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Gut publishes original papers and reviews concerned with practice and research in gastroenterology. The field is that of basic science and physiology pertaining to the alimentary tract, the liver and pancreas and that of alimentary, hepatic, biliary or pancreatic disease. Papers may deal with medical, surgical, or epidemiological aspects or with imaging. A case report will be accepted only if it deals with a clinical problem which has been studied in detail and the resulting data provide material for further research. Letters dealing with matters arising from articles published in *Gut*, or with topics of general professional interest are encouraged, but the correspondence column should not be used for publication of original data.

COMMUNICATIONS Two copies of the manuscript and figures should be addressed to the Editor, Gut, BMA House, Tavistock Square, London WC1H 9JR, UK. 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 title page the name of the author should appear with initials (or distinguishing first 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. Excessive use of abbreviations is discouraged. Papers are accepted only on the written understanding, signed by all authors, that the data have not been published elsewhere in whole or in part and that all the authors agree to publication in Gut; previous publication in abstract form must be disclosed in a footnote. Papers must not be published elsewhere without previous sanction of the Editorial Committee.

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

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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). **NB: 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.**

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The editor would like to thank all those listed below who have given their valuable time to referee papers for *Gut* from January to October 1986.

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L Zieve A J Zuckerman of ampicillin with tobramycin. There are contributions on the coagulopathy, antidotes to specific hepatotoxins such as paracetamol and the disturbances in amino acid metabolism. Oral and intravenous branch chain supplements have not lived up to early expectations. There is a fine chapter on the management of bleeding oesophageal varices based on the experience of the Barcelona liver unit but ascites gets little attention.

Finally the quest for the elusive artificial liver is brought up to date. Chang from McGill University who has done so much pioneering work in this field reviews the various systems of liver support and their experimental evaluation. The King's College Hospital experience of charcoal haemoperfusion, especially if this is started when the patient is still in grade three coma, is encouraging and the survival rate is much better than that of historical controls on series from other centres. They present evidence that the procedure may prevent the development of cerebral odema. Undoubtedly the best results of treatment do come from centres such as the Liver Failure Unit at King's where there is an experienced medical and nursing team.

Dr Roger Williams and his coauthors have produced a comprehensive and readable account of a complex subject and this book can be warmly recommended to all physicians dealing with patients with liver disease.

IAIN M MURRAY-LYON

Computed tomography of the gastrointestinal tract including the peritoneal cavity and mesentery Edited by M A Meyers. (Pp. 279; illustrated; DM248) Berlin: Springer-Verlag, 1986.

When computed tomography (CT) was first introduced, the solid intra-abdominal organs received almost undivided attention. The pancreas, liver, spleen, kidneys, and lymph nodes were extensively studied, the axial anatomy defined and the appearance of various pathologies were described in great detail. Hollow organ gastroenterology, the mesenteric cavities, the omentum and mesentery were considered only in passing, but quite shortly thereafter the diagnosis of mesenteric cysts and pseudocysts and of peritoneal abscesses gained prominence.

Later CT was applied to demonstrating the fascial planes particularly of the retroperitoneum, the various peritoneal cavities and recesses and to the mesentery and omentum. Now the oesophagus, stomach, small bowel, and colon also receive considerable attention. In some centres even to the extent of recommending CT as the first line of investigation in diverticular disease. The arguments in favour are by no means as fanciful as may initially appear. The complications of diverticular disease, bowel wall thickening, pericolic inflammation, abscess and fistula are well demonstrated. Furthermore CT is considerably more acceptable and less 'invasive' than a barium enema particularly in the elderly and is also more informative. A similar case can be made for diagnosing appendicitis or the complications of inflammatory bowel disease, not to mention tumours such as lymphoma and leiomyoma.

The expanded view of CT in gastrointestinal diagnosis is expertly presented in this book by world authorities who in the past have contributed greatly to our understanding of conventional radiology. This well written account, excellently illustrated and well presented can be recommended without reservation not only to radiologists but equally to surgeons and physicians interested in the gut. Sadly most NHS patients are still denied this facility and one wonders when District General Hospitals, let alone Teaching Hospitals, in this country will have immediate access to computed tomography and in particular for gastrointestinal tract disease.

L KREEL

Books received

Motility: a forgotten factor in gastrointestinal disorders? Edited by C Wood. (Pp. 39; illustrated; £7.50.) London: Royal Society of Medicine, 1985.

Tropical disease research 7th prog report by World Health Organisation. (Pp. 14/10; illustrated; Sw fr 45.) Geneva: WHO, 1985.

Echographie du foie et des voies biliaares Edited by Andre Charbonnier. (Pp. 144; illustrated; FF96.) Paris: Masson, 1985.

News

International Conference on Endotoxins II

This conference will be held in Amsterdam from 21–23 May, 1987. Further details from: Scientific Secretary, ICEA II, Dr A Sturk, Academic Medical Center, F4-209, 1105 AZ Amsterdam, The Netherlands. Tel: (20) 5665976.

International Symposium on Immunology of the GI Tract and Liver

This symposium will be held at Laromme Hotel, Jerusalem, Israel from 22–27 March, 1987. Further details from: Symposium Secretariat International Ltd, 12 Shlomzion Hamalka St, Jerusalem, 94146, Israel.

bsg regional spring meetings 1987

20 February	Caledonian/Glasgow/Ulster Gut Clubs combined meeting. Venue: Royal College Physicians, Queen Street, Edinburgh. Organiser: Dr J A H Forrest, Stobhill General Hospital, Glasgow G21 34W. (041 558 0111).
13 March	Wessex Gut Club Venue: Royal Naval Hospital, Haslar. Organiser: Dr C L Smith, Southampton General Hospital (0703 777222).
19/20 March	Severnside/Cardiff/South West/Oxford Gut Clubs combined meeting. Venue: Clifton Zoo. Organisers: Dr R Harvey, Frenchay Hospital, Bristol (0272 565656).
26/27 March	Shrewsbury Gut Club Venue: To be decided. Organiser: Dr G D Kerr, Royal Shrewsbury Hospital, Shrewsbury (0743 52244).
3/4 April	North of England Gastroenterology Society Venue: University of Bradford. Organiser: Dr K D Bardhan, District General Hospital, Rotherham S60 2UD (0709 362222).
24 April	North East Gastroenterology Group Venue: N. Tees General Hospital, Stockton on Tees. Organiser: Dr A R Tanner, N. Tees General Hospital, Stockton on Tees TS19 8PE.
30 April/1 May	Thames Regions combined meeting. Venue: Heathrow Hotel. Organiser: Conference Co-Ordinates, Confer House, 69 Kingston Road, New Malden, Surrey KT3 3PB. (01 949 8822).
19 June	East Anglian Gut Club Venue: Cambridge. Organiser: Dr R J Dickinson, Hinchingbrook Hospital, Huntingdon, Cambs. PE18 8NT. (0480 56131).
25/26 June	Midland Gastroenterology Society Venue: Queen Elizabeth Hospital, Edgbaston, Birmingham. Organiser: Dr E Elias, Queen Elizabeth Hospital, Edgbaston B15 2TH (021 472 1311).

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Tudor, G.J., Br J Clin Pract 1986; 40: 276-278.
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