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COMMUNICATIONS Two copies of papers and figures should be addressed to the Editor, *Gut*, BMA House, Tavistock Square, London, WC1H 9JR. Papers are accepted only on the understanding that they are not published elsewhere without previous sanction of the Editorial Committee. Manuscripts should follow the Vancouver conventions (see *Br Med J* 1979; 1: 532-5. *Gut* 1979; 20: 651-2). They should be in double-spaced typewriting on one side of the paper only. On the paper the name of the author should appear with initials (or distinguishing Christian name) only, and the name and address of the hospital or laboratory where the work was performed. A short summary should be provided at the beginning of the paper.

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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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Notes and activities

A Visit to China

We spent two fascinating weeks in China in October 1979, on a study and lecture tour under the auspices of the British Council and the Chinese Academy of Medical Sciences. Our visit appeared to be the first by Western doctors with a special interest in gastroenterology for many years, and there was much to discuss.* We were impressed by the enormous size and population of the country, but also by a general spirit of confidence in solving its problems. Over everything hung the legacy of the cultural revolution and the 'gang of four'. Academic activity was actively discriminated against between 1966 and 1976; medical and nursing education had virtually ceased, and a whole generation of health care workers was missing from hospitals. Many professors and their departments had been disbanded and there were no young doctors to replace them.

The spectrum of gastrointestinal disease did not appear so different from that in Britain. Functional bowel disease, ulcers, and gallstones were common; there was more infective and parasitic disease, and little evidence of Crohn's disease or ulcerative colitis. Schistosomiasis, hepatitis, and primary liver cancer were major problems. The large regional variations in the incidence of gastrointestinal cancers were documented in impressive detail. There were central co-ordinating committees for oesophageal cancer, gastric cancer, colorectal cancer, and primary liver cancer—with field teams based in the high risk areas attempting early detection and prevention. We were struck by the apparent association between schistosomiasis and colorectal cancer, by analogy with ulcerative colitis.

We visited major institutions in Canton, Peking, Shanghai, and Hangchow. The fabric of the hospitals was old and there were no disposable materials; we saw new equipment being installed. Barium studies were mainly single contrast; Japanese and Chinese-made endoscopes were used extensively in a few hospitals. The cultural revolution had discouraged pathologists and biopsy procedures as being effete and irrelevant; the techniques of laparoscopy, liver biopsy, jejunal biopsy, and even necropsy had been discarded; interest is fast returning.

There were limited opportunities for postgraduate study and access to medical literature; reprints and books were

especially welcome. There are plans for a national organisation in gastroenterology, which will facilitate exchanges with overseas specialists. We hope that a small group of Chinese gastroenterologists will visit Britain in the autumn of 1980.

B C MORSON, P B COTTON

*Several of our hosts spoke warmly of a previous visit by Sir Francis Avery Jones, in 1956, and one spoke nostalgically about studying in London in the 1920s with Sir Arthur Hurst.

Books

The Exocrine Pancreas Edited by H T Howat and H Sarles. (Pp. 551. Illustrated. £28.75.) W B Saunders: London, Philadelphia, Toronto. 1979.

Pancreatic disease is becoming increasingly common throughout the Western world, yet diagnostic techniques, though greatly improved, are still inconclusive and treatment has advanced little. This book, which is the result of Anglo-French collaboration and is published simultaneously in both languages, reviews our knowledge of the pancreas to date. The editors have both been involved in the study of the pancreas for many years and have brought together a group of contributors who can write authoritatively on their particular aspect of the pancreas and its diseases.

In each of the three parts, covering the normal pancreas, investigation of pancreatic disease and diseases of the pancreas, the chapters are excellent, readable, and up-to-date reviews with extensive references up to early 1979. Contributors have taken an eclectic approach and presented the opposing views where there is conflict of opinion. Clinicians will be particularly interested in the second and third parts. Pancreatic function testing and the great advances in imaging techniques are very well reviewed, though the ultrasound pictures may not impress non-ultrasonologists and the inverted 'short route' ERCP picture may confuse non-endoscopists. Pancreatic diseases are comprehensively covered, including summaries of the ineffectiveness of so much of our present treatment, both medical and surgical.

At a time when the diagnosis and treatment of pancreatic disease are beginning to make progress, this book is a comprehensive, erudite, and timely review of the state of our present knowledge. It will inevitably be the standard reference text for all who are fascinated by this elusive organ.

RODNEY H TAYLOR

Developments in Digestive Diseases, 2 Edited by J. Edward Berk. (Pp. 170. Illustrated. £13.50.) Lea and Febiger: Philadelphia. 1979.

The increasing number of annual review publications reflects the very rapid advances in clinical and experimental gastroenterology. This volume is the second in a planned annual series in this field. A wide selection of different topics has been chosen for this volume, most of them having direct clinical relevance.

An excellent review of serum pepsinogens is given by Mike Samloff, foremost in research in this field for over a decade. Clinical relevance has only recently become apparent, with the demonstration that raised serum pepsinogen I level is apparently inherited as an autosomal dominant trait, serving as a subclinical marker of duodenal ulcer diathesis in certain families. Other subgroups of patients with duodenal ulcer disease are being delineated by combined measurements of serum pepsinogens and gastrin, suggesting that research in this field will give additional insight into normal and abnormal gastric function.

Cimetidine and its uses are covered in detail by James Freston. This also is a topical and useful chapter, but might have been improved with some conclusion or observation as to how one should use the drug in duodenal ulcer patients in the long term and how, now that cimetidine is available, to select patients with ulcers who would benefit by surgical treatment.

Fibre and the gastrointestinal tract is covered by Mendeloff who gives a useful summary of previous studies. The difference between simple addition of fibre to a refined diet and the eating of a completely unrefined diet is not discussed in any detail, but, overall, this chapter gives an excellent background and review of the subject.

The only purely research paper is by Warren L. Beeken on infectious agents in inflammatory bowel disease, and this gives a rather sobering view of the lack of progress in this tantalising area.

There are several chapters on techniques which may, or may not, prove in time to be suitable for widespread clinical use. These include the peritoneojugular shunt for the treatment of ascites by LeVeen and Wapnick and percutaneous fine-needle aspiration biopsy of the pancreas by Michael Grossman. Both of these are competent and authoritative reviews. In adjacent chapters Joachim Burhenne and Peter Cotton are courteously com-

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