

at 24 months.¹⁷ Moertel *et al* recently analysed the results of several randomised trials conducted by the Gastrointestinal Tumour Study Group and showed that the three-drug combinations containing fluorouracil and doxorubicin with methyl CCNU or mitomycin gave significantly superior survival times compared with any of the drugs used singly, or two- or three-drug regimens not containing doxorubicin.¹⁶ Three-drug combinations containing fluorouracil, doxorubicin, and a nitrosourea or mitomycin therefore represent the optimum available treatment for advanced-stage gastric cancer. The combination of fluorouracil and doxorubicin alone, however, has not yet been adequately compared in randomised studies with these three-drug combinations, and such studies are indicated to confirm that the above combinations are the optimum available.

Interestingly, the longest survival times reported with these three-drug combinations occurred when BCNU or mitomycin was given intravenously rather than when methyl CCNU was given by mouth, and includes one randomised study in which mitomycin and methyl CCNU were directly compared in combination with fluorouracil and doxorubicin.¹⁶⁻¹⁷ This suggests that in patients with gastric cancer with or without previous resection before treatment absorption of oral chemotherapeutic drugs may not be optimal, and future studies should perhaps take this into account.

The only pretreatment factors in this series that adversely influenced subsequent response to treatment were the initial performance of the patients and when the predominant site of disease was the unresected stomach. Other studies confirm that patient performance is a major factor in prognosis, but some disagreement remains about the influence of unresected primary lesions and extra-abdominal metastatic sites.^{8 11 18} Further randomised studies of advanced-stage gastric cancer stratifying for these potential prognostic factors should clarify this issue. The chemotherapy programme used was generally well tolerated. Although myelosuppression was the main side effect, in over 70% of courses this side effect was minimal or did not occur. Thus optimum doses of the component drugs may possibly not have been reached, and appropriate increases in doses may further improve results. Studies of this are now being performed.

It seems reasonable to conclude that adenocarcinoma of the stomach is one of the gastrointestinal malignancies more susceptible to chemotherapy, and combination chemotherapy has an established place in the treatment of advanced stages of this disease. The gains achieved to date, however, have been modest, and further improvement is clearly needed. Combined radiotherapy and chemotherapy for locally unresectable primary gastric cancer has so far met with mixed results, but recent improved chemotherapy programmes have not yet been studied

in this context, and such studies are indicated.^{19 20} If major regression of the initially unresectable primary tumour can be achieved with chemotherapy either alone or in conjunction with radiotherapy then the opportunity would exist for subsequent surgical resection, an approach successfully used in one patient in this series and with definite future promise. The most attractive future for this type of chemotherapy lies in its use as an adjuvant in high-risk patients after gastric resection with curative intent. Properly designed randomised studies using these improved chemotherapy programmes in this way have started in this hospital and others, and results are awaited with interest.

We thank members of the departments of gastroenterology and surgery, Royal North Shore Hospital, Sydney, for their referral of patients and criticism of the study. The expert help of Mrs Deirdre Joy, Anne De Fraine, and Sisters Fran Brown and Marilyn Weily are gratefully acknowledged.

Requests for reprints should be addressed to Dr J A Levi.

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(Accepted 24 September 1979)

Vancouver style

All manuscripts submitted to the *BMJ* from now on should conform to the uniform requirements for manuscripts submitted to biomedical journals (known as the Vancouver style).

The *BMJ*, 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. 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 the *BMJ* 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:

- International Steering Committee of Medical Editors. Uniform requirements for manuscripts submitted to biomedical journals. *Br Med J* 1979; **1**:532-5.
- Soter NA, Wasserman SI, Austen KF. Cold urticaria: release into the circulation of histamine and eosinophil chemotactic factor of anaphylaxis during cold challenge. *N Engl J Med* 1976; **294**:687-90.
- Weinstein L, Swartz MN. Pathogenic properties of invading microorganisms. In: Sodeman WA Jr, Sodeman WA, eds. *Pathologic physiology: mechanisms of disease*. Philadelphia: W B Saunders, 1974:457-72.

Up to the beginning of October some 100 journals had agreed to accept articles in the Vancouver style, and a full list will be printed early in 1980.

New professor of anatomy, Queen's University of Belfast

Professor T J Harrison has been appointed to the chair of anatomy and headship of the department of anatomy in the Queen's University of Belfast. Professor Harrison, who is 60, graduated in medicine from Belfast in 1942, and after house appointments at the Royal Victoria Hospital he joined the Royal Air Force. In 1947 he was appointed demonstrator and later acting lecturer in anatomy at the Queen's University, becoming lecturer in 1951, senior lecturer in 1963, and consultant in 1964. Professor Harrison was appointed to a readership in anatomy in 1969 and to the second chair in 1978. His main research interest is in growth problems, particularly as they relate to the bony skeleton.

Health education

The Health Education Council keeps a bibliography of journal articles of interest to health educators; unbound journals may be borrowed. Details from the council at 78 New Oxford Street, London WC1A 1AH.

Summary reports of WHO meetings

A collection of summary reports of all the meetings organised by the World Health Organisation's Regional Office for Europe during 1978 is available from the Regional Office, Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark. The office will also supply further information on any of the activities described in the reports.

Concerts for hospital staff

Taped concerts with ambiophonic sound (four speakers) can be arranged for hospital staff free of charge in any part of the country. Details from Mr Bernard Lesser, 69 Dove Park, Hatch End, Pinner, Middlesex.

AMA scientific meeting

The American Medical Association has invited BMA members and their families to attend a winter scientific meeting in the San Antonio Convention Centre, San Antonio, Texas, from 12 to 15 January 1980. BMA members will not be charged a registration fee. For those wishing to attend an inclusive travel itinerary has been arranged by Turnbull Gibson Travel (10 to 18 January) with accommodation at the Hilton Palacio Del Rio Hotel, San Antonio. Further details of the package, costing £378 per person, and of the scientific programme can be obtained from Miss B E Middlemiss, assistant secretary, BMA, BMA House, Tavistock Square, London WC1H 9JP (01-387 4499).

COMING EVENTS

Royal Society of Health—Conference "The elderly in the community," 18 December, Exeter. Details from the conference department of the society, 13 Grosvenor Place, London SW1X 7EN. (Tel 01-235 9961.)

Biochemical Society—Details of the 585th and 586th meetings, 19-21 December, Guildford, and 3-4 January 1980, Bristol, are now available from the meetings officer of the society, 7 Warwick Court, High Holborn, London WC1R 5DP. (Tel 01-242 1076-8.)

Manchester Medical Society—Details and copies of the programme for December are now available from the society, Coupland Building, The University, Manchester M13 9PL. (Tel 061-273 6048.)

SOCIETIES AND LECTURES

*For attending lectures marked * a fee is charged or a ticket is required. Applications should be made first to the institutions concerned.*

Monday, 10 December

INSTITUTE OF LARYNGOLOGY AND OTOTOLOGY—5.30 pm, Dr B Doshi: A case of otosclerosis.

KING'S COLLEGE HOSPITAL MEDICAL SCHOOL—4.30 pm, Wiltshire memorial lecture by Professor Dame Sheila Sherlock: Cholestasis, diagnosis and management.

Wednesday, 12 December

ROYAL COLLEGE OF SURGEONS OF ENGLAND—5 pm, Bradshaw lecture by Mr Howard Hanley: Urinary diversion.

ROYAL FREE HOSPITAL SCHOOL OF MEDICINE—5 pm, Dr P V L Curry: Cardiac arrhythmias.

Thursday, 13 December

EDINBURGH ROYAL INFIRMARY—5 pm, Honyman Gillespie lecture by Dr A G Leitch: The hypoxic drive to breathing—fact and fancy.

NUFFIELD PROVINCIAL HOSPITALS TRUST—At Royal College of Obstetricians and Gynaecologists, Rock Carling lecture by Professor Michael Rutter to introduce his monograph: Changing youth in a changing society.

QUEEN CHARLOTTE'S MATERNITY HOSPITAL—12.15 pm, Dr Michael Reinhardt: Longitudinal studies of lactation in West Africa.

ROYAL COLLEGE OF SURGEONS OF ENGLAND—5 pm, Arris and Gale lecture by Mr N I Ramus: Cholecystokinin metabolism in normal man and patients with duodenal ulcer.

BMA NOTICES

Central Meetings

DECEMBER

12 Wed BMA Council Executive Committee, 10 am.
13 Thurs General Purposes Subcommittee (CCHMS), 10 am.
19 Wed Negotiating Subcommittee (CCHMS), 10 am.
19 Wed Membership and Communications Subcommittee (CCHMS), 2 pm.
20 Thurs General Medical Services Committee, 10 am.

Division Meetings

*Members proposing to attend meetings marked * are asked to notify in advance the honorary secretary concerned.*

Barnet and Finchley—At Barnet General Hospital, Wednesday, 12 December, 7.30 for 8 pm, joint meeting with North Middlesex Law Society, speaker Mr Joseph Jackson: "Divorce."

East Yorkshire—At Hull Royal Infirmary, Wednesday, 12 December, 8 pm, Dr R R Gordon: "Adolescent medicine."

Edgware and Hendon—At Hendon Hall Hotel, Tuesday, 11 December, 8 for 8.30 pm, film followed by dinner.

Glasgow and West of Scotland Divisions—At Normandy Hotel, Renfrew, Saturday, 15 December, 7 for 7.30 pm, dinner party and dance.

Lothian—At BMA Scottish House, Friday, 14 December, 10 am, symposium "International Year of the Child."

North and Mid Staffordshire—At North Staffordshire Medical Institute, Thursday, 13 December, 6.30 pm, joint cocktail party with North Staffordshire Medical Society.

Rotherham—At Rotherham District General Hospital, Friday, 14 December, 8 pm, annual Christmas party. * (Families invited.)

St Helens and Knowsley—At 22 Cowley Hill Lane, St Helens, Monday, 10 December, 8 pm, agm.

Stockport—At Stepping Hill Hospital, Wednesday, 12 December, 8 pm, BMA "recruitment" party.

UNIVERSITIES AND COLLEGES

CAMBRIDGE

M D—K M Shaw.

ABERDEEN

Appointment—Dr C M Childs (senior lecturer in environmental and offshore medicine).

Instructions to authors

The following are the minimum requirements for manuscripts submitted for publication.

A stamped addressed envelope or an international reply coupon *must* accompany the manuscript if acknowledgment of its receipt is desired.

(1) **Typing** should be on one side of the paper, with double or triple spacing between the lines and 5-cm margins at the top and left-hand side of the sheet.

(2) **Two copies** (or preferably three) should be submitted.

(3) **Spelling** should conform to that of *Chambers Twentieth Century Dictionary*.

(4) **References** must be in the Vancouver style (*BMJ*, 24 February, p 532) and their accuracy checked before submission.

(5) **SI units** are used for scientific measurements. 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 conversion factors, see *The SI for the Health Professions* (WHO, 1977).

(6) **Authors** should give their names and initials, their current appointments, and not more than two degrees or diplomas. Each author must sign the covering letter as evidence of consent to publication.

(7) **Letters to the Editor** submitted for publication must be signed personally by all the authors.

(8) **Acknowledgments** will *not* be sent unless a stamped addressed envelope or an international reply coupon is enclosed.

(9) **Detailed instructions** are given in the *BMJ* dated 6 January 1979 (p 6).

ROYAL COLLEGE OF RADIOLOGISTS

On 23 November the following candidates were admitted fellows—A N Abu-Saif, Dorothy E Anderson, Ann H Ap-Thomas, K S Bansi, I Beggs, C G Blakeney, J F Bray, N F Butler, P J Drury, B M Epstein, I Graves, A Grundy, S Hamilton, A J Harris, R Y Jones, A S A Karim, D E Kats, K J H K Kelly, E Y T Ma, C M S Mac A'Bhaird, H Mamtara, S T K Miller, Janet B Murfitt, H B Murtagh, S P Namjoshi, G Papiasopoulos, J F Ratcliffe, N J Ring, M A A Shalot, D F C Shepherd, B A Sullivan, A K M Tsui, M G Vaidya, G K Warusavitharana, S Williams, Fatimah B M Yakin, J W R Young, A A Zammit, Y C A Cheung, M G Glaser, Helen H Lucraft, Annabella M Marks, W R Pratt, A Rodger, D Spooner, J S Tobias.

CONSULTANT APPOINTMENTS

HAMPSHIRE AHA—Dr N G Cockman (child and adolescent psychiatry); Mr R H S Lane (general and vascular surgery).

NORTH-WESTERN RHA—Dr P J Hayes (general medicine); Dr A G Pocklington, Dr J O Griffiths (anaesthetists); Mr M A Morris (traumatic and orthopaedic surgery); Dr K C Lapsia (radiology); Mr R J Shepherd (obstetrics and gynaecology); Dr H H Gunson (haematologist and director of blood transfusion service); Dr E F Fenton (psychiatry); Dr E E Smith (rheumatology and rehabilitation).

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