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Gut publishes original papers and reviews concerned with practice and research in the field of gastroenterology. The field is that of alimentary, hepatic, or pancreatic disease, and papers may cover the medical, surgical, radiological, or historical aspects. They may also deal with the basic sciences concerned with the alimentary tract, including experimental work. The report of a single case will be accepted only if it is of sufficient interest in relation to a wider field of research.

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ETHICS Ethical considerations will be taken into account 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 *Br Med J* 1964; 2: 177).

SI UNITS All measurements except blood pressure are expressed in SI units. In the text they should be followed by traditional units in parentheses. In tables and illustrations values are given only in SI units, but a conversion factor must be supplied. For general guidance on the International System of Units, and some useful conver-

sion factors, see *The SI for the Health Professions* (WHO, 1977). 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 titles abbreviated in the style of *Index Medicus. Standard journal article*—(list all authors when six or less; when seven or more, list first three and add *et al.*): James A, Joyce B, Harvey T. Effect of long-term cimetidine. *Gut* 1979; 20: 123-4. NB: Accurate punctuation is essential.

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Vancouver style

All manuscripts submitted to *Gut*, or revised, should conform to the uniform requirements for manuscripts submitted to biomedical journals (known as the Vancouver style).

Gut, together with many other international biomedical journals, has agreed to accept articles prepared in accordance with the Vancouver style and will be introducing the system from January 1980, although there will be a short period when the Harvard and the Vancouver styles will overlap. The style (described in full in *BMJ*, 24 February, p 532) is intended to standardise requirements for authors and covers text format, presentation of methods and results, use of SI units, and the form of tables and illustrations. All the participating journals have also agreed to introduce a standard form of references.

In future, references to papers submitted to *Gut* should include: the names of all authors if there are fewer than seven or, if there are more, the first three followed by *et al*; the title of journal articles or book chapters; the titles of journals abbreviated according to the style of *Index Medicus*; and the first and final page numbers of the article or chapter.

Examples of common forms of references are:

¹International Steering Committee of Medical Editors. Uniform requirements for manuscripts, submitted to biomedical journals. *Br Med J* 1979; **1**: 532-5.

²Soter NA, Wasserman SI, Austen KF. Cold urticaria: release into the circulation of histamine and eosinophil chemotactic factor of anaphylaxis during cold challenge. *N Eng J Med* 1976; **294**: 687-90.

³Weinstein L, Swartz, MN. Pathogenic properties of invading micro-organisms. In: Soderman WA Jr, Sodeman, WA, eds. *Pathologic physiology: mechanisms of disease*. Philadelphia, WB Saunders, 1974: 457-72.

Notes and activities

Third International Symposium on Gastrointestinal Hormones

This symposium will be held at Cambridge, England, 15–18 September 1980: it will cover the conventional circulating hormones, as well as the locally acting paracrine peptides and the peptidergic innervation. The programme will consist largely of submitted papers with review talks by invited authorities. Deadline for receipt of abstracts 31 March 1980. For details write to: Dr. S. R. Bloom or Dr. J. M. Polak, Royal Postgraduate Medical School, Du Cane Road, London W12 0HS, United Kingdom.

Verdict on Vagotomy

A one-day symposium on Vagotomy is to be held in Bournemouth on Saturday 29 March 1980, immediately following the joint meeting of the British Society of Gastroenterology and the Association of Surgeons. Members of these Societies have been circulated with details and application forms. Others wishing to come should write to Dr J H Baron, Department of Surgery, Royal Postgraduate Medical School, Hammersmith Hospital, London W12 0HS.

International Symposium on Alcohol and the Gastrointestinal Tract

This symposium will be held at Bischofsberg-Strasbourg, France, from 7–8 March 1980. Details from Mlle. Dr. C. Stock, Unité de Recherches de Chirurgie Expérimentale et de Biopathologie Digestive, ZUP Hautepierre, Avenue Molieré, F-67200 Strasbourg, France.

IV European Congress of Gastrointestinal Endoscopy

This congress will be held in Hamburg, 13–14 June 1980. Details from Congress Organiser, Congress Project Management, Günther Sachs, Letzter Hasenpfad 61, D-6000 Frankfurt 70.

Books

Gut Hormones Edited by S. R. Bloom. (Pp. 664. Illustrated. £17.00.) Churchill Livingstone: Edinburgh, London, and New York. 1979.

First of all, this is a considerable and important book. Despite claims by the publishers and editors of earlier volumes, this is the first book that can be justifiably held to give a comprehensive account of the present state of gut endocrinology. To have achieved this by the publication of papers presented at a symposium is no mean feat, and this suggests that the format of the book was one of the factors governing the choice of speakers and topics. The book is arranged in 17 sections, some of which deal with general principles and techniques, and others with specific hormones. Most sections start with review articles which orientate the uninitiated. Only two sections seem less than successful: the brain/gut relationship is still too elusive to allow clear definition, while the final section on 'Duodenal ulcer' seems to have escaped from a different book altogether. The publishers have done well; the book is clearly laid out, and appears to be letterpress, although closer inspection suggests that new typewriter technology has been used.

Secondly, this is an unusually personal book; the editor's name also appears on 14 of the 103 contributions, and, together with Dr Julia Polak, he has provided a characteristically trenchant 'Gut hormone overview' at the front of the book. I think that this is a fair reflection of the editor's contribution in this field. While many workers have been critical of the vast mass of radioimmunoassay data emanating from the Hammersmith group, and even more so of the putative properties ascribed by Dr Bloom and his colleagues to the various peptides, there is no denying that both the data and the dogma have been a massive stimulus to growth in this field. That Dr Bloom may have been wrong in the past—and may continue to be wrong—is in this sense unimportant; the truth about the gastrointestinal peptides will emerge from the collective research which he has done much to stimulate.

Finally, the message for gastroenterologists is clear, and somewhat dismaying. It has long been regarded as a subspecialty with a comparatively simple scientific substrate. From this book, it is evident

that this is not the case. It is now clear that both the endocrine and the neurophysiological basis of gastroenterology are matters of considerable, and as yet largely unresolved, complexity. For the moment, this is a matter for the scientists, but it must eventually be reflected throughout clinical practice, not only in diagnosis and therapy, but even in the definition and nomenclature of disease and dysfunction. Already overworked, established clinicians are going to have a hard time keeping up. Drs Bloom and Polak conclude their essay with a defiant statement: 'The proper study of alimentary endocrine disorders can at last begin'. A more correct statement might have emerged with the removal of the words 'endocrine disorders'—an endocrinologist can be pardoned for his natural bias—and the substitution of the word 'physiology'.

DAVID WINGATE

Pathways in Surgical Management Michael Hobsley. (Pp. 343. Illustrated. £13.75) Edward Arnold: London. 1979.

The first sentence of the Preface to this interesting new book states 'The arrangement of this book is unorthodox.' It is, however, commendable unorthodoxy, and this applies only to the format of the book. The approach to a wide range of important clinical surgical topics is, on the other hand, much more orthodox than the approach of most other surgical textbooks, in that the text follows the orthodox way in which the vast majority of surgical diagnoses are successfully achieved. Professor Hobsley has simply taken the various ways in which patients present with complaints, symptoms, and signs, and followed the usual logical process in arriving at either a diagnosis, or a therapeutic decision. He has, in fact, dissected out the basic process of the practice of surgery, and produced an excellent book which follows these steps logically and clearly.

There is much of sound practical guidance in the book, and the accent throughout is clearly, and rightly, on clinical decision. A principal feature of the book is the liberal use of flow diagrams, and even those who have a certain allergy to this mode of presentation will find them eminently readable and helpful. Some are simple ones, differentiating one management pathway from another, and others are more comprehensive, summarising the whole approach to a clinical

problem, such as a palpable abdominal mass, jaundice, a swelling in the thyroid gland, etc. Of course, though much of the content of this book is concerned with gastroenterological topics, it deals with the whole spectrum of disorders which still present to those providing a general surgical service, and it is primarily aimed at undergraduate medical students undergoing the clinical part of their course. However, there is much in this book which would be of real assistance to the post-graduate surgeon in training, and the more senior doctor. It is a very 'browsable' book.

The illustrations are explicit and well chosen, and the style of writing has the delightful merit of reflecting the endearing personal style of the single author, thus giving a feeling of continuity throughout the book.

This is a most refreshing addition to the host of surgical textbooks, and it deserves to be widely used.

I. E. GILLESPIE

Cope's Early Diagnosis of the Acute Abdomen Revised by William Silen. (Pp. 280. Illustrated. £3.50.) Oxford University Press: Oxford. 1979.

Publishers have a difficult task in deciding when to let a book die, particularly a treatise that is as useful and successful as *Cope's Early Diagnosis of the Acute Abdomen*. This monograph is essentially a personal experience of the subject; the author's involvement comes across throughout the book and the date when that involvement was greatest is immediately apparent. For another author to take over and revise a personal treatise is a near impossible task; such a task can perhaps only be done by a person who knew the author well. Unfortunately, Professor Silen does not have the same style as Zachary Cope, and even Professor Silen's talents are stretched by the task with several passages jarring the reader. The occasional use of 'we' instead of 'I', the reference to the saving of millions of dollars, and the contrast of Sampson Handley and ultrasound on the same page spoil the image of Zachary Cope's treatise. Added to these criticisms are the poor diagrams and radiographic reproductions, some of which are uninterpretable.

I am afraid that this book should not have been resurrected; it should have died honourably and naturally. As a reference book on the early diagnosis of

the acute abdomen by clinical acumen it should have been left on the bookshelves, but in an unrevised form, perhaps alongside a modern text as a contrast.

CHRISTOPHER RUSSELL

Endoscopic Retrograde Cholangio-Pancreatography Edited by T. Takemoto and T. Kasugai. (Pp. 328. Illustrated. 178 dutch guilders.) Igaku-shoin: Tokyo. 1979.

The preface correctly states that this is 'the first text in the English language authored enthusiastically by Japanese experts in endoscopy of the pancreas and bile ducts, with special emphasis on endoscopic retrograde cholangio-pancreatography (ERCP)'. Professors Takemoto and Kasugai have assembled 22 distinguished Japanese contributors, including such well-known names as Harada, Kawai, Kobayashi, Ogoshi, Oi, and Tanaka, who have together produced a real monument to Japanese work in this field. There are chapters on historical aspects, equipment and techniques, complications, pancreatic juice and cytology, sphincterotomy, operative and transduodenal choledochoscopy, radiological appearances in the biliary tree and pancreas. Kozu provides new data concerning the correlation between pancreatography and exocrine function studies.

Most contributions are descriptive rather than analytical. The section on technique describes the macroscopic appearances of the duodenum and papilla in detail, but rather lacks practical advice on how to get there. The pull-back technique now used by most Western authorities is ignored; the radiographs virtually all show the 'long route', which has many disadvantages. There are no radiologists among the authors, and little instruction about radiographic technique, which is crucial to maximum diagnostic potential. My main criticism of this book is that it mainly looks backwards, and does not really face up to the main question facing ERCP as it enters its second decade—that of clinical relevance. The chapter on indications is only one page in length, and there is no real discussion about the relative roles of ERCP, percutaneous cholangiography, and new scanning methods such as ultrasonography and computed tomography. This is disappointing when most of the authors are professors in clinical departments. There is some unnecessary overlap

between certain chapters, and a hint of competition between authors in developing fields, such as peroral cholangioscopy.

Several other books related to ERCP have appeared recently, with different slants. This book is well produced and departments using the techniques routinely (and attempting to teach them) will certainly wish to add it to their reference libraries.

P. B. COTTON

Techniques of Vagotomy By A. G. Johnson and K. W. Reynolds. (Pp. 85. Illustrated. £5.95.) Edward Arnold: London. 1979.

This short book is an excellent guide to the different vagotomy procedures for the surgeon in training. The text is brief and contains many of the author's ideas and details of technique.

The illustrations are clear and drawn from the surgeon's view.

The three main vagotomy techniques and gastric drainage operations are described; the problems and main points of each procedure are highlighted. Intra-operative tests for completeness of vagotomy are also discussed.

Books received

The Quality of Life: the Peckham Approach to Human Ethology By Innes H. Pearse. (Pp. 194. Illustrated. £6.50.) Scottish Academic Press: Edinburgh. 1979.

Laboratory Investigation of Endocrine Disorders By M. R. Wills, C. W. H. Harvard, and P. J. Roylance. (Pp. 96. Figures. £3.25.) Butterworths: London. 1979.

Recent Advances in Clinical Immunology: No. 1. Edited by R. A. Thompson. (pp. 299; illustrated; £11.) Churchill Livingstone: Harlow, Essex. 1977.

Non-cirrhotic Portal Fibrosis with Portal Hypertension By A. K. Basu and B. N. Guharay. (Pp. 310. Illustrated. Price not stated.) National Academy of Medical Sciences: New Delhi.

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