CONFERENCE REPORT

First Meeting of the U P State Chapter of the Indian Society of Gastroenterology

(Organised by the Centre of Gastroenterology, Sanjay Gandhi Post-Graduate Institute of Medical Sciences, Lucknow and the Commend Hospital, Lucknow)

The U P State Chapter was approved by the Indian Society of Gastroenterology (ISG) at its annual meeting held at Bangalore in October 1989. A two-day meeting was held on January 27 and 28, 1990 after a circular was sent to all the 46 members of the ISG in the state of Uttar Pradesh. The 29 abstracts received were reviewed by a panel, edited and returned to the authors for revision. All the 15 accepted oral papers were presented, but 3 of the 14 accepted posters were not put up. There were 3 free oral paper sessions: (i) gastrointestinal, (ii) biliary and pancreatic, and (iii) hepatitis.

The first day was devoted to Original Papers and Symposium and the second day to a Continuing Medical Education Programme for postgraduates and general practitioners. The meeting was inaugurated by Col S Krishnan, President, ISG; Lt Gen Upadhyay, Chief of the Army Medical Corps Centre and School acted as Chief Guest. Prof M S Lozowsky, Leeds, UK in a Guest Lecture gave an illustrative account of diseases of the small intestine with special reference to celiac disease. Two Symposiums—Hepatitis B Virus (HBV) Disease and Ascites in Chronic Liver Disease—were held. The magnitude of HBV infection and preventive measures, 

Recent advances in medical management (diuretic therapy and large volume paracentesis) and surgical treatment (LeVeen shunt) of ascites were discussed.

The paper on 'Hepatitis B, Delta and Human Immuno Deficiency Virus Infection in Children Receiving Cycled Cancer Chemotherapy' by Archan Kumar et al, Lucknow was adjudged the best. In many free papers no discussion could be held as the speakers exceeded the time allotted.

The posters were displayed in a 30 minute prelude session during which the presenters were available for discussion. The poster on 'Value of Biliary Crystal Analysis in Predicting Composition of Gall Stones' by D K Agarwal et al, Lucknow and 'Aggressive Management of Massive Rectal Bleeding and Guided Retrograde IIIojejunoscopy' by A K Wabha et al, Lucknow were declared the joint winners of the best poster prize.

The first General Body Meeting of the Chapter was held in the evening. Venues for future meetings were decided and office bearers were elected.

The CME Programme was attended by 42 postgraduates and 20 practitioners. Dr Lozowsky delivered another Guest Lecture on 'Life and the Liver' and gave an illustrative account of how clinical research can and should be conducted. In the Symposium 'Recent Advances in Treatment of Biliary Stone Disease', non-surgical and surgical modalities were discussed. Cholestatic jaundice was the topic of another Symposium. Topics discussed were approach to the problem: imaging techniques; and non-surgical, interventional and surgical management. The dilemma of irritable bowel syndrome versus chronic amebiasis, and ulcerative colitis were discussed in the Symposium on 'Diarrhea and Dysentery'.

A Gastroenterology Quiz was organised—slides (clinical and gross pathology photographs and X-rays) were projected and participants were asked to make spot diagnoses. The top scorer was given a prize. The top 6 scorers in the Quiz formed 3 teams for the next contest—What is the Diagnosis? One member of each team was given a diagnosis. He then offered clues (symptoms and signs) to the other member who was to guess the diagnosis—the earlier the team arrived at the diagnosis, the more points it scored.

The Panel Discussion was the last session of the meeting. The participants were asked to put their questions on any topic related to gastroenterology in a Question Box during the 2 day meeting. These as well as questions from the floor were discussed by the Panel. The prominent questions asked included the role of prophylactic sclerotherapy, best sclerosant, immuno suppressive therapy in immunological disorders in HBsAg positive patients, optimum therapy for anemic liver abscess, nontuberculous small intestinal strictures, screening of endocrine tumours of the entero pancreatic system, stapling for esophageal varices and management of achalasia cardia.

The abstracts of papers (oral and poster) and texts of most lectures were published, I consider this first meeting as successful.

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ISG MEETING NEWS

Poster Papers: Bangalore to Jaipur and so forth

How to improve our poster papers was an important item discussed at the Governing Council meeting of the Indian Society of Gastroenterology held in New Delhi on February 17, 1990. I was asked to participate as a special invitee representing the Journal. During the course of the discussion, I was requested to write a few lines on poster papers, since it was felt that there is a lot of resistance on the part of members to present posters.

Why posters

The importance of posters versus conventional oral presentations is recognised in all leading societies. Posters give a much greater opportunity to the author of an original work to communicate to the audience, to discuss the work in greater details and to receive comments and criticism; oral papers on the other hand have the disadvantage of limited time for presentation and for question-answer interaction. En-
lightened authors therefore prefer to put their papers for poster if their work is preliminary in nature, if conceptually the idea is new or there are technical details which are difficult to communicate well by oral presentation. On the other hand, if the work has been going on for a long time, discussed in parts over many previous meetings and has reached its logical conclusion, oral papers should be preferred.

History of ISG posters
If posters are so useful, why are we facing this situation of having to promote them in a deliberate fashion? The history of poster papers in our Society dates back to 1984, the year of the Society's Silver Jubilee Conference in Bombay, when the Governing Council requested senior members to put up their good and suitable work for posters during the next annual meeting. Consequently, in Madras (1985) we had about five posters presented in a separate hall located away from the main sessions. No separate time was allotted to posters and the authors were left looking at their own posters. Thereafter, attempts made by the Society to revive posters, every year through Patna (1986), Bhopal (1987) and Ahmedabad (1988), were generally ignored by members. In the Bangalore meeting (1989), however, posters received some attention. One reason for a certain measure of success was that ISG announced prizes for the best papers. Also, this session was publicised well and a team of senior members was appointed to go round talking to the authors. In a questionnaire I circulated to assess the members' reactions, 8 of 9 responders indicated that posters were enjoyable and that they would like to present their papers in this form if given similar attention.

I have a more recent pleasant experience to relate, when we were able to attract 14 posters during our UP State Chapter Meeting held in Lucknow on January 27-28, 1990. Most of the authors worked hard on their papers and generally presented them in a very professional manner, and reported great satisfaction with the interaction they achieved.

Instructions for preparing posters for Jaipur meeting
The space provided will be 150 cm (wide) × 100 cm (tall). If smaller sheets are used, they should preferably be of the same size, eg 6 sheets (3 × 2) of 50 × 50 cm. The IMRaD (Introduction, Material and Methods, Results and Discussion) format used for oral papers may be followed, but major space should be reserved for Material and Methods and Results. Letter sizes I recommend are 3 cm for title, 2 cm for subtitles and 1.5 cm for other text matter. Suitable contrasting colours may be used for titles and other text. Graphs and illustrations should be used wherever possible, but tables may be used if their data are crucial. Introduction, Discussion and Conclusions should be brief and it would be a kind gesture if key references are provided in small letters at the end.

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References