Retirement of Dr C C Booth as Editor

With this issue, Dr C C Booth relinquishes the editorship of *Gut* after serving six years. The date is of his own choosing, as both the British Society of Gastroenterology and the British Medical Association would have liked him to stay for an extended term of office. Sadly, heavy other commitments, and perhaps characteristically his own *veni, vidi, vici* approach to professional life, have directed his energies elsewhere.

Dr C C Booth has been the fourth in line of distinguished editors of *Gut*, following Mr Harold Edwards, Sir Francis Avery Jones, and Professor Dame Sheila Sherlock. He has been an outstanding editor, bringing to *Gut* his immense energy, pro-

fessionalism, and a highly idiosyncratic and iconoclastic style. *Gut* has flourished under his guidance with enhanced prestige and reputation and a markedly increased circulation.

Central to Dr Booth's professional credo is a deep commitment to basic and clinical science, as his highly successful career and a glittering list of original publications testify. He has transmitted this enthusiasm, restructuring the editorial board and inviting basic scientists to join it, reorganising the refereeing system and ensuring the highest standards of scientific accuracy and merit. The most sensitive of men (although, if challenged, he would deny it), he has never compromised on difficult editorial decisions, to the benefit of the journal and its readership. His extensive knowledge and numerous links of personal friendship among the scientific community have helped him to provide a unique and balanced network of referees, which has been very important in raising scientific standards. His consummate skill of committeemanship has enabled him to steer *Gut* successfully through some difficult times, now happily over.

Like many successful individuals, Dr Booth packs more into life than ordinary mortals can manage. In addition to running one of the largest research establishments in the UK, clinical work, teaching, outside lecturing engagements for which he is in great demand worldwide, serving on the Medical Research Council and numerous other scientific and medico-political committees, he finds time to fish, to go to his cottage in his beloved Yorkshire, and—I find myself mentioning almost casually, such is this man's energy—to be a highly professional medical historian.

He will be greatly missed by the readers and by the editorial staff. I am sure I shall be expressing the thoughts of all of us by saying thank you, congratulations on a superbly well-done job, and best wishes for the future.

GEORGE MISIEWICZ