

Postgraduate Medical Journal

Editorial Board

Editor

Charles RK Hind,
Liverpool

Editorial Office

Elizabeth J Young,
London

Technical Editor

Sue J Peter,
Ringwood

M Aghiad Al-Kutoubi, *London*
Peter J Barnes, *London*
Anthony H Barnett,
Birmingham
Malcolm C Bateson,
Bishop Auckland
John G Bligh, *Liverpool*
Christopher J Bulpitt, *London*
D John Coltart, *London*
Gordon C Cook, *London*
Gill Gaskin, *London*
J Clive Gingell, *Bristol*
Barry I Hoffbrand, *London*

David Ingram, *London*
Colin D Johnson, *Southampton*
Rose Anne Kenny, *Newcastle*
Graham Leese, *Dundee*
Peter H Millard, *London*
Michael WN Nicholls, *London*
Maurice Super, *Manchester*
J Allister Vale, *Birmingham*
Tom Walley, *Liverpool*
Philip D Welsby, *Edinburgh*
Peter R Wilkinson, *Ashford,*
Middlesex

International Editorial Representatives

Nestor Angomachalelis,
Thessaloniki, Greece
Clive S Cockram,
NT Shatin, Hong Kong
Jan Willem F Elte,
Rotterdam,
The Netherlands
Frederick F Fenech,
St Julians, Malta
B Monappa Hegde,
Mangalore, India
Peter Tugwell, *Ottawa,*
Ontario, Canada

The *Postgraduate Medical Journal* is published on behalf of the Fellowship of Postgraduate Medicine by the BMJ Publishing Group.

The Journal, as the organ of the Fellowship of Postgraduate Medicine, is dedicated to advancing the understanding and practice of postgraduate medical education and training. The Fellowship of Postgraduate Medicine was founded after the First World War and was a pioneer in the UK in the development of programmes of postgraduate study in all branches of medicine (see *Postgrad Med J* 1985; 61: 1). It always has been, and remains, independent of University, Health Service and Government. Amongst other activities, the Fellowship provides research grants and support for young investigators, especially those working temporarily in the UK.

Further details of the Fellowship of Postgraduate Medicine can be obtained from The Executive Secretary, Fellowship of Postgraduate Medicine, 12 Chandos Street, London W1M 9DE, UK.

The Journal is covered by *Current Contents, Biological Abstracts, ASCA, ISI/BIOMED, Index Medicus, Excerpta Medica and Science Citation Index*.

Editorial

Manuscripts, initial supplement enquiries, and all editorial correspondence should be sent to: The Editor, *Postgraduate Medical Journal*, 12 Chandos Street, London W1M 9DE, UK (tel: +44 171 636 6334; fax: +44 171 436 2535).

Advertisements

Enquiries concerning advertisements should be addressed to: the Advertisement Manager, *Postgraduate Medical Journal*, BMA House, Tavistock Square, London WC1H 9JR, UK (tel: +44 171 383 6339).

Publisher

All business correspondence and reprint requests should be addressed to *Postgraduate Medical Journal*, BMJ Publishing Group, BMA House, Tavistock Square, London WC1H 9JR, UK (tel +44 171 383 6668).

Subscriptions

Postgraduate Medical Journal is published monthly. The annual subscription rate is £185 worldwide. Orders should be sent to the Subscription Manager, *Postgraduate Medical Journal*, BMA Publishing Group, PO Box 299, London WC1H 9TD, UK. Orders can also be placed with any leading subscription agent or bookseller. Subscribers may pay for their subscriptions by cheque (payable to British Medical Journal) or by Access, Visa, or American Express by quoting on their order the credit or charge card used, together with the appropriate personal account number and the expiry date of the card. (For the convenience of readers in the US, subscription orders with or without payment (\$296) may also be sent to BMJ Publishing, PO Box 590A, Kennebunkport, ME 04046, USA. All enquiries, however, must be addressed to the publisher in London.) The personal subscription rate is £85 (\$136). Personal subscriptions can only be accepted if the order is accompanied by a personal cheque or credit card number.

Copyright

© 1998 The Fellowship of Postgraduate Medicine
ISSN 0032-5473

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photo-copying, recording or otherwise, without prior permission of the Publisher.

US periodicals postage paid at Rahway NJ. Postmaster: send address changes to: *Postgraduate Medical Journal*, c/o Mercury Airfreight International Ltd Inc, 2323 Randolph Avenue, Avenel, NJ 07001, USA.

Published by the
BMJ Publishing Group

Printed in
Great Britain on Acid-Free
paper by Cambridge
University Press

Whilst every effort is made by the publishers and editorial board to see that no inaccurate or misleading data, opinions or statements appear in this Journal, they wish to make it clear that the data and opinions appearing in the articles and advertisements herein are the responsibility of the contributor or advertiser concerned. Accordingly, the publishers and The Fellowship, the editorial committee and their respective employees, officers and agents, accept no liability whatsoever for the consequences of any such inaccurate or misleading data, opinion or statement. Whilst every effort is made to ensure that drug doses and other quantities are presented accurately, readers are advised that new methods and techniques involving drug usage, and described within this Journal, should only be followed in conjunction with the drug manufacturer's own published literature.

Conference report

Highlights from the Fifth International Conference on Travel Medicine held in Geneva, Switzerland, on 24-27 March 1997

Travel medicine is an important emerging specialty which deals with the problems of travel, whether travellers are voluntary (tourist or business) or involuntary (displaced or refugees), and whether rich or poor. Tourism is now the third largest industry in the world. Given modern means of travel it is possible to be anywhere in the world within 36 hours. How many readers know the geographical situation of Surinam, or what is the difference between Burkina Faso and Upper Volta (the answers are central America and a different name, respectively). Most doctors should be familiar with a current world atlas and either have to know what advice to offer their travelling or travelled patients or will have to know how to find this information. Such information should include social advice, required vaccinations, knowledge of prophylactic and perhaps therapeutic drugs, and the address of local Travel Medicine Clinics, if any.

The main killer diseases in the developing world are preventable or treatable – measles, diarrhoea, acute respiratory infections and malaria. Diphtheria is increasing in what used to be the USSR, which is sad considering that vaccination is highly effective in preventing epidemics and preventing endemic foci. Closer to home it was surprising to learn that 70% of the Austrian population have been vaccinated against tick-borne encephalitis. Obviously the indigenous population have a keen appreciation of the risks and a knowledge that there is no specific treatment.

HIV

Worldwide there are 8500 HIV infections acquired each day, 90% of which occur in developing countries. At the end of 1996 it is estimated that 22.6 million people were HIV positive, 14 million of whom were in sub-Saharan Africa where HIV mortality approaches that of malaria and where life expectancy has decreased by 5-10 years. In Harare, 40% of pregnant women are HIV positive. In the meantime, tuberculosis is shadowing the HIV statistics. Blood transfusion screening for HIV is becoming standard although some areas, notably Nigeria, are conspicuously deficient. In such areas travellers should only have a blood transfusion if absolutely essential and they should then, if at all possible, ensure that the blood has been screened for (at least) HIV and hepatitis B and C.

Medicine and the media

Laurie Garnet, an American journalist, provided a non-medical perspective on the medical-media interface. The capacity for information collection and dissemination is increasing exponentially; portable satellite dishes are soon to be replaced by hip-pocket devices, and telephone lines are rapidly becoming redundant. Because of these and other considerations the reality is that interactions with the media now have to be an integral part of medical practice, especially when individual events have a generalised public significance. We have to be transparent in our dealing with representatives of the media and overtly enlist their help as the vectors of information.

Malaria

The spread of chloroquine-resistant malaria is old but still unwelcome news. New drugs for prophylaxis are needed. Emerging candidates include *azithromycin* which will be useful, certainly for those, including children and pregnant women, who cannot take doxycycline. *Atovaquone/proguanil* in combination seems promising, while *etaquine*, a primaquine analogue, kills all forms of parasites including the liver forms and thus there is no need to continue prophylaxis after return (a useful feature because compliance is poor after return). *Halofantrine* may also have a prophylactic role. *WR250417*, a proguanil analogue, is a prodrug not yet in clinical trials which is active against several major pathogens including malaria, mycobacteria, toxoplasmosis and *Pneumocystis carinii*. Apart from malaria, this drug will surely have a role in prevention of opportunistic infections in HIV.

Melatonin

Despite the late Robert Morley's opinion that jetlag was a hangover acquired on an aeroplane there is now considerable knowledge about the physiological and psychological changes that occur after crossing time zones. Some of the changes can be minimized by melatonin. A show of hands showed that most delegates had used melatonin. My advice is to use only those products that are genetically engineered – melatonin made from pineal glands of animals would give me sleepless nights, given the problems that there are with produce from some farm animal-derived products.

Canadian travellers

Three million Canadians travel abroad each year, 1.3 million to the tropics, and drug-related offences were the commonest cause of incarceration of travelling Canadians. In some parts of the world, accused travellers are best advised to confess, pay a hefty fine, and depart rapidly. Such advice, of course, does not apply to countries where the death penalty applies for drug carriage! There were 309 reported deaths in travelling Canadians of which very few were preventable:

Interesting facts

- tourism is now the third largest industry in the world
- diphtheria is increasing in what used to be the USSR
- the main killer diseases in the developing world are measles, diarrhoea, acute respiratory infections and malaria; most are preventable or treatable
- 50% of antibiotics are used for veterinary purposes
- 70% of the Austrian population have been vaccinated against tick-borne encephalitis
- there are an estimated 23 million refugees and 26 million displaced persons in the world
- there are 57 million Kalishnikov rifles in the world

62% were attributed to natural causes, 25% to accidents, 8% to murder and 5% to suicide.

Vaccines

The future for vaccines is undoubted. We already have vaccines against diphtheria, pneumococci, *Haemophilus influenzae* and meningococci, and routine childhood vaccinations have been dramatically effective in reducing morbidity and mortality. Hepatitis A occurs in three to six per thousand visitors per month in 'civilized' surroundings (20 per month in backpackers and those off main tourist routes). Hepatitis B infections occur in long-term travellers at a rate of 8–24 cases per 10 000 visitors with 2–6 of these being clinically evident. A highly effective and well tolerated combined hepatitis A and B vaccine is available for use in children and adults. There is also a combined hepatitis A and typhoid vaccine.

A total of 2.5 million deaths a year are caused by enteric diseases. An oral killed vaccine against enterotoxigenic *Escherichia coli* combined with a cholera vaccine is being

evaluated. There are 'rather too many' possible vaccines against *Shigella*. A major problem will be administering such vaccines to those who need them most, those who will die before they have had the chance to travel anywhere.

Because of the increasing number of injectable vaccines there is no doubt that more combination vaccines will have to be produced and tested to ensure that the efficacy of one constituent vaccine is not impaired by the other member(s) of the combination. Vaccines are required which do not need 'cold chains' to ensure efficacy. In order to minimise the number of travel-related injections, we need single-dose (or perhaps sustained-release) vaccines, and more orally or nasally administered vaccines.

There is no doubt that travel medicine is a specialty of the future.

PHILIP D WELSBY
The City Hospital,
Edinburgh EH12 8UB, UK

Dr Welsby attended the conference as a guest of SKB Pharmaceuticals

International Postgraduate Diary

Royal Free Hospital School of Medicine
9–13 February, 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

Osler Club of London (evening meetings)
8 January 1998: Presidential address
5 February 1998: Members' papers
2 April 1998: John Hall and his patients
Details: Royal College of Physicians, Regents Park, London NW1 4LE, UK

Havering Hospitals MRCP Part II courses
3 January 1998: written crammer
7/8 February 1998: clinical course
Details: Dr G Smith, Department of Gastroenterology, Oldchurch Hospital, Romford, Essex RM7 0BE, UK. Tel +44 1708 708224

Falk Symposia
29/30 January 1998: Normal and malignant liver cell growth workshop (Halle, Germany)
14–19 February 1998: VII Gastroenterology week (Titisee)
27–29 February 1998: Complications of liver cirrhosis (Bonn)
5–7 March 1998: Induction and modulation of gastrointestinal inflammation (Saarbrücken)
30 April–2 May 1998: Innovative concepts in inflammatory bowel diseases (Rostock)

Details: Falk Foundation eV, Congress Division, PO Box 6529, D-79041 Freiburg, Germany. Tel +49 761 130340; fax +49 761 1303459

Canadian Atherosclerosis Society/ International Society for Enzymology
7–9 May 1998: Enzymes, receptors, and drugs in obesity and atherosclerosis (Toronto, Canada)
Details: ERDOA Conference, c/o Dr I L Bromberg, Pathology and Laboratory Medicine, Mount Sinai Hospital, 600 University Ave, Toronto, Ontario, Canada M5G 1X5. Tel +1 416 586 4499; fax +1 416 586 8628

University of California, San Francisco
24 January 1998: Behavioral/developmental pediatrics
6 February 1998: Annual Paediatric Urology Seminar
11–13 February 1998: 31st Annual Recent advances in neurology
19–21 February 1998: Cardiovascular Health: coming together for the 21st century
19–21 February 1998: Epidemiology and prevention of infectious diseases
19–22 March 1998: Therapeutic and prophylactic uses of nucleic acids
26–28 March 1998: 10th Annual symposium on aesthetic surgery
23–25 April 1998: International bladder research congress
Details: University of California, Office of Continuing Medical Education, 1855 Folsom St, MCB Room 630, San Francisco, CA 94143-0742, USA. Tel +1 415 476 4521; fax +1 415 476 0318

Barrow 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, Barrow Neurological Institute, 350 West Thomas Road, Phoenix, AZ 85013, USA. Tel +1 602 406 3067; fax +1 602 406 4104

American Society of Spine Radiology
18–21 March 1998: 1st Annual Meeting (Cancun, Mexico)
Details: Ryals & Associates, Inc, PO Box 1925, Roswell, GA 30077-1925, USA. Tel +1 770 641 9773; fax +1 770 552 9859

Egyptian Society of Cardiology, 25th Anniversary meeting
22–27 February 1998: Cairo, Egypt
Details: 98 Mohamed Farid Street, Cairo, Egypt. Tel +20 2 337 5632; fax +20 2 360 2800

University of California, San Diego
1–6 March 1998: 13th Annual postgraduate magnetic resonance imaging course
Details: Ryals & Associates, Inc, PO Box 1925, Roswell, GA 30077-1925, USA. Tel +1 770 641 9773; fax +1 770 552 9859

Society of Thoracic Radiology
8–12 March 1998: Thoracic imaging 1998 (Puerto Rico)
Details: Ryals & Associates, Inc, PO Box 1925, Roswell, GA 30077-1925, USA. Tel +1 770 641 9773; fax +1 770 552 9859

International Institute for Continuing Medical Education
16–19 March 1998: Breast imaging and interventions (Phoenix, AZ)
20–22 March 1998: Internal derangements of joints: MRI (Atlanta, GA)
Details: Ryals & Associates, Inc, PO Box 1925, Roswell, GA 30077-1925, USA. Tel +1 770 641 9773; fax +1 770 552 9859

Postgraduate Medical Journal

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 a process 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 Chandos Street, London W1M 9DE, UK. Papers must be type-written, double-spaced, on one side of paper not larger than A4 (297 mm × 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 methods used. Words to be italicised 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,

- 1 Clements R, Gravelle IH. Radiological appearances of hydatid disease in Wales. *Postgrad Med J* 1986;62:167-73.
- 2 Greenberger JS. Long-term hematopoietic cultures In: Golde W, ed. *Hematopoiesis*. New York: Churchill-Livingstone, 1984, pp 203-42.

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

Figures and tables

Photographs, photomicrographs, line diagrams and graphs should be prepared to professional 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 papers 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 are 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.

Proofs and copyright

A marked proof will be sent to the principal author which should be read carefully for errors. The corrected copy must be returned to the Technical Editor within three days. Major alterations to text cannot be accepted.

The principal author must complete and return to the Publisher the Copyright Assignment Form enclosed with the proofs. He/she is responsible for obtaining the signatures of all co-authors.

Reprints may be ordered at cost on a form accompanying the proofs.