SHAKESPEARE AND THE STOMACH

The foremost gastroenterologist of his era, William Shakespeare, identified the key functions of the GI tract. In Menenius’ brilliant speech in Coriolanus (I,i) he identified the belly as the “storehouse and the shop of the whole body”. Shakespeare anticipated early 21st century scientists who have identified the key role of the stomach in human over-nutrition. Ghrelin is fascinating but in this issue Ballinger summarises experiments on the role of GIP (gastric inhibiting polypeptide) in obesity. In mice excess fat intake leads to GIP hyper-secretion. Maybe GIP is a potential target for anti-obesity drugs.

See page 319

DIE ANOTHER DAY

Presumably gastroenterologists in many parts of the world will have found themselves appealing to insurance companies on behalf of their patients with IBD. One wonders what information risk assessors use in loading insurance premiums or even denying cover to patients with ulcerative colitis or Crohn’s. There is a wealth of data to show that patients with IBD have normal or only marginally reduced life expectancy. Russel and colleagues report their experience of insurance problems in the Netherlands. Despite the evidence, patients with IBD had an 87-fold increase in risk of meeting difficulties with applications for life insurance. Seems a cause worth fighting for.

See page 358

JUST HOW FAR SHOULD ONE GO?

The argument for introducing screening for colorectal cancer is prosecuted by some extremely persuasive individuals. Whether you are an enthusiast or a sceptic, do read this month’s debate in order to consolidate your position. Then, if screening it is to be, what length of fibreoptic tube should be used? I guess many of us would decide that, if we were to have to undergo the experience of fibreoptic lower GI endoscopy, we might as well have the full works. There are major cost and manpower issues involved here but Watson’s incisive commentary on the paper by Gondal and colleagues highlights the problem of the proximal adenoma not reached by the sigmoidoscope. I guess that gastroenterologists like to sleep at night.

See pages 317 and 398

PROBIOTICS—VERY MUCH A LIVE ISSUE

The update by Isolauri on probiotics is a particularly clear introduction to the subject. You can read it in a few minutes—entirely suited to those solitary moments that emerge in one’s day. The most well documented role for probiotics is in the treatment of acute infectious diarrhoea. Various organisms, especially lactobacilli and bifidobacteria can shorten the duration of rotavirus diarrhoea. The gut flora are still relatively uncharted territory. There is much to learn about the role of gut bacteria in intestinal barrier function. Probably clinical trials are running ahead of understanding.

See page 436

JOURNAL EDITORS LOSING CONTROL

Some of the most vigorous discussions in editorial committees concern papers that report impressive but preliminary results of a novel therapy in an important disease. The editorial dilemma is acute when patient numbers are really small and the study is uncontrolled. No journal wishes to reject a manuscript of an early report of a major advance—neither does that same journal relish being a midwife to a red herring. In my view, those who are prepared to submit early, encouraging results should commit to a randomised controlled trial. Readers are positively encouraged to judge Stallmach and colleagues’ paper on cyclophosphamide in IBD.

See page 377