

Gut

*Journal of the British Society of Gastroenterology which
is a registered charity*

Editor: R N Allan

Technical Editor: Jackie Foulds

Review Editor: Ian Forgacs

Editorial Assistant: Michelle Dimler

EDITORIAL BOARD

M J P Arthur

T G Cooke

D Rampton

R G Newcombe
(Statistical adviser)

D C C Bartolo

C A Hart

P J Shorvon

I S Benjamin

C J Hawkey

D Swallow

Editor
British Medical Journal

P Bland

S G Hubscher

D G Thompson

J Calam

J Neuberger

B J R Whittle

D C A Candy

H O'Connor

R Chapman

P Quirke

INTERNATIONAL ADVISORY BOARD

B S Anand (USA)

D Y Graham (USA)

R Modigliani (France)

C Arvanitakis (Greece)

J Hansky (Australia)

T Muto (Japan)

G P van Berge Henegouwen
(Netherlands)

J Heathcote (Canada)

G Paumgartner (Germany)

G Bianchi-Porro (Italy)

R H Hunt (Canada)

E W Pomare (New Zealand)

A L Blum (Switzerland)

J R Jass (New Zealand)

D Rachmilewitz (Israel)

M van Blankenstein
(Netherlands)

S-J Jiang (China)

J Rask-Madsen (Denmark)

J P Delmont (France)

S J Konturek (Poland)

E Rene (France)

J Dent (Australia)

S K Lam (Hong Kong)

A Torsoli (Italy)

M M Levine (USA)

J-R Malagelada (Spain)

LETTER TO THE EDITOR

Risk factors for symptomatic gall bladder disease

EDITOR.—Murray *et al* have reported on gall bladder disease in one of the most detailed studies on oral contraceptives (*Gut* 1994; 35: 107–11). For all three factors reported (smoking, parity, and oral contraception) they found a slight increase in the rate of gall bladder disease (for oral contraception only in current users). An earlier publication from the same study has suggested, however, that the effect of oral contraception is transient: the rate of gall bladder disease was increased only if oral contraception had started within the previous five years, and the maximum effect was already reached after three years (rate ratio 1.3).¹ In a meta analysis we concluded that results of such studies will remain inconsistent unless risk periods of interest are properly taken into account.² Effects limited to a risk period of about five years have been found for pregnancy,³ and recently for smoking as well.⁴

We are surprised, therefore, that Murray *et al* combined 19 years of follow up without looking at limited risk periods. This may have two consequences: firstly, the effect is diluted by including data on irrelevant time periods^{3 4}; and secondly, confounding is not adequately controlled.³ It is an irony that we have illustrated the second consequence in an example (published shortly before Murray's publication) using the same relation – smoking and pregnancies as risk factors for gall bladder disease.⁵ These factors are closely associated in time: typically a woman taking oral contraception stops, becomes pregnant, and stops smoking. Therefore, we believe that the conclusion of our study applies to the report by Murray *et al*: misclassification of the confounding factor pregnancy (by controlling for parity, ignoring timing of the pregnancies) may have led to residual confounding of the relation between gall bladder disease and smoking as well as oral contraception. Unfortunately, this bias is of an unpredictable direction.⁵

C THIJS
P KNIPSCHILD
P LEFFERS
*Department of Epidemiology,
University of Limburg, Maastricht,
PO Box 616, NL-6200 MD Maastricht,
The Netherlands*

1 Royal College of General Practitioners' Oral Contraception Study. Oral contraceptives and gall bladder disease. *Lancet* 1982; ii: 957–9.

2 Thijs C, Knipschild P. Oral contraceptive use and the risk of gallbladder disease. A meta-analysis. *Am J Public Health* 1993; 83: 1113–20.

3 Thijs C, Knipschild P, Leffers P. Pregnancy and gallstone disease – a demonstration of the importance of specification of risk periods. *Am J Epidemiol* 1991; 134: 186–95.

4 McMichael AJ, Baghurst PA, Scragg RKR. A

case-control study of smoking and gallbladder disease: importance of examining time-relations. *Epidemiology* 1992; 3: 519–22.

5 Thijs C, Leffers P, Knipschild P. Control of confounding requires specification of risk periods. *Epidemiology* 1993; 6: 556–7

BOOK REVIEW

Paediatric Gastroenterology and Hepatology. Edited by M Gracey and V Burke. (Pp 1152; illustrated; £125.) Oxford: Blackwell Scientific, 1993.

The third edition of this classic text, which was first published in 1975, has been substantially updated with whole new sections. The coverage of liver disease by Rainer Poley is comprehensive and very clear and the new chapter on the exocrine pancreas, with its emphasis on development, is most welcome. The book's particular strength centres, however, upon coverage of gastrointestinal infections where the editors, Gracey and Burke, give a very lucid and full account of the whole topic, which is of such key importance within paediatric gastroenterology.

The sections on investigations and methodology are, as ever, of practical use, especially for trainees.

I have minor criticism of the coverage of intractable diarrhoea. The rare disorder, microvillous atrophy, is discussed as such and in this section an electron micrograph of an enterocyte showing invaginated brush border characteristic of this disorder is used as illustration. It is not made at all clear, however, that this illustrates microvillous atrophy as described later on in the chapter. Furthermore the comparatively uncommon disorder, cyclical vomiting, is not mentioned. Given the remarkable expansion, however, in the whole field of paediatric gastroenterology, to which the size of this book bears witness, it is perhaps unreasonable to expect the text to be completely comprehensive.

These are really minor points as the book is readable, reliable, well illustrated, and should be on the shelves of all who are interested in paediatric gastroenterology.

J A WALKER-SMITH

NOTES

Sir Francis Avery Jones BSG Research Award 1995

Applications are invited by the Education Committee of the British Society of

Gastroenterology who will recommend to Council the recipient of the 1995 Award. Applications (**fifteen copies**) 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.

Entrants must be 40 years or less on 31 December 1995 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 1995. Applications (**fifteen copies**) should be made to: The Honorary Secretary, BSG, 3 St Andrew's Place, London NW1 4LB by 1 December 1994.

European Science Foundation

A conference on Molecular Pathogenesis of Infectious Diseases: Mechanisms of Colonisation and Invasion of the Intestinal Barrier will be held in Obernai, France on 4–9 November 1994. Further information from: Dr Josip Hendekovic, European Science Foundation, 1 quai Lezay-Marnésia, 67080 Strasbourg Cedex, France. Tel: 33 88 76 71 35; fax: 33 88 36 69 87.

Inflammatory bowel disease

A course on the Progress in the Management of Inflammatory Bowel Disease will be held on 3–4 November 1994 in New York, USA. Further information from Dr Burton I Korelitz, Chief, Section of Gastroenterology, Department of Medicine, Lenox Hill Hospital, 100 East 77th Street, New York, NY 10021, USA. Tel: 212 434 2145 or 212 434 2140.

Therapeutic endoscopy

The ninth International Workshop on Therapeutic Endoscopy will be held in Hong Kong on 6–8 December 1994. Further information from: Miss Claudia Mak, Endoscopy Centre, Prince of Wales Hospital, Shatin, NT, Hong Kong. Tel: 852 636 2233; fax: 852 635 007.

Gastroenterology course

The 1995 Oxford Course in Gastroenterology will be held on 8–11 January 1995. Further information from Dr D P Jewell, Radcliffe Infirmary, Oxford OX2 6HE. Tel: 0865 224829.

Gut

Journal of the British Society of Gastroenterology
which is a registered charity

Gut publishes original papers, short rapid communications, leading articles, and reviews concerned with all aspects of the scientific basis of diseases of the alimentary tract, liver, and pancreas. 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 pages including references, tables, and figures. These 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 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. If requested, authors shall produce the data upon which the manuscript is based for examination by the editor.

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 *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.*

CORRECTIONS other than printers' errors may be charged to the author.

REPRINTS Reprints will be available on payment of the necessary costs; the number of reprints required should be sent to the Publishing Manager on the form provided with the proof.

NOTICE TO ADVERTISERS All applications for advertisement space and rates should be addressed to the Advertisement Manager, *Gut*, BMA House, Tavistock Square, London WC1H 9JR.

NOTICE TO SUBSCRIBERS *Gut* is published monthly. The annual subscription rates are £177.00 (USA \$309.00). Reduced subscriptions of £74.00 available to trainees for one year (direct only). Orders should be sent to the Subscription Manager, *Gut*, BMA House, Tavistock Square, London WC1H 9JR. Orders can also be placed with any leading subscription agent or bookseller. (For the convenience of readers in the USA subscription orders, with or without payment, can be sent to: *British Medical Journal*, Box 560B, Kennebunkport, Maine 04046. All enquiries, however, must be addressed to the Publisher in London.) Subscribers may pay for their subscriptions by Access, Visa, or American Express by quoting on their order the credit or charge card preferred together with the appropriate personal account number and the expiry date of the card. All overseas copies of the journal are sent by accelerated surface post. If required, full air mail rates and enquiries for single copies already published should be addressed to the Publisher in London.

COPYRIGHT © 1994 *Gut*. This publication is copyright under the Berne Convention and the International Copyright Convention. All rights reserved. Apart from any relaxations permitted under national copyright laws, no part of the publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means without the prior permission of the copyright owners. Permission is not, however, required to copy abstracts of papers or articles on condition that a full reference to the source is shown. Multiple copying of the contents of the publication without permission is always illegal.

Second class postage paid, Rahway NJ. Postmaster: send address changes to: *Gut*, c/o Mercury Airfreight International Ltd Inc, 2323 Randolph Avenue, Avenel, NJ 07001, USA. ISSN 0017-5749.

Published by British
Medical Association,
Tavistock Square, London
WC1H 9JR.
Typeset by
Bedford Typesetters Ltd
Printed by
Stott Brothers Ltd,
Halifax