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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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clusions of Hartley, Gambill, Engstrom, and Summerskill (1966); these authors administered 2 U/kg secretin and 3 U/kg pancreozymin with a test meal. In normal subjects the hourly urinary amylase output never exceeds our admitted upper limit of 300 VLU/hour, even during the postprandial period.

Caerulein (FI 6934) was placed at our disposal by Farmitalia (Milan).

We wish to thank Dr Cl. Jeanty who helped us to carry out these tests, Mrs Girard and Mrs Steckelmacher who helped to carry out the practical side of these tests, Mrs Declercq and Miss Bouchei who carried out the chemical analysis in the laboratory of Dr Fr van der Veiken, whose assistance is greatly appreciated.

R. van der Hoeden, P. Wettendorff, and A. Delcourt

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## The September 1973 Issue

THE SEPTEMBER 1973 ISSUE CONTAINS THE FOLLOWING PAPERS

Small intestinal permeability in animals and man  
C. A. LOEHRY, J. KINGHAM, AND JUNE BAKER

The electrical and motor actions of gastrointestinal hormones on the duodenum in man  
W. E. WATERFALL, H. L. DUTHIE, AND B. H. BROWN

Observations upon ammonia absorption from the human ileum  
J. D. SWALES, M. PAPADIMITRIOU, AND O. M. WRONG

Cell kinetics in flat (avillous) mucosa of the human small intestine  
NICHOLAS WRIGHT, ALEXANDER WATSON, ADRIAN MORLEY, DAVID APPLETON, AND JANET MARKS

Double-blind trial of deglycyrrhizinated liquorice in gastric ulcer  
ALICE ENQVIST, FREDRIK VON FEILITZEN, EINAR PYK, AND HANS REICHARD

Fatty acid composition of plasma lipoproteins in control subjects and in patients with malabsorption  
T. SHIMOYAMA, H. KIKUCHI, M. PRESS, AND G. R. THOMPSON

Serum immunoglobulins in calcific pancreatitis  
SIMMY BANK, B. H. NOVIS, E. PETERSEN, E. DOWDLE, AND I. N. MARKS

Simulation of macroamylasaemia by salivary-type ('S type') hyperamylasaemia  
J. E. BERK, L. FRIDHANDLER, AND K. MONTGOMERY

Trichobezoar, gastric polyposis, protein-losing gastroenteropathy, and steatorrhea  
A. HOSSENBOCUS AND D. G. COLIN-JONES

Inhibition of leucocyte migration by tumour-associated antigens of the colon and rectum  
P. J. GUILLOU AND G. R. GILES

Disturbance of cell-mediated immunity in patients with carcinoma of colon and rectum  
O. N. MANOUSOS, J. ECONOMIDOU, CH. PATHOULI, AND G. MERIKAS

*Progress report* Is secretion secreted?  
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 87½p.

## Notes and activities

### Annual General Meeting of the BSG

The 34th Annual General Meeting of the British Society of Gastroenterology was held at Imperial College, London, 20-22 September, with Professor Sheila Sherlock as President.

The first day coincided with the meeting of the British Society for Digestive Endoscopy, and a joint symposium between the two societies was arranged to review recent advances in endoscopy and radiology and also surgical management in gastrointestinal bleeding. The main speakers were Dr P. B. Cotton (endoscopy), Dr L. Kreeel (radiology), and Professor C. G. Clark (surgery), with Sir Francis Avery Jones as moderator. The second symposium was held on alcohol and the gut, with Professor Sheila Sherlock as moderator. The clinicopathological aspects were reviewed by Dr P. W. Brunt, and the mechanisms by Dr C. S. Lieber from New York. The Sir Arthur Hurst Memorial Lecture was delivered by Dr J. E. Lennard-Jones, on 'Patterns and probabilities in colitis'. As usual it was the high spot of the meeting, with the lecturer skillfully interweaving mathematical logic with clinical medicine. The formal Annual Dinner which annually becomes more informal was held at the Cafe Royal and was a particularly happy and enjoyable occasion, having a felicitous and relaxed Lady Chairman—the first occasion in the history of the Society. The two Secretaries, Professor Ian McColl and Dr J. J. Misiewicz, organized the meeting extremely well and are to be congratulated. It was the largest meeting the Society has ever had. No less than 481 registered, including a number of visitors from overseas, particularly the European countries. At the Annual General Meeting Professor Wilfrid Card was elected an honorary member, and Dr Alan Hofmann of the Mayo Clinic was appointed Sir Arthur Hurst Memorial Lecturer for 1974. Forty-six new members were admitted, including five corresponding members: Professor Urban Krause (Sweden), Dr Jacinto de Miguel (Spain), Dr Alvin Newman (USA), Professor Claude Victor Perrier (Switzerland), and Dr Gaston Vantrappen (Belgium).

The following officers were appointed:

President	W. T. Cooke
President-elect	S. C. Truelove
Members of Council	J. Alexander-Williams
	C. C. Booth
	I. A. D. Bouchier
	N. F. Coghill
	B. C. Morson
	W. P. Small
	G. Watkinson
	K. G. Wormsley
	( <i>ex officio</i> )
Treasurer	C. G. Clark
Secretaries	Ian McColl
	J. J. Misiewicz

F.A.J.

### British Society for Digestive Endoscopy

The 2nd Annual General Meeting of the British Society for Digestive Endoscopy was held at Imperial College, London, on 20 September 1973 under the Presidency of Dr S. C. Truelove.

The annual business meeting preceded the scientific sessions. Professor A. E. Read was elected President and Dr D. D. Gibbs was elected Honorary Treasurer. The new members of the Executive Committee are Dr J. N. Glanville and Dr G. Watkinson, with Dr J. J. Misiewicz succeeding Dr J. E. Lennard-Jones as representative of the British Society of Gastroenterology.

The second Annual Foundation Lecture, entitled 'The future of gastrointestinal endoscopy' was given by Professor J. F. Morrissey (Wisconsin, USA). Professor Morrissey covered a wide field. Among other topics he reviewed possible advances in the manufacture of small fibres, in photography, and other aspects of instrumentation, speculated on who would be the endoscopists of the future, and discussed progress in the therapeutic aspects of endoscopy, mentioning such fascinating possibilities as the direct clipping of bleeding points. He also stressed that the future of gastrointestinal endoscopy would be greatly influenced by the need to recognize the importance of adequate training in the subject.

During the scientific session four papers were read. Abstracts will be printed in the November issue of *Gut*.

Members of the Society were the guests of the British Society of Gastroenterology for a symposium on gastrointestinal haemorrhage (Moderator: Sir Francis

Avery Jones). Dr L. Kreeel reviewed the place of radiology in the diagnosis of gastrointestinal haemorrhage and concluded that radiological methods were often of limited value. Dr P. B. Cotton pointed to the diagnostic value of early fibre-endoscopic examination. Professor C. G. Clark reviewed the results of surgery. A lively discussion ensued.

K.F.R.S.

### Workshop on Primary Biliary Cirrhosis

This workshop was held in Vittel, France, on 6 September 1973, during the eighth meeting of the European Association for the Study of the Liver. The chairman, Sheila Sherlock, introduced the topic by stating that the purpose of the meeting was to explore diagnostic criteria, newer immunological concepts, and the general effects of the disease.

A. N. Hamlyn (London) had studied the death certificates of patients with primary biliary cirrhosis dying in the United Kingdom. He stressed that it was a rare disease with a 9:1 ratio in favour of the female sex. It was most frequent in an urban community and in the higher social grades. This might reflect centres specializing in the subject being in large cities and the type of patient who sought special medical care. A survey of the literature showed that primary biliary cirrhosis affected Caucasians, Negroes, Orientals, and Indians. It was emphasized that more geographical studies all over the world were necessary.

P. J. Scheuer (London) described the appearances on liver biopsy. The diagnostic changes were those of granulomatous bile duct destruction. Compatible histological appearances were being better recognized. These included lymphoid aggregates, fibrosis of biliary type, slight piecemeal necrosis, peripheral zonal cholestasis, bile ductular proliferation, and sparsity of bile ducts. He introduced the problem of the histological overlap between primary biliary cirrhosis and active chronic hepatitis. In a group of cirrhotic patients at the Royal Free Hospital, some showed the histological features of primary biliary cirrhosis in the liver although the clinical features and biochemical changes rather suggested active chronic hepatitis.

M. Schmid (Zurich) followed this up by describing a patient who presented as chronic aggressive hepatitis and who showed high serum transaminase levels with a raised serum immunoglobulin G.

Serum mitochondrial antibodies were absent. Two years later, she showed the histological features of primary biliary cirrhosis and the mitochondrial antibody test was now positive.

J. G. Walker and M. Rizzetto (London and Turin) discussed the various serum autoantibody tests. The  $M_3$  component of the mitochondrial antibody test, which they had previously described, turned out to be a microsomal antibody not found in primary biliary cirrhosis. It is found in 2-3% of patients with active chronic hepatitis, usually in the younger age group with negative hepatitis antigen and smooth muscle tests.

N. D. C. Finlayson (New York and Edinburgh) had studied three groups of patients with a positive mitochondrial antibody test. One comprised primary biliary cirrhosis, one obstruction to the main bile duct, and the third neither. The serum cholic:chenodeoxycholic acid ratio could be used to distinguish primary biliary cirrhosis from the group with a positive mitochondrial test without surgical biliary obstruction or primary biliary cirrhosis. It proved a very sensitive test of cholestasis. All patients with obstruction to the common bile duct and a positive M test retained the positivity after the obstruction was relieved.

S. Hadzannis (Athens) noted that in primary biliary cirrhosis, the titre was usually one in 80 or more whereas non-specific positives were in lower titre. The M test was believed to have retained its value in the diagnosis of primary biliary cirrhosis.

P. A. Berg (Tubingen) said that females exceeded males in all 'auto-immune' conditions. There was a positive correlation between primary biliary cirrhosis, and blood group A in Germany.

A. L. W. F. Eddleston (London) had used the liver-specific lipoprotein of K. H. Meyer Zum Buschenfelde to show an inhibitory effect on the leucocyte migration index in the presence of primary biliary cirrhosis leucocytes in 42% of primary biliary cirrhotics. He had also prepared a protein fraction from bile, which depressed the leucocyte migration index in eight of 10 patients with primary biliary cirrhosis.

R. N. M. MacSween (Glasgow) had found a factor in the serum of primary biliary cirrhosis patients which affects T lymphocyte function as shown by the phytohaemagglutination lymphocyte inhibition test. He had also found a factor which inhibited PPD-induced lymphocyte

transformation. This might be connected with the known depression of tuberculin skin sensitivity previously described by Fox and coworkers in patients with primary biliary cirrhosis.

K. Kehayogliou (Athens) commented on the frequency of bone changes in patients with primary biliary cirrhosis. He stressed the importance of regular intramuscular vitamin D treatment. He had shown that medium chain triglycerides increased calcium absorption in these patients and recommended that this should also be given in treatment.

J.-P. Benhamou (Paris) stated that portal hypertension was frequent in primary biliary cirrhosis but gastrointestinal haemorrhage was a rare presentation. The mechanism was often obscure and the portal pressure did not correlate with the presence of nodules. Patients with primary biliary cirrhosis tolerated porta-caval anastomosis well if it was indicated after variceal bleeding.

#### CONCLUSIONS

Primary biliary cirrhosis is being diagnosed more often and earlier thanks to more frequent serum alkaline phosphatase determinations, the M test, and better knowledge of the significance of the histological changes in the liver. Immunological changes, both humoral and cell based, are being demonstrated. However, the mechanism by which the intrahepatic bile ducts are damaged remains unknown.

SHEILA SHERLOCK

#### Professor of Medicine

Dr L. A. Turnberg, a member of the Editorial Committee of *Gut*, has been appointed a Professor of Medicine at Manchester University in a new department at Hope Hospital. Dr Turnberg has been senior lecturer at Manchester University in the field of gastroenterology, particularly concerned with small intestinal absorption.

#### Oxford Course on Gastroenterology

A three-day course on gastroenterology will be held at Oxford from 6 to 9 January 1974.

This course is designed for consultants and registrars, including those who do not specialize in gastroenterology. It will consist of selected topics which are of current interest in relation to the normal

functioning of the digestive system and its diseases. The course will be held in the Witts lecture theatre in the Radcliffe Infirmary. The fee for the course will be £10.00. The closing date for application will be 1 December 1973. For further particulars apply to Dr S. C. Truelove, Radcliffe Infirmary, Oxford.

#### International Postgraduate Course in Gastrointestinal Endoscopy

The third international postgraduate course in gastrointestinal Endoscopy will be held at the Department of Medicine, University Erlangen-Nuremberg, Germany, directed by Professor L. Demling and Dr M. Classen on 26 and 27 November 1973.

Established and new endoscopic techniques will be demonstrated and can be practised by the participants.

The Congress language is English.

Applicants from the UK may contact Keymed Ltd, Maitland House, Warrior Square, Southend on Sea SS1JY.

## Notes on books

**Clinical Tropical Medicine. Vols. I and II** edited by Kevin M. Cahill. (Vol. I: Pp. xv + 339; illustrated; Vol. II: pp. xvi + 256; illustrated. £6.50 per volume.) University Park Press, Baltimore, London, and Tokyo. 1972. This tropical medicine series consists of a large number of special articles concerned with the background and the growing points of tropical medicine. Malaria, amoebiasis, cholera, schistosomiasis, and hepatitis are covered in depth in these two volumes.

**The Portal Venous System** by Charles Marks. (Pp. ix + 137; illustrated. \$12.75.) Charles C. Thomas, Springfield, Illinois. 1973. This monograph brings together embryological and anatomical data with special reference to clinical problems.

**Haemostasis International Journal on Haemostasis and Thrombosis Research Volume 1, Number 1, 1972.** (Bimonthly. Subscription price per one annual volume: SFr. 86.-). S. Karger AG, Basel, Switzerland. This new international journal will cover all aspects of haemostasis and thrombosis research.

**Biliary Tract Surgery and Cholangiography** by Vernon L. Stevenson. (Pp. vii + 186; 41 figures. \$11.50.) Charles C. Thomas, Springfield, Illinois. 1973. This book has been written to emphasize the importance of operative cholangiography to the surgeon unfamiliar with this technique.

**The Viscera of the Domestic Mammals** by R. Nickel, A. Schummer, and E. Seiferle (1st English edition, translated and revised by W. O. Sack). (Pp. xiv + 401; 559 figures. DM 130.00.) Paul Parey Verlag, Berlin. 1973. This massive and beautifully illustrated book translated from the German deals with the teeth,

the body cavities, digestive system, and other viscera in the dog, cat, pig, ox, sheep, goat, and horse. A valuable contribution for all interested in comparative anatomy.

**Clinical Tests of Gastric Function** by Alastair M. Connell. (Pp. 117; illustrated. £1.50.) This monograph brings together current data on the various means of measuring and interpreting the acid and pepsin output of the human stomach. In so doing it aims to give practising surgeons, physicians, and gastroenterologists a summary of the current indications, role, and significance of gastric function

studies. It confines itself almost exclusively to the methods of testing gastric secretion as applied to man.

**Essays in Fundamental Immunology 1** edited by Ivan Roitt. (Pp. 66; illustrated. £1.50.) Blackwell Scientific Publications, Oxford, London, Edinburgh, and Melbourne. 1973. This covers four subjects on the active sites of immunoglobulin molecules, the cellular and molecular basis of immunological tolerance, a cellular basis for autoimmunity, and tumour immunology. It remains a field of very active research of special interest for gastroenterologists.