

Gut

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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 Papers must not be published elsewhere without prior permission of the Editorial Committee.

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

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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.**

REFERENCES These follow the Vancouver system - that is, references numbered consecutively in the text and listed numerically with journal titles abbreviated in the style of *Index Medicus, Standard journal article*. List up to six authors, then add *et al.*

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New Books in Your Field

D. Kumar, Birmingham; D. J. Waldron, Galway;
N. S. Williams, London (Eds.)

Clinical Measurement in Coloproctology

1991. XIV, 216 pp. 83 figs. 33 tabs. Hardcover DM 180,-
ISBN 3-540-19643-9

New horizons are opened up for the coloproctologist in this book which fully documents the scope of established and recently developed investigative techniques. These include manometry, electromyography, scintigraphy and defaecography. The discussion shows how each technique is conducted and in what way the results can be interpreted. The text is clear and simple so that not only specialists but also non-specialists will be able to understand and set up the appropriate tests for specific colorectal disorders.

J. Beynon, G. A. Feifel, U. Hildebrandt,
N. J. McC. Mortensen

An Atlas of Rectal Endosonography

1991. Approx. 110 pp. 156 figs. Hardcover DM 175,-
ISBN 3-540-19690-0

Endosonography is now the most accurate method for the pre-operative assessment of rectal cancers and may become the best technique for routine post-operative follow-up in the detection of local recurrence. This atlas of sonograms is an excellent reference that will help you recognize both normal and abnormal findings.

C. V. Mann, London; R. E. Glass, Swindon

Surgical Treatment of Anal Incontinence

1991. XIII, 147 pp. 164 figs. Hardcover DM 290,-
ISBN 3-540-19640-4

New surgical techniques for the treatment of anal incontinence have given the increasing number of afflicted patients hope for a cure. Colorectal surgeons and more and more general surgeons are performing operations, yet until now they have not had a text that they can use as a reference work. This atlas describes every operation in technical detail, and the two-color illustrations clearly show the essential points of each procedure.

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the outstanding beneficiary. Few attempts have been made to summarise the present state of knowledge for the non-specialist, and therefore this slim volume of essays, edited by Michael Farthing is – in principle – welcome. The first half is devoted to gut viruses, and the second to hepatitis, each being prefaced by a chapter on the pathogenesis of infection and followed by chapters devoted to specific families of viruses. This structure is consistent with the highly focused interests of the contributors, and thus each chapter is essentially a summary of what is known in each of the selected topics.

So far, so good, and for the most part very good indeed. But this isn't an easy book for the uninitiated, particularly for those unfamiliar with the language and techniques of molecular biology. The series title of 'Clinical Gastroenterology' might be thought to promise something for the clinician, but although there is much of clinical relevance in this book, the information is scattered within different chapters. Most of the authors have not attempted to summarise their contributions, although where this has been done, it is helpful, nor has the information been assembled within an editorial structure. Light editing seems to be a consistent feature of this series; while this makes life easier for editors, it does result in books which seem to consist of experts talking to each other, or even to themselves, rather than to a clinical readership. When the topics and technologies are familiar, this is not a disadvantage, but when, as here, the reader is faced with a daunting array of acronyms and genetic jargon, it does not make for an easy read. This book is a valuable source of information that is not otherwise easily found, but distinctly for the library shelf rather than the clinical or domestic bedside.

DAVID WINGATE

Therapeutic endoscopy and radiology of the gut. 2nd ed. Edited by J R Bennett and R H Hunt. (Pp 386; illustrated; £60.) London: Chapman and Hall, 1990.

In this era of minimally invasive surgery the second edition of this book provides an admirable update on standard procedures as well as developing areas of diagnosis and treatment in gastrointestinal endoscopy and radiology. The editors have drawn from their own experience and that of an internationally recognised group of experts to provide a comprehensive and detailed manual which will appeal to the learner and skilled practitioner alike, incorporating as it does a good 'Which?' guide to the various techniques described and combining this with a common sense 'Highway Code' type approach.

The generally consistent style of writing complemented by appropriate illustrations and tables makes the book delightfully easy to read and only occasionally is this pattern lost with the introduction of detail on physiology and scientific concepts which might more comfortably be placed in a more general book on gastroenterology.

The complementary nature of endoscopy and radiology is emphasised and the range of options described takes cognisance of the fact that not all units have all the necessary equipment or skills but rather allow the reader to choose 'a best buy.' Guidance is provided on preparation of the patient, but the need for explanation and reassurance to the patient is emphasised and 'is often of more value than 10 mgs of diazepam.' Sedation is one area where the individual practitioner will have to develop

his own methodology but the book excels in providing a balance on the indications for a particular procedure and when indeed it might be unnecessary. The equipment used is well described and it is often helpful to be informed of the supplier.

This edition provides a timely recognition of the expansion of day case procedures and how they can be performed to the best advantage. It is a must as a reference for the novice and the expert alike.

N KRASNER

Clinical investigation of gastric function (Frontiers of Gastrointestinal Research, Vol 17). Edited by C Scarpignato and G Bianchi Porro. (Pp XIV+378; illustrated; £116.60.) Basle: Karger, 1990.

Gut has at last lifted its ban on reviews of books derived from conferences, so that the thousands of *Gut* readers are no longer denied information in such useful gastroenterological volumes as this fin-de-siècle appraisal of gastric function tests. Scarpignato and Bianchi Porro are to be congratulated on mounting the 1988 symposium in delectable Sirmione and for choosing the international team of experts. There are two authors for most topics, one for methodology and the other for clinical significance. Part I of the book covers secretion of acid, pepsins, intrinsic factors, mucus, and hormones, as well as pH and blood flow. Part II describes motility (emptying, manometry, electroencephalography, electromyography, and motilin) with a final chapter on morphology.

For the last 500 years there have been two schools of investigations of the function of the stomach. The alchemists such as Paracelsus, van Helmont, and Sylvius considered physiological processes, diseases, and drugs as chemical changes: digestion was the chemical effects of acid and a ferment. The iatrophysicists, iatromechanics, or iatromathematicians explained life and disease by the laws of physics: to Borelli digestion was a mechanical process from the force of contraction of the stomach. The last 40 years has seen the zenith of the chemical approach to the stomach. Measurements of maximal acid output have elucidated the hypersecretory situation of duodenal ulcer disease and its medical and surgical treatment. Almost every peptic ulcer can now be healed and kept healed by the pharmacological triumphs of the pharmaceutical industry. Perhaps the 1990s will be equally productive in our understanding of the pathophysiology and treatment of the motor disorders of the stomach?

J H BARON

The ban on the publication of symposium proceedings mentioned by Dr Baron has not been lifted for the sufficient reason that it never existed. The fact is that although many such proceedings are published, there are few which merit the attention of readers of *Gut* by achieving acceptable standards of literacy, informed comment, and presentation.—*Book Editor*.

All titles reviewed here are available from the BMJ Bookshop, PO Box 295, London WC1H 9TE. Prices include postage in the UK and for members of the British Forces Overseas, but overseas customers should add £2 per item for postage and packing. Payment can be made by cheque in sterling drawn on a UK bank, or by credit card (Mastercard, Visa, or American Express), stating card number, expiry date, and full name.

NOTES

FASEB Conference: Gastrointestinal Tract. Development and Repair – Cellular and Molecular Aspects

The FASEB conference on the Gastrointestinal Tract will be held at Copper Mountain, Colorado on 4–9 August 1991. Further details from: Conference Office, FASEB, 9650 Rockville Pike, Bethesda, Maryland 20814, USA.

Mayo-European Course in Gastroenterology

A postgraduate course cosponsored by the Mayo Foundation and the Vienna Medical Education Office will be held in Vienna, Austria (18–21 August), Budapest, Hungary (22, 23 August), and Prague, Czechoslovakia (24 August, optional). For information contact: Siegfried Meryn, MD, Mondial Congress, Faulmannsgasse 4, A-1040 Vienna, Austria; tel: 0222-588040; fax: 0222-5871268. S F Phillips, MD, Gastroenterology Unit, Mayo Clinic, Rochester MN 55905.

Pancreatic meeting: progress and prospects

The Pancreatic Meeting: progress and prospects will be held at The University of Southampton, 5–6 September 1991. Further details from: Mrs June Daniels, Unit Administrative Secretary, University Surgical Unit, F Level, Centre Block, Southampton General Hospital, Tremona Road, Southampton SO1 6HU. Tel: 0703 777222, ext 4308.

Sir Francis Avery Jones BSG Research Award 1991

Applications are invited by the Education Committee of the British Society of Gastroenterology, who will recommend to Council the recipient of the 1992 award. Applications should include:

- (1) A manuscript (2 A4 pages only) describing the work conducted.
- (2) A bibliography of relevant personal publications.
- (3) An outline of the proposed content of the lecture, including title.
- (4) A written statement confirming that all or a substantial part of the work has been personally conducted in the United Kingdom or Eire.

The award consists of a medal and a £100 prize. Entrants must be 40 years of age or less on 31 December 1992 but need not be a member of the BSG. The recipient will be required to deliver a 40 minute lecture at the Spring Meeting of the Society in 1992. Applications (15 copies) should be made to: The Honorary Secretary, BSG, 3 St Andrew's Place, Regent's Park, London NW1 4LB by 1 December 1991.