

# Postgraduate Medical Journal

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The Fellowship of Postgraduate Medicine was founded by a group of London consultants after the First World War to assist postgraduates, particularly those coming to London from the Commonwealth, to pursue their studies. The Fellowship first published the *Postgraduate Medical Journal* to give informa-

tion about lectures, conferences and courses and to provide a monthly review of all branches of medicine.

**Postgraduate Medical Journal** publishes original papers on subjects of current clinical importance and welcomes review articles with extensive, up-to-date bibliographies as guides to further reading. Several symposia are published every year, each devoted to a single subject and written, by invitation, by specialists in different disciplines. Most issues include authoritative Current Surveys of clinical problems, as well as well-documented Reports of cases of particular interest, Correspondence and Book Reviews.

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## Books received

*Clinical Aspects of Operable Heart Disease.* By D. R. KHAN, R. H. STRANG and W. S. WILSON. Pp. 363, illustrated. London: Butterworths; New York: Appleton-Century-Crofts, 1969. £7 5s.

*Elements de Genetique Medicale.* By J-M. ROBERT. Pp. 254, illustrated. Lyon: Simep Editions, 1969. Price not given.

*Illustrated Manual of Laboratory Diagnosis.* By R. DOUGLAS COLLINS. Pp. 299, illustrated. London: Pitman Medical; Philadelphia: J. B. Lippincott, 1968. £10 10s.

*Side Effects of Drugs.* By L. MEYLER and A. HERXEIMER. A survey of unwanted effects of drugs reported in 1965-67. Volume VI. Pp. xi+561. Amsterdam: Excerpta Medica Foundation, 1968. £11 10s.

*Infectious Diseases: Epidemiology and Clinical Practice.* By A. B. CHRISTIE. Pp. 1047, illustrated. Edinburgh and London: E. & S. Livingstone, 1969. £6.

*Epilepsy.* By W. PRYSE-PHILLIPS. Pp. 96, illustrated. Bristol: John Wright, 1969. 18s.

## Book reviews

### Operative Surgery; Vascular Surgery

Ed. by C. ROB. Second edition. Pp. 275, illustrated. London: Butterworths, 1968. Vols. 1-6 (*General Surgery*). £50. Full fourteen volume set. £97.

The previous edition of this book has gained a well deserved place as a standard textbook.

This volume of the recent edition maintains the high standard of its predecessor. Attractively bound, printed on heavy, high grade paper, and abounding in well thought out black and white diagrams, it is a joy to possess and browse through, quite apart from its factual content. Unfortunately this, of course, also means it is expensive.

The general layout is much the same except that the pages are now larger in size and, therefore, easier to read.

This volume contrives to describe the principles of operative vascular surgery clearly and concisely, without venturing into any disputatious detail. Hence, although the authorship is largely transatlantic there is little with which any vascular surgeons here would disagree.

It is surprising that the Editors do not see fit to include portal-systemic venous anastomoses. Presumably one has to buy a further volume of abdominal surgery to find a description of these procedures. The only other minor criticism is that most chapters still include a paragraph on anaesthesia for the particular operation described, which the reviewer feels is redundant in many cases.

This is a fine book which, with its companion volumes, will make a useful and gracious addition to the bookshelf of any surgeon at any level; it is probable, alas, that only those in the higher levels will be able to afford this and its twelve companion volumes.

### Atherosclerotic Vascular Disease

Ed. by ALBERT BREST and JOHN MOYER. Pp. 552, illustrated. London: Butterworths, 1968. £7 6s.

This is an American publication consisting of fifty-one monographs by different authors. Of these approximately the first half are devoted to varying aspects of the aetiology of atherosclerosis and form a comprehensive background review of the mechanical and metabolic processes which may be associated with atherogenesis. In general these are short and crisply written with profuse references at the end of each chapter and should provide an excellent basis for anyone interested in current research trends in this complex and wide field.

The second half comprises a further series of monographs on more clinical aspects of arteriosclerosis affecting the coronary carotid, renal and lower limb arteries. These are more variable in quality, some being well written, others, particularly those devoted to treatment, are little more than a recital of their individual authors' results from vascular operations.

The chapter on the surgery of peripheral arterial disease in particular, will not find a great deal of agreement amongst vascular surgeons in this country.

In general the book is attractively presented and adequately indexed, but price will, of course, limit the size of its potential market.

### Calorie Deficiencies and Protein Deficiencies.

Ed. by R. A. McCANCE and E. M. WIDDOWSON. Proceedings of a colloquium held in Cambridge. April 1967. Pp. xiv + 386, illustrated. London: J. & A. Churchill, 1968. £4.

This book describes the Proceedings of a Colloquium sponsored by Glaxo Laboratories Limited and held in Cambridge in April 1967. The organizers made it possible for forty-one people, working actively on human or animal malnutrition in different parts of the world, to get together for 4 days to discuss their work. For anyone interested in nutrition this book is fascinating.

The clinical aspects of Marasmus and Kwashiorkor are discussed in detail in papers from South Africa, South America and India. The difficulties of comparing the clinical aspects and pathogenesis of malnutrition in different parts of the world and the importance of making objective assessments was stressed throughout this part of the conference. For the reader the distinction between Kwashiorkor and Marasmus becomes blurred and it is clearly difficult to trace the evolution of protein malnutrition.

Seven papers were presented in the section on 'Pathology', and here one sees the emphasis moving away from descriptions of the biochemical features of established malnutrition and towards an assessment of how the body adapts to nutritional stress. The M.R.C. group in Jamaica and workers in Central and Southern America are particularly responsible for this development.

Treatment received relatively little attention despite the fact that there is still a high mortality amongst children admitted to hospital with malnutrition. Nevertheless, the paper by Dr Wharton, based on his experiences in Uganda, provoked a long and lively discussion.

The section on 'Anaemia and Vitamin Deficiency' seems to have been the least satisfying part of this conference. No-one was able to correlate the many factors contributing to anaemia in protein deficiency. It seems likely that individual variations are so great that no coherent story is possible. Nevertheless, careful comprehensive studies of individual cases may eventually throw more light on the mechanisms of haematopoiesis.

The sections on animal experiments demonstrate the great progress which has been made in the past 10 years in producing models for the study of protein-calorie malnutrition. Its effect on the structure and biochemistry of the central nervous system and the discussion of behavioural

## Postgraduate Medical Journal: Notice to Contributors

**Typescripts** (two complete copies) should be sent to the Editor, Dr A. A. G. Lewis, Postgraduate Medical Journal, 9 Great James Street, London, W.C.1. Papers should be typewritten on one side of the paper only, with a 1½ inch margin, and the lines should be double-spaced. In addition to the title of the paper there should be a 'running title' (for page headings) of not more than 45 letters (including spaces). The paper should bear the name of the author(s) with their degrees and descriptions and of the laboratory or research institute where the work has been carried out. The full postal address of the principal author should be given as a footnote. (The proofs will be sent to this author and address unless otherwise indicated.)

**Arrangement.** Papers should normally be divided into: (a) Introduction; (b) Materials and methods; (c) Results, as concise as possible (both tables and figures illustrating the same data will rarely be permitted); (d) Discussion and conclusions; (e) Summary, brief, self-contained and embodying the main conclusions; (f) Acknowledgments; (g) References.

**References.** Only papers closely related to the author's work should be included, exhaustive lists should be avoided. References should be made by giving the author's surname, with the year of publication in parentheses. When reference is made to a work by three authors all names should be given when cited for the first time, and thereafter only the first name, adding *et al.*, e.g. Smith *et al.* (1958). The '*et al.*' form should always be used for works by four or more authors. If several papers by the same author and from the same year are cited, a, b, c, etc., should be put after the year of publication, e.g. Smith *et al.* (1958a). All references should be brought together at the end of the paper in alphabetical order. References to articles and papers should mention (a) name(s) of the author(s); (b) year of publication in parentheses; (c) title of paper; (d) title of journal, underlined, abbreviated according to *World Medical Periodicals* (3rd edn, World Medical Association); (e) volume number; number of first page of article. References to books and monographs should include (a) name(s) and initials of author(s) or editor(s); year of publication in parentheses; (b) title, underlined; (c) edition; (d) page referred to; (e) publisher; (f) place.

**Standard usage.** The *Concise Oxford English Dictionary* is used as a reference for all spelling and hyphenation. Verbs which contain the suffix *ize* (*ise*) and their derivatives should be spelt with the *z*. Statistics and measurements should always be given in figures, i.e. 10 min, 20 hr, 5 ml, except where the number begins the sentence. When the number does *not*

refer to a unit of measurement, it is spelt out except where the number is greater than one hundred.

**Abbreviations.** Abbreviations for some of the commoner units are given below. The abbreviation for the plural of a unit is the same as that for the singular unless confusion is likely to arise.

gram(s)	g	second(s)	sec
kilogram(s)	kg	cubic millimetre(s)	mm <sup>3</sup>
milligram(s)		millimetre(s)	mm
(10 <sup>-3</sup> g)	mg	centimetre(s)	cm
microgram(s)		millicurie(s)	mCi
(10 <sup>-6</sup> g)	µg	millilitre(s)	ml
nanogram(s)		pound(s)	lb
(10 <sup>-9</sup> g)	ng	milliequivalent	mEq
picogram(s)			
(10 <sup>-12</sup> g)	pg	R <sub>F</sub> values	R <sub>F</sub>
hour(s)	hr		
minute(s)	min	gravitational acceleration	g
micron(s)	µ	per cent	%

Example: mg/100 ml, for biochemical values; mEq/l

**Figures.** In the text these should be given Arabic numbers, e.g. Fig. 3. They should be marked on the backs with the name(s) of the author(s) and the title of the paper. Where there is any possible doubt as to the orientation of a figure the top should be marked with an arrow. Each figure must bear a reference corresponding to a similar number in the text. Photographs and photomicrographs should be unmounted glossy prints and should not be retouched. Line diagrams should be on separate sheets; they should be drawn with black Indian ink on white paper and should be about four times the area of the final reproduction. Lines and lettering should be of sufficient thickness and size to stand reduction to one-half or one-third. Letters and numbers must be written lightly in pencil. Whenever possible, the originals of line diagrams, prepared as described above, should be submitted and not photographs. The legends of all the figures should be typed together on a single sheet of paper headed 'Legends to Figures'.

**Tables.** There should be as few tables as possible and these should include only essential data; the data should not be crowded together. The main heading should be in capitals with an Arabic number, e.g. TABLE 2. Each table must have a caption in small letters. Vertical lines should not be used.

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