hull Royal Infirmary

Dr John Bennett, gastroenterologist at Hull Royal Infirmary, seized an opportunity when the hospital was rebuilt. A gastrointestinal unit has been reconstructed from a previous operating theatre and gynaecological ward and consists of offices, endoscopy room, a laboratory, and a ward with 13 cubicles, four of them operating as day beds and the others available for either sex. These beds are used primarily for investigation and for the management of acute exacerbations. The unit is staffed with two sisters and six staff nurses, five of them part time. It demonstrates well what can be done by low-cost conversion of older wards. The unit was officially opened by Sir Francis Avery Jones.



### Fifth Meeting of the South African Gastroenterological Society

The fifth meeting of the South African Gastroenterological Society was held in the Atheneum, Rondesbosch, Cape Town, from 21 to 25 September 1970 in conjunction with the 7th Biennial Congress of Physicians of South Africa. The committee for the year 1971 was elected with

Dr I. N. Marks (President), Dr S. Bank (Secretary/Treasurer), Dr H. Kavin, Dr O. A. O. Bock, Dr B. Silber, Dr J. Terblanche, Dr R. Meckel, and Dr M. Moshal.

Thirty-five papers were presented at the gastroenterology and liver disease sections of the Congress. Dr B. Silber (Cape Town) discussed the importance of motility studies in the diagnosis of benign oesophageal disease and indicated that 20% of patients with hiatal hernia have abnormal motility in the body of the oesophagus. The studies were also of particular value in determining whether patients with Reynaud's phenomenon progress to diffuse systemic sclerosis. Of 1,000 patients with hiatal hernia seen by him personally, 74% were treated conservatively with excellent results. In the surgical group there was a 40% recurrence rate of symptoms with abdominal approaches and a 67% recurrence with a transthoracic approach. Dr R. Meckel (Pretoria) presented data which suggested that carcinoma of the oesophagus among Bantu patients in South Africa may be related to alcoholic beverages and pellagra. A number of papers re-establishing the value of fiberoptic gastroscopy with biopsy in dyspepsia and gastric bleeding were presented, and Dr H. Kavin (Johannesburg) showed that pinpoint gastric erosions could occur with all forms of acetylsalicylate but faecal blood loss was less common when this was stabilized with sodium bicarbonate. Dr O. A. A. Bock (Cape Town) showed that it was often difficult for the general radiologist to interpret the findings after pyloroplasty or in fact whether a pyloroplasty had been done or not. With perfusion studies of the small bowel, Dr M. Moshal (Durban) presented evidence to show that gastrin may limit absorption of glucose, water, and sodium beyond the mid-jejunal mucosa. He also discussed a syndrome resembling 'tropical sprue' and responding to folic acid/tetracycline in Bantu patients in Durban. Dr B. Novis (Cape Town) presented 23 cases of abdominal lymphoma presenting with malabsorption in a 10-year period. None of the patients had coeliac disease and the majority were young coloured males. The term 'Mediterranean type' abdominal lymphoma was considered to be incorrect as this syndrome was relatively common in this part of the world. All grades of villous atrophy could be found. The value of estimating urinary indican was presented by Dr Novis (Cape Town) and the

high levels in various malabsorption states was confirmed, but the values were normal in pancreatic steatorrhoea. Normal children and infants with kwashiorkor had extremely low levels of urinary indican and the test was of little value in confirming enteral bacterial overgrowth in kwashiorkor. Dr K. Blake (Cape Town) reviewed the isotope techniques available for the investigation of malabsorption with special reference to faecal calcium loss.

The role of radiotherapy in the management of pancreatic ascites was illustrated by Dr H. Kavin (Johannesburg) in a patient with massive ascites who had an excellent result from the administration of 1000r to the pancreas. Dr I. N. Marks (Cape Town) discussed the possible genetic and nutritional factors in relation to alcoholic calcific pancreatitis in the Cape. Positive factors arising out of the study were a high rate of childhood protein malnutrition, a preponderance of group O phenotype and high sweat sodium. Alcohol may be the precipitating factor in genetically predisposed people. Dr B. Joffe (Cape Town) demonstrated low serum insulin, growth hormone and glucagon levels in calcific pancreatitis. Dr S. Bank (Cape Town) presented a revised classification of amoebic colitis which was of therapeutic and prognostic importance. Acute fulminating colitis had a high mortality and the feasibility of surgery was discussed. Amoebic colitis could be acute or chronic, continuous or intermittent and postamoebic colitis was indistinguishable from ulcerative colitis. The dissecting microscopic appearances of the rectal mucosa in health and disease was presented by Dr S. Bank, and the variations in ulcerative colitis, Crohn's disease, and amoebic colitis shown. Dr A. Redmond (Cape Town) demonstrated dissecting microscopy changes in the colon in kwashiorkor as well as abnormalities of the faecal K/N ratio during the active stage of the disease. The section on liver disease took the form of a whole day's symposium. Dr S. J. Saunders (Cape Town) discussed the hazards of acute hepatic failure in 67 patients during a five-year period with special attention to the haemorrhagic tendency, hypoglycaemia, infection, hypoalbuminaemia, renal failure, and hypokalaemia, and Dr R. Hickman (Cape Town) showed that stage IV coma carried a mortality rate of 90% which could be reduced to 80% with all the currently available methods of treatment, including exchange transfusion, hetero-

ologous pig liver perfusion, or cross-circulation with a non-human primate. Thrombocytopoenia was almost universal with pig liver perfusion. The ASO titre was found to be elevated in 70% of patients with serum or infectious hepatitis (Dr N. Gitlin, Cape Town). The current status and the indications for liver transplantation were reviewed by Dr J. Terblanche (Cape Town), and Dr H. Spilg (Cape Town) discussed the aetiology, mechanisms, and prevention of gastric ulcer after porcine liver transplantation. The meeting concluded with two brilliant presentations by Dr R. Marshak, of the Mount Sinai Hospital, New York, on the radiology of granulomatous colitis and malabsorption syndromes.

S. BANK

#### Cholelithiasis: A clinical and dietary survey

The authors, Mary Wheeler, Lois Loftus Hills, and Betty Laby from the Departments of Surgery and Statistics, University of Melbourne, Australia, of 'Cholelithiasis: A clinical and dietary survey' (*Gut*, 11, 430-437) wish to make the following corrections and clarifications:

The incidence of cholelithiasis in the Australian-born patients was 2.5% (misprinted as 2.3%), and though the inci-

dence of the disease increased with age in this group, it decreased with age in the southern European women.

On p. 436 the subheading 'The ratio of southern European to Australian women' should read 'The southern European women', and the findings discussed in this section apply only to the female subjects of the study.

The Figure shows the age distribution of patients with cholelithiasis, patients in the control group, the hospital patients, and the population of Victoria.

In Table I the patients from southern Europe and other places were combined for the  $\chi^2$  test.

In Table II for males the widowed and separated, divorced patients were combined for the  $\chi^2$  test.

The data given in Table III under the heading 'southern Europeans' applies to all women (married or not), and in this group there were two childless patients with cholelithiasis. This table should include data on married cholelithiasis patients.

No. of Children	Australians	Southern Europeans	Total
1	8	1	9
≥1	184	55	239
Total	192	56	248

## Notes on Books

A third volume of **Progress in liver disease** edited by Hans Popper and Fenton Schaffner has now appeared, published by Grune & Stratton, Inc., New York and London (Pp. xi × 562. \$25.75.) The high standard of the previous volumes is maintained. The growing points of hepatology (with the unfortunate exception of Australia antigen) have been included.

We have also received **Physiopathologie des ictères** by Professor I. Pavel and S. Câmpeanu, published by Masson & Cie, Paris (394 pages; price 100 f.)

The **Coeliac Handbook**, published by The Coeliac Society (Price 15s. from W. and G. Foyle, H. Kimpton, and H. K. Lewis), as well as providing details of the coeliac diet and a list of recipes, contains a complete list of gluten-free manufactured products. The Introduction includes a history of coeliac disease and notes on the management of coeliac children.

