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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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Signposts

PRIMARY ANOREXIA NERVOSA (page 370) and GASTRIC INTRINSIC FACTOR (page 373) Progress reviews.

ISCHAEMIC COLITIS (page 376) George H. Dickson describes three cases of ischaemic colitis, each demonstrating particular features of special interest. One case was due to primary venous thrombosis.

MULTIPLE TUBERCULOUS PERFORATIONS OF ILEUM (page 381) A case report.

CROHN'S DISEASE (page 383) An interesting case report of a patient with Crohn's disease who developed marked symmetrical periosteal new bone.

CARCINOMA OF THE COLON COMPLICATING CHRONIC ULCERATIVE COLITIS (page 388) A radiological and clinical review of 35 patients with ulcerative colitis developing strictures in the colon: these must be considered to represent carcinoma until proved otherwise.

DUODENAL ASPIRATE (page 398) K. G. Wormsley reviews the present information about the source and content of duodenal aspirate with special reference to pancreatic function tests.

PANCREOZYMIN AND GASTRIC SECRETION (page 405) Pancreozymin is shown to depress the acid secretory response to pentapeptide, histamine, and to both the antral and intestinal phases of secretion.

ANAEMIA AFTER GASTRIC SURGERY (page 411) In a follow-up study after eight years all haematological measurements showed a slight advantage for vagotomy with gastroenterostomy as compared with Polya partial gastrectomy.

DUODENAL ULCER (page 414) R. M. Kirk reports a study of the duodenal bulb at operation on 150 patients and finds evidence in favour of an ischaemic factor in the genesis of duodenal ulcer.

GASTRIC EMPTYING RATES FOR FATS AND WATER (page 420) This interesting study shows that water and fat separate in the stomach, and, because of their different specific gravity, body position can have an important effect in the differential rate at which they leave the stomach.

GLYCINE PEPTIDE ABSORPTION (page 425) The growing interest in peptide malabsorption has prompted this study. It seems that the hydrolysis of peptides takes place within the cells of the intestinal mucosa. The glycine absorption test is rapid and simple and can give useful clinical information.

ANASTOMOTIC ULCER (page 438) John R. Condon and Norman C. Tanner present a valuable retrospective analysis of 208 proved cases. Complications are more frequent than with the original peptic ulcer. Symptoms develop on average 1·7 years after gastrectomy and 5·9 years after gastroenterostomy. Pain may be completely absent.

COLONIC MOVEMENT (page 442) J. A. Ritchie presents an interesting and important analysis of colonic motor activity based on time lapse cinefluorography at one-minute intervals.

ANAL CONTINENCE (page 457) A study of the basal electrical activity in the anal canal in man with the aim of assessing the relative roles of the anal sphincter muscles.

TUBERCULOSIS OF RECTUM (page 461) Three patients with hypertrophic rectal tuberculosis are described. Such cases are usually associated with primary infection elsewhere in the body.

PROTEIN METABOLISM AND THE BLIND LOOP SYNDROME (page 466) Abnormal bacterial activity in the small intestine causes the diversion of large amounts of dietary protein nitrogen into urea and so makes it unavailable for protein anabolism.

INSULIN TEST AFTER VAGOTOMY (page 470) This study shows that multiple criteria of a positive response to insulin may give the best indication of these who are at risk of developing recurrent ulceration.

EFFECT OF ACETYLSALICYLIC ACID COMPOUNDS ON BLOOD LOSS IN NORMAL ADULTS (page 475) Warren L. Beeken, using ^{51}CR-labelled erythrocytes, presents an elegant study on blood loss from the gastrointestinal tract from commonly used proprietary salicylates.

PRIMARY CARCINOMA OF THE LIVER (page 480) This paper draws attention to the increasing frequency of these tumours in the west of Scotland in recent years. It is not associated with any increase in the prevalence of hepatic cirrhosis.

LINITIS PLASTICA (page 485) Report of a case with diffuse involvement of the alimentary tract from the stomach to the rectum.

ACUTE FATTY LIVER OF PREGNANCY (page 489) A detailed case history of this rare idiopathic complication of pregnancy. The baby survived.

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The June 1968 Issue

THE JUNE 1968 ISSUE CONTAINS THE FOLLOWING PAPERS

Signposts

Liver transplantation R. Y. CALNE

Antibodies and immunoglobulins in liver disease GEOFFREY WALKER and DEBORAH DONIACH

Effect of corticosteroid therapy on bromosulphthalein excretion in active chronic hepatitis G. C. COOK, MARTA VELASCO, and SHEILA SHERLOCK

Havens' haemagglutination test in infective hepatitis B. ARORA and A. E. READ

Ergot poisoning in acute hepatic necrosis M. J. WHELTON, A. ALLAWAY, ANNE STEWART, and L. KREEL

Epidemiological study of cholelithiasis among railroad workers in India with special reference to causation S. L. MALHOTRA

A fresh approach to the pathogenesis of pancreatitis A. D. MCCUTCHEON

Chronic pancreatitis and choledochoduodenal anastomosis M. KECLÍK, P. FRIČ, V. ŠMAT, and V. FRIEDBERGER

Value of exfoliative cytology in pancreatic carcinoma HOWARD GOLDSTEIN and LUTZ E. VENTZKE with the technical assistance of CARL WERNETT

Influence of the ABO blood groups and secretor status on bleeding and on perforation of duodenal ulcer D. A. P. EVANS, L. HORWICH, R. B. MCCONNELL, and M. F. BULLEN

Absorption of iron instilled into the stomach, duodenum, and jejunum J. RHODES, D. BETON, and D. A. BROWN

Idiopathic muscular strictures of the sigmoid colon C. CASSANO and A. TORSOLI

Effect of hypophysectomy on the gastric mucosa of the rat GERARD P. CREAN

A comparison between the effects of hypophysectomy and adrenalectomy on the gastric mucosa of the rat GERARD P. CREAN

Psychogenic vomiting OSCAR W. HILL

Familial amyloidosis with gastrointestinal neuropathy JOSE G. MONTEIRO

The extent of sigmoidoscopy shown on radiographs with special reference to the rectosigmoid junction M. R. MADIGAN and J. M. HALLS

British Society of Gastroenterology

Notes and activities

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

interpretation of our results we provide a list of the acid outputs in Table II.

H. L. DUTHIE
University Department of Surgery, The Royal Infirmary, Sheffield

Your 'Domestically minded doctor' referred to under 'Notes and activities' (*Gut*, page 132, 1968) is very right in advising lowering the *foot* end of the bed rather than raising the *head* end. Most people with troublesome hiatal hernia are past middle age; many are stout and not very nimble and quite a few have to rise through the night to pass urine. If the head end is raised adequately then it is a difficult and even dangerous matter getting in and out of bed, especially through the night. I have now for years advised removing the legs at the foot of the bed to achieve the correct degree of slope. Some may object that this destroys the value of the bed, but I point out that they are scarcely likely to want to realize its cash value in the saleroom in their lifetime, and that it is just a matter of whether they value the more highly the legs of the bed or of themselves.

DOUGLAS NEEDHAM
Aberdeen

Notes and activities

FORTHCOMING CONFERENCES The *Ninth Annual General Meeting of the British Association for Cancer Research* will be held at the Middlesex Hospital Medical School, Cleveland Street, London W1, from Monday 23 September to Wednesday 25 September 1968. It will take the form of a symposium on 'Aetiological factors in lymphomas'. The main sessions are on the 'Incidence of lymphomas in man' and 'Induction of lymphomas in experimental animals (23 September), and 'Roles of viruses and immunological factors' (24 September). The Conference Lecture will be delivered on 25 September by R. A. Good (USA). All information can be obtained from: Dr G. Bennett, Hon. Secretary, Courtauld Institute, Middlesex Hospital, London W1.

British Society of Gastroenterology The Annual Meeting of the British Society of Gastroenterology will be held in London at The Royal College of Physicians and The Royal College of Surgeons from Thursday 7 November to Saturday 9 November 1968. The programme will include a symposium on cancer of the oesophagus.

The *first National Congress of Gastroenterology and the third International Symposium on Viral Hepatitis and Posthepatic Sequelae* will be held in Sofia, Bulgaria, from Tuesday 1 October to Saturday 5 October 1968. The plenary sessions will be devoted to 'Gastroduodenal ulcer', 'Diseases of the operated stomach', and 'Endoscopy and isotope diagnosis'. Smaller discussion groups will also be held and participants will be free to present reports at these sessions. All information can be obtained from: Professor Hristo Brailski, Department of Gastroenterology and Dietetics—ISUL, 8 Belo Moré Street, Sofia, Bulgaria.

The *Fifth International Congress of Dietetics* will be held at the Sheraton-Park Hotel, Washington, DC, USA, from 8 to 12 September 1969. All information can be obtained from: Miss Edith A. Jones, Chairman, The 5th International Congress of Dietetics, the American Dietetic Association, 620 North Michigan Avenue, Chicago, Ill., 60611, USA.

The *Fourth World Congress of Gastroenterology* will be held in Copenhagen, Denmark, from 12 to 18 July 1970. The scientific programme is a comprehensive one, and as well as the formal papers symposia and free communications will be included on subjects of importance to gastroenterologists. All further information can be obtained from: The Secretariat, 4th World Congress of Gastroenterology, c/o Dis Congress Service, 36 Skindergade, 1159 Copenhagen K, Denmark.

GASTROENTEROLOGICAL SOCIETY OF AUSTRALIA The Society now has 176 members. The office bearers and members of council remain unchanged for another 12 months.

They are: President, Dr P. J. Parsons; President-Elect, Professor C. R. B. Blackburn; Past-President, Dr W. M. Irwin; Honorary Secretary, Dr D. J. Fone; and Honorary Treasurer, Dr A. Kerr-Grant.

Other members of council are: Dr B. P. Billington, Mr E. S. R. Hughes, Dr R. A. Joske, and Dr A. P. Skyring.

The next Annual General Meeting will be held in Brisbane from 26 to 27 May 1969.

The Society is conducting the third Asian and Pacific Congress of Gastroenterology in Melbourne from 7 to 11 October 1968. Plans are progressing well. To date 160 persons have registered for the Congress and there is good supply of scientific papers coming in. The programme should be compiled in the near future. Any further enquiries about this Congress should be made to Dr David Fone or Mr E. S. R. Hughes, Box 2580W, G.P.O. Melbourne.

EIGHTH INTERNATIONAL CONGRESS OF GASTROENTEROLOGY The attendance at gastroenterological congresses is astonishingly high even when held away from larger countries. This was well illustrated at the International Congress of Gastroenterology held in Prague in July this year when 2,300 persons from 47 countries registered. Six simultaneous sessions were held and over 900 papers delivered. Scientifically there was much of interest, and the concentration of world experts at some of the sessions provided some very spirited discussions. The historical interest and beauty of Prague made it a particularly pleasing centre for the meeting, and the social programme was delightful. It was an opportunity which many appreciated for gastroenterologists from East and West to meet. The organization was excellent apart from some aberrations of the water supply! The shortage of taxis was a new experience for most regular congress attenders, but what an advantage this proved to be by having to walk through the old city. Political storm clouds were gathering but fortunately cast no shadows over this excellent meeting. Congratulations to Professor Kojecky and Dr Mařatka.

GLASGOW GASTROENTEROLOGY CLUB A meeting of the club was held in the Royal Infirmary on 30 May. Four papers made up the programme: 'Some observations on the growth of the gastric mucosa' (G. P. Crean); 'Treatment of gastric ulcer with deglycyrrhizinized liquorice' (A. G. G. Turpie, J. Runcie, and T. J. Thomson); 'Fiberoscopy in the management of acute upper alimentary bleeding' (W. C. Watson, A. Ferguson, and J. D. Maxwell); 'Immunological studies in Crohn's disease' (M. K. Browne and W. Manderson).

BOOKS of special interest to readers of *Gut*.

The experimental basis of gastric ulcer pharmacotherapy is a most interesting book translated from the Russian by Alan Huxley. The starting point is the study of experimental gastric ulcers which develop after chemical stimuli and other irritations to the duodenum. They demonstrate the neurogenic pathway and factors which may influence it. They also show that the development of gastric ulcers is preceded by a reduced synthesis of protein in the mucosa. The book reminds us of the need to keep in touch with the Russian literature. Many will appreciate the originality of the approach. Published by Pergamon Press (1968) at 75*s*.

Attention is drawn to the recent publication of the third edition of *Clinical physiology* by E. J. Moran Campbell, C. J. Dickinson, and J. D. H. Slater, an important book which is of direct help to clinicians both in achieving greater diagnostic accuracy and in guiding treatment. The section on the gut has been written by C. D. Holdsworthy and on the liver by J. G. Walker, two younger and very active gastroenterologists.

Under the title *Gastric secretion mechanisms and control* the Proceedings are published of a symposium held at the University of Alberta, Edmonton, Canada, in 1965, and is a book which should be available in every gastroenterology department. It covers 'Structure and function of the gastric mucosa', 'Neuro-endocrine control', 'Mucus', 'Gastrin', and 'Stimulation and inhibition of secretion'. The contributors included all the leading workers in this field—W. I. Card, C. F. Code, R. E. Davies, E. H. Ellison, L. R. Dragstedt, G. B. J. Glass, R. A. Gregory, M. I. Grossman, F. Hollander, B. Uvnas, J. G. Murray, and W. Sircus. The verbatim discussion by these authorities adds appreciably to the interest of the book which brings us to the frontiers of present-day knowledge. It is edited by T. K. Shnitka, J. A. L. Gilbert, and R. C. Harrison and published by Pergamon Press, Oxford, at £7.

We welcome the new gastroenterology journal, *Biologie et Gastro-Entérologie*. This is a supplement to *Archives. Francaises des Maladies de L'Appareil Digestif* and is edited by J. J. Bernier and published by Masson & Cie. It brings together experimental gastroenterological research studies in man and animals.

We also welcome *Digestion, The International Journal of Gastroenterology*, published by S. Karger, Basel (Switzerland), and edited by L. Demling, M. Demole, H. Kapp, R. Lambert, and O. J. ten Thije. *Digestion* is the new title of *Gastroenterologia*, a journal dating back to 1895. Coinciding with the change in the title, the policy of the journal has been revised. It is *Digestion's* aim to publish in the first place gastroenterological papers originating from European countries. In order to overcome national barriers, English has been chosen as the language of publication. Progress made in Europe in the field of gastroenterology will thus no longer remain unknown in other parts of the world and duplication of research work will be avoided.