The British Society Of Gastroenterology

Annual Meeting in Glasgow, 1957
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List of Communications
Friday, November 1st
Discussion on Peptic Ulcer
Kay, A. W.: The Pyloric Antrum and Peptic Ulceration 282
Clark, D. H., Kay, A. W., Duthie, H. L. and Gillespie, I. E.: Gastric Acid Secretion Before and After Removal of Pyloric Antrum 286
Irvine, W. T.: The Output of HC1 in Gastric Juice and Free Histamine in Urine during Stimulation of Gastric Secretion 290
Watkinson, G.: Relation of Chronic Peptic Ulcer to Coronary Sclerosis 292
Scott, L. D. W.: The Relationship between Coronary Sclerosis and Chronic Peptic Ulcer 301
Smart, G. A. and Williams, J.: Comparison of Results of Partial Gastrectomy and Vagotomy with Gastro-Enterostomy in the Treatment of Peptic Ulcer 304
Forrest, A. P. M.: The Treatment of Duodenal Ulcer by Gastroenteros-tomy, Gastroenterostomy and Vagotomy and Partial Gastrectomy 307
Burge, Harold: The Late Results of Vagotomy and Gastroenterostomy in the Treatment of Chronic Duodenal Ulcer. – A Test, During Operation, for Completeness of Nerve Section 311
Acheson, E. D. and Hadley, G. D.: Heller’s Operation (Cardiomyotomy) for Achalasia of the Cardia. The Experience of the Middlesex and Hare-field Hospitals 323
Adams, J. F.: Postgastrectomy Megaloblastic Anaemia and the Loop Syndrome 326
Sumerling, M. D. and Johnstone, A. S.: The Combined Cholecysto-graphy and Barium Meal Examination 330
21 Gastroenterologia, Vol. 89, No. 5/6 (1958)
Saturday, November 2nd
Short Papers
Edwards, Harold: Haematemesis due to Pseudoxanthoma Elasticum .. 345
It has long been recognized that failure to remove all antral mucosa at gastrectomy for duodenal ulcer results in a high incidence of ulceration at the gastro-jejunostomy stoma; the antrum exclusion operation (Devine, 1925; von Eiselsberg, 1910; Finsterer, 1918) has gained enduring notoriety in this connection. This has been ascribed to the persistent release of gastrin from the antrum acting on the parietal cells of the gastric remnant. This powerful endocrine function of the antrum is known to be inhibited in a strongly acid environment (Woodward et al., 1954). On this basis it seemed reasonable to exclude not merely the antrum, as done by Devine, but half of the stomach with the expectation that the cuff of acid-secreting mucosa remaining in continuity with the antrum would inhibit the release of gastrin, diminish the acid output from the gastric remnant, and so reduce the tendency to recurrent ulceration. This operation to which we have given the name “hemi-gastric exclusion” has been performed on 20 patients with duodenal ulcer. It has not been done indiscriminately, however, but only in