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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, WC1H 9JR. Papers are accepted only on the understanding that they are not published elsewhere without previous sanction of the Editorial Committee. 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 m-equiv/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 authors' names. 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 the numbers of first and last pages of the 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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- <sup>178</sup>Goldberg, L. S., and Bluestone, R. (1970). Hidden gastric autoantibodies to intrinsic factor in pernicious anemia. *J. Lab. clin. Med.*, 75, 449-456.
- <sup>177</sup>Søltøft, J. (1970). Immunoglobulin-containing cells in non-tropical sprue. *Clin. exp. Immunol.*, 6, 413-420.
- <sup>178</sup>Gelzayd, E. A., Kraft, S. C., Fitch, F. W., and Kirsner, J. B. (1968). Distribution of immunoglobulins in human rectal mucosa. II. Ulcerative colitis and abnormal mucosal control subjects. *Gastroenterology*, 54, 341-347.
- <sup>179</sup>Crabbé, P. A. and Heremans, J. F. (1966). Presence of large numbers of plasma cells containing IgD in the rectal mucosa of a patient with ulcerative colitis. *Acta clin. belg.*, 21, 73-83.

## The May 1972 Issue

### THE MAY 1972 ISSUE CONTAINS THE FOLLOWING PAPERS

Partial gastrectomy for haemorrhage J. R. COCKS,  
A. M. DESMOND, B. F. SWYNNERTON, AND N. C. TANNER

The role of the sympathetic nervous system in  
hypoglycaemia-stimulated gastric secretion A. J.  
HODGE, J. R. MASAREI, AND B. N. CATCHPOLE

Extragastric gastrin M. G. KORMAN, C. SOVENY, AND  
J. HANSKY

The functional 'G' cell mass in atrophic gastritis  
M. G. KORMAN, R. G. STRICKLAND, AND J. HANSKY

Normal deglutitive responses of the human lower  
oesophageal sphincter MICHAEL D. KAYE AND J.  
PHILIP SHOWALTER

Inhibition of pancreatic secretion in man by cigarette  
smoking T. E. BYNUM, TRAVIS E. SOLOMON, LEONARD  
R. JOHNSON, AND EUGENE D. JACOBSON

Effect of rifampicin on liver function in man  
PHILIPPE CAPELLE, DANIEL DHUMEAUX, MICHEL MORA,  
GÉRARD FELDMANN, AND PIERRE BERTHELOT

Chronic Budd-Chiari syndrome due to obstruction of  
the intrahepatic portion of inferior vena cava D. V.  
DATTA, S. SAHA, SAMANTA A. K. SINGH, B. B. GUPTA,  
B. K. AIKAT, K. S. CHUGH, AND P. N. CHHUTTANI

An immunofluorescent study of the distribution of  
immunoglobulin-containing cells in the normal and  
the inflamed human gall bladder F. H. Y. GREEN  
AND H. FOX

5-Hydroxyindole-secreting rectal carcinoid tumour  
IAIN M. MURRAY-LYON, M. SANDLER, H. D. CHEETHAM,  
J. A. E. WATTS, AND ROGER WILLIAMS

The effect of lymphocytes from sufferers from  
recurrent aphthous ulceration upon colon cells in  
tissue culture A. E. DOLBY

Radioimmunoassay of carcinoembryonic antigen in  
serum of normal subjects and patients with colonic  
carcinoma MARTIN S. KLEINMAN AND MICHAEL D.  
TURNER

Interference by Gastrografin with a spectropho-  
tometric trypsin assay A. E. COWEN, HEATHER M.  
MCGEARY, AND C. B. CAMPBELL

*Progress report* The interrelationships of the pan-  
creatic enzymes K. G. WORMSLEY AND D. M.  
GOLDBERG

*Notes and activities*

Copies are still available and may be obtained from the PUBLISHING MANAGER,  
BRITISH MEDICAL ASSOCIATION, TAVISTOCK SQUARE, LONDON, WC1H 9JR, price 87½p

## Notes and activities

### Hedrologicum Conlegium

The fifth congress of the International Society for the Study of Diseases of the Colon and Rectum was held in Gothenberg from 22 to 25 May 1972. It was the largest meeting of this Society so far, being attended by over 300 surgeons and physicians from 28 countries. The success of the meeting depended to a large extent on the efficient organization of our Swedish hosts, and particularly on Dr Bruno Samenius, the Secretary, and on Dr Nils Kock, the Chairman of the Scientific Committee.

Symposia were held on the surgical treatment of diverticular disease, rectal prolapse and anal insufficiency, polyps in the colon and rectum, fistula-in-ano, and the question of the preservation of the rectum in diffuse premalignant diseases of the colon. In addition there were five sessions when free papers were given on a variety of subjects.

There were no new ideas on surgical treatment of diverticular disease but a good paper from Henderson and Small of Edinburgh described the management of vesicocolic fistulae complicating diverticular disease. The session on colon and rectal polyps also produced no new ideas but some lively discussion. It was apparent from the symposium on fistula-in-ano that this is a condition in which there is still a great variation in knowledge and the standard of treatment. A paper by A. G. Parks on the treatment of high fistulas was very good but it was apparent from comments from the panel that some had never seen or adequately treated such conditions.

Perhaps the two most lively sessions were those chaired by Professor John Goligher on rectal prolapse and that chaired by Dr Basil Morson on the preservation of the rectum in pre-cancerous conditions. In the former session it became apparent that the Ivelon sponge repair on Ripstein's method using a merselone mesh sling are now the operations of choice in complete prolapse. The latter session, in which a number of very good papers were given, produced much lively discussion. There is considerable difference of opinion on the place of ileorectal anastomosis in the treatment of familial polyposis and in certain cases of ulcerative colitis. Dr Nils Kock presented

his paper on continent ileostomy, and a group of us were privileged to spend a morning after the conference seeing him do his operation, learning all about the background to his procedure, its physiological consequences, and meeting patients who had this type of ileostomy. I believe that this procedure will play an increasing part in the long-term management of patients who require proctocolectomy for ulcerative colitis. One young Englishman who had a conventional ileostomy converted to a reservoir ileostomy following his emigration to Sweden said that there was just no comparison between life with a normal ileostomy and life with a continent ileostomy which simply needed emptying two or three times in 24 hours.

There were many excellent papers in the five sessions but space does not allow them to be mentioned individually. However, a session confined to colonoscopy underlined the growing diagnostic importance of this investigation, outlined some of its hazards, and showed that endoscopic snare removal of polyps has come to stay.

No report on this meeting would be complete without mentioning the wonderful hospitality of our Swedish hosts and the enjoyable social programme arranged. The high point for many was dinner in the Alvsborg Fortress out in the wide estuary on a beautiful light spring evening.

P.R.H.

### British Society for Digestive Endoscopy

The Annual Meeting of the Society will be held at Aviemore Centre, Inverness-shire, on Thursday, 28 September 1972, in association with the Annual Meeting of the British Society of Gastroenterology. Further particulars may be obtained from Dr K. F. R. Schiller, Hon. Secretary, St Peter's Hospital, Chertsey, Surrey.

## Notes on books

**Curling's Ulcer. An Experiment of Nature** by Stacey B. Day, Bruce G. MacMillan, and William A. Altmeier. (Pp. xxii + 286; illustrated. \$17.50). Charles C. Thomas, Springfield, Illinois. 1972. This most interesting monograph brings together present-day knowledge of the gastro-

intestinal ulceration following burns. It covers historical and experimental studies and all aspects of clinical management. There are full biographical notes on Thomas Blizard Curling and there are 400 references.

**Artificial Organs and Cardiopulmonary Support Systems** edited by Felix T. Rapaport and John P. Merrill. (Pp. vi + 186; illustrated. \$15.00). Grune and Stratton, New York and London. 1971. Although mainly concerned with the kidney, this book contains sections on long-term parenteral alimentary support and current methods used to help patients with hepatic failure.

**Examination of the Small Intestine by Means of Duodenal Intubation** by J. L. Sellink. (Pp. vi + 148; illustrated. D.fl. cloth 80,-- excl. Dutch tax). H. E. Stenfert Kroese N.V., Leiden, Netherlands. 1971. This comprehensive monograph records the history and techniques of methods for small intestinal radiographs using duodenal intubation. The work has been done in Leiden University Hospital. It is full of practical details and is very well illustrated.

**Hematopoietic and Gastrointestinal Investigations with Radionuclides.** Third annual nuclear medicine seminar, compiled and edited by Albert J. Gilson, William M. Smoak, 111, and Morton B. Weinstein. (Pp. xvi + 456; illustrated. \$30.00). Charles C. Thomas, Springfield, Illinois. 1972. Gastroenterology and haematology are readily twinned and this was the basis for the third annual symposium of the Division of Nuclear Medicine of the University of Miami School of Medicine. B<sub>12</sub> and folate metabolism, protein-losing enteropathies, radioimmunoassay in gastroenterology, pancreatic scanning, diseases of the brush border—are some of the 44 sections in this book.

### Correction

In the paper by Ian Aaronson and H. H. Nixon, 'A clinical evaluation of ano-rectal pressure studies in the diagnosis of Hirschsprung's disease' (*Gut*, 1972, 13, 138-146), the captions for Figs. 8, 9, and 10 are appropriate to the text but the illustrations are wrongly placed. Figure 9 should take the place of Fig. 8, Fig. 10 should take the place of Fig. 9, and Fig. 8 should take the place of Figure 10.

