

Gut

*Journal of the British Society of Gastroenterology which
is a registered charity*

Editor: Michael J G Farthing

Special Sections Editor: Ian Forgacs

Associate Editors: Michael J P Arthur, John Calam, Roger Chapman, Michael A Kamm

Technical Editor: Jackie Foulds

Editorial Assistants: Michelle Dimler
Julia Neary

EDITORIAL BOARD

D Adams

C J Hawkey

D Rampton

R G Newcombe

I S Benjamin

S G Hubscher

P J Shorvon

(Statistical adviser)

P Bland

D Kumar

D Swallow

Editor

I W Booth

M McMahon

D G Thompson

British Medical Journal

G J Dockray

H O'Connor

B J R Whittle

C A Hart

P Quirke

INTERNATIONAL ADVISORY BOARD

B S Anand (USA)

D Y Graham (USA)

R Modigliani (France)

C Arvanitakis (Greece)

J Hansky (Australia)

T Muto (Japan)

G P van Berge Henegouwen

J Heathcote (Canada)

G Paumgartner (Germany)

(Netherlands)

R H Hunt (Canada)

D Rachmilewitz (Israel)

G Bianchi-Porro (Italy)

J R Jass (New Zealand)

J Rask-Madsen (Denmark)

A L Blum (Switzerland)

S-J Jiang (China)

E Rene (France)

M van Blankenstein

S J Konturek (Poland)

A Torsoli (Italy)

(Netherlands)

S K Lam (Hong Kong)

J P Delmont (France)

M M Levine (USA)

J Dent (Australia)

J-R Malagelada (Spain)

medical research, but their significance in successful therapeutics, and in an understanding of the aetiology of human disease, from peptic ulcer to colon cancer, is at last being recognised. This new book by Dr Michael Hill is an excellent primer in the field, with topics ranging from 'the normal gut microflora' to 'the role of fibre-derived dietary butyrate in manipulation of gene expression in the colon mucosa'.

Tropical sprue was one of the most offensive diseases, and often fatal to those who suffered this embarrassing, anti-social affliction. It often followed a bout of dysentery or diarrhoea, but its aetiology was unknown, although military medical services published several manuals on its causes and treatment, the latter being confined largely to variations of dietary ritual. With the advent of war in the tropics in the 1940s, and the introduction of sulphaguanidine and succinyl sulphathiazole for the treatment of dysentery, tropical sprue became pandemic in the Allied forces. Those in the forefront of relevant research at that time, at St Mary's Hospital Medical School, Dr Hill's alma mater, knew of the role of a microbial vitamin extract (containing folic acid) in maintaining the integrity of the intestinal villi and gut microflora, so it was only a short step to those of us facing these clinical problems, to use live yoghurt cultures and folate concentrates in the treatment of sprue. The dramatic success was overshadowed only by the miracle of penicillin, which came available about that time; tropical sprue is no longer with us, and liver yoghurt is now a 'best-seller' in the supermarkets. Colon cancer, however, is still a major cause of death, and is associated with high fat/low fibre diets. Decades of research have elucidated the role of gut microflora, of bile acids, and especially, of butyrate, in the aetiology of this disease, and have produced possible explanations for the dietary associations with fat and fibre. However, a successful treatment has yet to be found.

Another major medical problem of a half century ago was the high incidence of peptic ulcer/gastric cancer. With the discovery of the carcinogenicity of nitrosamines, their formation in the gut by nitrosation of dietary amines, and the subsequent identification of the role of *Helicobacter pylori*, this is a problem that may be potentially preventable. These successes in clinical medicine have followed on from the pioneering work of research gastroenterologists and microbiologists in elucidating the pathobiology of gut diseases, and in establishing new techniques for the study of the gut microflora, areas in which Dr Hill and his coauthors have been leading pioneers.

On yet another front of medical research, namely, drug metabolism, an American study, in the late 1950s, of the metabolic fate of the food additive coumarin, in rats, was found to be in direct conflict with a British study conducted at the same time. As the potential carcinogenicity of this widely used food chemical was in question, the conflict of results was considered to be of sufficient importance for the American team to repeat the study in the British laboratory with both UK and USA bred rats, and using both UK and USA rat diets. After extensive investigations in both countries, the variations in patterns of metabolism were attributed to differences in gut microflora, and the enterohepatic circulation of primary metabolites. Prior to these findings, the role of gut microflora and the enterohepatic circulation of drugs and their metabolites were largely

ignored, but these early studies led to increased awareness and to important new developments in the studies of drug pharmacokinetics and toxicology.

This new treatise on gut bacteria is organised into some eight sections, with chapters on the nutritional/therapeutic properties of lactobacilli (probiotics), the bile acids, butyrate and colon cancer (fat metabolism, carbohydrate metabolism), nitrosamines and gastric cancer (nitrogen metabolism), drug metabolism and toxicity (biliary excretion), and many others, integrated to make a highly readable whole. The high number of chapters that are the work of the author himself, together with critical editing, give the book a continuity of theme and style, that is rare in multi-author works. With over 1000 references, with full titles, this is a valuable work of reference, as well as an enjoyable read into the technical realms of scientific medicine.

D V PARKE

The Practice of Liver Transplantation. By R Williams, B Portmann, K C Tan. (Pp 304; illustrated; £95). Edinburgh: Churchill Livingstone, 1995.

Roger Williams (the hepatologist), Bernard Portmann (the pathologist), and Kai-Chah Tan (the surgeon) have summarised in about 300 pages their very considerable experience in liver transplantation. The book is divided into 25 chapters, comprehensively covering all aspects of liver transplantation and in particular organisation of a liver transplant department, selection and preoperative management of transplant candidates, anaesthesia and surgical techniques, post-transplant care and immunosuppression, as well as longterm outcome. A final section includes four appendices that detail the antimicrobial policy, assessment of nutritional status, and determination of energy requirements as well as a description of various intensive care procedures currently in use at King's College Hospital, London.

The book indeed clearly focuses on the King's College experience; all the contributors are current or past members of its staff, which gives a coherent presentation of the chapters with very little overlap and clear cut descriptions of the management strategies developed by this group. However, alternative procedures such as the use of 'en-bloc harvesting' or transjugular biopsy, used in other institutions are too briefly considered.

The chapters are well organised so the reader will easily find his way through the book. They cover very comprehensively all aspects of liver transplantation (including for example pregnancy or sphincter of Oddi dysfunction in liver transplant recipients). What however the book does not include are experimental or physiological background findings to support the clinical statements made by the authors. The reader may also sometimes feel frustrated not to find references to the authors' statements. In addition, some controversial issues are tackled somewhat briefly such as the hepatopulmonary syndrome, the preoperative management of portal hypertension, intraoperative management of portosystemic collaterals or alternative procedures to transplantation. The use of cluster operations in patients with malignancies may be regarded as outdated.

Hepatologists, surgeons, anaesthesiologists, pathologists, and radiologists who are not completely familiar with liver transplantation will find in this book a huge amount of

practical information. For the liver transplant specialist here is a welcome update of the experience and results of one of the pioneering liver transplant centres in the world. There are some superb chapters that make the book such a valuable tool particularly the indications for transplantation in patients with primary biliary cirrhosis (which includes a comprehensive description and critical analysis of the various prognostic models that have been developed to define the timing of transplantation), acute liver failure, major biliary tract and vascular complications, laboratory monitoring of drug levels, pathology of the liver graft or disease recurrence after liver transplantation.

Perhaps this book should be read by everyone in the field of liver transplantation.

H BISMUTH

To order books reviewed here contact the *BMJ* Bookshop, PO Box 295, London WC1H 9JR. Tel 0171 383 6244. Fax 0171 383 6662. You can pay by cheque in sterling drawn on a UK bank or credit card (Mastercard, Visa, or American Express) stating number, expiry date, and full name.

NOTES

The Royal Medical Benevolent Fund

This medical charity provides a nationwide support service for doctors in need, their wives, husbands, and children. Donations and enquiries to The Secretary, Royal Medical Benevolent Fund, 24 King's Road, Wimbledon, London SW19 8QN. Tel: 0181 540 9194; Fax: 0181 542 0494.

General surgery

The UCSF Postgraduate Course in General Surgery will be held on 25-27 April 1996 in San Francisco, California. Further information from Office of Continuing Medical Education, University of California, San Francisco, California, USA. Tel: 415 476 4251; Fax: 415 476 0318.

Laparoscopic surgery

The third session of the European course on Laparoscopic Surgery will be held on 7-10 May 1996 in Brussels and repeated on 19-22 November 1996. Further information from the Administrative Secretariat, Conference Services Sa, Avenue de l'Observatoire, 3 bte 17, B-1180 Brussels, Belgium. Tel: 32 2 375 16 48; Fax: 32 2 375 32 99.

Digestive endoscopy

The European Postgraduate Gastro-Surgical

School is organising this course for the fifth time at the Academic Medical Centre of the University of Amsterdam, Amsterdam, the Netherlands on 29–30 August 1996. Further information from Helma Stockmann, Managing Director European Postgraduate Gastro-Surgical School, Room G4-109.3, Academic Medical Centre, Meibergdreef 9, 1105 AZ Amsterdam, the Netherlands. Tel: 31 20 5663926; Fax: 31 20 6914858.

ANCA and ANCA-related diseases

The 1996 International Meeting on ANCA and ANCA-Related Diseases, the 7th International ANCA Workshop, will be held on 14–16 October 1996 in Rochester,

Minnesota. Further information from: Postgraduate Courses, Section of International Medical Education, Mayo Foundation, Rochester, MN 55905, USA. Tel: 507 284 8399; Fax: 507 284 0532.

Surgical endoscopy

The First World Congress of Surgical Endoscopy will be held on 19–24 October 1996 in Beijing, China. Further information from the International Organising Committee/First World Congress of Surgical Endoscopy, 13021 East Florence Avenue, Santa Fe Springs, CA 90670–4505 USA. Tel: 310 946–8774; Fax: 310 946–0073; E-mail: 102254.3033@compuserve.com.

Helicobacter pylori

An International Workshop on *Helicobacter pylori* will be held on 1–2 December 1996 in Hong Kong. Further information from: Dr Joseph JY Sung, Endoscopy Centre, Prince of Wales Hospital, Shatin, NT Hong Kong. Tel: 852 2632 2233; Fax: 852 2635 0075.

Falk Symposia

Further information on the Falk Symposia taking place in 1996–1997 can be obtained from Falk Foundation eV, Leinenweberstraße 5, Postfach 65 29, D-79041 Freiburg, Germany. Tel: 07 61/13034–60; Fax: 07 61/13034–59.

Gut

Journal of the British Society of Gastroenterology
which is a registered charity

Gut publishes original papers, short rapid communications, leading articles, and reviews concerned with all aspects of the scientific basis of diseases of the alimentary tract, liver, and pancreas. Case reports will only be accepted if of exceptional merit. Letters related to articles published in *Gut* or with topics of general professional interest are welcomed. Authors should include the names and addresses of four experts whom the authors consider suitable to peer review their work.

COMMUNICATIONS Two copies of the manuscript and figures should be addressed to the Editor, *Gut*, BMA House, Tavistock Square, London WC1H 9JR, UK (tel: 0171 383 6157; fax: 0171 383 6668). Manuscripts should follow the Vancouver conventions (see *BMJ* 1979; i: 532-5. *Gut* 1979; 20: 651-2). They should be in double spaced typewriting on one side of the paper only. The title page should include the name of the author with initials or distinguishing first name only, and the name and address of the hospital or laboratory where the work was performed. The paper must include a precise summary of the work of less than 200 words, which should be divided into six sections headed background, aims, patients (or subjects), methods, results, and conclusions. Keywords (maximum six) should be included. Use of abbreviation is discouraged. Short rapid communications should not be more than 10 double spaced A4 pages including references, tables, and figures. These papers will be subject to peer review in the normal way. The interval from acceptance to publication will be much shorter. A covering letter should include a request for the paper to be considered in this category with valid reasons for that request. A separate covering letter signed by all authors must state that the data have not been published elsewhere in whole or in part and that all authors agree to publication in *Gut*. Previous publication in abstract form must be disclosed in a footnote. Papers must not be published elsewhere without prior permission of the Editorial Committee. If requested, authors shall produce the data upon which the manuscript is based for examination by the editor.

ACKNOWLEDGEMENT OF MANUSCRIPTS Manuscripts will only be acknowledged if an addressed postcard is enclosed.

ILLUSTRATIONS *Photographs* Unmounted photographs on glossy paper should be provided. Illustrations should not be inserted in the text but marked on the back with the figure numbers, title of paper and name of author. All photographs, graphs, 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.

ETHICS Ethical aspects will be considered 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 *BMJ* 1964; ii: 177)).

SI UNITS All measurements except blood pressure are expressed in SI units. In tables and illustrations values

are given in SI units. For general guidance on the International System of Units and some useful conversion factors, see *The SI for 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 journal titles abbreviated in the style of *Index Medicus*, *Standard journal article*. List up to six authors, then add *et al.*

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

REPRINTS Reprints will be available on payment of the necessary costs; the number of reprints required should be sent to the Publishing Manager on the form provided with the proof.

NOTICE TO ADVERTISERS All applications for advertisement space and rates should be addressed to the Advertisement Manager, *Gut*, BMA House, Tavistock Square, London WC1H 9JR.

NOTICE TO SUBSCRIBERS *Gut* is published monthly. The annual subscription rates are £204 (USA \$320). Reduced subscriptions of £79 available to trainees for one year (direct only). Orders should be sent to the Subscription Manager, *Gut*, BMA House, Tavistock Square, London WC1H 9JR. Orders can also be placed with any leading subscription agent or bookseller. (For the convenience of readers in the USA subscription orders, with or without payment, can be sent to: *British Medical Journal*, PO Box 408, Franklin, MA 02038, USA. All enquiries, however, must be addressed to the Publisher in London.) Subscribers may pay for their subscriptions by Access, Visa, or American Express by quoting on their order the credit or charge card preferred together with the appropriate personal account number and the expiry date of the card. All overseas copies of the journal are sent by accelerated surface post. If required, full air mail rates and enquiries for single copies already published should be addressed to the Publisher in London.

COPYRIGHT © 1996 *Gut*. This publication is copyright under the Berne Convention and the International Copyright Convention. All rights reserved. Apart from any relaxations permitted under national copyright laws, no part of the publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means without the prior permission of the copyright owners. Permission is not, however, required to copy abstracts of papers or articles on condition that a full reference to the source is shown. Multiple copying of the contents of the publication without permission is always illegal.

Second class postage paid, Rahway NJ. Postmaster: send address changes to: *Gut*, c/o Mercury Airfreight International Ltd Inc, 2323 Randolph Avenue, Avenel, NJ 07001, USA. ISSN 0017-5749.