

Gut

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Gut publishes original papers and reviews concerned with practice and clinical research in gastroenterology. The field includes the basic science, molecular biology, physiology and diseases of the alimentary tract, the liver and pancreas including epidemiological, medical, surgical, radiological or histopathological aspects. Case reports will only be accepted if of exceptional merit. Letters related to articles published in *Gut* or with topics of general professional interest are welcomed. Authors are encouraged to include the names and addresses of four experts whom the authors consider suitable to peer review their work.

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; i: 532-5. *Gut* 1979; 20: 651-2). They should be in double-spaced typewriting on one side of the paper only. The title page should include the name of the author with initials or distinguishing first name only, and the name and address of the hospital or laboratory where the work was performed. The paper must include a precise summary of the work of less than 200 words. Excessive use of abbreviation is discouraged. A covering letter signed by all authors must state that the data have not been published elsewhere in whole or in part and that all authors agree to publication in *Gut*. Previous publication in abstract form must be disclosed in a footnote. Papers must not be published elsewhere without prior permission of the Editorial Committee.

ACKNOWLEDGEMENT OF MANUSCRIPTS Manuscripts will only be acknowledged if an addressed postcard is enclosed.

ILLUSTRATIONS *Photographs* Unmounted photographs on glossy paper should be provided. Illustrations should not be inserted in the text but marked on the back with the figure numbers, title of paper and name of author. All photographs, graphs, 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.

ETHICS Ethical aspects will be considered 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 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 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 longterm cimetidine. *Gut* 1979; 20: 123-4. **NB: Accurate punctuation is essential.**

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forward to Sydney' where the prospects for the forthcoming Australia meeting are reviewed. Despite such a poor start, when the meat of the publication is presented it is of very good quality indeed. The reviewers are renowned endoscopists who manage to combine a review of 1988 publications with comments from their own personal extensive experience and from earlier important studies. The illustrations used also add to the teaching content and so it is a good blend of being updated on the current state of the literature and deriving benefit from the special expertise of the writers. The comments on the papers reviewed are made in a practical and often forthright manner which I welcomed. For example, when referring to an endoscopic technique for carrying out a percutaneous caecostomy, the reviewer comments: 'this seems like a lot of fancy manipulation for the benefit gained.' Absolutely right. Another study is referred to as 'woolley'.

In this busy world where keeping up to date is fast becoming a full time task, I would indeed recommend this *Annual* because it brings the readership up to date with the literature as it was in 1988, and illustrations and practical comments mean that it will be useful to all grades of endoscopists. All aspects of endoscopy are covered from various therapeutic manoeuvres with upper gastrointestinal endoscopy to endoscopic retrograde cholangiopancreatography, laparoscopy, and colonoscopy. Towards the end there is a rather futuristic article anticipating forthcoming developments, which I found informative; for example, definition of the image with the video endoscopy system is likely to be improved further still, increasing the number of pixels from the current 33–100 000 to perhaps even 1 million.

The final chapter is on documentation, which is helpful albeit weakened by being far too long. The publication concludes in the same way as *Current Opinion* by listing the papers reviewed under subject headings and listing the journals scanned. I therefore commend this book as a genuinely useful addition to the literature, and one for all active endoscopy units to have in the department.

D G COLIN-JONES

Geriatric Gastroenterology. By William A Sodeman Jr, Thomas A Saladin, William P Boyd Jr. (Pp 211; illustrated; £25.) Sidcup, Kent: WB Saunders, 1989.

Curiously enough there are several books on geriatric gastroenterology, although this is the

first one to use the title. Since most major texts on 'non-geriatric' gastroenterology do not mention elderly patients one wonders who is right – those who produce books of over 1500 pages in which problems specifically relating to the elderly are not mentioned, or those whose books of 200 to 600 pages deal specifically with the subject. Indeed, is 'geriatric gastroenterology' a true entity or are the authors merely regurgitating facts from more general texts and adding 'in the elderly' like salt and pepper at random intervals across the pages? Like the authors of *Geriatric Gastroenterology*, I believe that there is a place for descriptions of gastrointestinal and hepatobiliary disease in the roughly 18% of the population over age 65 despite the fact that there are few diseases exclusive to this age group.

This short American book was written 'with the needs of the primary care physician in mind' and aimed at providing 'a handy guide for the management of these (elderly) patients.' In Britain I suppose the equivalent of the primary care physician is probably not a general practitioner but a district general hospital geriatrician who will find much of what is written here in existing major textbooks. None the less, there are sections of the book which provide very useful reviews difficult to find elsewhere. The three chapters on the colon by Sodeman are excellent. Those on the oesophagus, stomach, and small intestine are adequate, although the work of the Tufts group on nutrition and absorption in old age and on the possible importance of achlorhydria in the elderly is ignored. The chapter on hepatobiliary disorders – 16 pages out of 211 – is pathetic. Only five references to publications in 1985 are given, none later, elsewhere in the book references go up to 1987. The section on chronic liver disease is particularly weak, it is underreferenced and full of platitudes and mistakes.

I believe that gastroenterologists, hepatologists, and certainly surgeons are now taking a greater interest in the geriatric population who certainly need their skills. I don't suppose many of them would be seen dead opening a textbook of geriatric medicine, so those interested in complementing their existing knowledge and in getting some access to publications on geriatrics could do worse than read the 'tube' chapters in this book. Sadly, there is almost nothing on nutrition and very little on pancreatic disease.

In stockbroking language this is not a 'buy.' The best I can do is a weak recommendation to borrow and if the word geriatric still embarrasses you then ask the library to put out the book in a plain brown wrapper.

O F W JONES

Collins reference dictionary: medical quotations. By John Dainth and Amanda Isaacs. (Pp 264; £4.95.) London: Collins, 1990.

The whole imposing edifice of modern medicine is like the celebrated tower of Pisa – slightly off balance. Charles, Prince of Wales (contemporary)

If you prefer to preface your text with an aphorism, or relieve the statistical solemnity of the average lecture with a moment of light relief, then this is an ideal source book. It is a compilation of quotations from the great and not so great on medical themes, covering topics from abortion, abstinence, and accidents through indigestion, mind, and sex to worry, wounds, x rays, and youth. Some are serious – the Hippocratic Oath is quoted in full – or even pompous, but most are pithy and apt. Even if you have no professional need of the wit and wisdom of the ages, you will undoubtedly enjoy browsing through the pages of this book; you would have enjoyed it more, if it had been better produced. As it is, not only the aphorisms but also the paper seems to have been recycled; the book has the feel of a larger and better produced paperback that has shrunk after being left out in the rain. On the other hand, as a medical reviewer, it is a pleasure to be able, for once, to recommend a purchase that will not threaten financial ruin, and will also make you laugh.

DAVID WINGATE

NOTE

Top ten

As a public service, this week I list the top ten silliest titled magazines featured in British Rate and Data.

- The Driving Member
- Small Wars and Insurgencies
- Making It With Plastics
- Gut
- No Dig International
- Disasters
- Farm Gate Review
- Just Pigs
- Turkeys
- Hog International

Readers who have worked on any of these titles are invited to submit alternative suggestions.

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