The procedure of choice for the surgical control of a bleeding peptic ulcer is controversial. While some authors advocate the use of truncal vagotomy and antrectomy (TV+A) for a bleeding duodenal ulcer, others claim that truncal vagotomy and a drainage procedure (TV+D) is safer. The same argument involves the management of bleeding gastric ulcers. Whilst partial gastrectomy continues to be the procedure of choice in many major centres, others attribute lower mortality rates to more conservative operations such as TV+D or simple undersewing of the ulcer alone. The comparison of results is distorted by the fact that sicker patients are usually selected for the more conservative operations. Thus, for example, McGuire and Horsley, operating on bleeding duodenal ulcers, cited a mortality rate of 21% for TV+A and 45% for TV+D. It is widely ...


This editor’s note has already been published in the British Journal of Surgery 1999;86:598–599.
It was by chance that Dr. Markus Büchler, Editor of *Digestive Surgery*, sent Article B to be refereed by one of the authors of Article A, who recognized the text. If not spotted by this referee, the article may well have been published in *Digestive Surgery* and would have represented a form of plagiarism. The paper from Turkey presumably used local data within the total text and results framework of Article A.

The first author of Article B has expressed sincere regrets at this incident and offers ‘insufficiency of English’ and ‘definitely my aim was not plagiarism’ as explanations. The situation was compounded by the fact that Doctors Demiryurek, Kaya and Belevi did not see and agree the article before submission. This is confirmed by correspondence from all alleged authors of Article B. The editors of the *BJS* and *Digestive Surgery* believe that Drs Demiryurek, Kaya and Belevi were unaware of these matters until alerted to the situation and are, therefore, innocent of any publishing misdemeanour.

*BJS* and *Digestive Surgery* are dismayed to be involved in such a situation. This article appears in both Journals as an agreed statement between the editors, higher officers and publishers, to be read by the surgical scientific community. The recommendations following this incident are:

(i) If your first language is not English, do seek help in the writing of your paper. Do not ‘lift’ text from existing papers into your own manuscript without appropriate acknowledgement;

(ii) As a supervisor of trainees, be responsible for advising and guiding first attempts at surgical writing;

(iii) It is best practice to submit signed declarations of authorship from all named authors at the time of submission.

The *BJS* and *Digestive Surgery* will not condone any examples of this type of behaviour and will declare such events in their pages and send copies of these notices to host universities, hospitals and institutions. These Journals support the stance of other editors and journals in attempts to reduce these instances to a minimum through groupings such as The Committee on Publication Ethics [1, 2].

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**References**