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EDITOR *British Medical Journal*

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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Signposts

EXPERIMENTAL CHOLELITHIASIS (page 2) It seems that human gallstones may be made soluble *in vivo* in the not too distant future. In the meantime the induction of gallstones in animals is providing useful information.

CARBENOXOLONE SODIUM (page 5) A progress commentary on a new treatment for gastric ulcers.

CROHN'S DISEASE OF THE COLON (page 7) An important and previously unreported clinical picture of Crohn's disease of the colon associated with colonic diverticula and simulating 'diverticulitis'.

COLITIS AND CROHN'S DISEASE (page 17) An increased incidence of eczema, hay fever, polyarthrits, and ankylosing spondylitis is found both in patients with ulcerative colitis and Crohn's disease and this is best explained on a genetic basis.

BILE SALTS (page 22) M. J. Hill and B. S. Drasar have detected bile-splitting enzymes in a variety of intestinal organisms. These may prove to be of great interest and importance in intestinal diseases.

STEATORRHOEA (page 28) The use of medium chain triglyceride in six ill patients with steatorrhea caused it to cease immediately. Unfortunately its administration is not without some difficulties.

EATING HABITS AND FAECAL UROBILINOGEN (page 38) Faecal urobilinogen levels are influenced not only by diet but by eating habits. The presence of saliva significantly affects urobilinogen excretion in the stools and the resulting fall in urobilinogen excretion is probably due to decreased gall-bladder contraction.

GASTRIC ULCER (page 42) Richard Doll, M. J. S. Langman, and H. H. Shawdon find that spironolactone neutralizes both the side effects and healing properties of carbenoxolone, but fortunately thiazide diuretics do not interfere with ulcer healing.

GASTRIC ULCER AND OESTROGENS (page 46) The same investigators report no benefit in the treatment of gastric ulcers.

ACID REFLUX (page 52) An important study demonstrating the basis of a vicious circle which will maintain or further aggravate peptic oesophagitis.

PEPTIC ULCER IN INDIA (page 69) Changing ratios between gastric and duodenal ulcer and the sexes, and also in the form of clinical presentations in Madras over a 20-year period.

PEPTIC ULCER IN A RURAL COMMUNITY (page 75) R. Deans Weir and E. Maurice Backett record a remarkably high prevalence rate for severe dyspepsia-peptic ulcer syndrome in a rural community in Scotland.

GASTRIC ACID SECRETION IN IRON DEFICIENCY ANAEMIA (page 91) Intravenous iron therapy may at once increase acid output, particularly in patients under the age of 30.

ALKALINE PHOSPHATASE LEVELS IN NORMAL AND DISEASED SMALL BOWEL (page 96) Intestinal alkaline phosphatase activity is depressed in villous atrophy. Some low values were also obtained with normal intestinal mucosa in certain patients with general diseases.

GASTRIC SECRETORY RESPONSE TO IRON THERAPY (page 99) W. D. Stone records the effect of treatment with iron on the gastric secretory response to continuous intravenous histamine in patients with iron-deficiency anaemia. There was a tendency to improvement in gastric secretion and this was most evident in the younger patients and in those without achlorhydria or extreme hypochlorhydria.

GASTRIN-LIKE PENTAPEPTIDE (page 111) The effect of a gastrin-like pentapeptide upon the intestinal transport of sodium, potassium, and water has been studied. The inhibition of the absorption of sodium and water, with increased passage of potassium, may be of importance in relation to Zollinger-Ellison tumour associated with diarrhoea and hypokalaemia.

GASTRIC CANCER (page 117) F. Pygott and V. L. Shah discuss the possibility and diagnosis of gastric cancer some years after partial gastrectomy or gastroenterostomy for simple peptic ulcers.

VAGOTOMY (page 125) 2 Deoxy-D-glucose has advantages over insulin in testing for completeness of surgical vagotomy.

BILE MEASUREMENT (page 129) A technique is described for producing a bile fistula in dogs.

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- Visscher, M. B., Fetcher, E. S., Jr., Carr, C. W., Gregor, H. P., Bushey, M. S., and Barker, D. E. (1944a). Isotopic tracer studies on the movement of water and ions between intestinal lumen and blood. *Amer. J. Physiol.*, 142, 550-575.
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The December 1967 Issue

THE DECEMBER 1967 ISSUE CONTAINS THE FOLLOWING PAPERS

- Recording of intestinal motility: routine or research?
A. M. CONNELL
- Population control in the small bowel SHERWOOD L. GORBACH
- Observations on the epidemiology of appendicitis
DAVID J. B. ASHLEY
- Evidence of vitamin E deficiency in patients with malabsorption or alcoholism and the effects of therapy
M. S. LOSOWSKY and P. J. LEONARD
- Morphological observations on gastric ulcers treated with carbenoxolone sodium T. E. W. GOODIER, L. HORWICH, and R. W. GALLOWAY
- A study of the effect of saliva on the concentration of mucin in gastric juice and its possible relationship to the aetiology of peptic ulcer S. L. MALHOTRA
- Effect of the exocrine pancreatic secretions on iron absorption H. KAVIN, R. W. CHARLTON, P. JACOBS, R. GREEN, J. D. TORRANCE, and T. H. BOTHWELL
- Cystic arterial patterns in diseased human gall bladders
K. C. D. GORDON
- An experimental method for recording the behaviour of human isolated colonic segments ANNE BUCKNELL and C. CLARK
- Influence of gastric pH on gastric and jejunal flora
J. D. ALLAN GRAY and M. SHINER
- Gastric, haematological, and immunological abnormalities in Hashimoto's thyroiditis K. F. R. SCHILLER, L. MICHAEL SNYDER, and M. B. VALLOTTON
- Acid and pepsin responses to gastrin in Heidenhain pouch dogs following bilateral adrenal ectomy ALLAN R. COOKE
- Effect of intravenous calcium administration on gastric secretion of acid and pepsin in man R. A. SMALLWOOD
- Validity of polyethyleneglycol in the study of the total pancreatic secretion in man after stimulation by secretin, pancreozymin, or food H. WORNING
- Neuromuscular disease in patients with steatorrhoea
H. J. BINDER, G. B. SOLITARE, and H. M. SPIRO
- Reversal of non-Addisonian achlorhydria by a Roux-en-Y loop W. M. CAPPER, T. J. BUTLER, and J. O. KILBY
- Risk of anicteric hepatitis following blood transfusion
B. N. SOMAYAJI, W. D. STONE, and P. B. GLOVER
- Surface area of the small intestine in man J. P. WILSON
- Absorption of lactose and its digestion products in the normal and malnourished Ugandan G. C. COOK, ANNE LAKIN, and R. G. WHITEHEAD

The British Society of Gastroenterology

Copies are still available and may be obtained from the PUBLISHING MANAGER,
BRITISH MEDICAL ASSOCIATION, TAVISTOCK SQUARE, W.C.1, price 18s. 6d.

Notes and activities

GUT Plans are going ahead for *Gut* to be published monthly from January 1969. This will enable us to help to meet the needs of our rapidly expanding speciality.

SIR ARTHUR HURST MEMORIAL LECTURE The first Sir Arthur Hurst Memorial Lecture was delivered by Dr. Charles F. Code at the annual meeting of the British Society of Gastroenterology in Dublin on 3 November 1967. He spoke on 'Motor activity and electrical correlates of the alimentary tract'.

INTERNATIONAL MEETINGS The 8th International Congress of Gastroenterology will be held in Prague between 7 and 13 July 1968. It will be preceded by the First European Congress of Digestive Endoscopy, also in Prague on 5 and 6 July, and followed by a session of the International Society for the Study of the Liver. The main subjects are: syndromes due to enzyme deficiencies in intestinal mucosa; segmental colitis; exocrine pancreas in relation to other diseases and metabolic disturbances; and immunopathology in gastroenterology.

Symposia and panel discussions will be held on the regulation of gastric secretion and methods of clinical examination; benign affections of cholechocho-duodenal junction; duodenitis; malabsorption syndromes due to digestive insufficiency and microbial imbalance; gastric and intestinal polyps; chronic hepatitis; toxic and drug injury of the liver; arteriography in gastroenterology; biochemical cytology of small intestinal mucosa; and sequelae of surgical treatment of gastric and duodenal ulcer.

The address of the Secretariat is: 8th International Congress of Gastroenterology, Sokolska 31, Praha—2, Czechoslovakia.

The *Third Asian-Pacific Congress of Gastroenterology* will be held in Melbourne, Australia, from 7 to 11 October 1968. There will be symposia on diseases of the small intestine, stomach, and liver, and panel discussions on diseases of the oesophagus, non-malignant diseases of the colon, mechanisms of intestinal digestion and absorption.

The address of the Secretariat is: Box 2580W, G.P.O., Melbourne, 3001, Australia. endoscopy, and infections and infestations.

The *tenth anniversary of the Bockus International Society of Gastroenterology* will be celebrated in conjunction with the forthcoming gastroenterology sessions at Philadelphia during the week beginning

12 May 1968. (The Bockus Society represents alumni of the Graduate School of Medicine, University of Pennsylvania, from the United States, Canada, and 29 foreign nations.) Members and guests of the Society will pay special tribute to Dr. H. L. Bockus at a banquet to be held at the Overbrook Country Club on Friday, 17 May. The regularly stated business meeting of the Society will be at luncheon on Saturday, 18 May, at the Bellevue-Stratford Hotel.

Further information may be obtained from Dr. W. S. Haubrich, Secretary, The Henry Ford Hospital, Detroit, Michigan 48202.

BRITISH SOCIETY OF GASTROENTEROLOGY The British Society of Gastroenterology is holding a one-day meeting at the Royal College of Physicians of London on Friday, 26 April 1968. The morning session will be devoted to a symposium on 'The cell in gastroenterology'. Invited speakers who have agreed to take part include: M. A. EPSTEIN (*Middlesex Hospital, London*), JAMES D. JAMIESON (*Rockefeller University, New York*), D. H. SMYTH (*The University Sheffield*), and F. SCHAFFNER (*Mount Sinai Hospital, New York City*).

In the afternoon there will be short papers.

MIDLAND SOCIETY FOR GASTROENTEROLOGY The Midland Society for Gastroenterology was founded on 16 June 1967, at a meeting at Birmingham General Hospital, with the objects of fostering interest in gastroenterology in the Midland area, disseminating information about gastroenterological research projects proceeding in the region and to aid in the coordination of such work.

Membership is open to those working permanently or temporarily in any part of the Midlands who are interested in any aspect of gastroenterology.

Dr. W. T. Cooke was elected President, Dr. Bernard Smits, Treasurer, and Dr. M. Atkinson, Secretary.

It is proposed to hold meetings twice yearly and the annual subscription has been fixed at £1. Further details are obtainable from: The Secretary, Worcester Royal Infirmary (Ronkswood Branch), Newton Road, Worcester.

FROM WILLIAM H. SWEET, M.D., D.SC., CHAIRMAN, COMMITTEE ON MANAGEMENT OF THE UNCONSCIOUS PATIENT, MASSACHUSETTS GENERAL HOSPITAL, BOSTON, MASSACHUSETTS 02114, U.S.A. 'The ability of phy-

sicians to maintain life for very long periods in the unconscious patient raises the question as to how long such skills should be deployed. As physicians we are eager to promote the recovery of everyone who can do so. In order to deprive no one of his chances on this score it is relevant to know the longest periods of coma which have been followed by useful survival.

A committee of the Massachusetts General Hospital is studying our own records and the world literature to determine pertinent features in all patients who, *despite coma for over five weeks*, have made a useful recovery. We think it is vital not to overlook any well documented patient in this category. We should be grateful if any reader of this journal would draw our attention to any case published under a title which is not indicative of survival after prolonged coma. We are also eager to receive accounts of such cases as yet unreported. A publication incorporating our own and others' data is planned.'

COMMENTS It is proposed to start a section in *Gut* entitled 'Comments' to enable gastroenterologists to take up problems or points arising from any paper previously published in the journal. Such comments should be between 500 and 1,000 words, and should be addressed to the Editor, B.M.A. House, Tavistock Square, London, W.C.1.

PROFESSOR C. BOOTH, travelling as the Sims Professor, will visit India, Pakistan, Malaysia, Australia, and New Zealand between April and June. He will be in Australia from 27 April to 8 June. During this time he will lecture and also take part in the Annual meeting of the Royal Australasian College of Physicians. In New Zealand he will participate in a course in gastroenterology organized by Waikato Postgraduate Medical Society in Hamilton.

Professor Booth will also be lecturing in India, Pakistan, and Malaysia.

HIATUS HERNIA Doctors too may suffer from hiatus hernia, and may need to follow the advice they give their patients to sleep with the head of the bed raised. One domestically minded doctor has found that the easiest way to achieve this is to lower the end of the bed by taking the castor-bearing feet off the end of a divan bed and attaching the castors directly to the base. This provides the necessary incline and enables the bed to be moved easily for domestic needs. One mechanically minded correspondent comments that this simple device enables him to get maximum relief from his oesophagitis. The paper on page 52 illustrates how important it is to prevent acid reflux into the oesophagus as this can create a vicious circle from the increased stimulus which it gives to gastric secretion.

BOOKS of special interest to readers of *Gut*

1 **SURGERY OF THE ANUS RECTUM AND COLON.** J. C. Goligher. (Baillière, Tindall and Cassell Ltd. £10 10s.) The second edition provides the most comprehensive survey now available of modern practice. With its 1,120 pages and 630 illustrations it is an essential reference book for all gastroenterological libraries.

2 **THE LIVER** (Edited by A. E. Read. Butterworth and Co. £7) This publication is the proceedings of the Nineteenth Symposium of the Colston Research Society held at Bristol in April 1967. Its 41 authoritative papers begin with the structure and function of the normal liver, and go on to discuss newer techniques in the diagnosis of liver disease, hepatitis, portal hypertension, newer aspects of liver failure, and liver transplantation. It illustrates the great value of well organized symposia as a means for the rapid advancement of knowledge; they also provide such admirable opportunities for cross fertilization of ideas among research workers. The Colston Research Society selects subjects which are at an interesting and active stage of development, and this publication does the Society great credit.