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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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been formally classified as type C varieties and have previously not been recovered from man. The diagnostic features of pig-bel were discussed and compared with other enteric diseases in man attributed to differing strains of *Cl. welchii*.

LONG-TERM COMPLICATIONS OF PARTIAL GASTRECTOMY:
POST-GASTRECTOMY GASTRITIS

A. J. WALL The haematological, nutritional, and gastric secretory status were assessed in 109 unselected consecutive patients who had had partial gastrectomy performed three to 18 (mean 9.3) years previously. The incidence of anaemia, vitamin B₁₂, folic acid and iron deficiency, protein deficiency, and weight loss was in keeping with that of other published series. The frequency of these complications was lower after Billroth I operations than after Billroth II operations, and in patients suffering from duodenal ulcer than in those with

gastric ulcer. A similar pattern was seen in the results of gastric acid output and gastric biopsy (100 patients). Before operation atrophic gastritis was found in 2% of duodenal ulcer patients and 30% of gastric ulcer patients. After Billroth I (gastroduodenal) anastomosis the incidence rose to 55% and 78% respectively, while after Billroth II (gastrojejunal) anastomosis the incidence rose to 95% and 100%. Parietal cell and intrinsic factor antibodies were not found in these patients. Because of the high incidence of atrophic gastritis, an adequate statistical assessment of the potentially important role of atrophic gastritis in long-term haematological and nutritional status could not be made, and a larger group should be studied.

On the afternoon of 17 May a clinical meeting was held. Cases of portal hypertension, intestinal angina, and amoebiasis were presented and discussed.

The February 1967 Issue

THE FEBRUARY 1967 ISSUE CONTAINS THE FOLLOWING PAPERS

Bile salts and fat absorption A. M. DAWSON

Miliary Crohn's disease, K. W. HEATON, C. F. MCCARTHY,
R. E. HORTON, J. S. CORNES, and A. E. READ

Eosinophilic granuloma of the gastro-intestinal tract
P. R. SALMON and J. W. PAULLEY

Permeability of the rectosigmoid mucosa to tritiated
water in normal subjects and in patients with mild
idiopathic ulcerative colitis RUVEN LEVITAN AND SIMCHA
BRUDNO

Rectal reaction to injected ulcerative colitis leucocytes
and plasma SIDNEY FINK, WILLIAM J. DONNELLY, and
VICTOR R. JABLOKOW

Histamine content of rectal mucosa in ulcerative colitis
VIBEKE BINDER and EIGILL HVIDBERG

Inhibitory action of cholecystokinin on acid secretion
from Heidenhain pouches induced by endogenous gastrin
JOHN C. BROWN and D. F. MAGEE

Effect of decreased levels of endogenous gastric tissue
histamine on acid secretion and stress ulcer formation in
the rat WALLACE P. RITCHIE, JR., JOHN J. BREEN, DAVID I.
GRIGG, and OWEN H. WANGENSTEEN

Histamine- and insulin-stimulated gastric acid secretion
after selective and truncal vagotomy S. BANK, I. N.
MARKS, and J. H. LOUW

A preliminary study of the structure and function of
enlarged parotid glands in chronic relapsing pancreatitis
by sialography and biopsy methods JOSE L. ALAPPATT
and M. D. ANANTHACHARI

Serum bilirubin studies in patients with intermittent
intrahepatic cholestasis R. BRODERSEN and N. TYGSTRUP

Secretory response of the human pancreas to continuous
intravenous infusion of secretin J. G. BANWELL, B. E.
NORTHAM, and W. T. COOKE

Incidence of perforated duodenal and gastric ulcer in
Oxford ROGER SANDERS

Mastocytosis (urticaria pigmentosa) of skin, stomach,
and gut with malabsorption STIG JARNUM and HUGH
ZACHARIAE

Hookworm disease and duodenal ulceration H. K.
CHUTTANI, D. V. SABHARWAL, O. P. BHARDWAJ, and R. K.
GOYAL

A general method for estimating the properties of
antacids M. H. PRITCHARD

Technique of retrograde colonic intubation and its initial
application to high colonic biopsy J. A. FOX and L. KREEL

Analysis of 400 examinations using the gastro-camera
LAURENCE M. BLENDIS, ALAN J. CAMERON, and GEORGE D.
HADLEY

Phonoenterography: the recording and analysis of bowel
sounds W. C. WATSON and ELIZABETH C. KNOX

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