16 Davilla DW, Neal D, Horbach N, Peacher J, Doughtie JD, Karram M. A

Clinical review

- bladder-neck support prosthesis for women with stress and mixed incontinence. Obstet Gynecol 1999;93:938-42. Staskin D, Bavemdam T, Miller J, Davilla GW, Diokno A, Knapp P, et al.
- 17 Effectiveness of a urethral control insert in the management of stress urinary incontinence. Urol 1996;47:629-36.
- 18 Tincello DG, Adams EJ, Bolderson J, Richmond DH. A urinary control device for management of female stress incontinence. Obstet Gynecol 2000;95:417-20.
- 19 Jarvis GJ. Surgery for genuine stress incontinence. Br J Obstet Gynaecol 1994;101:371-4.
- 20 Jarvis GJ. Surgical treatment of incontinence in adult women. In: Abrams P. Saad K. Wein A. eds. Incontinence, St Helier, NI: Health Publications. 1999:637-56.
- 21 Gorton E, Stanton SL, Monga A, Wiskind A, Lentz G, Bland D. Periurethral collagen injections: long term follow-up. Br J Urol 1999;84: 966-71
- 22 Burch JC. Urethro-vaginal fixation to Cooper's ligament for correction of stress incontinence, cystocele and prolapse. Am J Obstet Gynecol 1961;81: 281-90.
- 23 Su TH, Wang KG, Hsu CY, Wei HJ, Hong BK. Prospective comparison of laparoscopic and traditional colposuspensions in the treatment of genu-ine stress incontinence. Acta Obstet Gynecol Scand 1997;76:576-82.
- 24 Burton G. A five year prospective randomised urodynamic study comparing open and laparoscopic colposuspension. Neurourol Urodyn 1999;18:295-6.
- 25 Ulmsten U, Johnson P, Rezapour M. A three-year follow up of tension free vaginal tape for surgical treatment of female stress urinary incontinence Br J Obstet Gynaecol 1999;106:345-50.
- 26 Elliott DS, Barrett DM. Mayo Clinic long-term analysis of the functional durability of the AMS 800 artificial urinary sphincter: a review of 323 cases. J Urol 1998;159:1206-8.
- 27 Elliott DS, Barrett DM. The artificial urinary sphincter in the female: indications for use, surgical approach and results. Int Urogynecol J Pelvic Floor Dysfunct 1998;9:409-15.
- 28 Carson CC. Infections in genitourinary prostheses. Urol Clin North Am 1989:16:139-47.
- 29 Sifo Research and Consulting AB. A multinational tracking survey on overactive bladder problem. Stockholm: Sifo Research and Consulting, 1998. 30 Karram MM. Detrusor instability and hyperreflexia. In: Walters MD,
- Karram MM, eds. Urogynecology and reconstructive pelvic surgery, 2nd ed. London: Mosby, 1999.
- Ferrie BG, Smith JS, Logan D, Lyle R, Paterson PJ. Experience with bladder training in 65 patients. *Br J Urol* 1984;56:482-4.
 Burgio KL, Locher JL, Goode PS, Hardin JM, McDowell BJ, Dombrowski M, et al. Behavioral vs drug treatment for urge urinary incontinence in older women: a randomized controlled trial. *JAMA* 1998;280:1995-2000.
- 33 Cardozo LD, Abrams PD, Stanton SL, Feneley RC. Idiopathic bladder instability treated by biofeedback. *Br J Urol* 1978;50:521-3. 34 Eriksen BC, Bergman S, Eiknes SH. Maximal electrical stimulation of the
- pelvic floor in female detrusor instability and urge incontinence. Neurou rol Urodyn 1989:8:219-30.
- 35 Brubaker L, Benson JT, Bent A, Clark A, Shott S. Transvaginal electrical simulation for female urinary incontinence. Am J Obstet Gynecol 1997;177:536-40.
- 36 Appell RA. Clinical efficacy and safety of tolterodine in the treatment of overactive bladder: a pooled analysis. Urology 1997;50:90-9.
- 37 Bosch JLHR. Sacral neuromodulation in the treatment of the unstable bladder. Curr Opin Urol 1998;8:287-91.
- 38 Bosch JLHR, Groen J. Seven years experience with sacral (S3) segmental nerve stimulation in patients with urge incontinence due to detrusor instability or hyperreflexia. *Neurourol Urodyn* 1997;16:426-7. (Abstract

- 39 Awad SA, Al-Zahrani HM, Gajewski JB, Bourque-Kehoe AA. Long-term results and complications of augmentation ileocystoplasty for idiopathic urge incontinence in women. Br J Urol 1998;81:569-73.
- 40 Atala A. New methods of bladder augmentation. Br J Urol 2000: 85(suppl 3):24-34.
- 41 Good practice in continence services. London: Department of Health, 2000. (Accepted 30 August 2000)

Corrections and clarifications

Obituaries

We apologise for saying that Dr John Sarkies (16 September, p 709) served in the Indian Civil Service; he in fact served in the Indian Medical Service

Lesson of the week: Right sided aortic arch in children with persistent respiratory symptoms In this paper by Donald Payne and colleagues (16 September, pp 687-8) a mix-up over arrows resulted in an inaccuracy in the labelling of the chest x ray film. The left hand arrow was incorrectly positioned and does not, as stated, point to the right sided arch. The arrow is correctly positioned in the website version of the figure (at http://bmj. com/cgi/content/full/321/7262/687).

Recent advances: Complementary medicine We misspelt the name of the plant Ginkgo biloba in the caption to the first figure on page 684 of this article by Andrew Vickers (16 September, pp 683-6).

Science, medicine, and the future: Stem cell transplantation Because of some rather clumsy editing, the second sentence of this article by A L Lennard and G H Jackson (12 August, pp 433-7) read: "Allogeneic transplants are haemopoietic stem cells from the bone marrow, peripheral blood, or umbilical cord blood...." A more felicitous turn of phrase would be: "For allogeneic transplants, haemopoietic stem cells are taken from "

Life is as much a pain as it ever was In one of the affiliation addresses at the end of this letter by Gary J Macfarlane and colleagues (7 October, p 897), we rather inexplicably spelt out the ARC in "ARC Epidemiology Unit" as "Agricultural Research Council." It should have been, of course, "Arthritis Research Campaign."

One hundred years ago A converted "Fruitarian"

Mr. Hector Waylen, who not long ago was a militant "fruitarian," and taught that fruits and nuts were the "natural and ultimate food" of mankind, has had his eyes opened to the error of his dietetic ways, and frankly confesses the fact in the Bradford Truth Seeker. Since 1894, when he preached vegetarianism in Bradford, he has travelled round the world, has lost his health and slowly recovered it, has studied many things of which he was ignorant-among them, as we gather, the philosophy of food. For about eight years he was a vegetarian of the strictest kind, wore sandals, went without a hat, and tried hard to nibble beech nuts, thinking that by indulging in these eccentricities he was returning to Nature. But in process of time he was given light to see that a man can be natural without doing unnatural things. It dawned upon him that man is physiologically somewhat different from beasts, and that because a monkey can do something it does not follow that it is well for man to go and do likewise. His mental

vision improving, he saw things that had been hidden from him before. He discovered, for instance, that "vegetarians as a rule are not a healthy folk. Either they present a wizened and emaciated appearance, or there is a tendency to flabbiness. They have poor circulation, and are liable to chills. They suffer from dyspepsia and anæmia; bad breath and flatulence, proceeding from a foul stomach, are noticeable among them. The liver and kidneys are commonly affected, and altogether there is a marked want of vitality." Mr. Waylen now believes that the Anglo-Saxon race of to-day flourishes best upon a diet of flesh foods, starch foods, dairy products, fresh fruits, and green vegetables. Vegetarians, he says, burden their digestive organs with masses of crude stuff, practically deprive themselves of fats and oils, and then think-while they daily grow thin and nervous-that they are improving in health.

(BMJ 1900;i:37)