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*Gut* publishes 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.

**COMMUNICATIONS** Two copies of papers and figures should be addressed to the Editor, *Gut*, BMA House, Tavistock Square, London WC1H 9JR. Papers are accepted only on the written understanding, signed by all authors, that they are not published elsewhere without previous sanction of the Editorial Committee, and that all authors agree to publication in *Gut*. Manuscripts should follow the Vancouver conventions (see *Br Med J* 1979; 1: 532-5. *Gut* 1979; 20: 651-2). 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 first name) only, and the name and address of the hospital or laboratory where the work was performed. A short summary should be provided at the beginning of the paper.

**ACKNOWLEDGEMENT OF MANUSCRIPTS** Manuscripts will not be acknowledged unless a stamped addressed postcard or international reply coupon is enclosed.

**ILLUSTRATIONS** *Photographs* Unmounted photographs on glossy paper should be provided. *Diagrams* These will usually be reduced to 2½ in wide. Lettering should be in either Letraset or stencil, and care should be taken that lettering and symbols are of comparable size. Illustrations should not be inserted in the text, they should be marked on the back with Figure numbers, title of paper, and name of author. All photographs, graphs, and diagrams should be referred to as Figures and should be numbered consecutively in the text in Arabic numerals. The legends for illustrations should be typed on a separate sheet. *Tables* Tables should be numbered consecutively in the text in Arabic numerals and each typed on a separate sheet.

**ETHICS** Ethical considerations will be taken into account in the assessment of papers (see the Medical Research Council's publications on the ethics of human experimentation, and the World Medical Association's code of ethics, known as the Declaration of Helsinki (see *Br Med J* 1964; 2:177)).

**SI UNITS** All measurements except blood pressure are expressed in SI units. In the text they should be followed by traditional units in parentheses. In tables and illustrations value are given in SI units, but a conversion factor must be supplied. For general guidance on the International System of Units and some useful conversion

factors, see *The SI for the Health Professions* (WHO, 1977). **NB: Such conversion is the responsibility of the author.**

**REFERENCES** These follow the Vancouver system - that is, references numbered consecutively in the text and listed numerically with titles abbreviated in the style of *Index Medicus, Standard journal article* - (list all authors when six or less; when seven or more, list first three and add *et al*): James A, Joyce B, Harvey T. Effect of long-term cimetidine. *Gut* 1979; 20: 123-4. **NB: Accurate punctuation is essential.**

**CORRECTIONS** other than printers' errors may be charged to the author.

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# BIOGASTRONE

**carbenoxolone**  
for gastric ulcer

Carbenoxolone sodium BP 50 mg tablets.  
PL 0071/5902. Bottles of 100. Basic NHS cost:  
1 week's treatment £2.63 (21 tablets) – £5.26  
(42 tablets).

**Adult dose:** 2 tablets t.i.d. after meals for the first week then 1 tablet t.i.d. until ulcer is healed (usually 4-6 weeks).

# DUOGASTRONE

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for duodenal ulcer

Carbenoxolone sodium BP 50 mg  
position-release capsules. Bottles of 28.  
PL 0071/5903. Basic NHS cost: 1 day's treatment  
(4 capsules) £1.01.

**Adult dose:** 1 capsule swallowed whole and unbroken with liquid q.i.d., 15-30 minutes before meals. Patients may continue to take antacids but anticholinergic drugs should be discontinued. Treatment should continue for 6-12 weeks.

**Safety factors: Biogastrone and Duogastrone**

**Contra-indications.** Severe cardiac, renal or hepatic failure. Patients on digitalis therapy, unless serum electrolyte levels are monitored weekly and measures taken to prevent the development of hypokalaemia.

**Precautions.** Special care should be exercised with patients pre-disposed to sodium and water retention, potassium loss and hypertension (e.g. the elderly and those with cardiac, renal or hepatic disease) since carbenoxolone can induce similar changes. Regular monitoring of weight and blood pressure, which should indicate such effects, is advisable for all patients. A thiazide diuretic should be administered if oedema or hypertension occurs. (Spironolactone or amiloride should not be used because they hinder the therapeutic action of carbenoxolone). Potassium loss should be corrected by the administration of oral supplements. No teratogenic effects have been reported with carbenoxolone sodium, but careful consideration should be given before prescribing Biogastrone or Duogastrone for women who may become pregnant.

Biogastrone and Duogastrone are registered trade marks.

Made under licence from Biorex Laboratories. Further information available from Winthrop Laboratories, Surbiton-upon-Thames, Surrey KT6 4PH.

## INTERNATIONAL MEETING ON THERAPEUTIC ENDOSCOPY

### Toronto – Canada

Hosted by the Division of Gastroenterology, Wellesley Hospital, University of Toronto, on October 13-15, 1983, to be held at the King Edward Hotel, Toronto.

The course will include lectures, live video demonstrations, small seminar groups, case presentations and commercial exhibits. Topics include: Sclerotherapy of esophageal varices, Laser and electrocautery in bleeding lesions, Laser tumor destruction, ERCP and sphincterotomy, Esophageal and pancreaticobiliary prostheses, Percutaneous endoscopic gastrostomy, and Colonoscopic polypectomy.

Guest Faculty: Dr. I. Beck, Canada; Dr. J. Geenen, U.S.A.; Dr. K. Huibregste, Holland; Dr. R. Hunt, Canada; Dr. P. Kiefhaber, Germany; Dr. J. Papp, U.S.A.; Dr. K. Schroeder, U.S.A.; Dr. N. Soehendra, Germany; Dr. J. Wayne, U.S.A. and Dr. Christopher Williams, England.

Course Directors: Dr. N. Marcon, Dr. G. Haber and Dr. P. Kortan.

Registration Fee (Canadian funds): \$325.00 physicians, \$150 Residents and Assistants.

For further information please contact: Doctor Norman E. Marcon, 121 Jones Building, Wellesley Hospital, Toronto, Ontario, Canada M4Y 1J3. Telephone: (416) 966-5710 or 966-5769.

which may cause ulcers in humans or experimental animals.

In volume 1 the gastroenterologist will find conventional reviews by the usual experts on physiology, H<sub>2</sub> blockers, old and new anticholinergics, antacids, carbenoxolone, prostaglandins, zinc, and bismuth.

It is always difficult enough to choose the contributors to a multi-author book, and even more difficult to ensure they cover the necessary topics without overlap. Unfortunately in volume 1 the same drug and therapy may be described in detail in different chapters, yet other anti-ulcer treatments are largely (amylopectin, pepstatin, sucralphate, sulphiride, trimipramine) or completely (acetazolamide anisotropine, benzimidazoles, beta<sub>2</sub> adrenergic agents, deglycyrrhizinated liquorice, gefarnate, metoclopramide, oestrogens, pifarnine, proglumide, secretin, trithiozine) ignored.

Volume 2 has similar problems of selectivity so that the chapter on experimental duodenal ulcer is almost entirely devoted to one particular model favoured by its authors, the cysteamine type.

Within these limitations the ulcerologist with \$180 to spend will find in these slim volumes useful reviews of topical problems on the production and healing of ulcers by drugs.

J H BARON

### Books received

**Glucagon in gastroenterology and hepatology. Pharmacological, clinical and therapeutic implications** Edited by J Picazo. (Pp. 203; illustrated; £14.95.) Lancaster: MTP Press Ltd, 1982.

**Inflammatory bowel disease. Experience and controversy** Edited by B I Korelitz. (Pp. 237; illustrated; Dfl. 125.) The Hague: Martinus Nijhoff Publishers BV, 1982.

**Inflammatory bowel diseases** Edited by D Rachmilewitz. (Pp. 308; illustrated; Dfl. 110.) The Hague: Martinus Nijhoff Publishers BV, 1982.

**Controversies in acute pancreatitis** Edited by L F Hollender. (Pp. 344; illustrated; \$43.60.) Heidelberg: Springer-Verlag, 1982.

**Noveno seminario sobre amibiasis. Archivos de investigacion medica** Edited by Bernardo Sepulveda. (Pp. 326; illustrated; price not stated.) Mexico: Instituto Mexicano del Seguro Social, 1982.

## News

### The British Digestive Foundation (Scottish Appeal)

The Foundation invites applications from workers in Scottish Institutions who wish support for research work related to any aspects of normal or disordered structure and function of the alimentary tract. A wide variety of forms of support will be considered ranging from that required for apparatus or reagents, to Fellowships. There is no requirement that applicants be medically qualified.

Applications should be submitted before 15 September, 1983; application forms can be obtained from: The Secretary, The British Digestive Foundation (Scottish Appeal), 9 Queen Street, Edinburgh EH2 1JQ.

### Increase in size of *Gut*

We are pleased to announce that starting with this issue the size of the journal will be increased by eight pages.

### Opioid Peptides in Periphery

The physiological role of the opioid peptides in periphery will be the main topic of this symposium to be held in Rome, 23–25 May 1984. Further details from the Organising Secretary, APE, via Giorgio Vasari 4, 00196, Rome, Italy.

## Correction

Re *Gut* 1983; 24: A459 and A493.

The following papers:

T1: Assessment of gastro-oesophageal collateral veins in portal hypertension by means of endoscopic ultrasonography. G Caletti, L Bolondi, V Arienti, E Brocchi, S Testa, M Ferrentino, L Zani, A Passaniti, and G Lobo  
and

F36: Staging of gastric cancer by means of endoscopic ultrasonography. G Caletti, L Bolondi, E Brocchi, P Casanova, L Zani, S Gaiani, S Testa, G Guizzardi, and G Lobo  
although selected for the BSG Programme were not presented or discussed at the meeting.

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## LARGE BOWEL SECRETION AND MOTILITY

London – 27 September 1983

Organisers: J M Polak, S R Bloom, N A Wright, A G Butler

A Allen, UK  
P-O Andersson, Sweden  
J H Cummins, UK  
C J Edmonds, UK  
K W Heaton, UK

Invited speakers include  
H Helander, Sweden  
M J Hill, UK  
M D Levitt, USA  
J J Misiewicz, UK

S F Phillips, USA  
N W Read, UK  
J P S Thompson, UK  
B J R Whittle, UK  
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