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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 larger survey.

COMMUNICATIONS Papers should be addressed to the Editorial Secretary, *Gut*, Central Middlesex Hospital, Park Royal, London, N.W.10. 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. Diagrams should be twice the size of the finished block. The legends for illustrations should be typed on a separate

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ABBREVIATIONS In general, symbols and abbreviations should be those used by British Chemical and Physiological Abstracts. In particular, g. and mg. (not grms. or mgms.) are abbreviations for grammes and milligrammes, and ml. (not c.cm.) is the unit of volume. 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 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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confirmed at necropsy, operation, or a routine barium meal before discharge from hospital. An overall diagnosis rate of 82% was achieved within the first 24 hours. All gastric ulcers were detected by this method but duodenal ulcers were missed on two occasions.

Acute gastric erosions were seen in 10 patients. There remained a group of six patients in whom no diagnosis was made by either early or late investigation. The procedures were safe and in all cases an excellent view could be obtained with the gastroscope. It is hoped that early diagnosis places further management, especially if surgery is contemplated on a safer and surer clinical basis.

BRUCE BEVERIDGE described a 'Comparative study of various liver function tests in the differential diagnosis of jaundice'. A retrospective diagnosis was made on clinical, epidemiological, histological, and follow-up evidence in 53 patients with clinical jaundice, divided into five diagnostic groups: Extrahepatic obstruction, cholangiolitic hepatitis, parenchymal jaundice, drug cholestasis, and chronic liver disease. For each liver function test a

scattergram showed the values obtained in the five diagnostic groups and from these the reliability of the test in differentiating the groups was judged.

Clinically jaundice due to chronic liver disease and drug-induced cholestasis rarely caused grave diagnostic problems, but the diagnosis of extrahepatic obstructive jaundice from cholangiolitic hepatitis and occasionally from parenchymal jaundice presented difficulty.

The serum alkaline phosphatase activity was not found to be a good indicator of extrahepatic obstruction. The most useful indicator of parenchymal jaundice was a thymol turbidity value greater than 3 units. Less valuable were markedly raised serum oxalo-acetic and pyruvic transaminase levels, while serum ornithine transcarbamylase and quinine oxidase levels were of little value. However, on biochemical grounds five patients appeared to have extrahepatic obstruction, though this was not in fact present.

The thymol turbidity results appeared independent of serum albumin and globulin concentration, which were helpful only in chronic liver disease.

The September 1961 Issue

THE SEPTEMBER 1961 ISSUE CONTAINS THE FOLLOWING PAPERS

Primary Crohn's disease of the colon and rectum
J. S. CORNES and METTE STECHER

Difficulties in the diagnosis and management of unsuspected tuberculous enteritis and colitis
E. J. MORAN CAMPBELL

Recurrent swelling of the parotid gland
R. S. BRUCE PEARSON

Co⁵⁸B₁₂ absorption (hepatic surface count) after gastrectomy, ileal resection, and in coeliac disorders
D. J. FONE, W. T. COOKE, M. J. MEYNELL, and E. L. HARRIS

Comparative investigations on the activity of leucine aminopeptidase, glutamic oxalacetic transaminase, and alkaline phosphatase in serum
B. G. MUNCK and K. KJERULF

The effect of anticholinergic drugs on the electrolyte content of gastric juice
D. W. PIPER and MIRJAM C. STIEL

Non-esterified fatty acids and lipoprotein lipase activity in patients with cirrhosis of the liver
C. CHLOUVERAKIS and PETER HARRIS

The effect of vagotomy and pyloroplasty on the maximal acid response to histamine
ALVIN M. GELB, IVAN D. BARONOFKY, and HENRY D. JANOWITZ

The measurement of intestinal sounds in man and their relationship to serum 5-hydroxytryptamine
B. G. ADAMS

The cardiac sphincter in the cat
C. G. CLARK and J. R. VANE

Serum studies in man after administration of vitamin A acetate and vitamin A alcohol
OLIVER FITZGERALD, JAMES J. FENNELLY, and DANIEL J. HINGERTY

The problems of closed liver injuries
R. H. B. MILLS

Methods and techniques

The microvilli of the small intestinal surface epithelium in coeliac disease and in idiopathic steatorrhoea
MARGOT SHINER and M. S. C. BIRBECK

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Index to Volume Two

- ADAMS, B. G.: The measurement of intestinal sounds in man and their relationship to serum 5-hydroxytryptamine, **246**
- Addison's disease, gastric acid secretion and mucosal appearances in, **163**
- Africans in Durban, incidence and pattern of peptic ulcer in, **363**
- Alimentary tract, motility of changes in, in diffuse systemic sclerosis and polymyositis, **85**
- ALLDIS, D., *see* BOOTH, C. C., ALLDIS, D., and READ, A. E.
- ALLISON, P. R., *see* CALLENDER, S. T., *et al.*
- Aminopeptidase, leucine, activity of, in serum, **225**
- Aminopterin, effects of, on mucous membrane of small intestine of rat, microscope studies of, **346**
- 4-aminopteroylglutamic acid, effects of, on mucous membrane of small intestine of rat, microscope studies of, **346**
- Ammonia, blood levels of, in liver disease, **378**
- Anaemia, megaloblastic, radiological findings, **378**
- Antacids, clinical testing of, **86**
- Anticholinergic drugs and gastric secretion, **377**
- , effect on electrolyte content of gastric juice, **230**
- Antisecretory drugs and antacids, clinical testing of, **86**
- ASATOOR, A. M., *see* MILNE, M. D. *et al.*
- Ascites, resistant, long-term medical management and complications of, **285**
- ATKINSON, M. *et al.*: Mucosal tears at the oesophagogastric junction, **1**
- , *see also* CHANDLER, G. N. *et al.*
- AUSTEN, W. G., and EDWARDS, H. C.: A clinical appraisal of the treatment of chronic duodenal ulcer by vagotomy and gastric drainage operation, **158**
- BAMFORTH, J., *see* CREAMER, R. G., SHORTER, R. G., and BAMFORTH, J.
- BARONOFKY, I. D., *see* GELB, A. M., BARONOFKY, I. D., and JANOWITZ, H. D.
- BEAL, R. W., and BLACKBURN, C. R. B.: Studies on blood ammonia levels in patients with liver disease, **378**
- , *see* RANKIN, J. G., PLAYOUST, M. H., and BEAL, R. W.
- BEVERIDGE, R.: Comparative study of various liver function tests in the differential diagnosis of jaundice, **379**
- BILLING, B. H., *see* WILLIAMS, R., SPEYER, B. E., and BILLING, B. H.
- BIRBECK, M. S. C., *see* SHINER, M., and BIRBECK, M. S. C.
- BLACKBURN, C. R. B., *see* BEAL, R. W., and BLACKBURN, C. R. B.
- BLACKWELL, J. B.: Malabsorption in the presence of primary carcinoma of the small bowel, **377**
- Blood ammonia levels in liver disease, **378**
- Blood group substances, secretion of, in duodenal, gastric and stomal ulcer, gastric carcinoma and diabetes mellitus, **352**
- BOOTH, C. C., READ, A. E., and JONES, E.: Studies on the site of fat absorption. 1. The sites of absorption of increasing doses of ¹³¹I-labelled triolein in the rat, **23**; BOOTH, C. C., ALLDIS, D., and READ, A. E. 2. Fat balances after resection of varying amounts of the small intestine in man, **168**
- , *see also* HOLMES, R., HOURIHANE, D., and BOOTH, C. C.
- BOTTRILL, M. B., *see* ATKINSON, M. *et al.*
- Bowel-sterilizing agent, pre-operative, framycetin sulphate as, **51**
- British Society of Gastroenterology, annual meeting, 1960, **85**
- Butazolidin, effect on plasma pepsinogen activity, **40**
- CALLENDER, S. T. *et al.*: Some metabolic and haematological effects of oesophago-jejunostomy with by-pass of the stomach, **150**
- CAMPBELL, E. J. M.: Difficulties in the diagnosis and management of unsuspected tuberculous enteritis and colitis, **202**
- Carcinoma, dissemination of, metabolic influences, **89**
- , gastric, cytological studies in, **89**
- , secretion of blood group substances in, **352**
- , palliative surgery for, **44**
- , primary, of small intestine, malabsorption in presence of, **377**
- CARD, W. I.: Clinical application of physiology of the stomach, **87**
- Cardiac sphincter in cat, **252**
- CHANDLER, G. N. *et al.*: Potassium replacement therapy, **186**
- CHAUDHARY, N. A., and TRUELOVE, S. C.: The effect of prostigmine on human colonic motility, **85**
- Chest disease and peptic ulcer, **89**
- CHLOUVERAKIS, C., and HARRIS, P.: Non-esterified fatty acids and lipoprotein lipase activity in patients with cirrhosis of the liver, **233**
- Cholecystectomy for cardiac pain, **89**
- CLARK, C. G., and VANE, J. R.: The cardiac sphincter in the cat, **252**
- CLARKE, P. A.: A method of measuring gastric pressure during vagotomy, **187**
- CLAYTON, B. E., and COTTON, D. A.: A study of malabsorption after resection of the entire jejunum and the proximal half of the ileum, **18**
- CLOWDUS, B. F., II, *see* SUMMERSKILL, W. H. J., CLOWDUS, B. F., II, and ROSEVEAR, J. W.
- Coeliac disorders, Co⁵⁸B₁₂ absorption after, **218**
- , disease, microvilli of small intestinal surface epithelium in, **277**
- COGHILL, N. F.: Failure of radiotriolein to diagnose steatorrhoea (*discussion*), **86**
- , *see also* JEEJEBHOY, K. N., and COGHILL, N. F.
- Colitis, tuberculous, unsuspected, difficulties in diagnosis and management of, **202**
- Colon and rectum, primary Crohn's disease of, **189**
- , gas cysts of, **378**
- , motility, effect of prostigmine on, **85**
- , pelvic, motility in normals and in patients with asymptomatic duodenal ulcer, **175**
- Colostomy, extraperitoneal, **360**
- CONNELL, A. M.: The motility of the pelvic colon. 1. Motility in normals and in patients with asymptomatic duodenal ulcer, **175**
- COOKE, A. R., and SKYRING, A. P.: Combined early endoscopy and radiology in the management of upper intestinal bleeding, **378**
- , —: The use of indocyanin green as an index of hepatic function, **378**
- COOKE, W. T., *see* FONE, D. J. *et al.*
- COOPER, W., *see* GRIEVE, S. *et al.*
- CORNES, J. S., and STECHER, M.: Primary Crohn's disease of the colon and rectum, **189**
- Corticosteroids, effect on external secretion of pancreas in dogs, **338**
- Corticotrophin, effect on the external secretion of the pancreas in dogs, **338**
- Cortisone, influence on parietal cell population of dog's stomach, **119**

- COTTON, D. A., *see* CLAYTON, B. E., and COTTON, D. A.
- COX, A. G.: A possible explanation of failure of radiotriolein to diagnosis steatorrhoea, **86**
- , and HINCHLIFFE, Z.: The stability of the radiotriolein bond in intestinal secretions, **131**
- CRAVER, LL. F., *see* LEVITAN, R., DIAMOND, H. D., and CRAVER, LL. F.
- CREAMER, B., SHORTER, R. G., and BAMFORTH, J.: The turnover and shedding of epithelial cells, Part I. The turnover in the gastro-intestinal tract, **110**; Part II. The shedding in the small intestine, **117**
- Crohn's disease of colon and rectum, primary, **189**
- CRONIN, K.: Pyogenic abscess of the liver, **53**
- CURNOW, D. H., *see* JOSKE, R. A., and CURNOW, D. H.
- Cystinuria, intestinal absorption defect in, **323**
- DAVIDSON, W. M.: The effect of haematemesis on the haemopoietic system, **90**
- DAWSON, A. M., *see* MORTIAUX, A., and DAWSON, A. M.
- , *see also* TABAQCHALI, S., and DAWSON, A. M.
- , *see also* WIGGINS, H. S., and DAWSON, A. M.
- DELAMORE, L. W., *see* SMITH, A. W. M., DELAMORE, I. W., and WILLIAMS, A. W.
- Diabetes mellitus, secretion of blood group substances in, **352**
- DIAMOND, H. D., *see* LEVITAN, R., DIAMOND, H. D., and CRAVER, LL. F.
- Diarrhoea, intractable, associated with islet tumours of the pancreas, **12**
- DOLL, R., DRANE, H., and NEWELL, A. C.: Secretion of blood group substances in duodenal, gastric and stomal ulcer, gastric carcinoma and diabetes mellitus, **352**
- DOYLE, F., *see* READ, A. D., and DOYLE, F.
- DRANE, H., *see* DOLL, R., DRANE, H., and NEWELL, A. C.
- DUBB, A., *see* GRIEVE, S. *et al.*
- Duodenal ulcer, asymptomatic, motility of pelvic colon in, **175**
- , chronic, treatment by vagotomy and gastric drainage operation, **158**
- , secretion of blood group substances in, **352**
- Durban, incidence and pattern of peptic ulcer in Indians and Africans in, **363**
- d-xylose absorption test, **377**
- EDWARDS, A. T., *see* ATKINSON, M. *et al.*
- EDWARDS, D. A. W.: Radiological and manometric studies of changes in motility of the alimentary tract in diffuse systemic sclerosis and polymyositis, **85**
- EDWARDS, H. C., *see* AUSTEN, W. G., and EDWARDS, H. C.
- EDWARDS, K. D. G., *see* MILNE, M. D. *et al.*
- ELLIOT-SMITH, A., and PAINTER, N. S.: Experiences with extraperitoneal colostomy and ileostomy, **360**
- Enteritis, tuberculous, unsuspected, difficulties in diagnosis and management of, **202**
- Epithelial cells, shedding of, in small intestine, **117**
- , turnover of, in gastro-intestinal tract, **110**
- Fat absorption, evaluation of unabsorbable markers in study of, **373**
- , site of, **23**, **168**
- balances after resection of varying amounts of small intestine in man, **168**
- Fatty acids, free, plasma level of, in liver disease, **304**
- , non-esterified, and lipoprotein lipase activity in patients with cirrhosis of the livers, **233**
- FENNELLY, J. J., *see* FITZGERALD, O., FENNELLY, J. J., and HINGERTY, D. J.
- FITZGERALD, O., FENNELLY, J. J., and HINGERTY, D. J.: Serum studies in man after administration of vitamin A acetate and vitamin A alcohol, 1. In normal subjects, **263**
- FONE, D. J. *et al.*: Co⁵⁸B₁₂ absorption (hepatic surface count) after gastrectomy, ileal resection, and in coeliac disorders, **218**
- Framycetin sulphate as a pre-operative bowel-sterilizing agent, **51**
- FRASER, B., *see* GRIEVE, S., *et al.*
- Gastrectomy, Co⁵⁸B₁₂ absorption after, **218**
- , partial, iron deficiency after, **141**
- Gastric acid, histamine test meal for estimation of secretion of, **32**
- response to histamine, maximal, effect of vagotomy and pyloroplasty on, **240**
- secretion and mucosal appearances in Addison's disease and hypopituitarism, **163**
- function, nervous control of, **87**
- pressure during vagotomy, method of measuring, **187**
- secretion, effects of anticholinergic secretion on, **377**
- , electrolyte content of, effect of anticholinergic drugs on, **230**
- , Glass's method of fractional precipitation of, re-valuation, **37**
- in liver disease, **85**
- , physiology of, **86**
- Gastroenterological Society of Australia, 3rd annual general meeting, 1961, **377**
- Gastrointestinal haemorrhage, laboratory diagnosis of, **75**
- , upper, in non-European, **72**
- protein loss, measurement by new method, **123**
- tract, turnover of epithelial cells in, **110**
- GELB, A. M., BARONOFKY, I. D., and JANOWITZ, H. D.: The effect of vagotomy and pyloroplasty on the maximal acid response to histamines, **240**
- GENTIN, S., *see* GRIEVE, S. *et al.*
- Glass's method of fractional precipitation of gastric secretion, re-valuation, **37**
- Glutamic oxaloetic transaminase, activity of, in serum, **225**
- GREGORY, R. A.: The physiology of gastric secretion, **86**
- GRIEVE, S. *et al.*: Upper gastrointestinal haemorrhage in the non-European, **72**
- GRIFFITHS, J. D.: Metabolic influences in the dissemination of cancer, **89**
- GROSSMAN, M. I.: Physiology of stomach (*discussion*), **88**
- GUNNING, A., *see* CALLENDER, S. T. *et al.*
- HACKETT, R. M., *see* READ, N. C. R. W., HACKETT, R. M., and WELBOURN, R. B.
- Haematemesis, effect on haemopoietic system, **90**
- Haemochromatosis, diagnosis and treatment of, **378**
- Haemopoietic system, effect of haematemesis on, **90**
- Haemorrhage, gastrointestinal, laboratory diagnosis of, **75**
- , upper gastrointestinal, in non-European, **72**
- HALL, B., *see* HENNESSY, W. B., and HALL, B.
- HAMILTON, H. A. R., *see* SCOTT-HARDEN, W. G., HAMILTON, H. A. R., and SMITH, S. MCC.
- Haptoglobin, serum, in liver disease, **297**
- HARRIS, E. L., *see* FONE, D. J. *et al.*
- HARRIS, P., *see* CHLOUVERAKIS, C., and HARRIS, P.
- Heart pain, cholecystectomy for, **89**
- HENNESSY, W. B., and HALL, B.: Diagnosis and treatment of haemochromatosis, **378**
- HETHERINGTON, C., *see* CHANDLER, G. N. *et al.*
- HINGERTY, D. J., *see* FITZGERALD, O., FENNELLY, J. J., and HINGERTY, D. J.
- HINCHLIFFE, Z., *see* COX, A. G., and HINCHLIFFE, Z.

- Histamine, maximal acid response to, effect of vagotomy and pyloroplasty on, **240**
 — test meal in rat, **32**
- HOBBS, J. R.: Iron deficiency after partial gastrectomy, **141**
 Hodgkin's disease, liver in, **60**
- HOLMES, R., HOURIHANE, D., and BOOTH, C. C.: Histological abnormalities in the jejunum and ileum in the malabsorption syndrome, **90**
- HORSBURGH, A. C.: Framycetin sulphate as a pre-operative bowel-sterilizing agent, **51**
- HOURIHANE, D., *see* HOLMES, R., HOURIHANE, D., and BOOTH, C. C.
- HUNT, J. N.: Clinical testing of gastric antisecretory drugs (*discussion*), **86**
 —: Physiology of stomach (*discussion*), **88**
 5-hydroxytryptamine, serum, relationship of intestinal sounds to, **246**
- Hypertension, portal, changes in portal and splenic veins in, and their relation to splenomegaly, **310**
 —, —, mediastinum in, **89**
- Hypopituitarism, gastric acid secretion and mucosal appearances in, **163**
- IBRAHIM, H.: Proctalgia fugax, **137**
 Ileal resection, Co⁵⁸B₁₂ absorption after, **218**
 Ileostomy, extraperitoneal, **360**
 Ileum, histological abnormalities in, in malabsorption syndrome, **90**
 —, resection of proximal half of, and of entire jejunum, malabsorption after, **18**
- Indians in Durban, incidence and pattern of peptic ulcer in, **363**
- Indocyanin green, use of, as index of hepatic function, **378**
 Intestinal absorption defect in cystinuria, **323**
 — sounds, measurement of, and their relationship to serum 5-hydroxytryptamine, **246**
- Intestine, small, carcinoma of, malabsorption in presence of, **377**
 —, —, fat balances after resection of varying amounts of, **168**
 —, —, microvilli of surface epithelium of, in coeliac disease and in idiopathic steatorrhoea, **277**
 —, —, mucous membrane of, effects of aminopterin on, **346**
 —, —, radiological investigation of, **316**
 — upper, bleeding from, early endoscopy and radiology in management of, **378**
- Iron deficiency after partial gastrectomy, **141**
- JANOWITZ, H. D., *see* GELB, A. M., BARONOSFKY, I. D., and JANOWITZ, H. D.
- Jaundice, various liver function tests in differential diagnosis of, **379**
- JEEJEBHOY, K. N., and COGHILL, N. F.: The measurement of gastrointestinal protein loss by a new method, **123**
- Jejunum, histological abnormalities in, in malabsorption syndrome, **90**
 —, resection of, and of proximal half of ileum, malabsorption after, **18**
- JOHNSON, H. D.: Palliative surgery for gastric carcinoma, **44**
- JONES, E., *see* BOOTH, C. C., READ, A. E., and JONES, E.
- JONES, F. A.: Physiology of stomach (*discussion*), **89**
- JONES, J. E. L., *see* LENNARD-JONES, J. E.
- JOSKE, R. A., and CURNOW, D. H.: History and metabolic basis of the d-xylose absorption test, **377**
- KARK, A. E.: The incidence and pattern of peptic ulcer in Indians and Africans in Durban, **363**
- KAVIN, H., *see* GRIEVE, S. *et al.*
- KAY, A. W.: Physiology of stomach (*discussion*), **88**
- KELLOCK, T. D., *see* POLYZOS, J., and KELLOCK, T. D.
- KJERULF, K., *see* MUNCK, B. G., and KJERULF, K.
- LAW, I., *see* GRIEVE, S. *et al.*
- LENNARD-JONES, J. E.: Observations on the clinical testing of gastric antisecretory drugs and antacids, **86**
 Leucine aminopeptidase, activity of, in serum, **225**
- LEVITAN, R., DIAMOND, H. D., and CRAVER, L. F.: The liver in Hodgkin's disease, **60**
- Lipoprotein lipase activity in patients with cirrhosis of liver, non-esterified fatty acids and, **233**
- Liver blood flow, measurement of, **377**
 —, cirrhosis of, non-esterified fatty acids and lipoprotein lipase activity in patients with, **233**
 — disease, blood ammonia levels in, **378**
 — —, gastric secretion in, **85**
 — —, plasma free fatty acid in, **304**
 — —, serum haptoglobin in, **297**
 — function tests, comparative study of, in differential diagnosis of jaundice, **379**
 — —, use of indocyanin green as index of, **378**
 — in Hodgkin's disease, **60**
 — injuries, closed, problem of, **267**
 —, pyogenic abscess of, **53**
 —, surface count in measurement of Co⁵⁸B₁₂ absorption, **218**
- LOUGHRIDGE, L. W., *see* MILNE, M. D. *et al.*
- MALABSORPTION after resection of entire jejunum and proximal half of ileum, **18**
 — in presence of primary carcinoma of small intestine, **377**
 — syndrome, histological abnormalities in jejunum and ileum in, **90**
- Mallory-Weiss syndrome, **1**
- MASON, M. K.: Cytological studies in gastric carcinoma, **89**
 Mediastinum in portal hypertension, **89**
- MEYNELL, M. J., *see* FONE, D. J. *et al.*
- Microvilli of small intestinal surface epithelium in coeliac disease and in idiopathic steatorrhoea, **277**
- MILLS, R. H. B.: The problems of closed liver injuries, **267**
- MILNE, M. D. *et al.*: The intestinal absorption defect in cystinuria, **323**
- MITCHELL, W. M., *see* ATKINSON, M. *et al.*
- MORGAN, A. D.: The first recorded case of Whipple's disease?, **370**
- MORTIAUX, A., and DAWSON, A. M.: Plasma free fatty acid in liver disease, **304**
- MUIRDEN, K. D.: The effect of phenylbutazone on plasma pepsinogen activity, **37**
- MUNCK, B. G., and KJERULF, K.: Comparative investigations on the activity of leucine aminopeptidase, glutamic oxalacetic transaminase, and alkaline phosphatase in serum, **225**
- MURRAY, J. G.: Nervous control of gastric function, **87**
- NEWELL, A. C., *see* DOLL, R., DRANE, H., and NEWELL, A. C.
- Nile blue test for detection of steatorrhoea, **82**
- Oesophagitis, peptic, diagnosis and treatment of, **91**
 Oesophagogastric junction, mucosal tears at, **1**
 Oesophago-jejunostomy with by-pass of stomach, metabolic and haematological effects of, **150**

- Pain, cardiac, cholecystectomy for, **89**
- PAINTER, N. S., *see* ELLIOT-SMITH, A., and PAINTER, N. S.
- Pancreas, external secretion of, in dogs, effect of corticotrophin and corticosteroids on, **338**
- , islet tumours of, with intractable diarrhoea, **12**
- Parietal cell population of the dog's stomach, influence of cortisone on, **119**
- Parotid gland, recurrent swellings of, **210**
- PARSONS, P.: Gas cysts of colon, **378**
- PEARSON, R. S. B.: Recurrent swellings of the parotid gland, **210**
- PEET, B. G., *see* ATKINSON, M. *et al.*
- Pepsin histamine test meal for estimation of secretion of, **32**
- Pepsinogen, plasma, activity, effect of phenylbutazone on, **40**
- Peptic ulcer and chest disease, **89**
- —, incidence and pattern of, in Indians and Africans in Durban, **363**
- —, secretion of blood group substance in, **352**
- Phenylbutazone, effect on plasma pepsinogen activity, **40**
- Phosphatase, alkaline, activity of, in serum, **225**
- PIPER, D. W.: Anticholinergic drugs and gastric secretion, **377**
- , and STIEL, M. C.: The effect of anticholinergic drugs on the electrolyte content of gastric juice, **230**
- PITNEY, W. R., *see* VAUGHAN, B. F., and PITNEY, W. R.
- Plasma pepsinogen activity, effect of phenylbutazone on, **40**
- PLAYOUST, M. H., *see* RANKIN, J. G., PLAYOUST, M. H., and BEAL, R. W.
- Polymyositis, changes in motility of alimentary tract in, **85**
- POLYZOS, J., and KELLOCK, T. D.: The Nile blue test in the detection of steatorrhoea, **82**
- Portal vein, changes in, in portal hypertension and their relation to splenomegaly, **310**
- Potassium replacement therapy, **186**
- Proctalgia fugax, **137**
- Prostigmine, effect on human colonic motility, **85**
- Protein loss, gastrointestinal, measurement by new method, **123**
- Pyloroplasty, effect on maximal acid response to histamine, **240**
- Radiotriolein bond, stability of, in intestinal secretions, **131**
- , failure of, to diagnosis steatorrhoea, possible explanation of, **86**
- RANKIN, J. G., PLAYOUST, M. R., and BEAL, R. W.: Measurement of liver blood flow, **377**
- READ, A. E., and DOYLE, F.: The mediastinum in portal hypertension, **89**
- , *see also* BOOTH, C. C., ALLDIS, D., and READ, A. L.
- Rectum and colon, primary Crohn's disease of, **189**
- REID, N. C. R. W., HACKETT, R. M., and WELBOURN, R. B.: The influence of cortisone on the parietal cell population of the stomach in the dog, **119**
- RIDGEN, B. D.: Chest disease and peptic ulcer, **89**
- ROBERTS, A. A., *see* STEINGOLD, L., and ROBERTS, A. A.
- ROSEVEAR, J. W., *see* SUMMERSKILL, W. H. J., CLOWDUS, B. F., II, and ROSEVEAR, J. W.
- SCHRAGER, J.: A re-valuation of Glass's method of fractional precipitation of gastric secretion, **37**
- Sclerosis, diffuse systemic, changes in motility of alimentary tract in, **85**
- SCOTT-HARDEN, W. G., HAMILTON, H. A. R., and SMITH, S. MCC.: Radiological investigation of the small intestine, **316**
- SHINER, M., and BIRBECK, M. S. C.: The microvilli of the small intestinal surface epithelium in coeliac disease and in idiopathic steatorrhoea, **277**
- SHORTER, R. G., *see* CREAMER, B., SHORTER, R. G., and BAMBORTH, J.
- SIRCUS, W.: The effect of corticotrophin and corticosteroids on the external secretion of the pancreas in dogs, **338**
- SKYRING, A. P., *see* COOKE, A. R., and SKYRING, A. P.
- SMIDDY, F. G., *see* TELLING, M., and SMIDDY, F. G.
- SMITH, A. E., *see* ELLIOT-SMITH, A.
- SMITH, A. W. M., DELAMORE, I. W., and WILLIAMS, A. W.: Gastric acid secretion and mucosal appearances in Addison's disease and hypopituitarism, **163**
- SMITH, S. MCC., *see* SCOTT-HARDEN, W. G., HAMILTON, H. A. R., and SMITH, S. MCC.
- Soframycin as a pre-operative bowel-sterilizing agent, **51**
- SOWTON, G. E.: Cholecystectomy for cardiac pain, **89**
- Sphincter, cardiac, in cat, **252**
- SPEYER, B. E., *see* WILLIAMS, R., SPEYER, B. E., and BILLING, B. H.
- Splenic vein, changes in, in portal hypertension and their relation to splenomegaly, **310**
- Splenomegaly, relation of changes in portal and splenic veins in portal hypertension to, **310**
- Steatorrhoea, failure of radiotriolein to diagnosis, possible explanation of, **86**
- , idiopathic, microvilli of small intestinal surfaces epithelium in, **277**
- , Nile blue test for detection of, **82**
- STECHEER, M., *see* CORNES, J. S., and STECHER, M.
- STEINGOLD, L., and ROBERTS, A. A.: Laboratory diagnosis of gastro-intestinal bleeding, **75**
- STEPHENSON, A. N., *see* CHANDLER, G. N. *et al.*
- STIEL, M. C., *see* PIPER, D. W., and STIEL, M. C.
- Stomach, by-pass of, with oesophago-jejunosomy, metabolic and haematological effects of, **150**
- , carcinoma of, cytological studies in, **89**
- , —, palliative surgery for, **44**
- , —, secretion of blood group substances in, **352**
- , dog's, parietal cell population of, influence of cortisone on, **119**
- , drainage operation, and vagotomy in treatment of chronic duodenal ulcer, **158**
- , gastric acid secretion and mucosal appearances in Addison's disease and hypopituitarism, **163**
- , mucosal tears at the oesophagogastric junction, **1**
- , physiology of, clinical application of, **87**
- , smooth muscle of, pharmacology of, **87**
- , ulcer, secretion of blood group substances in, **352**
- SUMMERSKILL, W. H. J., CLOWDUS, B. F., II, and ROSEVEAR, J. W.: Long-term medical management and complications of 'resistant' ascites, **285**
- TABAQCHALI, S., and DAWSON, A. M.: Gastric secretion in liver disease, **85**
- TELLING, M., and SMIDDY, F. G.: Islet tumours of the pancreas with intractable diarrhoea, **12**
- Transaminase, glutamic oxalactic, activity of, in serum, **225**
- Triolein, ¹³¹I-labelled, sites of absorption of increasing doses of, **23**
- TRUELOVE, S. C., *see* CHAUDHARY, N. A., and TRUELOVE, S. C.
- Tuberculous enteritis and colitis, unsuspected, difficulties in diagnosis and management of, **202**
- Vagotomy and gastric drainage operation in treatment of chronic duodenal ulcer, **158**
- , effect on maximal acid response to histamine, **240**
- , method of measuring gastric pressure during, **187**
- VALBERG, L. S., and WITTS, L. J.: The histamine test meal in the rat, **32**
- VANE, J. R.: The pharmacology of the smooth muscle of the stomach, **87**
- , *see also* CLARK, C. G., and VANE, J. R.

- VAUGHAN, B. F., and PITNEY, W. R.: Radiological findings in megaloblastic anaemia, 378
- Vitamin A acetate, serum studies after administration of, I. In normal subjects, 263
- — alcohol, serum studies after administration of. I. In normal subjects, 263
- B_{12} , Co^{58} labelled, absorption of, after gastrectomy, ileal resection, and in coeliac disorders, 218
- WELBOURN, R. B.: Physiology of the stomach (*discussion*), 88
- , *see also* REID, N. C. R. W., HACKETT, R. M., and WELBOURN, R. B.
- Whipple's disease, first recorded case of?, 370
- WIGGINS, H. S., and DAWSON, A. M.: An evaluation of unabsorbable markers in the study of fat absorption, 373
- WILLIAMS, A. W.: Light- and electron-microscope studies of the effects of 4-aminopteroylglutamic acid on the mucous membrane of the small intestine of the rat, 346
- , *see* SMITH, A. W. M., DELAMORE, I. W., and WILLIAMS, A. W.
- WILLIAMS, R., SPEYER, B. E., and BILLING, B. H.: Serum haptoglobin in liver disease, 297
- WILLIAMS, R. E., *see* ATKINSON, M. *et al.*
- WILSON, J. B.: Changes in the portal and splenic veins in portal hypertension and their relation to splenomegaly, 310
- WITTS, L. J.: Physiology of stomach (*discussion*), 88
- , *see also* CALLENDER, S. T. *et al.*
- , *see also* VALBERG, L. S., and WITTS, L. J.
- WOOLER, G.: The diagnosis and treatment of peptic oesophagitis, 91

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Contents

No.1 MARCH 1961

	<i>Page</i>
Mucosal tears at the oesophago-gastric junction (the Mallory-Weiss syndrome) MICHAEL ATKINSON, M. B. BOTTRILL, A. T. EDWARDS, WINIFRED M. MITCHELL, B. GADSBY PEET, and R. E. WILLIAMS.....	1
Islet tumours of the pancreas with intractable diarrhoea M. TELLING and F. G. SMIDDY.....	12
A study of malabsorption after resection of the entire jejunum and the proximal half of the ileum BARBARA E. CLAYTON and DAWSON A. COTTON.....	18
Studies on the site of fat absorption 1. The sites of absorption of increasing doses of ¹³¹ I-labelled triolein in the rat C. C. BOOTH, A. E. READ, and E. JONES.....	23
The histamine test meal in the rat L. S. VALBERG and L. J. WITTS.....	32
A re-valuation of Glass's method of fractional precipitation of gastric secretion J. SCHRAGER.....	37
The effect of phenylbutazone (Butazolidin) on plasma pepsinogen activity K. D. MUIRDEN.....	40
Palliative surgery for gastric carcinoma H. DAINTREE JOHNSON.....	44
Framycetin sulphate (Soframycin) as a pre-operative bowel-sterilizing agent A. G. HORSBURGH.....	51
Pyogenic abscess of the liver K. CRONIN.....	53
The liver in Hodgkin's disease RUVEN LEVITAN, HENRY D. DIAMOND, and LLOYD F. CRAVER.....	60
Upper gastrointestinal haemorrhage in the non-European S. GRIEVE, W. COOPER, B. FRASER, A. DUBB, S. GENTIN, H. KAVIN, and I. LAW.....	72
<i>Methods and techniques</i>	
Laboratory diagnosis of gastrointestinal bleeding L. STEINGOLD and A. A. ROBERTS.....	75
The Nile blue test in the detection of steatorrhoea J. POLYZOS and T. D. KELLOCK.....	82
The annual meeting of the British Society of Gastroenterology.....	85

No. 2 JUNE 1961

	<i>Page</i>
The diagnosis and treatment of peptic oesophagitis GEOFFREY WOOLER.....	91
The turnover and shedding of epithelial cells B. CREAMER, R. G. SHORTER, and JOHN BAMFORTH	
Part I The turnover in the gastro-intestinal tract.....	110
Part II The shedding in the small intestine.....	117
The influence of cortisone on the parietal cell population of the stomach in the dog N. C. R. W. REID, R. M. HACKETT, and R. B. WELBOURN.....	119
The measurement of gastrointestinal protein loss by a new method K. N. JEEJEBHOY and N. F. COGHILL	123
The stability of the radiotriolein bond in intestinal secretions A. G. COX and Z. HINCHLIFFE.....	131
Proctalgia fugax HASSAN IBRAHIM.....	137
Iron deficiency after partial gastrectomy J. R. HOBBS.....	141
Some metabolic and haematological effects of oesophago-jejunostomy with by-pass of the stomach SHEILA T. CALLENDER, L. J. WITTS, P. R. ALLISON, and A. GUNNING.....	150
A clinical appraisal of the treatment of chronic duodenal ulcer by vagotomy and gastric drainage operation W. GERALD AUSTEN and HAROLD C. EDWARDS.....	158
Gastric acid secretion and mucosal appearances in Addison's disease and hypopituitarism A. W. M. SMITH, I. W. DELAMORE, and A. WYNN WILLIAMS.....	163
Studies on the site of fat absorption 2 Fat balances after resection of varying amounts of the small intestine in man C. C. BOOTH, D. ALLDIS, and A. E. READ.....	168
<i>Methods and techniques</i>	
The motility of the pelvic colon 1 Motility in normals and in patients with asymptomatic duodenal ulcer A. M. CONNELL.....	175
Potassium replacement therapy G. N. CHANDLER, C. HETHERINGTON, A. N. STEPHENSON, and M. ATKINSON.....	186
A method of measuring gastric pressure during vagotomy PETER A. CLARKE.....	187

Contents

No. 3 SEPTEMBER 1961

	<i>Page</i>
Primary Crohn's disease of the colon and rectum J. S. CORNES and METTE STECHER.....	189
Difficulties in the diagnosis and management of unsuspected tuberculous enteritis and colitis E. J. MORAN CAMPBELL.....	202
Recurrent swellings of the parotid gland R. S. BRUCE PEARSON.....	210
Co ⁵⁸ B ₁₂ absorption (hepatic surface count) after gastrectomy, ileal resection, and in coeliac disorders D. J. FONE, W. T. COOKE, M. J. MEYNELL, and E. L. HARRIS.....	218
Comparative investigations on the activity of leucine aminopeptidase, glutamic oxalacetic transaminase, and alkaline phosphatase in serum B. G. MUNCK and K. KJERULF.....	225
The effect of anticholinergic drugs on the electrolyte content of gastric juice D. W. PIPER and MIRJAM C. STIEL.....	230
Non-esterified fatty acids and lipoprotein lipase activity in patients with cirrhosis of the liver C. CHLOUVERAKIS and PETER HARRIS.....	233
The effect of vagotomy and pyloroplasty on the maximal acid response to histamine ALVIN M. GELB, IVAN D. BARONOFSKY, and HENRY D. JANOWITZ.....	240
The measurement of intestinal sounds in man and their relationship to serum 5-hydroxytryptamine B. G. ADAMS.....	246
The cardiac sphincter in the cat C. G. CLARK and J. R. VANE.....	252
Serum studies in man after administration of vitamin A acetate and vitamin A alcohol OLIVER FITZGERALD, JAMES J. FENNELLY, and DANIEL J. HINGERTY.....	263
The problems of closed liver injuries R. H. B. MILLS.....	267
<i>Methods and techniques</i>	
The microvilli of the small intestinal surface epithelium in coeliac disease and in idiopathic steatorrhoea MARGOT SHINER and M. S. BIRBECK.....	277

No. 4 DECEMBER 1961

	<i>Page</i>
Long-term medical management and complications of 'resistant' ascites WILLIAM H. J. SUMMERSKILL, BERNARD F. CLOWDUS, II, and JOHN W. ROSEVEAR.....	285
Serum haptoglobin in liver disease ROGER WILLIAMS, BARBARA E. SPEYER, and BARBARA H. BILLING..	297
Plasma free fatty acid in liver disease A. MORTIAUX and A. M. DAWSON.....	304
Changes in the portal and splenic veins in portal hypertension and their relation to splenomegaly JOHN B. WILSON.....	310
Radiological investigation of the small intestine W. G. SCOTT-HARDEN, H. A. R. HAMILTON, and S. MCCALL SMITH.....	316
The intestinal absorption defect in cystinuria M. D. MILNE, A. M. ASATOOR, K. D. G. EDWARDS, and LAVINIA W. LOUGHRIDGE.....	323
The effect of corticotrophin and corticosteroids on the external secretion of the pancreas in dogs WILFRED SIRCUS.....	338
Light- and electron-microscope studies of the effects of 4-aminopteroylglutamic acid (aminopterin) on the mucous membrane of the small intestine of the rat A. WYNN WILLIAMS.....	346
Secretion of blood group substances in duodenal, gastric and stomal ulcer, gastric carcinoma, and diabetes mellitus R. DOLL, H. DRANE, and A. C. NEWELL.....	352
Experiences with extraperitoneal colostomy and ileostomy A. ELLIOT-SMITH and NEIL S. PAINTER....	360
The incidence and pattern of peptic ulcer in Indians and Africans in Durban A. E. KARK.....	363
The first recorded case of Whipple's disease? A. D. MORGAN.....	370
An evaluation of unabsorbable markers in the study of fat absorption H. S. WIGGINS and A. M. DAWSON	373
Gastroenterological Society of Australia: Third Annual General Meeting.....	377