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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, W.C.1. 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 mEq./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 author's name. 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 numbers of first and last pages of 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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ciency seemed to predispose to it, and it was often precipitated by hypotension.

The appearance of the bowel often suggested infarction, but there was no evidence of mesenteric thrombosis either arterial or venous. Microscopically the main pathological features were haemorrhage into the mucosa, thrombosis of mucosal capillaries and phlebitis of sub-mucosal vessels, moderate leucocytic infiltration and necrosis of the mucosa, followed by ulceration.

In many cases there were zonal necroses of the liver and focal tubular necroses in the kidney, plus lesions in the heart and adrenals of the type seen in hypotension. Atherosclerosis of the abdominal aorta of a severe degree was often present.

Clinical features included a male predominance, older age group incidence, and primary cardiac or renal disease. Four cases occurred following and as a result of operations. Two cases were caused by hypotensive drug administration. Hypotension appeared to be the important initiating factor, the onset was sudden, and the outstanding symptom was severe diarrhoea. Abdominal

pain and bloody motions occurred infrequently. It was the primary cause of death in 16 patients, and contributed to death in 15 others. Two survived who were submitted to local bowel resection.

This condition must be differentiated from ulcerative colitis, colitis necroticans, pseudomembranous enterocolitis, and acute angitis of the bowel.

At a clinical meeting the following cases were presented for discussion—

MEGA OESOPHAGUS IN FAMILIAL DYSAUTONOMIA Valerie Burke and Charlotte Anderson; SIMPLE OESOPHAGEAL CAST Andrew C. Newell; STEATORRHOEA IN LIVER DISEASE Valerie Burke and Charlotte Anderson; PANCREATIC ACHYLIA AND NEUTROPENIA Charlotte Anderson; PANCREATICO-DUODENECTOMY FOR LEIOMYOSARCOMA OF DUODENUM G. W. Sinclair; SECONDARY DISACCHARIDASE DEFICIENCY AND PERSISTENT DIARRHOEA IN INFANCY Valerie Burke and Charlotte Anderson; CHRONIC ABDOMINAL PAIN—A CHALLENGE TO DIAGNOSIS I. J. Wood; A CASE OF THE BASSER-KORNZWEIG SYNDROME R. R. W. Townley and Charlotte Anderson.

The April 1966 Issue

THE APRIL 1966 ISSUE CONTAINS THE FOLLOWING PAPERS

- Electron-microscope evidence for intramicrovillous fat absorption by the small intestinal epithelium of rats MARGOT SHINER
- Fat absorption in pancreatic deficiency in rats J. MASAREI and W. J. SIMMONDS
- Lack of gamma A-immunoglobulin in serum of patients with steatorrhea P. A. CRABBÉ and J. F. HEREMANS
- Appearances of the jejunal mucosa in acute tropical sprue in Singapore N. W. J. ENGLAND and W. O'BRIEN
- Lymphoreticular dysfunction in idiopathic steatorrhea C. F. MCCARTHY, I. D. FRASER, K. T. EVANS, and A. E. READ
- Changes in the villous pattern of the human jejunum associated with heavy radiation damage GEORGE WIERNIK
- Primary malabsorption following extreme attempts to lose weight FRED E. PITTMAN
- Use of polyethylene glycol and phenol red as unabsorbed indicators for intestinal absorption studies in man HAROLD P. SCHEDL
- Percutaneous cholangiography in the management of biliary stricture J. G. WALKER, W. B. YOUNG, PHYLLIS GEORGE, and SHEILA SHERLOCK
- Injection studies of the splenic vasculature in portal hypertension FEDERICO MANENTI and ROGER WILLIAMS
- Corticosteroids and corticotrophin in the treatment of Crohn's disease J. HOWEL JONES and J. E. LENNARD-JONES
- Incidence and coincidence of hiatus hernia RONALD B. PRIDIE
- Internal anal sphincterotomy as an out-patient operation H. R. MAGEE and H. R. THOMPSON
- Adenomyoma in the pylorus I. JANOTA and P. G. SMITH
- Propanthelene as an agent for medical vagotomy R. G. CHECKETTS, I. E. GILLESPIE, and A. W. KAY
- Biopsy of the peritoneum M. POLAK

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