

## WE ARE WHAT WE EAT

Last November Jamie Oliver, the high-profile chef, was awarded an honorary Fellowship of the Royal College of General Practitioners at a special ceremony at the College. He spoke eloquently and with considerable insight into the need for interprofessional collaboration, as well as for support and resources from central government, in tackling what is being described, increasingly, as the demographic timebomb of childhood obesity. The Fellowship was awarded in recognition of the work of the Jamie Oliver Foundation, and his efforts to improve the quality of food provided in schools. You can probably remember those dreadful scenes of mothers, whose children were (shock, horror!) offered more fruit and vegetables at school dinners, furiously pushing fish and chips through the school fence for their not-so little darlings. There is much to be done. The study in this month's *Journal* by Carey and colleagues (page e122) is a reminder of the impact of obesity on mental health, while a comparison of different weight-loss programmes by Madigan *et al* (page e128) provides useful advice for commissioners wishing to establish weight reduction services.

I have always had a feeling that the Italians have just about got it right, with the possible exception of party politics. While the concept of a 'healthy diet' has generated endless nonsensical dietary advice, it always seemed likely that the Mediterranean diet, and in particular the southern Italian cucina, has a lot going for it. We are grateful to Ahmed Rashid (page 116) for drawing our attention to the PREDIMED trial of a Mediterranean diet which was tested and found to be of considerable cardiovascular value in a randomised controlled trial published in the *New England Journal of Medicine*.

In another editorial (page 118), Emma Allen-Vercoe and Elaine Petrof give us some insight into what, I believe, is going to become a major research topic in the next few years, the Microbiome, the myriad of bacterial species that colonise the human gastrointestinal tract. Although the evidence for the health benefits of probiotic and other microbiologically active supplements is patchy at present, it seems likely that these and other 'functional foods' have the potential to contribute to

the management of a range of disorders, within and beyond the gastrointestinal tract.

This month gastrointestinal disorders get quite an airing, which is just as well since they comprise about 10% of the work of GPs. Goel and colleagues (page 154) take us on a tour of the small intestine via video capsule endoscopy, a new technology combining superior investigative power with much reduced intrusiveness compared with traditional testing methods. Tony Watson and John Galloway (page 120) emphasise the growing problem of oesophageal cancer and raise some fundamental questions about the diagnosis and investigation of heartburn and Barrett's oesophagus in primary care, and the article for trainees working in colorectal surgery (page 157), is a salutary reminder that, despite the national screening programme, this malignancy remains a major killer. Without giving too much away, I suggest that colonoscopy, which is an extremely tolerable investigation, should be recognised as one of the best birthday or Christmas presents you can give anyone over the age of 50.

As someone who has published two *Lancet* letters on the use of the hyphen, you can probably imagine my distress at a recent outbreak of punctuational revisionism, in which both the apostrophe and the comma have come under attack. Town and country planners in Cambridge, of all places, found that no one any longer knows how to use an apostrophe in writing signposts of place names, and have given up using it altogether. And someone from Columbia University, in the US, has suggested that the comma, particularly the Oxford comma, which is inserted after the penultimate item in a list, is an example of its obsolescence. Horrifying. Thank goodness for people like David Zigmond, whose beautiful article (on page 142) on the disappearance of civilised writing from medical communication is, at least, a partial antidote to the carnage.

Roger Jones  
Editor

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