



THE
Endocrinologist

NUMBER 56 • SUMMER 2000

THE NEWSLETTER OF THE SOCIETY FOR ENDOCRINOLOGY



**ENDOCRINOLOGY
IN THE NEW
MILLENNIUM**

PLUS...

**Scientific Creativity:
Mission Impossible?**

**BES 2000 -
The Best of Birmingham**

**Headline-Hitting
Hormones**

The Endocrinologist

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Deadline for news items for
the next issue: **16 August 2000**.
Please send contributions to the above address.

As we head towards the end of another academic year, and look forward to our hard-earned summer breaks, we can reflect on what has been a momentous time for the Society for Endocrinology.

Our Society has seen significant changes, with a redefinition of its mission and expansion of its services. This change in gear for British endocrinology was accompanied by our most ambitious British Endocrine Societies meeting to date, held jointly with the European Federation of Endocrine Societies, at the excellent International Convention Centre in Birmingham. Our confidence in the programme and venue was shown to be well-founded by the record number of registrants we attracted.

The meeting was a great success and your feedback was almost unanimously enthusiastic, with not one negative reaction to Birmingham itself - something that was particularly heart-warming for us Brummies, past and present. There were many scientific highlights in the meeting, but we must single out for a special mention the keynote lecture by John Challis on 'Endocrinology in the New Millennium'. John has been kind enough to summarise his thought-provoking, radical and timely lecture for you on page 14. Read on and be inspired. You can find general reports on the meeting from young, less young and specialist endocrinologists on page 6.

Tom Parker and Victoria Withy in the Society office work extremely hard to raise the profile of endocrinology, and were very successful in generating publicity from the BES meeting. I hope that you all caught the BBC Radio 4 interview with Judah Folkman and the three articles in *New Scientist* that resulted from our press releases. Read about them on page 7.

You won't be surprised to hear that our heroes, Professor Sir Humphrey Lyggande and Dr Rhys Eppter, were overheard in the bar at the conference, and our intrepid reporters have managed to bring you a snatch of their discussion. Are there any stifled endocrinologists out there who crave artistic fulfilment in their work? If so, you should turn straight to their incisive thoughts on creativity in science on page 13.

On page 8, Sue Thorn, Ian Henderson and Steve Franks evaluate the proposal to set up a new Bioscience Federation to represent bioscience in the UK. They describe the Society's response to the idea, and would be very pleased to hear from you if you have any strong feelings concerning its role.

Together with the usual round-up of news and views, announcements, reports, Webspinning and book reviews, this edition is bursting with information that you can't do without!

ANN LOGAN
DIANA WOOD

20TH JOINT MEETING OF THE

British Endocrine Societies (BES)



Abstract deadline:
29 November 2001

26-29 March 2001
Belfast Waterfront Hall
and Hilton Hotel, Belfast

Hormones and Sport

This is the topical subject of a symposium organised by the Society at Imperial College, London on 4 September 2000. The meeting will be chaired by Professors Peter Radford and Vivian James. Talks and speakers include:

- Hormonal and metabolic responses to exercise *Prof C Williams*
- The effects of intense exercise on the reproductive system in women *Prof M Warren*
- Growth hormones and insulin *Prof PH Sönksen*
- Proof of androgen action *Dr S Bhasin*
- Hormone abuse in sport: an historical perspective *Prof Dr WW Franke*
- Behavioural effects of androgen *Prof Dr K Christiansen*
- Monitoring and control of hormone abuse *Professor D Cowan*
- Ethical aspects and prevalence of hormone use in sport *Mrs M Verroken (UK Sport)*
- The role of the physician *Dr RT Dawson*

Contact Helen Gregson for further information (Tel: 01454-619347; Fax: 01454-616071; Email: helen.gregson@endocrinology.org).

Membership Change

Junior Membership will replace the Society's Student Membership category from January 2001, following the Council of Management's approval of this proposal at their last meeting.

Junior Members should be under 30 or earning less than a specified figure, currently £15 000. Date of birth details will be required on the annual renewal invoice in order to qualify as a Junior Member.

Clinical Committee - Nominations sought

Members are requested to provide nominations for four new members of the Committee, to replace those due to retire (retiring members may apply for re-election). Forms are available from the Society's Web site or from Julie Cragg or Chris Davis in the Bristol Office. Nomination deadline: **31 July 2000**.

CALL FOR ABSTRACTS

Young Endocrinologists Basic Science Review Lecture

Applications are invited from scientists who are no more than 6 years post-PhD to present a 30-minute review lecture on any subject under the general heading of endocrinology. This is likely to relate to a current or recent area of personal endocrine research. The Society's Awards Committee will judge applications using the standard criteria of originality, scientific quality and general relevance/impact.

The successful applicant will be asked to present their lecture during the Society's Annual Meeting in London on 20-21 November 2000, and will receive a £500 honorarium for this prestigious award.

Applicants should submit their abstract on a single A4 sheet, accompanied by a mini-CV (including up to five publications of relevance to the lecture topic) on a second A4 sheet. Abstracts should be sent to Julie Cragg at the Bristol office by **30 June 2000**.

Members on the move...

C A Delaney to University of Oxford, Oxford; **D B Dunger** to Addenbrooke's Hospital, Cambridge; **T A A Elhad** to Russells Hall Hospital, Dudley; **D Fryer** to Queen Elizabeth Hospital, Gateshead; **C M Gayle** to Newham Healthcare NHS Trust, London; **T Higgins** to Eastbourne District and General Hospital, Eastbourne; **I T Huhtaniemi** to University of Aberdeen, Aberdeen.

DEADLINE APPROACHING

Grants for Summer School 2000

Grants of up to £150 are available for Student and Young Endocrinologist Members to attend the Summer School in Bristol on 10-14 July 2000.

For details and application forms contact Chris Davis or Julie Cragg in the Bristol office or see the Society's Web site.

Registration deadline for Summer School: 4 July 2000.

Grants for November Meeting 2000

Grants of up to £150 are available to Student and Young Endocrinologist Members to attend the Society meeting in London on 20-21 November 2000. This is in addition to the normal annual overseas conference grants.

Deadline for receipt of applications: 1 October 2000.

Members overseas, for whom this grant will be insufficient, can apply for a normal annual conference grant (deadline: 15 September 2000).

For details and forms contact Chris Davis or Julie Cragg in the Bristol office or see the Society's Web site.

SOCIETY CALENDAR

10-14 July 2000
Summer School
Bristol Marriott Hotel, Bristol

4 September 2000
Hormones and Sport
Imperial College, London

4-6 September 2000
Nurses Training Course 2000
St Anne's College, Oxford

20-21 November 2000
191st Meeting of the Society for Endocrinology
Royal College of Physicians, London

12 February 2001
Clinical Cases Meeting
Royal Society of Medicine, London

Medal Nominees

A number of annual medals are awarded by the Society, in recognition of outstanding contributions to endocrinology.

The European, Asia & Oceania and Transatlantic (North American) Medals are all intended to promote links between the UK and the respective areas of the globe, and their recipients should be endocrinologists working in those regions. The Society Medal is awarded to a British endocrinologist. The Dale Medal is the highest accolade bestowed by the Society, and is awarded to an individual whose studies have changed our understanding of endocrinology in a fundamental way. Recent recipients of each medal are listed below. Nominations are now requested for recipients in 2001/2002.

Forms are available from the Bristol office or our Web site; please return them by **7 July 2000**.

2001 Society Medal (previously S O'Rahilly, S Franks, JR Seckl, AJL Clark, J Franklyn, R Thakker, JC Buckingham, JMP Holly)

2001 European Medal (previously JA Gustafsson, B Groner, ER de Kloet, G Schutz, H Gronemeyer, P Chambon, SWJ Lamberts, PA Kelly)

2001 Asia & Oceania Medal (previously R Smith, J Findlay, PD Gluckman, S Seino, JW Funder, H Imura)

2002 Dale Medal (previously B McEwen, J Folkman, S Moncada, R Ekins, H Burger, M New, KJ Catt)

2002 Transatlantic Medal (previously B O'Malley, JM Friedman, DM Stocco, JF Strauss III, JC Marshall, D LeRoith, JS Richard)

Medal Winners

2000/2001

2000 Society for Endocrinology Medal
- **S O'Rahilly**

2000 European Medal - **JA Gustafsson**

2000 Asia & Oceania Medal - **R Smith**

2001 Dale Medal - **B McEwen**

2001 Transatlantic Medal - **B O'Malley**

Prize Winner

Congratulations to **James Warne** from the Imperial College School of Medicine at Charing Cross Hospital, who has been awarded the Society's Prize Studentship for 2000. His project, 'Stress, glucocorticoids and early life programming of the growth hormone axis', will be supervised by Professor Julia Buckingham.

Congratulations

Steven Lamberts has been awarded the EFES Geoffrey Harris Prize for 2000 for established researchers in the field of neuroendocrinology.



*Irises in Vase
on Chair*

© PAT McBRIDE

Endocrine Nurses News

Nurses Symposium – BES Birmingham

Our second symposium, 'The challenges, dilemmas and psychological impact of neuroendocrine tumours', attracted over 70 delegates. Three medical talks were followed by four case presentations by endocrine nurses. Nurses and Committee representatives were able to meet up at the lunch afterwards, which was an excellent forum for discussion and feedback.

Committee Update

The next meeting will be on 21 July 2000. Please contact us if you have any issues for discussion; current Committee members are:

Paediatric representatives – Diane Barstow, Alison Gaunt, Pauline Musson.

Adult representatives – Maggie Carson, Mavis Harris (Chair), Margaret Miller, Isabel Raiman, Emma Stobie and Jackie Trestrail.

We are here as **your** committee to represent **you**, so please let us have your views. We look forward to hearing from you.

MAGGIE CARSON

Postgraduate Education Programme

The Programme in Endocrinology and Diabetes is organised jointly by the RCP, the Society and the BDA. Regional events for 2000 are as follows: 6 September, Nottingham (contact Dr J Webster, Tel: 0114-2266926); 18 October, Liverpool (contact Dr D McCance, Tel: 01232-240503); 6 December, York (contact Dr J Webster, as above).

High Cost Therapies

The availability of certain high-cost endocrine therapies remains a cause of concern for the Society. Discrepancies in the patterns of prescription of somatostatin and GH mean that adults in some areas have had great difficulty in receiving treatment to enable them to live with their conditions. The Society's Clinical Committee has asked two teams, led by Professors Steve Shalet and Paul Stewart, to produce recommendations on the prescription of these therapies.

The working titles of the documents are:

- Growth hormone replacement in adult patients with severe growth hormone deficiency
- Guidelines on the use of somatostatin analogues in patients with acromegaly

The guidelines should be available in June, when they will be distributed to selected clinicians and NHS personnel, and posted on the Society's Web site. Copies will also be available from the Bristol office.

TOM PARKHILL

What do you think of your Society?

Our thanks to the 374 members who replied to our questionnaire - that's almost 27% of the recipients (it was sent to UK members only), which is good by anyone's standards. The overall response was favourable: 93% said the Society provided the benefits expected on joining, and 94% would recommend colleagues to join.

For 85%, access to meetings was ranked first or second amongst the benefits of membership. Contact with other endocrinologists came next, marked first or second by about two-thirds of respondents.

We asked whether you ranked our services better or worse than other societies you belong to. Encouragingly, half the respondents ranked us better or much better, and less than 5% ranked us worse or much worse, but that still leaves a substantial number (45%) sitting squarely on the fence, ranking us 3 on a scale of 5, so clearly we do need to try harder.

We were surprised that almost 20% of respondents, when asked what they would like the Society to do for its members, said 'more meetings'. This is very useful, as we had always assumed there were thought to be too many meetings.

This short article can only highlight a few of the points that emerged. Our next step is to analyse the results in more detail, to see what action we need to take.

SUE THORN

Corporate Member News

The Society is pleased to announce that Novo Nordisk Pharmaceuticals have joined the corporate membership scheme. Their main area of interest is growth hormone.

Lady Zuckerman

We are very sorry to report the death of Lady Zuckerman, widow of Lord Zuckerman, a founder of the Society and the *Journal of Endocrinology*.

Ernst Knobil

We are very sorry to announce the death of Professor Knobil, an Honorary Member of the Society.

Officer Nominations

Julia Buckingham's term as Treasurer ends in November 2001.

Nominations are now requested for her replacement, who will be elected at this November's AGM.

Steve Franks (Chairman), Steve Bloom (General Secretary) and Malcolm Parker (Programme Secretary) will serve for another 2 years unless alternatives are proposed, in which case an election will be held.

Please contact Julie Cragg or Sue Thorn in the Bristol office (closing date: 31 July 2000).

Hormone Hell?

The major BBC series on hormones, 'Body Chemistry', was screened during February. It was well received by the public, and clearly struck many chords. Teletext and the BBC's Web site carried the Society's contact details.

The programme provoked 126 patient enquiries. Many, thinking that the Society was a patient support group, wished to join. Thirty wanted general information about endocrinology; 11% were interested in Stafford Lightman's research into treatments for stress and depression, and where they might obtain the 'magic bullets' he mentioned. Nearly half asked for help with specific problems - often the menopause/HRT. Several also requested information on anti-ageing hormone treatments, as discussed in the series by American doctors.

People are hungry for information, and many are desperate for help. The calls and letters gave very personal details, and indicated a lot of anxiety. Each enquiry was dealt with individually, and we provided the best information that was available. We have since received several thank you letters. We are grateful to all those Society members who helped us, and who agreed to talk to some of these people.

Hopefully, at least for some of those in 'hormone hell', there is now a little light at the end of the tunnel.

VICTORIA WITHY

BES 2000

How was it for you?

Members of the Society give us their views of the Birmingham BES meeting...

The Young Endo'

Monday 13

13.45 Sir Richard Branson fails to disappoint by delivering me to Birmingham on time!

17.30 Excellent opening talk by Julian Davis on the regulation of pituitary gene expression. Spend too much time talking at welcoming reception, and not enough time drinking...

Tuesday 14

03.00 Return to hotel after Young Endo's Greek evening, pleasantly reminded of the traditional Greek food (chips). My once nice blue shirt attests to my failure to avoid flying cream pies.

10.00 Grab a spare seat to see presentations on cAMP in GnRH neurones, inhibitory regulation of glycoprotein hormone expression and novel G proteins in testis. Reminders of Greek food now less pleasant.

12.00 Suspected hernia after lifting the more than generous lunch box. Poster session provides good ideas for enhancing my Westerns (i.e. use some more cells).

15.00 Good session on genetics of endocrine disease. Ask cantankerous questions during the SF-1 talk (further after-effect of Greek food, no doubt). Evening. Double disaster - find the worst curry house in Birmingham, then fail to get into the Grosvenor Casino!

Wednesday 15

08.00 Suit Day. Take great care with toothpaste.

10.00 Excellent session on thyrotrophin receptors in disease. Colleague and I discuss which easy experiments we can conduct to get *Nature* paper on TSH-R mutations.

12.00 Too weak to collect lunch box today. Make do with mineral water at committee meeting. Frantically try to meet all the speakers at the Young Endo's Career Forum. Very relieved

when Steve Franks turns up. Great session, audience gasps as people reveal how much they earn compared with when they were post-docs. Steve Franks appeals for calm.

Evening. Banquet. Lots of wine, good food, and some magic. Hear interesting stories about SHO's experiences with the London police.

Thursday 16

01.00 Hotel staff look depressed as endocrinologists arrive for late night refreshments. Discuss the future of scientific publishing with Steve Hillier. Become depressed on hearing that he got a *Nature* paper out of his PhD thesis. Decide to leave.

11.30 Learn about the reproductive activity of *Drosophila*. Rue the fact that my immunocytochemistry is not as good as that presented.

13.30 Chair a rushed Young Endocrinologists Committee meeting, aware of impending departure of Richard Branson's 15.15 to London.

18.00 Home. Shell-shocked with science. Cream will not budge from blue shirt. Pack suit away until next conference.

ROB FOWKES

The 'Mature' View

Julian Davis's Clinical Endocrinology Trust Lecture set a high standard that was met by all the subsequent medal lectures. These plenary sessions provided a familiar framework, but the rest of the programme was far from traditional. 'What would the expert do?', 'Publishing in the new millennium' and 'Career forum' sessions were excellent additions. On an academic level, cutting-edge technology was given a high profile, with many presentations on gene therapy and gene manipulation. This culminated in a provocative special session on human cloning, which guaranteed a good audience, even after the previous night's entertainments.

This was a forward-looking meeting, which set new standards for endocrine conferences in Europe, and pushed attendance numbers above 1000 for the first time. We should thank Ann Logan and Paul Stewart for their untiring efforts, but perhaps also acknowledge the reinvented Birmingham city centre, which provided an attractive backdrop.

MARTIN HEWISON

The First Timer

So what is the BES conference all about? It's about seeing the great and the good battling over whose approach to congenital adrenal hyperplasia is better, and realising I'll never know all the answers. It means hearing basic science research come alive from the mouths of Vassart and Charlton, and feeling inspired to get on with my PhD. It means putting faces to the names of professors, and sharing sandwiches with new acquaintances. I may have learnt a lot about how the expert tackles hyponatraemia at a talk at 7.15 in the morning, but I probably learnt a fair bit about endocrinology over a drink the night before as well. Basically I feel richer for the experience - unlike the professor who was generous - or foolish - enough to leave his platinum card behind the bar one night. Roll on Belfast.

FRANKIE SWORDS

The Nurse

As an endocrine nurse working in Birmingham, I was both impressed with and proud of this year's meeting. This is only the second time that the Society's Nurse Members have had a session at the BES, and we are obviously rapidly gaining experience and skills - mostly self-taught. The session was very well-received - and I even saw a few endocrinologists in the hall. Expectations are high for 2001! My pride comes not only from seeing the excellent way the conference centre was able to cater for the delegates so smoothly, but also from knowing that many people will have been pleasantly surprised by the city itself. Thank you to all who contributed to the meeting's great success.

SUE STEWART

BES Prizewinners

The Michael White Memorial Prize of £500 was awarded to J Tomlinson from the University of Birmingham for the best communication from a young endocrinologist in the field of endocrine neoplasia.

The Novartis Awards of £1000 for the best abstracts submitted by young endocrinologists were won by M Maamra, M Bidlingmaier, SK Justice, SA Simon, M-C Postel-Vinay, CJ Strasburger and RJM Ross (Sheffield, Munich and Paris), and D Lloyd, S Shackleton, S Jackson, S O'Rahilly and RC Trembath (Leicester and Cambridge).

The BES Award supported by Pharmacia & Upjohn of £10 000 for research in the field of endocrine growth factors was won by N Hanley, DI Wilson and SG Ball from the University of Newcastle for a research proposal into the *in vitro* culture of human primordial germ cells. Travel grants of £500 each were awarded to M Westwood and P Clayton (University of Manchester), J Tomlinson, I Bujalska, E Walker, MC Sheppard and PM Stewart (University of Birmingham), C Stewart and A Crown (University Department of Surgery, Bristol), M Korbonits (St Bartholomew's Hospital) and M Wallis (University of Sussex).

Prizes at BES 2001

Michael White Memorial Prize

With the kind support of the Michael White Memorial Fund, a £500 prize will be awarded at BES 2001 for the best communication from a young endocrinologist in the field of endocrine neoplasia.

Novartis Awards

Novartis Pharmaceuticals UK Ltd will be pleased to offer two prizes of £1000 for the best submissions by young endocrinologists.

BES Awards supported by Pharmacia & Upjohn

The BES and Pharmacia & Upjohn are delighted to announce the seventh in a series of awards for clinical and basic science laboratory research proposals in the field of endocrine growth factors. The successful proposal will receive the major award of £10 000, and five additional travel grants of £500 will also be awarded. All applications must be for work carried out in the UK or Ireland. Application forms for this award will be supplied to Society members in their August mailing, and the deadline for submissions is 8 January 2001.

Hormones hit the Headlines

BES 2000 saw endocrinology in the news yet again. This wasn't purely coincidence, but the continuing success of a strategy to increase awareness of endocrinology...

After much discussion with the authors, Ann Logan, Paul Stewart and the Public Relations Committee, six abstracts were selected as the subjects of press releases. Meanwhile, we wrote to over 100 journalists about the meeting, and then contacted key medical and science editors by telephone. The press releases were distributed a week before the meeting, and posted on the AlphaGalileo Web site (a science news service for the media). This resulted in 15 press enquiries seeking interviews and author contact details.

Dr Judah Folkman was very sought-after, but could only spend 24 hours in the UK. The PM programme on BBC Radio 4 broadcast an interview with him on Tuesday evening, which was a great success.

New Scientist (18 March) included three articles covering the work of Nicholas Lemoine's team on a 'suicide gene combination to target breast cancer', and Martin Sillence and Joanne Price's work on 'a new test for doping in racehorses'. The Birmingham press and several national papers and Internet news sites also ran stories on this work and the human cloning discussion. Although many items were published at the time of the meeting, others, like an ITN interview about racehorse testing, will not broadcast later this year.

The highly successful coverage raised the profile of the meeting and brought endocrinology to the attention of the public and other medical and scientific professionals. The greater the awareness of our members' work, the more people will value it and realise its relevance.

VICTORIA WITHY

If you think of anything which may be newsworthy, whether associated with a meeting or not, please contact Tom Parkhill or Victoria Withy at the Bristol office to discuss it.

Support for Carcinoid Syndrome

Carcinoid syndrome is produced by metastatic carcinoid tumours that secrete serotonin and other hormones, leading to gut, heart, lung and liver problems.

Symptoms include flushing, facial rash, diarrhoea, low or high blood pressure, alcohol intolerance, a heightened allergic response and asthma. These appear without warning, and are worsened by emotional upset. The need for improved awareness is indicated by frequent misdiagnosis. Early diagnosis helps patients, and may reduce the cost of treatment in the long term. Delays in therapy often lead to a worsening of symptoms, which are frequently inadvertently treated as separate conditions.

Formation of a Patient Carcinoid Syndrome Awareness and Support Group has therefore been proposed, to assist clinicians and patients in identifying treatments, and provide a forum for discussion. It would aim to increase awareness of the syndrome, but would not provide medical advice for specific patients.

If you know of patients who may be interested in joining or helping with this group, please ask them to contact me, c/o Tom Parkhill at the Society for Endocrinology.

ANN ELLIS GRAD DIP PHYS, MCSP, SRP

Bioscience Federation Update

As reported in the last issue, the Institute of Biology, the UK Life Sciences Committee and the UK National Committee for Microbiology have drawn up a proposal for a single body to represent the whole of UK bioscience. Details have now been made available to a number of bioscience groups, including the Society for Endocrinology.

The proposal suggested either a 'bioscience federation' or a less formal liaison group. It outlined areas where a single voice would be effective, such as lobbying government and higher education bodies. A possible role in publishing, provision of secretariat offices and other 'business' activities was also identified.

The Society's Council and new Science Committee both debated the issues. Our response, written jointly by Steve Franks and Ian Henderson (as Chairmen of the Society and the Science Committee respectively), is available in full on our Web site.

Our reply supported closer collaboration for external lobbying, particularly of government and higher education funding bodies, especially in connection with funding science, scientific stipends and salaries, and also for the promotion of science as a career and improving public understanding. However, we did not support the body's involvement in business-type activities, as we feel it is likely to be less effective than other, specialist, groups, like the Association of Learned and Professional Society Publishers, of which the Society is an active member.

We would not support a new bureaucracy, but favour a 'virtual' organisation, with one senior person to concentrate on high-level representation, rather than several administrative staff. We feel there would be more chance of success if the body were not based in the offices of any member organisation, and would avoid any fears of bias. We also queried how well the body could represent its members if it was too widely constituted - the current UKLSC's strength is largely due to its clear focus and good consensus on many issues.

In summary, we strongly support the concept of closer collaboration with regard to representation, and our representatives will remain closely involved in future discussions.

S FRANKS, I HENDERSON, S THORN

Webspinning

Highlighting the best on the Web

Osteoporosis and Related Bone Diseases

www.osteoo.org

Packed with information, this site includes topics ranging from asthma and bone health to measuring bone response to space flight, and gives good coverage of rare diseases, like Paget's disease and osteogenesis imperfecta. Other highlights include osteoporosis and men, osteoporosis and alcohol, numerous links, and sections for bone professionals.

Although I learned quite a bit, I felt the site would benefit from a more organised or thorough approach.

SERVICES: L, N, O (information articles); STRONG POINTS: Articles; WEAK POINTS: Could be more thorough; RATING: Very good

Protocol Online - Your Lab's Reference Book

www.protocol-online.net/

The focus here is on well-presented molecular biology protocols - for DNA, RNA, carbohydrates, proteins, antibodies and much else in between.

Superb organisation aids navigation, and the material appears to be state of the art. Possibly the protocol site of my dreams!

SERVICES: L, O (protocols); STRONG POINTS: Well organised, relevance of protocols; WEAK POINTS: None; RATING: Excellent.

Coffee Break Contents

www.ncbi.nlm.nih.gov/Coffeebreak/

This is an excellent source of well-written articles. Current discussion concerns the way viruses provide direction within plants using viral movement proteins, while archive reports include Parkinson's disease, plant genes found in a human parasite, and a novel tumour suppressor gene. Coming soon - the use of flies to investigate tuberous sclerosis in humans! Articles seem to be issued fortnightly, and all are written by NCBI staff. Top-notch!

SERVICES: O (original, informative articles); STRONG POINTS: Clear writing, very interesting topics; WEAK POINTS: None; RATING: Excellent

KEY

Services provided at Web sites:

- T Tools - Analytical computing tools
- D Data - Searchable or downloadable database information
- G Goods - FTP delivery of useful items (e.g. full package, bug fix or demo software)
- L Links - Useful links to other sites
- N News - News of interest
- S Support - Feedback in response to users' enquiries
- O Others - e.g. Innovative use of Web tools, appearance, editorial point of view

Ratings: Excellent, Very Good, Good
Nothing below good will be reported here.

Thanks to Kevin Ahern and *Genetic Engineering News*.

Don't forget to visit the Society for Endocrinology on the Web:

www.endocrinology.org; tell us about your favourite Web site: a.logan@bham.ac.uk.

RCP Specialist Advisory Committee

The SAC for Endocrinology and Diabetes seeks a Specialist Registrar (to represent the views of trainees, with regard to Joint Committee on Higher Medical Training matters. Interested members should contact Julie Cragg in the Bristol office by **8 September 2000**.

We are pleased to highlight the activities of our corporate members in this special section. Companies wishing to join the Society should contact Julie Cragg in the Bristol office (julie.cragg@endocrinology.org).

BioScientifica Ltd

BioScientifica is the trading subsidiary of the Society for Endocrinology. All profits made by BioScientifica are returned to the Society.

Our staff have unrivalled experience in organising conferences and symposia, as well as all types of learned publishing, including the use of electronic media, in metabolism, endocrinology, fertility and many other fields. Our daily contact with both the pharmaceutical industry and prominent clinicians and scientists in the UK and abroad gives us a unique edge in working with these highly demanding communities.

We work with some of the world's most prestigious societies and pharmaceutical companies.

Conference organising

We run annual and one-off conferences ranging in size from 50 to 1500 delegates. We function as a complete professional conference organiser, arranging every aspect of the conference, from choice of venue and booking speakers, through social events, to follow-up after the event. We have experience of most of the UK's premier conference venues (such as Birmingham ICC, Glasgow SECC, Bournemouth ICC, etc). Examples of recent and ongoing conferences are:

- The British Society for Paediatric Endocrinology and Diabetes (BSPED) annual conference (Birmingham, 2000), which usually attracts in the region of 200 delegates.
- The 5th International Congress of Neuroendocrinology (Bristol, 2002), which is expected to attract over 1000 international delegates.

Product launches and symposia

We will organise symposia and product launches for pharmaceutical and healthcare companies, and medical organisations. We will work with your staff to select venues and organise events appropriate to your requirements. Our publishing arm can effectively extend the lifetime of any symposium by publishing conference proceedings.

Membership services

BioScientifica runs membership services for scientific and learned societies, including the British Thyroid Association and the Bone and Tooth Society.

Publishing

BioScientifica has developed an enviable reputation for rapid and accurate publication of conference and symposium proceedings. We can publish your meeting in the format of your choice, ranging from formal proceedings in a hardback book to a single-article newsletter-style summary. We offer a complete service, including liaison with your speakers (where appropriate), right through to delivery and distribution of the finished product.

A major part of our expertise is in publishing world-class research journals both online and in print. An example is the *European Journal of Endocrinology*. We also publish newsletters and academic books. Contact us for examples.

Electronic publishing/Internet

BioScientifica can produce symposium proceedings on CD-ROM or on the internet. These can be fully searchable with links to journals, new research, manufacturers' home pages, patient support groups, etc.

For more information on any of these services contact:

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Endocrine Pharmaceuticals Ltd

Endocrine Pharmaceuticals Ltd is a hormone discovery venture specialising in the controls on internal organ masses. We are at the stage of actively seeking partnerships within the pharmaceutical and biotechnology industries in the context of benign prostatic hypertrophy, endometriosis, polycystic ovary syndrome and other tissue overgrowth conditions.

The company is based at Harwell, south of Oxford, where it is being fostered within the corporate venturing programme of AEA Technology plc. The lead investor in the company is 3i.

Our laboratory research is conducted at Harwell and also on contract in Cambridge and Sheffield in the UK and in Melbourne, Australia.

Endocrine Pharmaceuticals Limited

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Genzyme Therapeutics

Genzyme is a major biotechnology company focusing on the research and development of products to address unmet medical needs. We are probably best known in the UK for the development of Cerezyme® (imiglucerase), which is used in the management of the rare lysosomal storage disorder, Gaucher's disease.

Thyrogen® (rhTSH)

Thyrogen® (the recombinant form of thyroid stimulating hormone) is indicated for use in the diagnostic follow-up of patients with well-differentiated thyroid cancer. The introduction of Thyrogen® into the management of patients with thyroid cancer offers an alternative to the debilitating consequences of withdrawal of thyroid hormones for either scanning or thyroglobulin (Tg) testing.

Use of rhTSH is safe, and increases the sensitivity of serum Tg testing during thyroid hormone suppression therapy (THST). It allows sensitive I-131 whole-body scanning without the repeated, weeks-long withdrawal of THST, thus preventing the debilitating symptoms of hypothyroidism and the resulting impact on quality of life for thyroid cancer patients.

Thyrogen® received EMEA approval for use on 9 March 2000.

genzyme
THERAPEUTICS

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Ipsen Ltd

Ipsen Ltd is the UK trading subsidiary of a European pharmaceutical group, founded in 1929 by Dr Henri Beaufour. The Beaufour Ipsen Group has a history of successful discovery, with a continued commitment to research and development in a variety of therapeutic areas. These include endocrinology, oncology, neurobiology, gastroenterology and haematology. The product portfolio comprises nearly thirty products and includes several that are leaders in their therapeutic class.

A major factor which has contributed to the company's growth and success in recent years has been the ability to combine the therapeutic potential of peptides with sophisticated controlled-release delivery systems. Beaufour Ipsen is the only company in the world to supply two different slow-release peptide formulations, including Somatuline® LA, the first long-acting formulation of a somatostatin analogue.

Ipsen is committed to research into the role of somatostatin analogues and identifying/developing receptor subtype specific compounds for possible application in a variety of conditions, including acromegaly and type II diabetes. A number of new analogues with enhanced potency and greater selectivity are currently being investigated, as are novel drug delivery systems. The group is also engaged in the search for non-peptide agents that will act as antagonists at neuropeptide receptor sites, and for therapies that will overcome tumour resistance to hormone suppression.

Ipsen is pleased to support the work of both the Society for Endocrinology and the Pituitary Foundation. In addition, the company offers a range of educational services to both healthcare professionals and patients alike under its Pivotal Care programme. This includes various educational materials as well as the Nurse Advisor Service, which aims to support healthcare professionals in the care of acromegaly patients in the community. For further information on our products or services please contact the Somatuline team by calling 0800 3892284 or e-mailing us at pivotal.care@ipsen.co.uk.

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Novartis Pharmaceuticals UK Ltd

Novartis is a global leader in the discovery, development, manufacture and marketing of innovative medicine.

The company brings together two centuries of expertise and knowledge in life sciences, including healthcare, through the two heritages of Ciba and Sandoz. With its headquarters in Basel, Switzerland, Novartis employs around 82 000 people, and operates in over 100 countries around the world.

In the UK, Novartis is one of the largest suppliers of medicines to the NHS and is committed to improving health and well being through innovative healthcare solutions.

We have a broad range of products, supported by one of the most promising sets of potential new products currently in development in the pharmaceutical industry. In the UK alone, Novartis is spending around £1 million a week on research into new and better treatments. £100 million is currently being invested in a world-class centre for respiratory research and in manufacturing facilities in West Sussex, as well as in research centres in London and Cambridge.

The main therapeutic areas in which the company has interests are endocrinology, oncology, cardiovascular disease, the central nervous system, transplantation, dermatology, HRT and rheumatology. Within endocrinology Novartis offers a range of products including Sandostatin®, Sandostatin® LAR®, Parlodel® and Norprolac®, and is committed to further research in this area.

The Novartis Endocrinology team is proud of its links with the Society for Endocrinology and is pleased to offer support where it can. The endocrinology team can be contacted at the Frimley offices on 01276 698561.

“Researching tomorrow’s future today...”



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Pharmacia

Pharmacia is one of the UK’s leading companies in endocrinology. Our extensive product range includes treatments for growth hormone deficiency, erectile dysfunction and hyperprolactinaemia.

To help overcome the special problems associated with these disease areas, we have pioneered the introduction of many devices and services to support the clinician and patient.

These include:

- A range of injection devices and presentations designed to aid compliance.
- A network of specialist endocrine nurses offering patient training at home.
- Extensive support for clinical and patient services.
- A full range of therapy-related accessories and disposables.

Support also extends to hospital physicians in the form of diagnostic back up and surveillance programmes.

Pharmacia is proud to be a corporate member of the Society for Endocrinology and to continue its support of research into endocrine disorders.



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Serono Pharmaceuticals Ltd

Serono Pharmaceuticals Ltd is the UK affiliate of the Ares Serono Group, pioneers in the field of biotechnology. In 1996, the Ares Serono Group celebrated 90 years of success and progress in the pharmaceutical industry. Created in 1906, Ares Serono today is a multinational company committed to the development of innovative, therapeutic products.

Serono is a leading company in fertility treatment. Products from Serono have meant that thousands of couples who would have remained childless have been able to have a family. Our product range allows treatment of a variety of female and male fertility disorders, and 1995 saw the licensing of the first recombinant gonadotrophin.

Serono UK has been active in the field of growth and growth hormone treatment for over 10 years. During this time we have been committed to research and development and to patient care. The latter has been achieved through the provision of the Home Care Programme which provides individual nurse support for patients.

Also, the end of 1998 saw us introduce our new growth hormone delivery device, the EASYJECT®, which in combination with our new 24IU presentation of Saizen®, provides the benefits associated with simplifying and automating the injection process as well as hiding the needle.

In addition, exciting research projects are harnessing Serono's expertise in biotechnology to extend the range of products available for adult, paediatric and reproductive endocrinologists as well as those in the areas of immunology, neurology and oncology.



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Grants: ICE 2000 Sydney

The Society for Endocrinology and the Clinical Endocrinology Trust have jointly allocated additional funds to enable Society members to attend the International Congress of Endocrinology in Sydney on 29 October-3 November 2000.

Application forms are available from Chris Davis or Julie Cragg in the Bristol office or from the Society's Web site. The deadline for their return is 28 July 2000.

The Royal Society is also offering grants to attend ICE 2000 (see www.royalsoc.ac.uk for details).

191st MEETING OF THE SOCIETY FOR ENDOCRINOLOGY

**Royal College of Physicians, London
20-21 November 2000**

*Plenary lectures, symposia including an Endocrine-Related Cancer symposium,
Nurses session, Young Endocrinologists session, debate,
oral communications and posters*

Conference grants are available to UK young endocrinologists and overseas members

Further information is available from the Bristol office

Abstract deadline: 4 August 2000

Science - a Work of Art?

It's late at night, in another bar, at the end of another endocrine conference, but Dr Rhys Eppter is not his usual combative self, and Professor Sir Humphrey Lyggande is concerned. Is this conference blues, or something more serious?

HL: You're looking a bit down tonight Rhys, what's wrong? You should be bubbling with new ideas to take back to the lab - or is the sense of competition getting to you?

RE: No, none of that actually. It's just that sometimes I feel the whole enterprise of science railroads you into being a slavish functionary, without any real chance to be creative.

HL: Oh, but scientists are creative in many ways. There's the intellectual creativity of designing experiments, and writing the papers - you publish more than many aspiring poets.

RE: Yes, but that's a poor chance to be creative - it's journal style, Introduction-Methods-Results-Discussion. Even when you do your best, the desk editors will 'improve' and de-individualise your language. Just look at this great novel; there's no way to match that type of imagination within science.

HL: That's not very fair to desk editors, they do a great job of clarifying turgid circumlocutory jargon. You should see the inept attempts some authors make at conveying a simple scientific idea! It would certainly help if scientists read more great novels...

RE: OK, point taken, but even the best science is so ephemeral. The most important advances in the past 30 years are hardly attributable to one person, but to herds of people, all competing and driven on by the same perceptions and constraints.

HL: But that's the very nature of a complex enterprise - it's the same with technological advances, yet that's been fantastically worthwhile for the whole development of human society. Just think of the wheel, paper, optics, steam power, electronics. None was really due to the creativity of an individual, but to a society of people, with shared ideas, constantly leapfrogging each other.

RE: But contrast that with my example of a great novelist. How about Dostoyevsky, Camus, Joyce, Kafka? They were outstanding creative individuals.

HL: I'm not so sure - they were certainly outstanding and creative, but how individual were they? Even artistic figures usually emerge from whole schools of others, often equally good, but not so much remembered. We do tend to hanker for heroes, but they're usually part of a movement, and who happens to be a hero changes in a fickle way from century to century. Vivaldi and Bach weren't exactly popular until late last century, nobody had heard of Botticelli until the 1880s, and the most famous writers and artists of today may well be dismissed as mere bystanders in 50 years.

RE: So, are our hapless scientists doomed to be faceless functionaries? Should we write papers by computer program and accept that we are anti-like workers, all for the good of the nest? Am I right after all?

HL: No, there's much more to it than that. Scientists have a major job to do, and it's essential that they write well in research papers, reviews and, more generally, for the public. You remember our conversation about that a few months ago? We need our scientists to read widely and well, not just popular stuff, but great literature too. If that can stimulate them they'll write vigorous and adventurous accounts of their work, and will have been creative in a very significant way. It may not guarantee personal immortality, but it will enrich our world.

RE: I notice that you identify 'great literature' - written by a select handful of cultural heroes, I presume?! But I won't tease you. Do you reckon that my yearning for cultural significance is simply a case of wanting to be remembered for something?

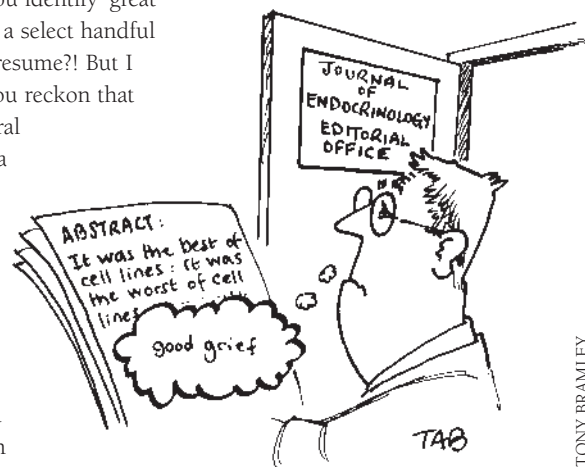
HL: Yes, I think it probably is. We would all like people to remember us - an epitaph saying 'He did that'. But I think it's an illusion, don't you? It's only

an updated version of the ancient longing for immortality, which looks pretty silly when you stand back from it all. You see portraits of ancient worthies, who clearly thought they really were somebody, but now, with a few interesting exceptions, we think most of them were even more ordinary than the rest of us.

RE: I must admit there are some interesting parallels between science and art - I remember reading about the Florentine painters of the 1400s, studying in each other's workshops, jealously watching their rivals' latest commissions, sparking off each other's imagination, leaving behind a trail of astonishing masterpieces. It makes you think of some of the famous scientific races and rivalries - and some of the most exciting discoveries of 20th century science have probably been achieved in the same way! I wonder how you relate this to endocrinology, Humphrey? You probably do have some heroes of your own, don't you, despite everything you've said.

HL: Ah yes, I probably do have a few, but they're not all famous, just like my literary heroes - in spite of your rude comments just now. Perhaps I'll share some thoughts with you another time. For now, I'll let you keep guessing!

So, does your scientific career frustrate your individualistic ambitions? Do you have endocrine heroes? Do you harbour a creative impulse waiting to emerge, and, if so, will it be to make an endocrinological advance? Abstract submissions as well as e-mails eagerly awaited!





The general public has never been more interested in healthcare and biomedical research than it is today. There is every reason to anticipate increased public awareness of issues surrounding the effectiveness, availability and costs of healthcare. Because health and healthcare occupy such a central position in the public policy agendas of European and North American countries, it is crucial that, as healthcare investigators and providers, and as an informed lay public, we contribute to the debate.

As biomedical researchers, we should help inform discussion concerning utilization of resources and determination of priorities, and assist in defining the moral and ethical limits of advances in healthcare. Ann Padilla and Ian Gibson (*Nature*, 27 January 2000) remind us that 'scientific knowledge is playing an increasing part in political-decision making. Scientists themselves will have to recognize that blind public acceptance of their work cannot be taken for granted. As a consequence, they and their representative bodies will have to examine their roles *per se* and in unfamiliar territory, both political and public'.

Healthcare policy in the new millennium will be dictated by an ability to prevent disease processes, instead of simply treating them. New genetic techniques, arising in association with the completion of the Human Genome Project, will offer extraordinary new opportunities for partnerships between pharmaceutical companies and academia, in the pursuit of discovery-driven, rather than hypothesis-driven, science. Recognition of epigenetic effects and

Endocrinology in the New Millennium

John Challis's Special Keynote Lecture on this subject was a highlight of BES 2000. We are extremely pleased to be able to include a summary here.

the role of lifestyle in health performance seem likely to emerge as trends that will influence the spectrum from basic science research to public health policy.

Healthcare and endocrinology in the new millennium will surely be influenced heavily by demographic shifts. The baby boomers will reach post-retirement age. Their children, the boom echo, having delayed marriage and beginning a family, will emerge with their parents as key public sector groups. Both groups have, in general, been relatively affluent. They will be demanding, vocal and politically active advocates.

It seems inevitable that science itself will undergo a major transition in the way that it is conducted. In Canada, the establishment of the Canadian Institutes of Health Research will see advances being made through a series of virtual institutes. Within these, biomedical and clinical investigators will learn to interact and collaborate with health service/health system investigators, as well as with those interested in population health, and the influences of society, culture and the environment. The use of rapid throughput technologies will see discovery-driven research as a major approach alongside hypothesis-driven activity. Those of us in academia will need to come down from our ivory towers to seek partnerships with colleagues in industry, the private sector and pharmaceutical companies. Although public funding for research in Europe, as in North America, appears ready to increase at a reasonable rate, the high costs of equipment and infrastructure seem likely to require private sector interaction. The lone investigator with the single PCR machine will be stretched to compete independently from genetics-based drug discovery strategies in an industrial setting, with a room full of PCRs running 24 hours a day, 7 days a week. There is no question that this relationship will

threaten the integrity of the academic enterprise, and universities will need to rapidly develop policies to ensure that their foundational integrity is not compromised.

In this new paradigm, one might question whether endocrinology will retain a presence as a discrete entity. Already endocrinology itself is largely passé, having given way to paracrine, autocrine and intracrine approaches and explanations. Endocrinologists masquerade as developmental biologists, neuroscientists, cardiovascular physiologists, nutritionists and reproductive biologists. Their studies are crucial to an understanding of the ageing process. We have become the cross-cutting glue that joins together other physiologic disciplines. The role of organizations such as the Society for Endocrinology in bringing together workers with a common interest in hormones is crucial to prevent total fragmentation of this discipline into the myriad branches of medicine.

In the new millennium, genes will emerge (if they have not already done so) as big business. The old concept of one gene/one protein is clearly wrong, and the importance of post-translational modification of protein structure has given birth to the explosion in proteomics. Thus, while genomics leads to characterization and sequence of the genome, and to an understanding of the relationship between gene activity and cell function (functional genomics), proteomics is the mass screen approach to molecular biology. Proteomic technologies aim to document the overall distribution of proteins in cells, characterize individual proteins and elucidate their relationships, interactions and functional roles. New technologies such as microchip arrays, laser capture microdissection, and the application of bioinformatics to two-dimensional gel electrophoresis and interrogation of protein databases will dramatically alter the approach that many of us

adopt in conducting our science. Proteomic techniques should lead to new information concerning basic cell function and molecular organization, studies of pathophysiology, genetic and pharmacologic perturbations, and the study of drug modes of action and mechanisms of toxicity. These techniques should lead to the discovery of molecular markers for diagnosis and monitoring of diseases, and the identification of novel biologically active molecules and drug targets.

This research, however, will be driven in part by a requirement to appease shareholders instead of necessarily generating fundamental and new information. Already, pharmaceutical companies are reluctant to develop drugs for diseases that do not have a market, or where the potential of litigation seems likely to threaten or undermine their profit margin. Only the very brave amongst pharmaceutical companies - and clearly there are exceptions - venture freely into the area of drug development for pregnant women, even though premature birth occurs in 10% of pregnancies, accounts for 75% of early neonatal mortality and morbidity, and costs the American healthcare system upwards of \$5B annually. The memory of thalidomide is sadly just too recent when one can more safely seek drug targets in ageing, cancer, AIDS and obesity.

Genomic techniques have led to the rapid development of enormous databases. Fortunately, our national political leaders have recognized that patent approval for fundamental sequences of the human genome is an impediment to scientific advance, and unethical unless there is clear application and utility of that information. Nevertheless, it seems axiomatic that in the future 'our children will grow up in a world where finding a new gene or protein will be as infrequent as finding, today, a new species of animal' (David Landsman). In a post-genome world, we may envisage complete genotyping of all individuals, a genome-based pharmacology, animal models for every gene, near real-time measurements of gene transcription, and the

microdissection of individual cellular processes.

By 2020, one might anticipate that most medical matters will be handled by video or e-mail. Cancer will be treated by anti-angiogenic drugs. Cardiologists will conduct keyhole surgery using robotics over long distances, and will use genetically engineered muscle cells to repair damaged hearts. Hand-held biosensors will monitor blood glucose and pH, and drive artificial pumps in the pancreas to generate insulin, if diabetes itself has not already been eliminated. Each citizen will carry a 'smart card', the size of a credit card with his or her full genetic code. It will be possible to test the effectiveness of thousands of drugs for that individual in an instant. However, the privacy of that information will require careful preservation. One can imagine prospective employers, potential spouses and exuberant insurance companies demanding a complete medical prediction for each individual entering a new job or relationship.

“Research will be driven in part by a requirement to appease shareholders”

Jeremy Rifkin, Head of the Foundation for Economic Trends in Washington, DC, has argued that in the new millennium 'animal and human cloning will likely be commonplace with replication increasingly replacing reproduction'. Development of stem cell technology with cloning techniques should allow the generation of specific tissues and/or organs for transplantation purposes. Isolation of genes within individual blastomeres has already allowed prediction of single gene disorders, with genetic diagnosis and gene therapy approaches to treatment or replacement of a defective gene, for example in cystic fibrosis. One predicts that mice will continue to be used in cloning strategies designed to understand basic biologic mechanisms; large animal species will be utilized for practical benefits, and generation of specific proteins. Human cloning will continue to generate moral and philosophical debate, and as scientists we must engage that debate and inform the public and political discussion.

Finally, one senses increasing recognition of the role of the environment as a determinant of

health and modifier of gene expression. The studies of David Barker and his colleagues at the University of Southampton have shown clearly that the environment during pregnancy may permanently alter expression of genes in development in a way that determines adult-onset diseases including hypertension and Type 2 diabetes. There is an urgent necessity to understand the underlying mechanisms behind this relationship, in order that appropriate scientific information can inform public health policy. In addition, the nutraceutical industry occupies a substantial market - in the USA perhaps \$86-250B annually. The pro-biotic market seems likely to have major implications in endocrinology and requires thorough investigation. We need to understand why a population ingests oral extracts of *Ginkgo biloba* to improve alertness and concentration or uses mega-doses of antioxidants to fight disease and restore memory loss. We understand that physical and mental exercise promotes health through enhanced cardiovascular function, prevention of osteoporosis and promotion of neurogenesis, particularly in key hippocampal regions. Appropriate utilization of this information towards a healthy society would be a wonderful advance. In Canada, for example, it was estimated that in 1981 only 20% of the population could be regarded as physically active enough to be considered healthy; this mean number had increased to about 35% by 1995. But, clearly we have a long way to go. Fred Astaire said it best, 'old age is like everything else, to make a success of it you have to start young'. As we enter the new millennium we have a cacophony of technologies that should allow us to prevent disease and promote good health. We have a wonderful opportunity to ensure that at birth every individual has maximal potential for life-long health. The challenge will be to use that information wisely and in accord with moral and ethical principles that have been debated and deemed acceptable by society at large. Welcome to the new millennium!

JOHN R G CHALLIS
CHAIR, DEPARTMENT OF PHYSIOLOGY
UNIVERSITY OF TORONTO

BioScientifica - at your service

BioScientifica was founded 4 years ago to capitalise on the skills of the Society staff - skills such as planning and executing scientific and medical conferences, publishing, providing membership services, media handling, Internet services, and so on.

Many commercial companies and scientific organisations need these abilities, and we realised that we could sell these skills, and plough any profits back into the Society.

So, several staff at the Bristol office spend part of their time on a range of BioScientifica projects. We are currently producing a journal and books, and managing the production of journal supplements for pharmaceutical companies. Our conference department is planning major scientific conferences (e.g. the International Congress of Neuroendocrinology, in 2002) and several meetings for pharmaceutical companies. We handle membership services for the Bone and Tooth

Society and the British Thyroid Association. BioScientifica is also branching out from endocrinology into other areas of bioscience; for example, the External Relations Group is handling the media relations of the Association for the Study of Obesity. Time spent on these projects is allocated so that it doesn't eat into time spent working for the Society.

All profits made by BioScientifica return to the Society. Last year this amounted to £123 000. This gave real practical benefits to members by helping us to:

- increase the number of studentships offered
- increase the size and number of conference grants awarded
- offer more competitive professional training
- expand the work of several committees

Without the income from BioScientifica, we would have to reduce Society activities or raise prices.

We are always looking for new business for BioScientifica, so if you can help us, we would be very grateful. Early notice of activities is the key. Examples where you might consider using BioScientifica are:

- organising conferences, satellite meetings, product launches and researcher meetings
- publishing journals or any sponsored book, such as proceedings of a symposium

The commercial supplement to this issue includes a full description of BioScientifica's work, but we are open to any proposals. We work on the same commercial basis as any other company, so telling us about an idea doesn't commit you. The advantages of using us are that we probably have an existing relationship with you, and that any profits will go directly back into endocrinology.

TOM PARKHILL

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Controversies in Paget's Disease

Based on a Clinical Management Workshop at BES 2000.

The evidence for a genetic cause of Paget's disease is so strong that there is no need to consider a viral aetiology. That was Stuart Ralston's point of view as he presented his work on the identification on chromosome 18q of the gene for some forms of familial Paget's disease and the related condition, familial expansile osteolysis.

This gene encodes RANK, a signalling molecule thought to be central to communication between osteoblasts and osteoclasts. Although this activating mutation is present in only a few families, Professor Ralston believes that Paget's disease will be explained by mutations in the genes encoding proteins in this pathway. Andy Mee countered this by stating that the evidence for paramyxovirus was unequivocal. He has demonstrated canine distemper virus by *in situ*

RT-PCR in all the bone samples from Paget's disease patients that he has studied.

The genetic hypothesis still has to explain (1) why the disease's prevalence in the UK has decreased by more than 50% in the past 20 years, and (2) what accounts for the focal distribution of the lesions. In contrast, the viral hypothesis leaves unanswered (1) why others have been unable to confirm the findings of the Manchester group, and (2) why the inclusion particles found in the osteoclasts of patients are unlike those found in paramyxovirus-infected cells.

David Anderson proposed that treatment with bisphosphonates is now so effective that we should be striving to 'cure' Paget's disease. The debate with John Kanis centred around what was meant by 'cure'. Cases were presented that illustrated complete healing on an isotope bone scan, with

return of bone turnover to normal on bone biopsy, to make the point that the disease could be cured if it is treated aggressively with intravenous bisphosphonates such as pamidronate. Other cases showed eventual relapses if patients are followed for long enough. Evidence-based prescribing would support the use of bisphosphonates for bone pain, bone deformity, vascular steal syndromes, in preparation for surgery and, generally speaking, for stopping disease progression.

This clearly is a condition that requires multicentre long-term study of the effect of treatments on its complications. However, based on the first debate, we will need to move fast, before this condition becomes rare in the UK!

RICHARD EASTELL, PIERRE MEUNIER
CHAIRPERSONS

Molecular and Cellular Endocrine Pathology

Eds L Stefaneanu, H Sasano & K Kovacs, Arnold, 2000, £120.00, ISBN 034074197X

This book attempts the daunting task of reviewing the pathology of the entire endocrine system, which has been achieved by bringing together an international panel of 34 contributors. It aims 'to combine traditional morphologic approaches with recent information derived from molecular biology'.

The first of the 17 chapters introduces the endocrine system in general, outlining the wide spectrum of

bioactive peptides, growth factors and cytokines which might be considered as hormones, and illustrating the wide integrative role which the endocrine system plays. The next chapter describes current methods in cellular and molecular pathology, and covers microscopy, cytometry, immunohistochemistry, tissue culture and molecular biology techniques, all in some detail. There is also a chapter on fine needle aspiration cytology, mainly of the thyroid. The remaining chapters deal with each of the classical endocrine glands, multiple endocrine neoplasia, the placenta, immune-endocrine interactions, and the neuroendocrine system.

Some chapters focus mainly on classical histochemical features, whilst others do include relevant information from molecular biology. The

referencing is extensive and useful, although in some cases one notes the absence of recent references. Modern techniques of cellular investigation have made possible considerable advances in our understanding of cellular mechanisms, in both health and disease, and recently there have been major advances in diagnostic pathology, but the impact of molecular biology still remains to make itself felt. The editors point out that diagnosis of pituitary tumours still relies on routine histology, immunocytochemistry and electron microscopy.

Although this book is probably mainly of interest to pathologists, as the editors intended, it will also be useful to anyone interested in the pathology of the endocrine system.

VIVIAN JAMES

A History of Biological Standardization: The characterization and measurement of complex molecules important in clinical and research medicine

Contributions from the UK 1900 – 1995 What, why, how, where and by whom

D R Bangham, Society for Endocrinology, 2000, 293 pp, £40.00 (Europe), \$80.00 (Rest of World), ISBN 1898099146

Throughout medicine, clinicians and scientists are familiar with 'International Units'. Yet few understand what such Units are and how they are prepared.

Such Units are defined by preparations - 'International Standards' - set up by the National Institute for Biological Standards and Control (NIBSC) on behalf of the WHO, with help from experts worldwide. In 1925, Sir Henry Dale led the initiative for this service, and set up the First Standard for Insulin. He started a laboratory at the NIMR in London, where this backroom science has since developed under the MRC and, since 1976, the NIBSC. Besides Dale, the work involved many eminent British scientists and vivid personalities, including AS Parkes, JH Gaddum, AA Miles, WLM Perry, DG Evans, JH Humphrey and DJ Finney. The range and number of substances involved is huge: hormones, antibiotics, blood components, cytokines, microbial

vaccines and antibodies and, more recently, recombinant DNA substances.

This book describes the origins and development of an important but unsung corner of science which Britain has led for 75 years. The author worked in this field for 30 of those years, heading departments at

the NIMR and NIBSC; with a Wellcome Trust grant he has written an insider's account. Chapters describe the history, the establishment of standards, the control of such substances, the pharmacopoeias, administration under the MRC, achievements of the NIBSC, the WHO Expert Committee, co-operation with industry, biometrics, people and personalities. It is a unique account of an era now much changed, and is of current interest to individuals, medical schools and medical archive libraries worldwide.

Copies are available from the Society. Please enclose a cheque with your order, made payable to 'Society for Endocrinology', or give your Visa/Mastercard number and expiry date.

BRITISH THYROID FOUNDATION

RESEARCH AWARD 2000 – £10 000

Research must be directly related to thyroid disorders or the basic misunderstanding of thyroid function.

Up to £10 000 is being offered to enable medical researchers to supplement existing projects or to pump-prime new research ideas. Funds will be awarded for consumables, running costs and equipment.

Further information and application forms are available from Mrs B Nevans, BTF, PO Box 97, Clifford, Wetherby, West Yorkshire LS23 6XD

Closing date for applications: 31 August 2000

EULAR 2000: Annual European Congress of Rheumatology

Nice, France, 20-24 June 2000.
Contact: Tel: +41-1-383 9690;
 Fax: +41-1-383 9810, Email: eular@bluewin.ch.

ENDO 2000: 82nd Annual Meeting

Toronto, Canada, 21-24 June 2000.
Contact: Beverly Glover, Administrative Assistant, Meetings, The Endocrine Society, 4350 East West Highway, Suite 500, Bethesda, MD 20814-4410, USA (Tel: +1-301-9410220;
 Fax: +1-301-9410259; Web: <http://www.endo-society.org/scimtgscipub.htm>).

2nd Melanoma Research Meeting

Milan, Italy 23-24 June 2000.
Contact: Scientific Secretariat, Dr Alessandro Testori, European Institute of Oncology, via Ripamonti 435, 20141 Milan, Italy (Tel: +39-02-57489493; Fax: +39-02-57489878; Email: atestori@ieo.it) or Organizing Secretariat, M.A.F. Servizi Srl, via G.B. Vico 7, 10128 Torino, Italy (Tel: +39-011-505900; Fax: +39-011-505976; Email: melanoma2000@mafservizi.it).

14th International Symposium of the Journal of Steroid Biochemistry and Molecular Biology

Québec, Canada, 24-27 June 2000.
Contact: Dr JR Pasqualini, Steroid Hormone Research Unit, 26 Boulevard Brune, 75014 Paris, France (Tel: +33-1-45399109/+33-1-45424121; Fax: +33-1-45426121; Email: jorge.pasqualini@wanadoo.fr).

R2000 (Rheumatology, Neuro-rehabilitation, Pain Management, Sports Injuries, Spinal Injuries)

Bath, UK, 28 June-1 July 2000.
Contact: Janet Crompton, The Old White Hart, North Nibley, Dursley, Gloucestershire GL11 6DS, UK (Tel: +44-1453-549929; Fax: +44-1453-548919; Email: janetcrompton@compuserve.com).

British Cancer Research Meeting

Brighton, UK, 9-12 July 2000.
Contact: BCRM Secretariat, c/o Institute of Cancer Research, Cotswold Road, Sutton, Surrey SM2 5NG, UK (Tel: +44-20-87224208; Fax: +44-20-87701395; Email: bcrm@icr.ac.uk; Web: www.icr.ac.uk/bacr/bcrm/bcrm.html).

50th Anniversary Conference of the Bone and Tooth Society

Cambridge, UK, 10-12 July 2000.
Contact: Janet Crompton, The Old White Hart, North Nibley, Dursley, Gloucestershire GL11 6DS, UK (Tel: +44-1453-549929; Fax: +44-1453-548919; Email: janetcrompton@compuserve.com).

Society for Endocrinology Summer School (incorporating Young Endocrinologists Day, Molecular Endocrinology Workshop, Advanced Endocrine Course and Clinical Practice Day)

Bristol, UK, 10-14 July 2000.
Contact: Julie Cragg/Ann Lloyd, Society for Endocrinology, 17/18 The Courtyard, Woodlands, Bradley Stoke, Bristol BS32 4NQ, UK (Tel: +44-1454-619036; Fax: +44-1454-616071; Email: info@endocrinology.org; Web: <http://www.endocrinology.org>).

Metabolic Bone Disease - Genetic, Molecular and Cellular Aspects: A Festschrift for Iain MacIntyre FRS

Cambridge, UK, 13 July 2000.
Contact: Janet Crompton, The Old White Hart, North Nibley, Dursley, Gloucestershire GL11 6DS, UK (Tel: +44-1453-549929; Fax: +44-1453-548919; Email: janetcrompton@compuserve.com).

18th International Congress of Biochemistry and Molecular Biology, IUBMB/FEBS 2000

Birmingham, UK, 16-20 July 2000.
Contact: Biochemical Society, 59 Portland Place, London W1N 3AJ, UK (Tel: +44-20-75805530; Fax: +44-20-73231136; Email: info@iubmb2000.org; Web: <http://www.iubmb2000.org>).

Techniques and Applications of Molecular Biology: A Course for Medical Practitioners

Warwick, UK, 17-20 July 2000.
Contact: Dr Charlotte West, Department of Biological Sciences, University of Warwick, Coventry, CV4 7AL, UK (Tel: +44-24-76523540; Fax: +44-24-76523701; Email: Charlotte.West@warwick.ac.uk).

Innate Immunity

Stevenage, UK, 21 July 2000.
Contact: Biochemical Society, 59 Portland Place, London W1N 3AJ, UK (Tel: +44-20-75803481; Fax: +44-20-76377626; Email: meetings@biochemistry.org; Web: <http://www.biochemistry.org/meetings.htm>).

5th International Symposium on Neurobiology and Neuroendocrinology of Aging

Bregenz, Austria, 23-28 July 2000.
Contact: R Falvo/A Bartke, Department of Physiology, LSII 245, Southern Illinois University School of Medicine, Carbondale, IL 62901-6512, USA (Fax: +1-618-4531517; Email: rfalvo@som.siu.edu/abartke@som.siu.edu; Web: <http://www.som.siu.edu/physiology/bregenz.html>).

Chemical Signals in Vertebrates IX

Kraków, Poland, 25-30 July 2000.
Contact: Dr Anna Marchlewska-Koj, Institute of Environmental Biology, Jagiellonian University, Ingardena 6, 30-060 Kraków, Poland (Tel/Fax: +48-12-6334003; Email: csv@eko.uj.edu.pl; Web: <http://darwin.iz.uj.edu.pl/csv/>).

10th Annual Course: A Comprehensive Review of Movement Disorders for the Clinical Practitioner

Colorado, USA, 28-31 July 2000.
Contact: Columbia University College of Physicians and Surgeons (Tel: +1-212-7815990; Fax: +1-212-7816047; Email: cme@columbia.edu; Web: <http://cpmnet.columbia.edu/dept/cme/>).

Fatty Acid Desaturases: Form, Function and Future

Kent, UK, 30 July-2 August 2000.
Contact: Biochemical Society, 59 Portland Place, London W1N 3AJ, UK (Tel: +44-20-75803481; Fax: +44-20-76377626; Email: meetings@biochemistry.org; Web: <http://www.biochemistry.org/meetings.htm>).

11th International Conference on Cancer Nursing

Oslo, Norway, 30 July-3 August 2000.
Contact: The Conference Office, 11th International Conference on Cancer Nursing, Emap Healthcare, Greater London House, Hampstead Road, London NW1 7EJ, UK (Tel: +44-20-78740294; Fax: +44-20-78740298; Email: ICCN2000@healthcare.emap.co.uk).

5th Annual Course: Update and Intensive Review in Internal Medicine 2000

New York, NY, USA, 30 July-5 August 2000.
Contact: Columbia University College of Physicians and Surgeons (Tel: +1-212-7815990; Fax: +1-212-7816047; Email: cme@columbia.edu; Web: <http://cpmnet.columbia.edu/dept/cme/>).

6th International Conference on Hormones, Brain and Behavior

Madrid, Spain, 5-9 August 2000.
Contact: Professor Antonio Guillamon, Departamento de Psicobiología, UNED, Ciudad Universitaria s/n Madrid, Spain (Email: aguillamon@psi.uned.es; Web: <http://www.sbne.org/Meeting/2000/congreso-neuroendocrinology.html>).

Recent Progress in Hormone Research

Washington, DC, USA, 5-9 August 2000.
Contact: Beverly Glover, Administrative Assistant, Meetings, The Endocrine Society, 4350 East West Highway, Suite 500, Bethesda, MD 20814-4410, USA (Tel: +1-301-9410220; Fax: +1-301-9410259).

17th Annual Meeting on Surgical Gastroenterology: A Multidisciplinary Approach

Colorado, USA, 6-11 August 2000.
Contact: Johns Hopkins University School of Medicine, Office of Continuing Medical Education, Turner 20/720 Rutland Avenue, Baltimore, MD 21205-2195, USA (Tel: +1-410-9552959; Fax: +1-410-9550807; Email: cmenet@jhmi.edu; Web: <http://www.med.jhu.edu/cme>).

27th Congress of the European Society for Artificial Organs

Lausanne, Switzerland, 31 August-2 September 2000.
Contact: Beat H Walpoth, Congress President c/o BBS Congress GmbH, CH-3000 Bern 25, Switzerland (Tel: +41-31-3318275; Fax: +41-31-3329879; Email: bbscongress@swissonline.ch; Web: <http://www.insel.ch/esao>).

Society for Endocrinology Symposium on Hormones and Sport

London, UK, 4 September 2000.
Contact: Helen Gregson, Society for Endocrinology, 17/18 The Courtyard, Woodlands, Bradley Stoke, Bristol BS32 4NQ, UK (Tel: +44-1454-619347; Fax: +44-1454-616071; Email: helen.gregson@endocrinology.org; Web: <http://www.endocrinology.org>).

Endocrine Nurses Training Course

Oxford, UK, 4-6 September 2000.
Contact: Ann Lloyd, Society for Endocrinology, 17/18 The Courtyard, Woodlands, Bradley Stoke, Bristol BS32 4NQ, UK (Tel: +44-1454-619036; Fax: +44-1454-616071; Email: info@endocrinology.org; Web: <http://www.endocrinology.org>).

20th Conference of European Comparative Endocrinologists

Faro, Portugal, 5-9 September 2000.
Contact: Adelino VM Canario, Centro de Ciencias do Mar, Universidade do Algarve, Campus de Gambelas, 8000 Faro, Portugal (Tel: +351-89-800925; Fax: +351-89-818353; Email: esce2000@ualg.pt; Web: <http://www.ualg.pt/ccmar/esce2000>).

Hannah Symposium 2000: The Natural History of Breast Cancer

Ayr, UK, 6-8 September 2000.
Contact: Symposium Office, Hannah Research Institute, Ayr KA6 5HL, UK (Tel: +44-1292-674000; Fax: +44-1292-674003; Email: symp2000@hri.sari.ac.uk; Web: <http://www.hannah2000.abelgratis.co.uk>).

23rd Turkish Congress of Endocrinology and Metabolic Diseases, Joint Meeting with the European Federation of Endocrine Societies

Ankara, Turkey, 7-10 September 2000.
Contact: Prof. Gurbuz Erdogan, President of the Society of Endocrinology and Metabolism of Turkey, Ankara University Medical School, Department of Endocrinology and Metabolic Diseases, Ibn-i Sina Hospital, 10th Floor, D Block, 06100 Sıhhiye, Ankara, Turkey (Tel: +90-312-3105350; Fax: +90-312-3094505 or +90-312-3105350; Email: gurbuz.erdogan@temd.org.tr; Web: <http://www.semt.org.tr> or <http://www.temd.org.tr>).

Neuroendocrinology: British Neuroendocrine Group Meeting

Bristol, UK, 10-12 September 2000.
Contact: Dr Colin Ingram, Department of Anatomy, School of Medical Sciences, University Walk, Bristol BS8 1TD, UK (Email: c.ingram@bristol.ac.uk; Web: <http://www.neuroendo.org.uk>).

7th European Workshop on Pituitary Disease

Oxford, UK, 10-13 September 2000.
Contact: Janet Crompton, The Old White Hart, North Nibley, Dursley, Gloucestershire GL11 6DS, UK (Tel: +44-1453-549929; Fax: +44-1453-548919; Email: janetcrompton@compuserve.com).

9th International Magnesium Symposium

Vichy, France, 10-15 September 2000.
 Contact: Yves Rayssiguier, INRA, Clermont-Ferrand-Thieux, F-63122 Saint-Genès-Champagnelle, France (Fax: +33-4-73624638; Email: mag2000@clermont.inra.fr; Web: <http://www.inra.fr/clermont/mag2000>).

STADY II - International Symposium on Signal Transduction in Health and Disease

Tel Aviv, Israel, 12-15 September 2000.
 Contact: Prof. Zvi Naor, Department of Biochemistry, Tel Aviv University, Tel Aviv, Israel (Tel: +972-3-6409032/6417057; Fax: +972-3-6406834; Email: study2000@unitours.co.il or naorzvi@post.tau.ac.il).

Ares-Serono Workshop on Molecular Genetics of Human Reproduction

Crete, Greece, 15-17 September 2000.
 Contact: Dr E Milgrom, Hospital Bicetre, 78 Rue du Général Leclerc, 94275 Kremlin Bicetre, France (Fax: +33-1-45212751; Email: ul35@kb.inserm.fr; Web: www.med.uoc.gr/~seroncon).

IGFs and Cancer

Halle/Saale, Germany, 15-17 September 2000.
 Contact: Dr W Zunkeller, Martin-Luther-University, Halle-Wittenberg, Children's Hospital Medical Centre, Ernst-Grube-Str. 40, 06097 Halle/Saale, Germany (Tel: +49-345-5572388; Fax: +49-345-5572033; Email: walter.zunkeller@medizin.uni-halle.de).

39th Annual Meeting of the European Society of Paediatric Endocrinology

Brussels, Belgium, 17-19 September 2000.
 Contact: A Segers (Scientific Secretariat) (Tel: +32-2-7641370; Fax: +32-2-7648910) or Conference Secretariat, Congrex Sweden AB (Tel: +46-8-4596600; Fax: +46-8-6619125).

3rd Teupitz Colloquium: Basic Research in Endocrine Dermatology

Berlin, Germany, 17-20 September 2000.
 Contact: Prof. Ch C Zouboulis, University Medical Center Benjamin Franklin, Free University of Berlin, Hindenburgdamm 30, 12200 Berlin, Germany (Tel: +49-30-84452808; Fax: +49-30-84454262; Email: zoubbere@zedat.fu-berlin.de).

36th Annual Meeting of the European Association for the Study of Diabetes

Jerusalem, Israel, 17-21 September 2000.
 Contact: EASD 2000, PO Box 50006, Tel-Aviv 61500, Israel (Tel: +972-3-5140000; Fax: +972-3-5140077/5175674; Email: EASD@kenes.com; Web: <http://www.kenes.com/easd>).

Early Regulation of Mammalian Development

Aberdeen, UK, 18-20 September 2000.
 Contact: British Society of Animal Science, PO Box 3, Penicuik, Midlothian EH26 0RZ, UK (Tel: +44-131-4454508; Fax: +44-131-5353120; Email: BSAS@ed.sac.ac.uk; Web: <http://www.bsas.org.uk/meetings/occasion.htm>).

International Workshop on Developmental Endocrinology

Cambridge, UK, 21-22 September 2000.
 Contact: Cathy Stewart, Serono Pharmaceuticals Ltd, Bedford Cross, Stanwell Road, Feltham, Middlesex TW14 8NX, UK (Tel: +44-20-88187247; Fax: +44-20-88187222; Email: cathy.f.stewart.gb_lon01@serono.com).

American Society of Bone and Mineral Research

Toronto, Canada, 22-26 September 2000.
 Contact: Tel: +1-202-8571161; Fax: +1-202-2234579; Email: asbmr@sba.com.

3rd World Congress on Stress

Dublin, Ireland, 24-27 September 2000.
 Contact: Northern Networking Ltd, Bellway House, 813 South Street, Glasgow G14 0BX, UK (Tel: +44-141-9544441; Fax: +44-141-9542656; Email: stress@glasconf.demon.co.uk).

An Introduction to Immunology

Warwick, UK, 27-28 September 2000.
 Contact: Dr Charlotte West, Department of Biological Sciences, University of Warwick, Coventry CV4 7AL, UK (Tel: +44-24-76523540; Fax: +44-24-76523701; Email: Charlotte.West@warwick.ac.uk).

Clinical Endocrinology Update: 2000

Philadelphia, PA, USA, 1-4 October 2000.
 Contact: Beverly Glover, Administrative Assistant, Meetings, The Endocrine Society, 4350 East West Highway, Suite 500, Bethesda, MD 20814-4410, USA (Tel: +1-301-9410220; Fax: +1-301-9410259).

Euresco Conference:

B-Cells in Health and Disease

Munich, Germany, 3-8 October 2000.
 Contact: Dr J Hendekovic, European Science Foundation, 1 quai Lezay-Marnésia, 67080 Strasbourg Cedex, France (Tel: +33-3-88767135; Fax: +33-3-88366987; Email: euresco@esf.org; Web: <http://www.esf.org/euresco>).

EFES Regional Polish-Slovak-Czech-Hungarian Postgraduate Clinical Course in Endocrinology

Polanczyk, Poland, 4-7 October 2000.
 Contact: Prof. Andrzej Lewinski, Department of Thyroidology, Institute of Endocrinology, Medical University of Lodz, Dr. Sterling 5, 91-425 Lodz, Poland (Tel/Fax: +48-42-6322594; Email: alewin@psk2.am.lodz.pl).

28th Meeting of the British Society for Paediatric Endocrinology and Diabetes

Birmingham, UK, 12-13 October 2000.
 Contact: BioScientifica Ltd, 16 The Courtyard, Woodlands, Bradley Stoke, Bristol BS32 4NQ, UK (Tel: +44-1454-619347; Fax: +44-1454-616071; Email: info@endocrinology.org; Web: <http://www.bioscientifica.com>).

7th EFES Postgraduate Course in Clinical Endocrinology

Delphi, Greece, 12-15 October 2000.
 Contact: Public Relations Center, 102 Mihalacopoulou St, 115 28 Athens, Greece (Fax: +30-1-7711289; Email: PRC@COMPULINK.GR).

World Congress of High-Tech Medicine, during the World Exhibition 2000

Hanover, Germany, 15-20 October 2000.
 Contact: Professor H-P Bruch, University of Lübeck, Department of Surgery, Ratzeburger Allee 160, 23 538 Lübeck, Germany (Tel: +49-451-5002000; Fax: +49-451-5002069; Email: high-tech-siloah@t-online.de; Web: <http://www.high-tech-med.com>).

13th International Symposium on Regulatory Peptides (REGPEP 2000)

Cairns, Qld, Australia, 22-26 October 2000.
 Contact: Conference Secretariat, ICMS Pty Ltd, 84 Queensbridge Street, Southbank, Victoria 3006, Australia (Tel: +61-3-96820244; Fax: +61-3-96820288; Email: regpep@icms.com.au; Web: <http://www.icms.com.au/regpep>).

3rd International Conference on Relaxin and Related Peptides: Relaxin 2000

Broome, WA, Australia, 22-27 October 2000.
 Contact: Relaxin 2000 Secretariat (Email: j.wade@hfi.unimelb.edu.au; Web: <http://hfi.unimelb.edu.au/relaxin2000>).

12th International Thyroid Congress

Kyoto, Japan, 22-27 October 2000.
 Contact: SK Kasagi, Secretary, c/o Congress Corporation, Kinki Center Building, 14 Yoshida Kawagahara-cho, Sakyo-ku, Kyoto 606-8305, Japan (Tel: +81-75-7520888; Fax: +81-75-7719709; Email: kkasaga@kuhp.kyoto-u.ac.jp; Web: <http://www.dnm.kuhp.kyoto-u.ac.jp/itc>).

11th International Congress of Endocrinology

Sydney, NSW, Australia, 29 October-3 November 2000.
 Contact: Conference Secretariat, GPO Box 2609, Sydney, NSW 2001, Australia (Tel: +61-2-92411478; Fax: +61-2-92513552; Email: ice2000@icmsaust.com.au; Web: <http://www.icmsaust.com.au/ice2000>).

1st International Congress of Endocrine Nursing at ICE2000

Sydney, NSW, Australia, 30 October-1 November 2000.
 Contact: ICEN2000, PO Box 128, Northbridge NSW 1560, Australia (Fax: +61-2-94395181).



7th European Workshop on Pituitary Disease



10-13 SEPTEMBER 2000
 OXFORD, UK

In association with the
 European Neuroendocrine Association and
 European Federation of Endocrine Societies

Further details from:

Janet Crompton, Conference Organiser
 Tel +44 (0)1453 549929 Fax +44 (0)1453 548919
 Email janetcrompton@compuserve.com
<http://www.janet-crompton.com/ewpd>

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at monthly intervals. Maintenance dosages vary but seldom exceed 1mg/day (3 IU/day). Dose requirements decline with age. **Contra-indications:** Hypersensitivity, active tumour, tumour therapy. Treatment should be discontinued after renal transplantation or if tumour growth recurs. **Special warnings:** Children should be regularly assessed by a specialist in child growth. Treatment should be instigated by a physician with special knowledge of GH insufficiency. No skeletal growth can be expected after epiphysial disc closure. Growth disturbance in chronic renal disease should be established by monitoring growth for 1 year on optimal treatment for renal disease. Monitor for glucose intolerance (if on insulin there may be need for dose adjustment); thyroid function; renal function in patients with chronic renal insufficiency; and in patients with history of an intracranial lesion for tumour progression or recurrence. In the event of severe or recurrent headache, visual problems, nausea and/or vomiting, a funduscopy is recommended. If papilloedema is

confirmed, a diagnosis of benign intracranial hypertension should be considered and if appropriate the growth hormone treatment discontinued. Experience with prolonged treatment in adults is limited. Experience above 60 years of age is lacking. **Interactions:** Concomitant glucocorticoid therapy may inhibit growth. **Pregnancy and lactation:** Contraindicated during pregnancy because of insufficient evidence of safety. The possibility that human growth hormone is secreted in breast milk cannot be discounted. **Undesirable effects:** Fluid retention with peripheral oedema and especially in adults carpal tunnel syndrome - normally transient. Mild arthralgia, muscle pain, paresthesia in adults usually self-limiting; rarely headaches in children (0.04/patient year). Formation of anti-somatropin antibodies are rare - where observed the antibodies have not interfered with response to Norditropin. Local skin reactions. Benign intracranial hypertension has been reported rarely. **Overdose:** Acute: hypoglycaemia with

subsequent hyperglycaemia. Long-term overdose may cause known effects of GH excess. **Pharmaceutical Precautions:** Store at 2° - 8°C in the outer carton or during use in Nordipen. Do not freeze or shake vigorously. **Legal category:** POM, CD4. Prices and marketing authorisation numbers: Norditropin SimpleXx™ 5mg/1.5ml: £117.10 PL3132/0131 Norditropin SimpleXx™ 10mg/1.5ml: £234.20 PL3132/0132 Norditropin SimpleXx™ 15mg/1.5ml: £351.30 PL3132/0133 Name and address of PL holder: Novo Nordisk Pharmaceuticals Limited, Novo Nordisk House, Broadfield Park, Brighton Road, Pease Pottage, Crawley, West Sussex, RH11 9RT. Nordipen®, Norditropin® and SimpleXx™ are trademarks

Reference:
1. Müller *et al.* Horm Res 1999, in press.
2. Jakobsen LV, *et al.* Abstract P2/548 81st Annual Meeting of the Endocrine Society, San Diego, 12-15 June 1999.

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