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The Royal College of Surgeons of England

Raven Department of Education **INTRAVENOUS SEDATION FOR NON-ANAESTHETISTS: SAFE TECHNIQUES**

In response to the Royal College of Surgeons of England guidelines which state that all those involved in the practice of intravenous sedation should be familiar with safe practice and the potential dangers, the College plans to hold its first course as outlined below.

Course Objectives: The course is designed to demonstrate the safe use of intravenous sedation with appropriate monitoring. Participants will acquire a basic understanding of systems affected by intravenous sedatives, and a detailed understanding of risk assessment.

Course Content: The course will include patient risk assessment, pharmacology, sedation techniques, monitoring and criteria for safe recovery and discharge of the patient.

Who should attend: Consultants, Senior Registrars, Registrars, SHOs, Staff Grades and Associate Specialists.

Date: 17 November 1994

Fee: £100

For further information please contact: The Education Administrator, Raven Department of Education, The Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London WC2A 3PN. Telephone: 071 405 3474 ext. 4603, 4607 or 4611. Fax: 071 831 3418.

APOLLO

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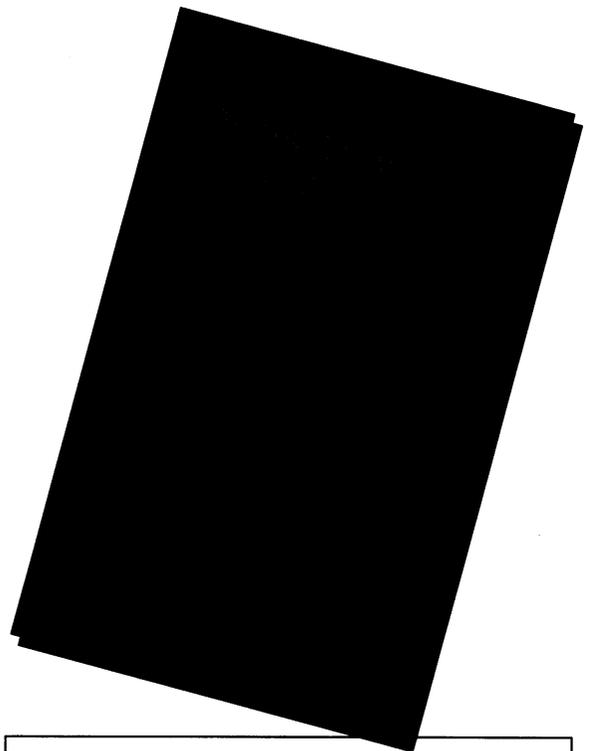
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London WC1H 9TE (tel: 071 383 6185/6245), medical
booksellers or the BMJ bookshop in BMA House.

Histopathology of the Liver – Volume I and II. By G Klatskin, H O Conn. (Pp 735; illustrated; £150.) Oxford: Oxford University Press, 1993.

At a time when textbooks and atlases on histopathology of the liver abound, any newcomer should be evaluated in perspective with those already available in the field. But Gerald Klatskin and Harold Conn's textbook constitutes a very unique contribution to hepatology, which in my view escapes this rule.

Gerald Klatskin, up to his retirement in 1980, spent 34 years as director of the Liver Study Unit at Yale University observing patients with liver disease, reading and photographing their biopsy specimens. Some 45 000 of the finest transparencies have been collected covering the full range of histological changes that could have been encountered in the diseased liver at the time. Not surprisingly, his dream was to produce a richly illustrated textbook of hepatology to ensure that pathologists and clinicians other than his immediate students and fellows will benefit from such a unique experience. Dr Klatskin's ill health made the progress of the project slow and the need to call upon his early trainee and colleague Dr Conn to join the venture as a co-author. On Gerald Klatskin's death, Dr Conn was thus left with the extremely difficult task to complete and, most of all, to modernise an unfinished magnum opus while keeping the original tempo.

Nine years after Gerald Klatskin's death, his dream and labour of love is finally and successfully completed in the form of two beautifully composed volumes; the larger volume I contains the text, bibliography, and indexes, whereas volume II displays 1067 magnificent colour microphotographs, the largest and most outstanding collection ever published, and certainly one of the main strengths of this work.

Dr Conn has updated and expanded the work to 27 chapters to include topics such as liver transplantation and HIV associated infection, which have developed after Dr Klatskin's era. The early chapters pay justified attention to normal biopsy findings and abnormalities affecting respectively the portal tracts and the parenchyma, which are clearly illustrated. In the other 23 chapters, each of the important issues of liver disease are discussed identifying areas of controversy, pitfalls, and limits of liver biopsy diagnosis, and providing substantial references to recent publications.

Volume II has to be regarded as a work of art. Very few of the colour photographs are of poor quality, few are average, most are excellent. Not only the classic lesions, but atypical variants and unusual features are pictured. Illustrations of lesions or techniques that were hardly known or used before the 1980s have been borrowed usually from the pathologists who produced original papers on the topic. In most instances, the judicious selection of the fields of photography and the caption provided with each illustration give the orientation needed to understand the essence of the picture. The reader will soon become accustomed to the Carnoy fixation and Masson staining used for the illustration, the colour of which is slightly different from the habitual haematoxylin and eosin on formalin

fixed tissue. Perhaps more troublesome is the fact that the illustrations are in a separate volume from the text so, even with the help of a second index to the microphotographs, the book can be somewhat cumbersome to use at the bench. But this is the small additional cost to pay for obtaining such lavish full colour illustrations at a most competitive price.

I enjoyed immensely reviewing this work, particularly volume II, which you can visit at greater length like an art exhibition. I am certain that those who knew Dr Klatskin, as well as all those with a special interest in hepatology, will want to own these volumes, not only as a tribute to the late Gerald Klatskin, but as a reference book to use in their teaching and day to day practice.

B PORTMANN

Crohn's Disease and Ulcerative Colitis Surgical Management. Edited by D Kumar, J Alexander-Williams. (Pp 244; illustrated; DM 218.) Heidelberg: Springer-Verlag, 1993.

I have a confession to make. I am biased about this book. Firstly, I spend a lot of my time operating on patients with Crohn's disease and secondly it was John Alexander-Williams or JAWS as he's still affectionately known who, while I was a medical student in Birmingham, introduced me to the intriguing surgical problems of inflammatory bowel disease.

The book is about surgical treatment of inflammatory bowel disease and there are three contributors. JAWS makes the major contribution on the surgical treatment of Crohn's disease, Devinder Kumar contributes on surgery for ulcerative colitis, and Bob Allan writes about the aetiology of inflammatory bowel disease and follow up. That makes it sound rather ordinary but in fact this is a highly idiosyncratic book. It is superbly illustrated and well written in a particular JAWS style. Anyone who has enjoyed JAWS give one of his brilliant lectures on Crohn's disease will also enjoy reading this book. Where else could you find a whole chapter in a surgical book on psychological problems, stress, and counselling in patients with inflammatory bowel disease? In this section there is much wisdom and sensible advice, for example; 'I think that the tone of the first interview should be light on science, heavy on analogy, and rich in sympathy.' As an analogy for other longstanding chronic diseases patients are asked to compare Crohn's disease with eczema or sinusitis though hopefully there are few patients with either of these conditions who require repeated, if all be it, infrequent surgical procedures.

If you want tables reviewing published works, with columns describing infection rates, anastomotic leakage, and recurrence rates from around the world you will be disappointed. If you want to read at first hand how a master surgeon has tackled some of the most difficult technical problems in abdominal surgery you will be well pleased. Here you can read about the 'tyre lever' technique for dissecting small bowel, the 'postage stamp' technique for taking adhesions off the back of the abdominal wall,

and of course the bicycle tyre air test for tiny perforations. I quote, 'One of the delightful experiences of a surgeon managing Crohn's disease is how easily apparently densely adherent organs separate from one another once the correct plain of cleavage has been entered' – you could almost be there doing it yourself. I had not heard of using poppy seeds taken by mouth as a marker for an intestinal cutaneous fistula – perhaps if they germinate it is a sign the fistula is closing.

There are some minor criticisms, JAWS advises against the use of routine anticoagulants in inflammatory bowel disease surgery. This is based on anecdote rather than a controlled trial, surprising from a man who was a great enthusiast for them in the days of gastric surgery. The use of antibiotic prophylaxis is inconsistently described as either a single dose or five day treatment. One could hardly call strictureplasty a non-invasive surgical procedure. To the point of being repetitive he certainly does emphasise the important technical aspects that ensure safety and good results. I liked the summary of indications for surgery in subacute obstruction caused by Crohn's disease: 'one episode is a warning, two episodes an indication, and three episodes over 12 months an indictment of medical management'.

The sections on pouches, pouch physiology, and stomas by Devinder Kumar are fine but perhaps rather put in the shade, and Bob Allan is left at the end to discuss follow up in inflammatory bowel disease for as JAWS says earlier in the book 'Crohn's disease is for life, surveillance is for ever'.

N MORTENSEN

NOTE

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 Andrews Place, London NW1 4LB by 1 December 1994.

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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.*

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