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*Gut* publishes 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.

**COMMUNICATIONS** Two copies of papers and figures should be addressed to the Editor, *Gut*, BMA 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. Manuscripts should follow the Vancouver conventions (see *Br Med J* 1979; 1: 532-5. *Gut* 1979; 20: 651-2). 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 short summary should be provided at the beginning of the paper.

**ACKNOWLEDGEMENT OF MANUSCRIPTS** Manuscripts will not be acknowledged unless a stamped addressed postcard or international reply coupon is enclosed.

**ILLUSTRATIONS** *Photographs* Unmounted photographs on glossy paper should be provided. *Diagrams* These will usually be reduced to 2½ in wide. Lettering should be in either Letraset or stencil, and care should be taken that lettering and symbols are of comparable size. Illustrations should not be inserted in the text, they should be marked on the back with Figure numbers, title of paper, and name of author. All photographs, graphs, and diagrams should be referred to as Figures and should be numbered consecutively in the text in Arabic numerals. The legends for illustrations should be typed on a separate sheet. *Tables* Tables should be numbered consecutively in the text in Arabic numerals and each typed on a separate sheet.

**ETHICS** Ethical considerations will be taken into account in the assessment of papers (see the Medical Research Council's publications on the ethics of human experimentation, and the World Medical Association's code of ethics, known as the Declaration of Helsinki (see *Br Med J* 1964; 2: 177)).

**SI UNITS** All measurements except blood pressure are expressed in SI units. In the text they should be followed by traditional units in parentheses. In tables and illustrations values are given in SI units, but a conversion factor must be supplied. For general guidance on the International System of Units and some

useful conversion factors, see *The SI for the Health Professions* (WHO, 1977). Such conversion is the responsibility of the author.

**REFERENCES** These follow the Vancouver system—that is, references numbered consecutively in the text and listed numerically with titles abbreviated in the style of *Index Medicus, Standard journal article*—(list all authors when six or less; when seven or more, list first three and add *et al.*): James A, Joyce B, Harvey T. Effect of long-term cimetidine. *Gut* 1979; 20: 123-4. **NB: Accurate punctuation is essential.**

**CORRECTIONS** other than printer's errors may be charged to the author.

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ISSN 0017-5749

**BRITISH COUNCIL  
MEDICAL COURSES**

# THE LIVER

24 January–5 February 1982  
in London

The aim of this course is to review fundamental processes and disease mechanisms in the liver with special emphasis on recent advances. The Director of Studies will be Professor Dame Sheila Sherlock of the Department of Medicine, the Royal Free Hospital, London, and the course will be based mainly at the Royal Free Hospital with some sessions at other hospitals in London. This course is intended for senior medical practitioners from overseas who wish to become further acquainted with recent advances in this field.

There are vacancies for 35 members.

Fee including demi-pension accommodation £630.

Applications must be received in London by 31 August 1981.

Application forms and further information can be obtained from the Director, Courses Department, The British Council, 65 Davies Street, London W1Y 2AA, Britain.

## FULL PRESCRIBING DATA DESTOLIT\* URSODEOXYCHOLIC ACID

### Presentation

Plain white tablet containing 150 mg ursodeoxycholic acid.

### Uses

'Destolit' is indicated for the dissolution of radiolucent (i.e. non-radio-opaque) cholesterol gallstones in patients with a functioning gallbladder.

### Dosage

The daily dose for most patients is 3 or 4 tablets of 150 mg according to body weight. This dose should be divided into 2 administrations after meals, with one administration always to be taken after the evening meal.

A daily dose of about 8 to 10 mg/kg will produce cholesterol desaturation of bile in the majority of cases. The measurement of the lithogenic index on bile-rich duodenal drainage fluid after 4-6 weeks of therapy may be useful for determining the minimal effective dose. The lowest effective dose has been found to be 4 mg/kg.

The duration of treatment required to achieve gallstone dissolution will usually not be extended beyond 2 years and should be monitored by regular cholecystograms. Treatment should be continued for 3-4 months after the radiological disappearance of the gallstones.

Any temporary discontinuation of treatment, if prolonged for 3-4 weeks, will allow the bile to return to a state of supersaturation and will extend the total time required for litholysis. In some cases stones may recur after successful treatment.

### Contra-indications, Warnings etc.

In common with all drugs, it is advised that ursodeoxycholic acid should not be given during the first trimester of pregnancy. (In the rabbit, embryotoxicity has been observed, but this has not been seen in the rat.) Treatment in women of child bearing age should only be undertaken if measures to prevent pregnancy are used. Non-hormonal contraceptive measures are recommended. In cases of conception during treatment, therapy should be discontinued. Active gastric or duodenal ulcers are contra-indications, as are hepatic and intestinal conditions interfering with the enterohepatic circulation of bile acids (ileal resection and stoma, regional ileitis, extra and intra-hepatic cholestasis, severe, acute, and chronic liver diseases). A product of this class has been found to be carcinogenic in animals. The relevance of these findings to the clinical use of ursodeoxycholic acid has not been established. Excessive dietary intake of calories and cholesterol should be avoided; a low cholesterol diet will probably improve the effectiveness of 'Destolit' tablets. It is also recommended that drugs known to increase cholesterol elimination in bile, such as oestrogenic hormones, oral contraceptive agents and certain blood cholesterol lowering agents, should not be prescribed concomitantly.

Side effects: 'Destolit' is normally well tolerated. Diarrhoea has been found to occur only occasionally.

No significant alterations have so far been observed in liver function. Overdosage: It is unlikely that overdosage will cause serious adverse effects. Diarrhoea may occur and it is recommended that liver function tests be monitored; ion exchange resins may be useful to bind bile acids in the intestines.

### Pharmaceutical precautions

'Destolit' tablets have a shelf life of 3 years under normal room temperature storage conditions.

**Legal category:** POM.

**Package quantities:** Blister packs of 60 tablets.

**Basic NHS Price:** £19.40.

**Further information:** Nil.

**Product licence number:** 0341 0022.

### Name and address

Lepetit Pharmaceuticals Limited, Meadowbank, Bath Road, Hounslow, Middlesex TW5 9QY.

A subsidiary of The Dow Chemical Company.

**Date of Preparation:** January 1981.

**Destolit\***  
URSODEOXYCHOLIC ACID

\*Destolit is a trade mark of The Dow Chemical Company.

## Notes and activities

### Gallstone Dissolution Therapy

A group of physicians with an interest in gallstone dissolution therapy has combined to study gallstone recurrence after successful gallstone dissolution. This multicentred clinical study is designed to run until 1983; it is the first attempt to assess the value of maintenance therapy in cholesterol gallstones and tests both low dose UDCA and dietary measures against placebo. In order to produce statistically valid results it is desirable to study as many patients as possible. Hence we invite doctors who have patients with complete gallstone dissolution on either ursodeoxycholic or chenodeoxycholic acid therapy to take part. Those listed below would be pleased to provide additional information: Dr D C Ruppin, Professor R H Dowling, Guy's Hospital and Medical School, London SE1 9RT; Professor I A D Bouchier, Ninewells Hospital and Medical School, Dundee DD1 9SY; Dr A J Farmer, Reedyford Memorial Hospital, Nelson, Lancs BB9 7YU; Dr K Heaton, Bristol Royal Infirmary, Bristol BS2 8HW; Dr O James, Freeman Hospital, Newcastle upon Tyne NE7 7DN; Dr D B Trash, Manor Hospital, Walsall, West Midlands.

### 16th EASL Meeting

This meeting will be held in Lisbon, Portugal, on 3-5 September 1981, and topics will include: drug-induced liver damage; liver disease in childhood; bleeding oesophageal varices; proteins and aminoacids in liver disease; renal and haemodynamic change in liver disease. There will be a pre-congress meeting on 'Immunoregulation and liver diseases,' on 3 September. Details from Organising Secretariat: Rua Barata Salgueiro, 37-1. 1200 Lisbon, Portugal. Telephone: 563695 or 563696. Telex: 16409.

## Books

**Diagnostic Radiation—A Possible Factor in Malignancy in Patients with Chronic Inflammatory Bowel Disease and other Essays** Arnold G Rogers. (Pp 52. \$7.00+\$1.00 postage.) Kromar Printing Ltd., 725 Portage Avenue, Winnipeg, Canada R3G OM8. 1981.

Within the first year of Roentgen's discovery of x-rays the direct harmful effects became apparent. Intense erythema was followed by superficial necrosis and, with larger doses, total tissue destruction down to the bone was produced. The subacute effects of high doses of radiation became known within the first decade of the new century with the appearance of skin cancers. A knowledge of the list of early martyrs to the new diagnostic tool soon resulted in a code of practice for the protection of workers with radiation. However, there was a considerable delay in recognising the delayed effects of radiation and, even today, there is in many quarters a somewhat cavalier attitude towards requesting x-ray examinations and there are few institutions which keep detailed records of the total radiation given to patients for diagnostic purposes. The authors in a series of somewhat repetitive but related papers draw attention to the high accumulated dose of radiation that patients with chronic illnesses such as Crohn's disease, ulcerative colitis, and renal lithiasis can receive, the information from each repeated examination often being of doubtful clinical value. While by no means proving their case, they certainly provide strong initial evidence for a possible link between diagnostic radiation and the increased risk of malignancy in these conditions; the radiation exposure in the limited number of cases is reasonably well documented. Consideration must in the future be given to at least the possibility of malignancy being related to repetitive barium examinations in chronic gastrointestinal disorders. Dr Rogers has produced a timely reminder to surgeons, physicians, and radiologists. Consider very seriously, is the examination really necessary? Will it add significant information for the patient's benefit and not just for medical documentation, because, over the period of 15 to 20 years, patients can, not uncommonly in these circumstances, receive a dose of 20-40 rems which may prove to be a significant carcinogenic factor.

L KREEL

**Tropical Gastroenterology** By G C Cook. (Pp 484. Illustrated. £20.) Oxford University Press. 1980.

Dr G C Cook's book on *Tropical*

*Gastroenterology* successfully amalgamates liver diseases and gastroenterology. It should prove valuable not only to doctors working in the tropics but to those in Great Britain who see patients returning from tropical excursions or residence whose most common complaints usually concern the gastrointestinal system.

The book comprises six sections, the upper gastrointestinal tract, the liver and biliary systems, the pancreas, the spleen, the small intestine, and the large intestine, dealt with in that sequence. There are 45 excellent black and white illustrations of radiographs, pathological specimens, and case photographs. There are some 2800 references; these sometimes split up sentences, thereby making reading a little difficult, but this is a small price to pay for their value. The index is extensive and comprehensive.

The treatment of the various parasitic infections is generally up to date and in line with modern practice. It does, however, leave one with many choices of therapy without firm recommendations as to the author's preference. Recent experience suggests that the dosage of mebendazole for the treatment of hydatid disease is too low; also, praziquantel is not mentioned in the treatment of schistosomiasis, clonorchiasis, and intestinal cestodes.

This book is an excellent review of gastrointestinal problems seen in a tropical environment, though it is a little brief on some of the parasitic infections encountered in the Far East. The chapters concerning small intestinal problems are dealt with extensively, reflecting Dr Cook's interest in this subject. There is valuable information on aspects of geographical pathology such as the distribution and aetiological factors of the different forms of gastrointestinal malignancy. It would have been most useful if a discussion of functional abdominal complaints were to have been included. In my experience the irritable bowel syndrome is one of the most common conditions encountered in out-patient practice in the tropics.

J HARRIES

ROYAL POSTGRADUATE MEDICAL SCHOOL  
in collaboration with  
GLAXO GROUP RESEARCH

# Symposia in Basic Gastroenterology

Second Symposium of the Series:  
**AUTONOMIC NERVES OF THE GUT**  
**LONDON—22 SEPTEMBER 1981**

Organisers: J. M. Polak, S. R. Bloom, N. A. Wright, M. J. Daly

*Invited speakers include:*

N. Le Douarin (*Paris*) A. Bishop (*London*) J. Furness (*Australia*)  
G. Gabella (*London*) A. Edwards (*Cambridge*) B. Smith (*London*) S. Cohen (*USA*)  
M. Gershon (*New York*) K. Jessen (*London*) J. Riemann (*W. Germany*)

**£10 including Lunch, Tea and Coffee**

*For further details and application form please contact:*

Dr. M. J. Daly, Medical Division, Glaxo Group Research Ltd, Ware, Herts, SG12 0DJ  
Telephone (0920) 3232

## NOTICE

### International Symposium PRECANCEROUS CONDITIONS OF THE GASTROINTESTINAL TRACT

Bologna (Italy)—October 7–9, 1981

**Promoted by:**

International Academy of Pathology  
European Society of Gastrointestinal Endoscopy  
Italian Society of Gastroenterology

**Topics to be covered include:**

- ENVIRONMENTAL FACTORS AND EXPERIMENTAL CARCINOGENESIS
- PRECANCEROUS CONDITIONS AND LESIONS
- MARKERS OF CANCER RISK—TREATMENT AND SURVEILLANCE OF HIGH RISK GROUPS
- PUBLIC HEALTH AND POLITICAL IMPLICATIONS OF G.I. CANCER PREVENTION

The programme will consist of formal presentations and panel discussions by invited speakers and presentations of free papers from submitted abstracts (deadline June 30, 1981).

**The members of the Chairman Board include:**

L. Barbara (*Italy*), B. C. Morson (*UK*), P. Sherlock (*USA*), U. Veronesi (*Italy*).

**Chairman and Speakers (partial listing):**

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*For further information and abstract forms please contact:*

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