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"LIFELINE"

THE LANCET, 15 NOVEMBER 1997

THE LANCET

Volume 350, Number 9089 • Founded 1823 • Published weekly • Saturday 15 November 1997

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Michael Kirby
Not a Justice of the High Court, Australia's highest Court, Michael Kirby formerly held federal and state judicial posts. He served on the Global Commission on AIDS of WHO and is presently a member of UNESCO's International Bioethics Committee and of the Ethics Committee of the Human Genome Organisation.

Who was your most influential teacher and why? Professor Julius Stone from a Lithuanian Jewish family via Leeds and Oxford; he taught his Sydney law students to appreciate the leeways for choice open to judges of the common law tradition. Many of them now occupy top judicial posts.

What do you enjoy most about your work? Seeking, if possible, to find just solutions to complex legal puzzles consistently with legal authority, principle, and policy. Appellate judges are lucky to be paid for solving puzzles—a kind of life with *The Times* crossword.

Which single medical advance would benefit most people? A cure and a vaccine for HIV/AIDS. Anyone in doubt should visit an AIDS ward or, if they do not have the stomach, read Paul Monette's *Borrowed Time*.

Which events have had most effect on your work and why? It happens all the time. Getting out of courts and law and mixing with scientists to unravel the genetic mystery in the coming millennium. To really understand DNA and to puzzle out the why, not just the how, of human existence.

Which alternative profession would you have liked to pursue? Why, medicine of course.

What would be your advice to a newly qualified doctor? Keep up with genomic research. It is your future.

Who do you most admire? The brave patients, doctors, nurses, and others who daily struggle against HIV/AIDS.

What was your biggest mistake? Too many. Most happily corrected in the past by the Court on which I now sit.

JABS & JIBES



Gut-lag; a silent indignity

I recently returned from a visit to Australia, and, more recently still, to my normal biorhythms. I had gone to a conference, and since it was a medical conference, much of the tiny talk in the early days, and late nights, was about jet-lag. Personal greetings were decorated by comparisons of severity and discussion of mechanisms, individual responses, and private tricks for prevention and treatment. The subject was discussed extensively. Some talked jet-lag, almost boastfully, others used it as a talisman against, or excuse for, giving a poor paper. I took part in this communal game, if only to say I am less affected nowadays and suspect that to be an effect of ageing, just as I get less motion sickness now that the hairs on my movement sensory cells are becoming fixed by senility. But, irrespective of that improvement, like many others, I had taken melatonin as a personal, and somewhat stupid and uninterpretable "experiment".

But at no time during these extensive first-day discussions was a related but private problem discussed. My bowel, usually a friction-free part of my functional anatomy was out of sync. At first, I had no idea how many of my colleagues were suffering likewise; but, encouraged by various tangential observations, and then by the response to a few oblique remarks, I finally moved to direct questions—each of which was repeated extensively to friends when I returned—and found that my problem is in fact a common, albeit silent, indignity.

The reason for the previous silence was only in part an unwillingness to publicise a personal and traditionally costly matter, medics will anatomise all things, personal or otherwise. The reason for the silence was, I am certain, that the condition had not been recognised, let alone defined. But it does exist, and it is a common, albeit transient, problem, as my direct questions have revealed. Since recognition of a syndrome is always helped by a name—just as jet lag revealed the swelling

that was commonly concealed under jeans—I have called the condition "gut-lag", the prosaic brother of jet-lag.

That gut-lag occurs after long flights is hardly surprising. If defaecation was initiated only by the gastrocolic reflex of eating, there would be no problem. But bowel voidance is a response to a combination of stimuli in addition to food intake; it is a habit built of convenience, in its several senses. Such a habit cannot but be embraced by the clock, and therefore confused by its changing. With gut-lag, a morning habit may continue to make its usual timely request, now at some distantly unusual hour of the day or night, when it cannot be served by a direct answer. This displacement between desire and fulfilment would require a gastrointestinal Freud for its full exploitation.

As with the disturbed sleep pattern of jet-lag, all passes in time, usually days. But for some, those few days could be less troublesome were the condition better known and prepared for. From personal

experience, melatonin does not do the trick and, surely, only flights on April 1 would be suitable for a double-blind randomised trial of its efficacy for gut-lag as well as jet-lag. Nor would a gastrointestinal equivalent of melatonin be necessary because the effect of drugs such as senna retain their home-based efficacy, and are easily used prophylactically, if not therapeutically. Indeed senna could take its place in the travel pack side by side with Immodium, completing the traveller's gastrointestinal Yin and Yang.

I hope my noting and naming the condition of gut-lag will make the indignity no less silent, but will lead to its better definition and amelioration. Perhaps, too, those who stay firmly on the ground, but remain envious of those who don't, can now feel some consolation in knowing some of the less glamorous concomitants of what they are missing.

Sam Shuster

