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Letters to the Editor

Bacterial endocarditis

Sir,

With reference to the article by GK Davis et al. I am surprised by authors' suggestion to examine the lower gastrointestinal tract in patients with bacterial endocarditis due to oropharyngeal commensal organisms. It is well known that a majority of cases of infective endocarditis (60-80%) are caused by *Viridans* streptococci, which are oropharyngeal commensals; there is no evidence in the literature that there is an increased risk of colon carcinoma in patients having endocarditis by these organisms. The publication of one or two cases linking these conditions, which could be coincidental, does not justify investigations for colon carcinoma in the overwhelming majority of the cases of bacte- rial endocarditis caused by *Viridans* strepto- cocci and other oropharyngeal organisms.

ASHOK VARGHJIMAL
Division of Allergy and Immunology, Albert Einstein College of Medicine, New York, NY10451, USA

Accepted 23 September 1997


This letter was shown to the authors who responded as follows:

Sir,

Thank you for your interest in our self-assessment case. We aimed to highlight the fact that, while the association between bacterial endocarditis and colonic adenocar- cinoma is well recognised for endocarditis due to gut commensal organisms, this case adds to previous reports of colonic adenocarcinoma occurring in association with bacte- rial endocarditis due to oropharyngeal commensal organisms. This diagnosis should therefore also be considered in patients with colonic symptoms and bacterial endocarditis due to non-gut commensals. Investigation of the lower gastrointestinal tract should be performed if clinically indicated.

GERSHAN K DAVIS
Blackpool Victoria Hospital NHS Trust, Blackpool, Lancs FY3 8NR, UK

Perforated diverticulitis following extra-abdominal surgery

Sir,

We read with interest the report of Gaya and colleagues who highlighted the complication of diverticular perforation after extra-abdominal surgery. Currently being treated at our unit is a 66-year-old woman who developed faecal peritonitis as a result of diverticular perforation, two weeks after surgery for total knee replacement. Recovery from the knee opera- tion was complicated by severe lobar pneu- monia. This obese lady with rheumatoid arthritis underwent uncomplicated joint replacement, her case notes highlighted her long history of diverticular disease and constipation. Her rheumatoid disease prior to this was managed with indomethacin SR 75 mg bid, meftroex- ate 2.5 mg od and omeprazole and MST anal- gesia. She had never taken steroids and non- steroidal anti-inflammatory drugs (NSAIDs) had not been prescribed after knee replace- ment.

Two days after discharge from the ortho- paedic ward the patient was re-admitted under the care of a general physician with severe lobar pneumonia. During recovery from this, some three weeks after initial knee replacement, she developed pleuritic chest pain and peritonitis. Erect chest X-ray confirmed air under both hemi-diaphragms. At laparotomy gross faecal contamination of the peritoneum was found, resulting from a small mid-sigmoid perforation. Hartmann's procedure was performed, with betadine wash-out and Wallace drain insertion. The patient is making a slow and steady recovery, after a period in our intensive care unit.

This case highlights the message of Gaya et al, that sigmoid diverticular disease may per- forate after extra-abdominal surgery. In our case previous NSAID treatment may have contributed to the perforation. Additionally, the pneumonia may have contributed to mucosal ischaemia, as a result of impaired gas transfer.

DAVID WALKER
C D JOHNSON
University Department of Surgery, F- Level, Southampton General Hospital, Southampton SO9 4WX, UK

Accepted 25 November 1997

Correspondence to Dr Johnson


Books received


Guide to assessment of student's progress and achievements, Joyce Godfrey, David Heylings, eds. pp 95, Medical and Education Network QMW, London, 1977. £5.00, paperback.


International Postgraduate Diary

Royal Free Hospital School of Medicine 8-12 June, 12-16 October 1998: MRCP Part II course Details: DG James, Department of Medicine, Royal Free Hospital, Pond Street, London NW3 2QG, UK Tel +44 171 830 2108

Society for Endocrinology 23-26 March 1998: 17th Joint meeting of British Endocrine Societies (Heriot Watt University, Edinburgh, UK) Details: Society of Endocrinology, 17/18 The Courtyard, Woodlands, Almondsbury, Bristol BS12 4NQ, UK Tel +44 1454 619036; fax +44 1454 616071

Institute of Obstetrics and Gynaecology, Queen Charlotte’s & Chelsea Hospital 1-3 June 1998: Advanced course in fetal medicine 22-26 June 1998: The advanced course for obstetricians and gynaecologists Details: Tel +44 181 383 3904; fax +44 181 383 8555; e-mail symposia@rpm.ac.uk

Institute of Psychiatry/Bethlem & Maudsley NHS Trust 6/7 July 1998: Family research and family therapy Details: Ms Lee Wilding, Conference Office, Institute of Psychiatry, De Crespigny Park, London SE5 9AF, UK Tel +44 171 719 3170; fax +44 171 740 5172; e-mail l.wilding@io.p.bphm.ac.uk


The European Health Telematics Research 5 March 1998: One-day seminar on innovative solutions for healthcare (Welcome Trust, London) Details: Institute of European Trade and Technology, Tel +44 171 628 9770; fax +44 171 628 7692

Falk Symposia 5-7 March 1998: Induction and modulation of gastrointestinal inflammation (Saarbrücken, Germany) 30 April–2 May 1998: Innovative concepts in inflammatory bowel disease (Rostock, Germany) 18-20 June 1998: Advances in inflammatory bowel diseases (Brussels, Belgium) Details: Falk Foundation eV Congress Division, PO Box 6529, D-79041 Freiburg, Germany. Tel +49 761 130340; fax +49 761 1303459

24th International Congress of Internal Medicine 4-9 November 1998: Lima, Peru Details: Congress Secretariat, Avenida Jose Pardo 138 de 701, Miraflores, Lima, Peru. Tel +51 1444 5158; fax +51 1447 5396

International Conference on Orthopaedic Surgery 2-4 June 1998: Vth British Conference on revision surgery of the hip and knee (Earls Court, London) Details: Metaphor Conferences, 21 Kirklee Close, Pudsey, W Yorks, LS28 5TE, UK. e-mail metaphorUK@compuserve.com

International Symposium on Nutrition and Pregnancy 11/12 June 1998: Maternal nutrition: new developments and implications (Paris, France) Details: Biocommunication, 18 rue des Blancs Manteaux, F-75004 Paris, France. Tel +33 142 746753; fax +33 14804 0711; e-mail mp@banckens.fr

International Dental Show 13-17 April 1998: Cologne, Germany Details: KölnMesse, Messe- und Ausstellungs-Ges.mbH Köln, Abt 213, Postfach 21 07 60, D-5032 Köln, Germany. Tel +49 221 821 2268; fax +49 221 821 3413; e-mail info@koelnmesse.de


Barnow Neurological Institute 8-11 March 1998: 24th Annual symposium on recent advances in neurology, neurosurgery and neuroradiology (Phoenix, Arizona, USA) Details: Denise Eskildson, Neuroscience Conference Coordinator, Barnows Neurological Institute, 350 West Thomas Road, Phoenix, AZ 85013, USA. Tel +1 602 406 3067; fax +1 602 406 4104

Society of Uroradiology 28 June–3 July 1998: Annual postgraduate course in abdominal imaging (Bermuda) Details: Ryals & Associates, Inc, PO Box 1925, Roswell, GA 30077-1925, USA. Tel +1 770 641 9773; fax +1 770 552 9859


University of Chicago 9-13 March 1998: Update in general diagnostic imaging/breast imaging (Boca Raton, FL) Details: Ryals & Associates, Inc, PO Box 1925, Roswell, GA 30077-1925, USA. Tel +1 770 641 9773; fax +1 770 552 9859

INSTRUCTIONS TO AUTHORS

The aims of the *Postgraduate Medical Journal* are three-fold. Firstly, to help doctors in training to acquire the necessary skills to enable them to deliver the highest possible standards of patient care. Secondly, to help trainers to develop suitable training programmes for their trainees. Finally, once that training is completed, to allow these doctors to maintain those high standards by processes of continuing medical education.

To achieve these aims we publish original papers, short reports and commissioned editorials and review articles. We are also delighted to receive unsolicited editorials and reviews, from doctors and others. The *Postgraduate Medical Journal* reviews all the material it receives. Other items may include Self-assessment questions, Letters to the Editor, Book reviews and an International postgraduate diary. The full proceedings of meetings may be published as supplements to the Journal. The *Postgraduate Medical Journal* is published monthly in the English language, and has an international readership.

**Typescripts**

Three complete copies should be sent to the Editor, *Postgraduate Medical Journal*, 12 Chandon Street, London W1M 9DE, U.K. Papers must be type-written, double-spaced, on one side of paper not larger than A4 (297 mm x 210 mm). The first page of the typescript should bear the names of the author(s) and the name and address of the laboratory or institution where the work has been carried out, in addition to the title of the paper. The full address, telephone and fax number of the author to whom proofs will be sent should be given, together with up to four key words or phrases suitable for use in an index. All pages should be numbered, including the title page. Papers may be returned if presented in an inappropriate form. If the paper is rejected, these copies will not be returned. Authors are asked to submit their approved manuscripts on computer discs. Guidelines will be sent with the acceptance letter.

Details of sources of funding should be provided and any potential conflicts of interest declared.

**The principal author**

The principal author must ensure that the covering letter is signed by all authors and includes a declaration that the paper is not under consideration by any other journal at the same time and that it has not been accepted for publication elsewhere. Any written or illustrative material which has been or will be published elsewhere must be duly acknowledged and accompanied by the written consent of the copyright holder.

**Style**

Abbreviations and symbols must be standard and SI units used throughout except for blood pressure values which are reported in mmHg. Acronyms should be used sparingly and fully explained when first used. Whenever possible, drugs should be given their approved generic name. Where a proprietary (brand) name is used, it should begin with a capital letter. Statistical analyses must explain the method used and should be underlined. The Concise Oxford English Dictionary is used as a reference for spelling and hyphenation. Figures and tables should be referred to in the text.

**References**

References should follow the Vancouver style. In the text, they should appear within square brackets, starting at 1. At the end of the paper they should be listed (double-spaced) in numerical order corresponding to the order of citation. All authors should be quoted for papers with up to six authors, for papers with more than six authors, the first three only should be quoted, followed by *et al.* Titles of medical periodicals should be given in full or abbreviated in line with the latest edition of Index Medicus. The first and last page numbers for each reference should be provided. Abstracts and letters must be identified as such. For example,


**Responsibility for the accuracy and completeness of references rests entirely with the authors.**

**Figures and tables**

Photographs, photomicrographs, line diagrams and graphs should be submitted in high standard standards and submitted as originals or as unmounted glossy photographic prints. The identity of all patients should be masked (using a bar over the eyes) and written permission from the patient included with the submission. When preparing illustrations which include lettering or symbols, remember they may be reduced in size. All histology slides should contain a scale bar. Three copies of each illustration should be submitted, each bearing a label on the back marked in pencil with the author's name and the number of the figure. Figure legends and tables should be typed on a separate sheet. Figures and tables should be numbered in arabic numerals.

**Original articles**

Original articles are usually up to 3000 words long with up to six tables/illustrations and 30 references. They should be divided into: Title page, Summary, Introduction, Materials and Methods, Results, Discussion, Acknowledgements, References, Tables, Figures and captions. The summary should not exceed 250 words and should state concisely what was done, the main findings and how the work was interpreted. Numbered paragraphs should be avoided. The use of boxes with learning/summary 'bullet' points is encouraged.

**Short reports**

Short reports or case reports should not exceed 1000 words, inclusive of summary, introduction, report and discussion. Up to 10 references and two illustrations or tables will be accepted. Each report must include (on a separate sheet) a list of learning or summary points.

**Self-assessment questions**

Self-assessment questions may take several formats, including multiple-choice questions, (each consisting of a question stem and five items, with discussion of the correct answers, and up to five references per question), photographic material (eg, clinical photograph, X-ray, blood film, histological section) or data interpretation (eg, ECG, arterial blood gases), with clinical information and up to three questions with discussion of the correct answers, and up to five references per case. Authors whose case reports are rejected may be asked to consider resubmitting their report as a self-assessment question.

**Review articles**

The Editor welcomes review articles of up to 3000 words, provided they contain a clear educational message. The use of boxed case histories, learning bullet points and structured tables/summaries is encouraged. Guidelines for authors of review articles are available from the Editorial Office, who are also happy to discuss proposed articles.

**Editorials**

The Editor is delighted to consider for publication unsolicited editorials of 800 words. These will be peer reviewed.

**Peer review**

All papers are peer reviewed. Some are rejected after review by one or more members of the Editorial Board. The remainder are also reviewed by one or more external advisors. Reasons for rejection will be indicated to the principal author. The Editor retains the customary right to determine style and, if necessary, to shorten material accepted for publication.

**Letters**

Letters to the Editor related to articles published in the *Postgraduate Medical Journal* are welcome. Only one copy need be sent, which should not exceed 500 words and five references. Authors whose short reports are rejected may be asked to consider resubmitting their report as a letter.

**Supplements**

Guidelines for supplements are available from the Editorial Office, who are happy to discuss proposed supplements.

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