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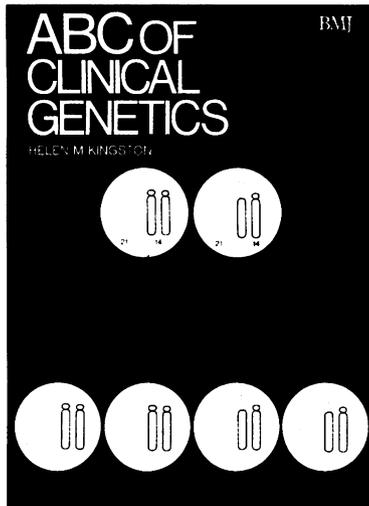
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Mechanisms and Management of Gastrointestinal Disease

20th – 24th March 1992

University of Sheffield
Medical School
Sheffield, England

A course immediately preceding the British Society of Gastroenterology meeting at Sheffield combining the science and practice of gastroenterology, designed for clinicians and basic scientists interested in gastrointestinal disease.

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the communicators into family practice. Hence, the increasingly familiar scenario of a patient referred with a detailed and thoughtful letter from a family doctor being subjected in hospital to a mindless sequence of expensive, uncomfortable, and unrevealing investigations.

Here is a book that might reverse the trend. A group of distinguished American physicians have collaborated to produce this volume in which the emphasis is not only on how to take a history, but how to use it to make a diagnosis. Although they are, for the most part, men of mature years, it is clear again and again in the text that they are very much in touch with the diagnostic resources that are now available – but they clearly believe that modern technology should be used like a probe rather than a blunderbuss. Not all the chapters are equally successful, and some of the symptoms, such as weight loss and jaundice, are signs rather than symptoms, but always the emphasis is on the history, and a profusion of illustrative cases is used to justify their stance. The opening chapter by Stewart Wolf on 'History taking: the art of dialogue' should be compulsory reading for all of our fraternity, while the two distinguished editors, Walter Haubrich and J Edward Berk, have wise words on the respective topics of 'Abdominal pain' and 'Gaseousness.' And furthermore . . . Do I hear you ask what any of this has to do with keeping up with what's new? Well, think about the patients that you saw last week and this week, and those that you will see next week and the week after, and reflect on how much or otherwise you are helped in your work by reading the absolutely latest edition of 'Current update on the state-of-the-art of everything that's shiny and new in gastroenterology' . . .

I know, I know . . . *si la jeunesse savait, si la vieillesse pouvait*. This book is long on opinion, but short on data, statistics, and bibliography; people may want to write this stuff, but who has to read it, know what I mean? Yet, in my mind's eye, I see this group of Transatlantic sages as Canute like figures, standing firm against the relentlessly advancing tide of fiberoptic magnetically resonating tomographic ultrasonic sludge. Quixotic perhaps, but one cannot deny they have a certain dignity. Ludicrous as it may be, one is for a moment – only a moment, mind – tempted to join them. Perish the thought and pass me the latest *J Clin Invest*.

Nevertheless, read this book. It won't hurt you and you might even learn what you thought that you already knew.

DAVID WINGATE

Fundamentals of gastroenterology with self-assessment workbook. Edited by L W Powell and D W Piper. (Pp 276; illustrated; £39.95.) Sydney: McGraw-Hill, 1991.

This excellent primer of gastroenterology was first published in 1975. It now has 12 authors and is in its fifth edition. The 11 chapters are followed by about 10 multiple choice questions for each chapter with answers and references to the relevant text pages.

I need only suggest possible improvements. The line drawings are good and more are needed, perhaps instead of, rather than as well as, the x rays, which rarely reproduce well. More diagrams will help the student to understand difficult mechanisms such as the delivery of 5-aminosalicylic acid to the colon by sulphasalazine and analogues. Symbols and abbreviations could be standardised: ml and l, not mL and L; mmol not mEq, mmol/l not mg/100 ml.

Most textbooks would benefit from shortening, by tighter prose, and avoiding tautology (skin rash) and imprecision (measurements, diseases, not parameters, pathologies). Now that there are other contributors the editors may have more and not less work to do in ensuring comprehension without overlap. Thus dyspepsia is discussed, and defined differently, both in Functional Disease (chapter 9, p 210) and in Common Diseases (chapter 11, p 226). Endoscopy and Common Symptoms, the last two chapters, might be better at the beginning of the book or distributed within the relevant organs.

It is impossible to satisfy all readers in distributing space between scientifically interesting and common diseases. Even so it seems curious in 1991 to give the side effects of non-steroidal anti-inflammatory drugs five lines and *Helicobacter pylori* seven lines whereas viral hepatitis has 10 pages and hormonal gastrointestinal disease a whole chapter.

Warmly recommended.

JH BARON

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NOTES

Clinical trials

The British Society of Gastroenterology in conjunction with the British Association for the Study of the Liver are initiating two trials designed to evaluate the use of colchicine and ursodeoxycholic acid in (1) sclerosing cholangitis and (2) primary biliary cirrhosis. All gastroenterologists who would like to enter their patients into either or both of these British trials should contact the respective trial coordinators for further details.

Trial 1 – sclerosing cholangitis:

Dr Roger Chapman,
Consultant Gastroenterologist,
John Radcliffe Hospital,
Headington,
Oxford OX2 9DU.

Trial 2 – primary biliary cirrhosis:

Dr T Warnes,
Consultant Physician,
Liver Clinic,
Manchester Royal Infirmary,
Oxford Road,
Manchester M13 9WL.

British Medical Laser Association

A meeting on 'Medical lasers: practice and prospects' will be held on 4–5 December 1991 at the Moat House International Hotel, Glasgow. Further information and registration forms are available from: Dr N Krasner, Secretary, BMLA, Gastrointestinal Unit, Walton Hospital, Rice Lane, Liverpool L9 1AE.

BSG meeting 25–27 September 1991 – withdrawal of presentation

The abstract entitled 'Antineutrophil cytoplasmic autoantibodies directed against cathepsin G in sera from patients with inflammatory bowel disease' by Reumaux D, Colombel JF, Cortot A, *et al* (*Gut* 1991; 10: A1218) was withdrawn before the meeting but after *Gut* had gone to press.

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INSTRUCTIONS TO AUTHORS *Gut* publishes original papers, short rapid communications 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 should 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 *BMJ* 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. Use of abbreviation is discouraged. Short rapid communications should not be more than 10 double-spaced A4 sheets including references, tables, and figures. The papers will be subject to peer review in the normal way. The interval from acceptance to publication will be much shorter. A covering letter should include a request for the paper to be considered in this category together with valid reasons for that request. A separate 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.

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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 *BMJ* 1964; ii: 177)).

SI UNITS All measurements except blood pressure are expressed in SI units. In tables and illustrations values are

given in SI units. 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.**

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