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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. All measurements should be expressed in SI units and authors are referred to *J. clin. Path.*, 27, 590-597.

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 authors' 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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of the shadow with changes in intrathoracic pressure are characteristic of venous masses (Felson, 1960) but could not be demonstrated in patient 2. Bartram and Strickland (1971) also found this test unhelpful in the diagnosis of pulmonary varices.

We wish to thank Professor S. Sherlock for permission to report details of patients admitted under her care. We also thank the Department of Medical Photography of the Royal Free Hospital for the illustrations, and Miss Madeleine Skinner for preparing the manuscript.

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The December 1974 Issue

THE DECEMBER 1974 ISSUE CONTAINS THE FOLLOWING PAPERS

Identifying toxic fractions of wheat gluten and their effect on the jejunal mucosa in coeliac disease
 A. S. DISSANAYAKE, D. W. JERROME, R. E. OFFORD,
 S. C. TRUELOVE, AND R. WHITEHEAD

Gluten-sensitive enteropathy: Synthesis of anti-gliadin antibody *in vitro*
 Z. MYRON FALCHUK, AND
 WARREN STROBER

Indices of granulocyte activity in inflammatory bowel disease
 S. P. KANE, A. V. HOFFBRAND, AND
 G. NÉALE

Effects of sulphasalazine (Salazopyrin) on faecal flora in patients with inflammatory bowel disease
 BERYL WEST, R. LENDRUM, M. J. HILL, AND GEOFFREY WALKER

The relative importance of the factors involved in the absorption of Vitamin E in children
 D. P. R. MULLER, J. T. HARRIES, AND J. K. LLOYD

Studies of lactic dehydrogenase content in rectal mucosal biopsies
 P. S. HUNT, P. M. DENNIS, P. JABLONSKI, S. K. KHOO, L. MCCLEOD, H. D. P. THOMSON, AND J. MCK. WATTS

Electrical potential difference and absorption of water, sodium, and potassium by the terminal ileum of ileostomy patients
 J. PRADO p. de MORAES-FILHO,
 C. SALAS-COLL, LAURIE BLENDIS, AND C. J. EDMONDS

Impairment of 'ileostomy adaptation' in patients after ileal resection
 G. L. HILL, W. S. J. MAIR, AND
 J. C. GOLIGHER

Use of bumetanide in the treatment of ascites due to liver disease
 P. J. A. MOULT, M. R. LUNZER, D. B. TRASH, AND S. SHERLOCK

Coagulation factor concentrate in the treatment of haemorrhagic diathesis of fulminant hepatic failure
 B. G. GAZZARD, M. L. LEWIS, G. ASH, C. R. RIZZA, E. BIDWELL, AND ROGER WILLIAMS

Effects of lactulose and other laxatives on ileal and colonic pH as measured by a radiotelemetry device
 R. L. BOWN, J. A. GIBSON, G. E. SLADEN, B. HICKS, AND A. M. DAWSON

Progress report

The circulation of the small bowel mucosa

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

Third International Congress of Gastrointestinal Endoscopy

The third international congress of gastrointestinal endoscopy was held in Mexico City in October 1974 following the gastroenterology meeting. Although registration numbers were high, attendance at individual sessions suffered from the rival attractions (and perils) of Mexico City and of the coincident liver meeting in Acapulco. In addition, the programme itself was somewhat diffuse. There were often as many as six other sessions running simultaneously in an attempt to fit in over 200 free papers of varied quality. The bulk of these provided anecdotal and personal experience of techniques already well established. The main interest of the meeting lay in the developing field of surgical or therapeutic endoscopy. From Germany and Japan came impressive series of gastric polypectomy using double-channelled instruments. Polyps and large particle biopsies were resected by diathermy snare while being held with forceps in the second channel, allowing better control and retrieval. The endoscopic appearance of these polyps gave no indication as to their nature, and forceps biopsies gave misleading information in up to 50% of cases. Only a small percentage of polyps were genuine adenomas. Some recurred within months of polypectomy and an important Japanese study suggested that their malignant potential was very small. At the time of diagnosis, they found atypical epithelium in only 5% of a series of 1616 polyps, and frank cancer in less than 0.5%. Following initial treatment, 1104 polyps were followed up for periods of three months to 11 years. Increase in size was seen in only 14 polyps, and no cancer detected. It was reported that polyps could also be safely and effectively treated by injecting alcohol into the base and allowing them to slough. The disadvantage of this method was that the polyps were not available for histology.

There appeared to have been no major progress in the endoscopic treatment of gastrointestinal bleeding lesions. Argon laser beams have been used experimentally but not clinically. Perhaps the most exciting therapeutic development was endoscopic sphincterotomy of the papilla of Vater. Using a diathermy wire attached to the regular cannula of the duodenoscope, sphincterotomy was reported in

approximately 60 patients with remarkably little morbidity.

Predictably we heard reports of cholangioscopy and pancreatoscopy. Small diameter fibrescopes had been passed through the biopsy channel of larger instruments, and into the ducts themselves. The small fibre bundles gave views of poor quality.

Diagnostic cholangio-pancreatography has come of age in the four years since the last world congress. Many papers testified to its value in the management of biliary tract disease and recurrent pancreatitis. Pancreatic cancer has proved relatively easy to diagnose (although there have been very rare false negative cases) but few patients have proved operable. The main complication of ERCP was cholangitis; a large survey revealed a mortality of 1:500.

There had been no breakthrough in small intestinal endoscopy.

A survey demonstrated that early gastric cancer exists in Europe when carefully sought, and there was much discussion as to the relevance of screening programmes outside the traditional high-risk areas. A German study revealed no cancers in the examination of 180 patients who might be classified as high-risk cases. These patients were either over the age of 75 years, or had had atrophic gastritis diagnosed endoscopically more than five years previously. However, 12% of this group were found to have unsuspected ulcers.

Little new was to be learnt from the sessions and papers on colonoscopy but it was interesting to see the differing experience of colon disease around the world. In contrast to their enormous gastric series, the Japanese contributors mostly classified and subclassified very small series of colonic tumours and inflammatory bowel disease, described normal appearances, or catalogued their experience of doubtfully important conditions such as melanosis coli. A postal survey of all known cases of ulcerative colitis in Japan totalled only 748 cases. The Japanese experience of tuberculosis of the colon and its differential diagnosis from Crohn's disease provoked discussion and emphasized the importance of not forgetting this condition in 'western' countries. Several speakers from South America and Mexico revealed the high incidence and mortality from bacillary dysentery in their countries and one centre quoted 20% of all cases of inflammatory bowel disease as being due to amoebiasis. The endoscopic appearances of these conditions were presented but discussion centred mainly around the

inadequacies of routine endoscopic sterilization procedures. An instance was cited where typhoid fever was transmitted from one undiagnosed patient to the next patient on a gastroscopy list, the endoscope having been cleansed with soap, antiseptic solution, and alcohol between examinations.

Colonoscopic series from America, Europe, and Australia all showed similar overall experiences with a high diagnostic yield compared with radiography, but all stressed the role of colonoscopy as a secondary procedure in selected patients rather than as a screening investigation. Waye presented conclusions from a series of over 400 cases of inflammatory bowel disease, which emphasized the prime importance of the endoscopic appearances in differentiating between Crohn's disease and ulcerative colitis. Two different smaller series showed the tendency of the barium enema to underestimate the extent of ulcerative colitis very severely in at least 25% of patients, some having total ulcerative colitis but a normal barium enema.

P.B.C./C.B.W.

American Association for the Study of Liver Diseases

The twenty-fifth anniversary celebration meeting of the American Association for the Study of Liver Diseases, under the Presidency of Dr John Senior, was held in Chicago on 29 and 30 October 1974. The meeting was of the usual high standard with 42 papers presented. The Searle lecture was given by Professor V. Ramalingaswami, of the All-India Institute of Medical Sciences, New Delhi, India, who spoke on 'The liver in protein/calorie malnutrition.' The Roche symposium covered the 'Management of the acutely failing liver', with Dr Sheila Sherlock as moderator. The Lilly lecturer was Dr J. D. Meyers of Pittsburg who spoke on the subject of 'Diagnostic logic model for computer-assisted diagnosis'.

The new President is Dr W. H. J. Summerskill, who is the first British-born President of the Society. Currently, he is Director of the Gastroenterology Unit at the Mayo Clinic.

Progress Reports from Gut—*Series 2*

Edited by Sheila Sherlock

Two years have elapsed since the publication of the first book of 'Progress Reports from Gut', the journal of the British Society of Gastroenterology. So rapid has been the growth of knowledge in this subject that already sufficient advances have been made to merit a second selection. Again the Editor has made an arbitrary choice of topics. They have been selected to give as wide a coverage of the subject as possible. They include a symposium on the oesophagus, a discussion of techniques such as endoscopic retrograde cholangio-pancreatography, the immunology of colonic disease, endocrines and the gut, tests of pancreatic function, intestinal parasites, drugs and the liver, and chronic hepatitis.

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Paediatric Gastroenterology

Edited by Charlotte M. Anderson M.D. M.Sc.(Melb.) F.R.A.C.P. F.R.C.P. and Valerie Burke M.B. M.S.(Melb.) M.R.A.C.P. Spring 1975. 704 pages, 150 illustrations. About £15.00

This is the first book to deal exclusively with disorders of the gastrointestinal tract seen in childhood and is intended as a comprehensive reference work. It should be of use to post-graduate students in general but particularly to those studying gastroenterology or paediatrics and to practising paediatricians as well as others interested in the subject.

The Child with Abdominal Pains

John Apley C.B.E. M.D. F.R.C.P. *Second Edition*, January 1975. 128 pages, 6 illustrations. Paper, £2.50

Gastrointestinal Pathology

Basil C. Morson V.R.D. M.A. D.M. F.R.C.PATH. and I. M. P. Dawson M.A. M.D. F.R.C.PATH. 1972 (*Reprinted* 1974). 688 pages, 308 illustrations. £14.00

Topics in Gastroenterology: 2

Edited by S. C. Truelove M.A. M.D. F.R.C.P. and Joan Trowell M.R.C.P. M.R.C.S. January 1975. 384 pages, 85 illustrations. Paper, about £7.00

The first volume in this series met with such success that it seems likely that this second symposium will be of equal interest to both gastroenterologists and to non-specialists. This volume consists of selected topics which are of current interest in the normal functioning of the digestive system and its diseases.

Emergency Abdominal Surgery in Infancy, Childhood and Adult Life

Peter F. Jones M.A. M.CHIR. F.R.C.S. F.R.C.S.E. 1974. 828 pages, 129 illustrations. £13.50

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Sheila Sherlock M.D.(Edin.) F.R.C.P. F.R.C.P.E. F.A.C.P.(Hon.). *Fifth Edition*, Spring 1975. 960 pages, 371 illustrations (15 colour). About £10.00

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