The British Society Of Gastroenterology

Annual Meeting in Glasgow, 1957
President: Professor C. F. W. Illingworth, C.B.E., M.D., Ch.M., F.R.C.S., Regius Professor of Surgery, University of Glasgow

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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