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## EDITORIAL NOTICES

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.

Papers should be addressed to the Editorial Secretary, *Gut*, Department of Gastroenterology, Central Middlesex Hospital, Park Royal, London, N.W.10. Papers are accepted on the clear understanding that the subject matter has not been and will not be published in a separate journal.

Manuscripts should be typewritten in double spacing on one side of the paper only and carefully revised, as alterations in print are costly and, apart from verbal corrections, will be charged to the contributor.

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References to papers in the text 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:

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breaks down and bacterial contamination of the upper small bowel occurs.

Three cases were presented to show that stasis in the afferent limb of a Billroth II anastomosis is a possible cause of bacterial contamination of the upper jejunum. Two of these patients were treated with broad-spectrum antibiotics and responded favourably. Subsequently, bacteriological studies were carried out at operation. It has been suggested (Wirts *et al.*, 1959; Kinsella and Hennessy, 1960) that such cases are examples of the blind loop syndrome. Other possible causes of stasis include obstruction of the efferent loop of a Billroth II

anastomosis and vagotomy. Two additional cases were shown to illustrate this complication.

They further stated that post-gastrectomy steatorrhoea may exist without obvious afferent or efferent loop obstruction. Moreover, although more frequent following the Billroth II operation, steatorrhoea may occur after a Billroth I gastrectomy. With the aid of <sup>181</sup> labelled triolein, the steatorrhoea in the majority of these patients is found to diminish following the use of chemotherapy and antibiotics. It is assumed that the antibacterial mechanism in the small intestine has broken down in such cases but the real reason for this is uncertain.

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## THE SEPTEMBER (1960) ISSUE

The September (1960) issue contains the following papers:—

- Post-gastrectomy Syndromes: A Review. C. F. W. ILLINGWORTH.
- The Use of Cholecystokin to Test Gall Bladder Function in Man. P. BURTON, A. A. HARPER, HENRY T. HOWAT, J. E. SCOTT, and H. VARLEY.
- Gastric Cytodiagnosis: A Review and Appraisal. D. D. GIBBS.
- An Assessment of Prednisone, Salazopyrin, and Topical Hydrocortisone Hemisuccinate Used as Out-patient Treatment for Ulcerative Colitis. J. E. LENNARD-JONES, A. J. LONGMORE, A. C. NEWELL, C. W. E. WILSON, and F. AVERY JONES.
- A Clinical and Statistical Study of the Effect of Gastrojejunostomy on Human Gastric Secretion. H. I. TANKEL, I. E. GILLESPIE, D. H. CLARK, A. W. KAY, and J. McARTHUR.
- A Comparison Between the Effects of Hexamethonium and Atropine in Combination and of Vagotomy with Gastrojejunostomy on Human Gastric Secretion. J. McARTHUR, H. I. TANKEL, and A. W. KAY.
- Massive Resection of the Small Intestine after Occlusion of the Superior Mesenteric Artery. R. J. HARRISON and C. C. BOOTH.
- Factors Influencing the Growth of *Staphylococcus aureus* in the Stomach after Gastric Operations. F. G. SMIDDY and D. PRATT.
- Gastric Activity in the South African European and Bantu. I. MACDONALD.
- Benign Duodeno-colonic Fistula. G. N. CHANDLER and A. J. LONGMORE.
- Surgery in Bleeding Peptic Ulcers. J. N. WARD-McQUAID, J. C. PEASE, A. McEWEN SMITH, and R. J. TWORT.
- New Methods for Diagnosis and Research*
- Wireless Telemetry from the Digestive Tract. A. M. CONNELL and E. N. ROWLANDS.

A number of copies are still available and may be obtained from the Publishing Manager, British Medical Association, Tavistock Square, W.C.1, price 17s. 6d.

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