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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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- reference to granulomas due to the presence of *Oxyuris vermicularis* (*Enterobius vermicularis*) and its ova in the tissues. *Arch. Path.*, **50**, 475-516.
- Symmers, W. St. C. (1957). Two cases of eosinophilic prostatitis due to metazoan infestation (with *Oxyuris vermicularis*, and with a larva of *Linguatula serrata*). *J. Path. Bact.*, **73**, 549-555.

The July 1972 Issue

THE JULY 1972 ISSUE CONTAINS THE FOLLOWING PAPERS

Two types of Zollinger-Ellison syndrome: immunofluorescent, cytochemical and ultrastructural studies of the antral and pancreatic gastrin cells in different clinical states JULIA M. POLAK, B. STAGG, AND A. G. E. PEARSE

Pancreatic alkaline phosphatase and a tumour variant T. W. WARNES, W. R. TIMPERLEY, PAULINE HINE, AND G. KAY

An enteroglucagon tumour S. R. BLOOM

Duodenal involvement in Gardner's syndrome. R. N. MELMED AND I. A. D. BOUCHIER

The effects of humoral agents on the myoelectrical activity of the terminal ileum W. E. WATERFALL, B. H. BROWN, H. L. DUTHIE, AND G. E. WHITTAKER

Immunoglobulin-containing cells in the small intestine during acute enteritis J. SØLTOFT AND B. SØBERG

Site of the abnormal stimulus of gastric secretion after small bowel exclusion B. BUXTON, A. E. O. WASUNNA, J. SAUNDERS, AND I. E. GILLESPIE

Observations on folate absorption with particular reference to folate polyglutamate and possible inhibitors to its absorption JANET PERRY AND I. CHANARIN

Effect of ornithine alpha ketoglutarate on disturbances of brain metabolism caused by high blood ammonia I. M. JAMES, G. DORF, S. HALL, H. MICHEL, DRAGOSLAVA DOJCINOV, G. GRAVAGNE, AND LINDSAY MACDONELL

The site of denervation in achalasia SIDNEY COHEN, ROBERT FISHER, AND ARTHUR TUCH

Effect of luminal ions on the transepithelial electrical potential difference of human rectum E. Q. ARCHAMPONG AND C. J. EDMONDS

In-situ and invasive carcinoma of the colon in patients with ulcerative colitis D. J. EVANS AND D. J. POLLOCK

Technique

A guide wire for rapid jejunal biopsies with the Crosby capsule TONY WICKS AND DAVID CLAIN

Progress report The secretory immune system of the intestine WILLIAM F. DOE

Progress report Hepatic metabolism of drugs R. T. WILLIAMS

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

Terms and Abbreviations in Gastric Operations and Acid Tests

<i>Preferred Term</i>	<i>Preferred Abbreviations</i>	<i>Specification</i>
<i>Acid</i>		
1 Basal acid output	BAO	Should be expressed in m-equiv/h. Acid output in the whole period 0-60 min after a single parenteral injection of gastric stimulant, whether of histamine, histalog, gastrin, tetragastrin, or pentagastrin, should be expressed in m-equiv/h.
2 Maximal acid output	MAO	
3 Peak acid output	PAO	Acid output in the highest two consecutive 5-, 10- or 15-minute collection periods after a single parenteral injection of gastric stimulant, whether histamine, histalog, gastrin, tetragastrin, pentagastrin, or insulin, should be expressed in m-equiv/h.
4 Plateau acid output	Plateau AO	Acid output in the highest two or more consecutive 5-, 10-, or 15-min collection periods after an intravenous infusion of gastric stimulant, whether histamine, histalog, gastrin, tetragastrin, pentagastrin or insulin, should be expressed in m-equiv/h.
5 Pentagastrin	Pg	
6 Maximum acid output after pentagastrin	MAO(Pg)	
7 Peak acid output after pentagastrin	PAO(Pg)	
8 Peak acid output after insulin	PAO(I)	
9 Cholecystokinin	CCK	
<i>Operation</i>		
10 Billroth I type partial gastrectomy	B I	
11 Partial gastrectomy with gastrojejunal anastomosis	B II	
12 Truncal vagotomy	TV	
13 Selective vagotomy	SV	
14 +Pyloroplasty (type not specified)	+P	
15 +Pyloroplasty (Finney)	+P(F)	
16 +Pyloroplasty(Heinecke-Mikulicz)	+P(HM)	
17 +Gastroduodenostomy	+GD	
18 +Gastrojejunostomy	+GJ	

Notes

5a The abbreviation for pentagastrin, Pg, may be better than PG, which to many suggests partial gastrectomy or prostaglandin.

5b Abbreviations such as Hist, Hm, Hn, or Hg, should not be used for histamine or histalog because of the risk of confusion.

Tetragastrin and gastrin are used only rarely and should not be abbreviated either.

6, 7, 8 The bracket system, PAO(Pg), is preferred to subscript, PAO_{Pg}, because of ease of typing and printing.

9 CCK-PZ is one polypeptide molecule with many actions. Since its cholecystokinin activity was discovered first, it is shorter and simpler to call it cholecystokinin (CCK) than cholecystokinin-pancreozymin (CCK-PZ).

10 & 11 The terms Billroth, Polya, and Pauchet are used to refer to particular technical variations of partial gastrectomy. Wherever these technical details are considered important they should be described in full. We are concerned here with an easily recognizable and internationally understood symbol to describe the two major variations in the technique of partial gastrectomy and therefore suggest BI and BII

13 Although the operation of selective hepatic vagotomy has been performed, it seems generally unnecessary to specify that selective vagotomy is a selective gastric vagotomy (SGV)

18 Gastrojejunostomy is more precise than gastroenterostomy

There was no decision for an acceptable abbreviation for the newest vagotomy operation in which only the parietal cell area of the stomach is denervated.

Symposium on Applied Gastroenterology

This will be held at The London Hospital on Thursday afternoon, 5 October, and Friday 6 October 1972.

Session I: Thursday 5 October 1972-2 p.m.
SPHINCTERS Chairman: Professor C. F. Code (USA)

Gastroesophageal sphincter

Studies on the isolated perfused gastroesophageal sphincter Mr P. A. Thomas

Epigastric pain Mr R. J. Earlam

Biliary sphincter

An evaluation of radiomanometry Professor H. Harding Rains

An assessment of biliary sphincterotomy Mr A. G. Peel

Anal sphincter

Physiological studies on the anal sphincter Mr A. G. Parks

A new operation for rectal prolapse Mr C. V. Mann

Tea

Lecture: 'Alcohol and the pancreas' Professor H. Sarles (Marseilles)

Reception (by invitation of the Board of Governors of The London Hospital Medical College)

Session II: Friday 6 October 1972-9.30 a.m.
STOMACH Chairman: Mr J. E. Richardson

Acid secretion from the perfused stomach Mr W. E. R. Green

The methylation of histamine during acid secretion Prof C. F. Code (USA)

The significance of acid secretory studies in the assessment of patients with duodenal ulcer Dr J. H. Baron

Coffee

Lysolecithin: a factor in the pathogenesis of gastric ulceration? Mr A. Johnson

Criteria for elective surgery of duodenal ulcer Professor V. Speranza (Rome)

Results of surgery for bleeding in portal hypertension Dr A. M. Dawson

Sherry**Lunch**

Session III Friday 6 October 1972-2 p.m.
DUODENUM AND PANCREAS Chairman Professor H. Sarles (Marseilles)

The relevance of enterokinase in health and disease Mr J. Hermon-Taylor

The purification and characterization of porcine enterokinase Mr D. Grant

Hypotonic duodenography Dr J. C. Swann

Tests of pancreatic function Speaker to be arranged

Duodenal cell cytology Dr C. Brown
Duodenal motility in man Professor A. Torsoli (Rome)

Tea

Lecture: 'Stress ulcers' Professor M. Mercadier (Paris)

Open discussion

Those wishing to attend the symposium should apply to The Surgical Unit Secretary, The London Hospital, Whitechapel, London, E1.

The Symposium fee (including coffee, lunch and tea) is £6.

stone. Price £1.50). In many medical schools a considerable amount of integration has been organized in clinical teaching, and this volume is based on the main topics discussed in the gastroenterological section of the fourth year clinical teaching at Glasgow. This excellent book should be made freely available for medical students.

Delicious and Easy Rice Flour Recipes.

By Marion N. Wood (pp. xvii + 137. Charles C. Thomas, Springfield, Ill, 1972. Price \$5.50). This is a sequence to a previous book, *Gourmet Food on a Wheat-free Diet*, and develops the use of rice flour as a basic flour.

Crohn's Disease by James Kyle. (Pp. 210; illustrated. £3.00). London: William Heinemann Medical Books. 1972. This further contribution on Crohn's disease is written by a surgeon and provides an admirable, well balanced account of present-day knowledge and points the way towards further work. Atypical features and complications are well covered. There is a foreword by Dr Burrill B. Crohn who described the condition 40 years ago.

Notes on books

Clinics in Gastroenterology. Crohn's Disease. Vol. 1, no. 2. May 1972. Edited by Bryan N. Brooke. (pp. vii + 261-536. W. B. Saunders. Annual subscription to three consecutive issues £9). This is a most important contribution to the subject and the 18 chapters bring together all the important growing points arising from histopathology, electron microscopy, experimental pathology, genetics, and immunology. The diagnosis is well covered, and so is the present-day medical and surgical treatment. There is a separate chapter on azathioprine for Crohn's disease.

The Coeliac Handbook. Edited by Bee Nilson. The Coeliac Society, P.O. Box 181, London NW2 2QY (88 pages. Price 75p). This revised edition was printed in March 1972. It has proved to be an invaluable dietary guide and patients should be encouraged to acquire their own copy. It can give them not only a clear understanding of their disease but also all the practical points about the gluten-free diet.

Gastroenterology. An Integrated Course. Edited by Iain E. Gillespie and T. J. Thomson (pp. ix + 270. Churchill Living-

Peptide Transport in Bacteria and Mammalian Gut A Ciba Foundation Symposium Edited by Katherine Elliott and Maeve O'Connor. (Pp. viii + 161; illustrated. £2.40). Amsterdam, London, and New York: Associated Scientific Publishers. 1972. This is a report of a Ciba Foundation conference which brought together gastroenterologists, microbiologists, and biochemists. Bacteria can obtain amino acids from peptides taken into the cells from the external environment and there is evidence that the same process may occur in the small intestine of mammals.