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paper in your Journal did not refer to our original work but cite a newly published paper which is only a double-blind study of acetohydroxamic acid and does not provide any evidence that acetohydroxamic acid is a specific urease inhibitor.³ Anyone can easily search the literature using the keywords hydroxamic acid and urease inhibitor, or my name, to find lots of our papers.

I expect Editorial Boards to check cited references carefully. I am sending the same letter to the Editor of *Gut*. Would you please answer my protest.

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- 1 Goldie J, van Zanten SJO, Jalali S, Richardson H, Hunt RH. Inhibition of urease activity but not growth of *Helicobacter pylori* by acetohydroxamic acid. *J Clin Pathol* 1991;44:695-7.
- 2 Kyoichi Kobashi, Jun'ichi Hase, Kihachiro. Specific inhibition of urease by hydroxamic acids. *Biochim Biophys Acta* 1962;65:380-3.
- 3 Williams John J, Rodman John S, Peterson Charles M. A randomized double-blind study of acetohydroxamic acid in struvite nephrolithiasis. *N Eng J Med* 1984;311:760-4.

Drs Veldhuyzen van Zanten and Goldie comment:

We are glad to respond to the concerns that are raised by Professor Kobashi. Maddox probably was right in saying "I suspect that a large part of the formal scientific literature is hardly every read at all" (1, quoted from 2). We are also a bit frustrated about the use of acetohydroxamic acid for the treatment of *Helicobacter pylori*, because we think we were among the first ones to consider it for this purpose.³ Apart from the feeling of lack of recognition, we blame ourselves for taking too much time in getting our data published.⁴

"Parsimony with words is never a vice and rarely a fault".⁵ Is this true for references to previous published work? Given the exponential growth of the scientific literature that is overwhelming the medical profession, editors of journals are increasingly trying to have published papers say more with less words. It is a good custom to only use relevant references which have been personally read by the author.

When our paper was accepted for publication the editors felt it could be shortened and fitted into the short reports section of the Journal. One of the requirements of short reports is to limit the number of references to 10. We are a little surprised that Professor Kobashi is dissatisfied since his work (although not the 1962 paper that he refers to) survived the cut from the original number of 23 references to 13.⁶ It is reference 6 in our paper and precisely refers to Professor Kobashi's work in stating that the inhibitory effect of acetohydroxamic acid is highly specific for urease. The first reference in his 1975 paper is the 1962 publication which Kobashi felt we should have used. Although we did see that reference, we never actually read it and therefore it was not used. With regard to the number of references, we in fact argued with the editors that a further reduction in the number of references to 10 would result in a loss of essential information and they allowed us to use 13 references. Finally, we did do computer searches on *Medline*, but unfortunately this database goes back only to 1966 and therefore we were unable to retrieve the 1962 reference this way.

It remains the obligation of authors to

ensure that relevant literature is referenced in a fair and representative way, but we feel that restrictions on numbers of references sometimes could be an unwarranted constraint. Nevertheless, we do not think we gave Professor Kobashi reason to be disappointed but hope for him that this correspondence will mean a revival for his previous paper. Back to the future!

- 1 Maddox J. Tape or type? *Lancet* 1968;ii:1071.
- 2 Lock S. *Thorne's better medical writing*. 2nd edn. London: Pitman Medical Publishing Co Ltd, 1977:ix.
- 3 Goldie J, Jalali S, Veldhuyzen van Zanten SJO, Pickersgill J, Hunt RH. Effect of the urease inhibitor acetohydroxamic acid (AHA) on urease of *Campylobacter pylori*. *Gastroenterology* 1989;96:abstract 174.
- 4 Goldie J, Veldhuyzen van Zanten SJO, Jalali S, Richardson H, Hunt RH. Inhibition of urease activity but not growth of *Helicobacter pylori* by acetohydroxamic acid. *J Clin Pathol* 1991;44:695-7.
- 5 Calnan J, Barabas A. *Writing medical papers. A practical Guide*. London: Heinemann Medical Books, 1977:104.
- 6 Kobashi K, Takebe S, Terashima N, Hase J. Inhibition of urease activity by hydroxamic acid derivatives of amino acids. *J Biochem* 1975;77:837-43.

BOOK REVIEW

Practical Statistics for Medical Research. DG Altman. (Pp 611; £32.) Chapman & Hall. 1990. ISBN 0 412 27630 5.

Whereas statisticians see themselves as crusaders for scientific truth, research scientists, and particularly clinical trials organisers, see them occasionally going beyond the helpful and becoming lay preachers for unattainable perfection. The gap is largely the product of a language barrier and each party failing to understand the other's problems. The statistical referee who says that the paper would be acceptable only if the authors include another 2000 cases of Rare's disease with income-matched controls is being just as ridiculous as the scientist who trawls desperately to find a p value of <0.05 somewhere in a mass of badly assembled data to give his paper editor appeal.

Doug Altman's book provides one of the best attempts so far at bridging the gap. Although aimed primarily at clinicians and scientists wanting to know more about statistics, the text also offers useful information to statisticians on the realistic limitations to be found in clinical research. There is much helpful background explanation, but where the book scores is that it uses real examples of real data, both in explaining how not to do it and in the carefully worked examples of the various techniques. There is useful advice on the use of microcomputers—the advantages and pitfalls—and, for those who really want to learn systematically, practical exercises at the end of each chapter. The answers are given at the back. Most of the tests commonly used in clinical research are well covered, and there are basic statistical tables provided for those who prefer to do their analyses by hand. Some, such as Cox's proportional hazards regression analysis, are coyly referred to as "more complex" than other sections of the book and it is made clear that such analyses require computer facilities. Finally there is a searing critique of the medical literature

where common statistical errors are catalogued.

In short, it is the best book on statistics for medical research I have come across, in terms of both completeness and intelligibility. With one bound it takes the tyro to competence and enables the most uncritical reader to spot the "eight out of ten cat owners" statistics which are still depressingly prevalent in manuscripts submitted to medical journals.

JS LILLEYMAN

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