

**\*\*\* PROOF OF YOUR ARTICLE ATTACHED, PLEASE READ CAREFULLY \*\*\***

After receipt of your corrections your article will be published initially within the online version of the journal.

**PLEASE NOTE THAT THE PROMPT RETURN OF YOUR PROOF CORRECTIONS WILL ENSURE THAT THERE ARE NO UNNECESSARY DELAYS IN THE PUBLICATION OF YOUR ARTICLE**

**READ PROOFS CAREFULLY**

**ONCE PUBLISHED ONLINE OR IN PRINT IT IS NOT POSSIBLE TO MAKE ANY FURTHER CORRECTIONS TO YOUR ARTICLE**

- § This will be your only chance to correct your proof
- § Please note that the volume and page numbers shown on the proofs are for position only

**ANSWER ALL QUERIES ON PROOFS** (Queries are attached as the last page of your proof.)

- § List all corrections and send back via e-mail to the production contact as detailed in the covering e-mail, or mark all corrections directly on the proofs and send the scanned copy via e-mail. Please do not send corrections by fax or post

**CHECK FIGURES AND TABLES CAREFULLY**

- § Check sizes, numbering, and orientation of figures
- § All images in the PDF are downsampled (reduced to lower resolution and file size) to facilitate Internet delivery. These images will appear at higher resolution and sharpness in the printed article
- § Review figure legends to ensure that they are complete
- § Check all tables. Review layout, titles, and footnotes

**COMPLETE COPYRIGHT TRANSFER AGREEMENT (CTA) if you have not already signed one**

- § Please send a scanned signed copy with your proofs by e-mail. **Your article cannot be published unless we have received the signed CTA**

**OFFPRINTS**

- § 25 complimentary offprints of your article will be dispatched on publication. Please ensure that the correspondence address on your proofs is correct for dispatch of the offprints. If your delivery address has changed, please inform the production contact for the journal – details in the covering e-mail. Please allow six weeks for delivery.

**Additional reprint and journal issue purchases**

- § Should you wish to purchase a minimum of 100 copies of your article, please visit [http://www3.interscience.wiley.com/aboutus/contact\\_reprint\\_sales.html](http://www3.interscience.wiley.com/aboutus/contact_reprint_sales.html)
- § To acquire the PDF file of your article or to purchase reprints in smaller quantities, please visit <http://www3.interscience.wiley.com/aboutus/ppv-articleselect.html>. Restrictions apply to the use of reprints and PDF files – if you have a specific query, please contact [permreq@wiley.co.uk](mailto:permreq@wiley.co.uk). Corresponding authors are invited to inform their co-authors of the reprint options available
- § To purchase a copy of the issue in which your article appears, please contact [cs-journals@wiley.co.uk](mailto:cs-journals@wiley.co.uk) upon publication, quoting the article and volume/issue details
- § Please note that regardless of the form in which they are acquired, reprints should not be resold, nor further disseminated in electronic or print form, nor deployed in part or in whole in any marketing, promotional or educational contexts without authorization from Wiley. Permissions requests should be directed to <mailto:permreq@wiley.co.uk>

1  
2  
3 VIEWPOINT  
4  
5

6 **Anorexia Nervosa—Irony, Misnomer and Paradox**  
7  
8  
9

10 **Keywords**

11 Xx; Xx  
12  
13

14 **Correspondence**

15 Bryan Lask, Department of Child and Adolescent Mental Health, Gt. Ormond St. Hospital, London, UK.

16 Email: bryanlask@mac.com  
17  
18  
19  
20  
21  
22

23 [When<sup>Q1</sup>](#) you tell grown-ups that you have made a  
24 new friend, they never ask you any questions about  
25 essential matters. They never say to you, ‘What does  
26 his voice sound like? What games does he love best?  
27 Does he collect butterflies?’ Instead, they demand:  
28 ‘How old is he? How many brothers has he? How  
29 much money does his father make? How much does  
30 he weigh?’ Only from these figures do they think  
31 they have learned anything about him. [Antoine<sup>Q2</sup>](#) de  
32 Saint-Exupery (1943).  
33  
34  
35

36 ‘How much does he weigh?’ or in our case ‘how much  
37 does *she* weigh?’ – the perennial question. Indeed how  
38 very strange we grown-ups are! Why is that the question  
39 we so prioritise? And why are we so preoccupied with  
40 weight as an indicator of well-being? How ironic that we  
41 share with our patients a morbid and excessive  
42 preoccupation with weight.  
43  
44

45 But perhaps we should not be so surprised by our  
46 apparently paradoxical behaviour for anorexia nervosa  
47 is indeed a disorder full of paradox. For example, pre-  
48 morbidly our patients have been conscientious and  
49 compliant but during the illness they are rebellious and  
50 resistant; they see themselves as fat when they are thin;  
51 feel well when they are ill; feel full when they are empty.  
52 They starve themselves but sometimes binge; they are  
53 obsessed with food but avoid it. They tend to be popular  
54 and successful but have low self-esteem; they appear to  
55 be in control and controlling but feel they have no  
56 control or out of control. They look fragile but behave  
57 with extraordinary strength and determination; they  
58 perceive their tormenting and destructive illness as a

friend and a comfort. In the depths of the illness they  
can see only advantages and rarely any disadvantages.  
At times they appear to have insight but can switch  
instantly to a state of illness denial (anosognosia).

Perhaps anorexia nervosa should be renamed, for  
after all the term is a misnomer. ‘Anorexia’ means loss  
of appetite, but rarely is there a loss of appetite.  
‘Nervosa’ implies psychological and yet the substrate is  
biological not psychological. Furthermore the term  
‘anorexia nervosa’ fails to capture its subtleties,  
contradictions and paradoxes.

Let us now return to what we consider to be the  
strangest and possibly the most damaging paradox. We  
behave as if we have the same cognitive distortion as  
those with AN—we have a morbid and excessive  
preoccupation with their weight. Clinicians appear to  
be obsessed by weight and target weights and  
researchers and diagnosticians use a specific weight  
or body mass index (BMI), below or above which a  
disorder is, or is not, deemed to exist.

Most clinicians prioritise weight as a measure of  
illness severity and many view weight restoration as the  
main aim of treatment. That is not to say that we are  
oblivious to other indicators of ill-health or measures of  
outcome. Certainly we acknowledge the specific eating  
disorder psychopathology such as the morbid pre-  
occupation with food, weight and shape, and other  
pathology such as guilt and shame, and the co-  
morbidities such as anxiety, mood disturbance, obses-  
sional thinking and compulsive behaviour. Sometimes  
we acknowledge the other multi-system physical  
correlates such as osteopenia and osteoporosis, and

62  
63  
64  
65  
66  
67  
68  
69  
70  
71  
72  
73  
74  
75  
76  
77  
78  
79  
80  
81  
82  
83  
84 **Q1**  
85  
86  
87  
88  
89  
90  
91  
92  
93  
94 **Q2**  
95  
96  
97  
98  
99  
100  
101  
102  
103  
104  
105  
106  
107  
108  
109  
110  
111  
112  
113  
114  
115  
116  
117  
118  
119  
120  
121  
122

impairments in cardiac, renal, reproductive, gastro-intestinal and cerebral functioning. But it is weight and targets that trump everything else.

Why is there such an emphasis on weight and target weights? The rationale is that nutritional restoration is essential. *This is beyond dispute!* However what is far more questionable is whether weight or BMI are the best indicators of an adequate nutritional, or for that matter, psychological state. There are many other reflections of adequate nutrition and physical health e.g. pulse, blood pressure, temperature, circulation, hydration, electrolyte balance, liver and renal function and phosphate levels. In young women, reproductive maturity may be the best biological marker of good physical health, at least from an evolutionary perspective.

In no other branch of medicine is so much emphasis put, by so many, on so narrow a reflection of physical well-being. In kidney disease for example decisions are not made regarding treatment purely on the basis of one domain, such as serum creatinine levels. In pneumonia decisions are not made on the basis of body temperature alone. In heart disease decisions are not made purely on the basis of heart rate or rhythm. Such decisions are made on the basis of the complete clinical picture aided by laboratory investigations. Why is anorexia nervosa managed so very differently?

Apart from the fact that our preoccupation with weight and target weights mirrors and reinforces that of our patients, we offer several other reasons for suggesting that such an emphasis is at best unhelpful and at worst counter-productive.

- (1) Weight is difficult to measure accurately. Weight recorded at any one time has poor inter-rater reliability and poor test–retest reliability. Weighing scales are notoriously labile and inaccurate.
- (2) Weight is difficult to determine with any certainty. In adults individual weight can vary by up to 1.5 kg within 24 hours (even when there is no attempt being made to gain or lose weight). How is it decided which point in this range is the ‘correct’ one? So, for example, if a weight of 50 kg were recorded at any one moment, how could we make a management decision on this when during the previous and next 24 hours the weight could be 48.5 kg or 51.5 kg?
- (3) Targets tend to be selected on the basis of such constructs as population means for age, gender and

height. This makes no allowance for the enormous individual variation, even within one culture or racial group, in what constitutes a healthy weight or BMI. Even the more sophisticated approaches that can take into account the variability in the distribution of weight and height at different ages (Cole, Flegal, Nicholls, & Jackson, 2007) only enable us to compute how extreme this particular patient’s weight is for their age, height and gender, NOT how unusual it is for them as an individual.

- (4) There is no correlation between target weight or BMI and reproductive maturity (an essential ingredient of recovery and arguably the biological essence of good physical health in young women). Studies have chosen that there is huge individual variability in the target BMI necessary to trigger or restart the process of reproductive development (Mason, Key, Allan, & Lask, 2007). Elsewhere we have suggested that, rather than relying upon the arbitrariness of setting a BMI target, pelvic ultrasound, an inexpensive and non-invasive technique, might be a better way of tracking this process through to reproductive maturity and hence biological recovery (Mason et al., 2007).
- (5) By setting a static target weight for adolescents we are failing to acknowledge that when the patient achieves this target she will, in effect, have lost weight compared to their expected weight gain for age over this time. To overcome this common error, in conjunction with the Child Growth Foundation, we have developed computer software that can take account of this expected weight gain trajectory ([www.ravelloprofile.org](http://www.ravelloprofile.org)).
- (6) Weight is all too easy to manipulate. Patients commonly want or need to convince others that they have gained weight. They may disagree with the target set and therefore fabricate weight gain to attempt to achieve a more peaceful life. Some patients will reach their targets as quickly as possible so that they may gain whatever incentives have been offered. In-patients may fabricate or ensure adequate weight gain so that they are discharged from hospital. Once home they are free to lose weight and maintain a much lower than healthy weight, hence the frequency of ‘relapse’.

Any skilled patient can make her weight appear to be higher than it is. We are all familiar with the methods

commonly used, such as water-loading, concealing heavy objects, pressing down on the scales etc. Others are less obvious.

Sarah, 14, had been discharged from an in-patient programme, on condition that she continued to gain weight. In the succeeding weeks her weight, recorded in the out-patient clinic by an experienced clinician, aware of all the 'tricks' (embarrassingly that clinician was one of the authors, BL) appeared to be increasing at a satisfactory rate. Her parents were far from convinced but for a while accepted the clinician's confident assurance of Sarah's consistent and satisfactory weight gain. After six weeks the parents expressed grave reservations but the clinician (and patient) were not to be swayed. At the next attendance the parents seemed both anxious and embarrassed. They competed with each other to avoid telling the clinician that, without informing her in advance, they had taken Sarah elsewhere to be weighed. This unexpected weighing showed that not only had she not gained weight but that she had actually lost 3 kg. When the clinician asked her how she had managed to fabricate so much weight gain, Sarah replied that this was a trade secret!

(7) Conversely, many patients, once given a target, may determinedly avoid achieving it. This may be simply because they do not agree with the target. More worryingly, in-patients who want to avoid going home, because, for example, of intolerable situations such as abuse, are even more likely to avoid the target.

Thus the emphasis on weight or BMI and setting of targets makes no allowance for individual variation, nor for the fact that the technique used for measuring that target is less than valid and reliable. The whole process can, and often does, have quite the opposite to the desired effect. It may lead to challenge, resistance and manipulation, the very opposite of creating a therapeutic alliance. It encourages focus on a construct (weight/BMI) that is a far from a valid and reliable indicator of physical well-being. It uses a technique (weighing) for measuring that misleading construct which in itself lacks reliability and validity. It is as if we were to use height *per se* as such an indicator. The accurate measurement of height is notoriously difficult and the normal height range varies enormously. Except in extremes, we would not contemplate using such a

construct alone, even adjusted for age and gender, as a prime indicator of physical well-being.

When it comes to taxonomy, the most influential of the diagnostic systems, DSM and ICD use BMI as an important determinant of diagnosis. It is yet another irony that these monolithic schemata, so determined to base taxonomy upon solid evidence, use a construct so lacking in validity and reliability. Indeed they use as a major diagnostic tool a measure that varies from one hour to the next!

Why do we put such extreme emphasis on weight and BMI, all too often at the cost of the therapeutic alliance and other more profound features of eating disorder pathology—disturbed eating, cognitions, emotions and behaviours and all the other physical correlates of self-starvation and purging?

Would we put so much emphasis on another measure that so lacked reliability, validity, and is so open to fabrication/manipulation? Would we utilise a management approach that so reinforces one of the problems we are trying to alleviate! Why are we so morbidly preoccupied with weight? With apologies to William Spooner (1844–1930) who stated 'You will find as you grow older that the weight of rages will press harder on your employer' perhaps we might warn our patients that 'You will find as you grow lighter that the weight of anxiety will press harder on your clinician'. What other reason can there be for such a morbid preoccupation.

It is high time we heeded the advice of the very wise Roman philosopher and emperor, Marcus Aurelius, (AD 120–200) who stated 'Do not value something you can measure; rather measure what you value'.

We will of course continue to weigh our patients and calculate their BMIs. But we really should:

- (i) reduce the rigidity of our approach to these weighty matters,
- (ii) re-consider this inappropriate emphasis on, and prioritising of weight and BMI,
- (iii) acknowledge the futility of our need for an easily obtainable measure of progress,
- (iv) find a healthier way of coping with our anxiety when that need is not fulfilled and
- (v) broaden our minds, so that there is greater emphasis on the far more valid indicators of good health.

Can we not consider this, if only for the sake of our patients? And if not then this judgement from the Book

62  
63  
64  
65  
66  
67  
68  
69  
70  
71  
72  
73  
74  
75  
76  
77  
78  
79  
80  
81  
82  
83  
84  
85  
86  
87  
88  
89  
90  
91  
92  
93  
94  
95  
96  
97  
98  
99  
100  
101  
102  
103  
104  
105  
106  
107  
108  
109  
110  
111  
112  
113  
114  
115  
116  
117  
118  
119  
120  
121  
122

of Daniel may be directed not at those transgressors from biblical times, nor at our patients, but at us!

‘Thou art weighed in the balance and found wanting’  
(Book of Daniel)

**Bryan Lask<sup>1,2,3\*</sup> and Ian Frampton<sup>1,2,4</sup>**

<sup>1</sup>Department of Child and Adolescent Mental Health, Gt. Ormond St. Hospital, London, UK

<sup>2</sup>Regional Eating Disorders Service, Oslo University Hospital, Norway

<sup>3</sup>Huntercombe Hospital Group, UK

<sup>4</sup>Department of Psychology, University of Exeter, UK

### References

- [de Saint-Exupery<sup>Q4</sup>](#), A. (1943). *Le Petit Prince*. Gallimard.
- [Cole<sup>Q5</sup>](#), T., Flegal, K. M., Nicholls, D., & Jackson, A. (2007). Body mass index cut offs to define thinness in children and adolescents: International survey.
- Mason, H. D., Key, A., Allan, R., & Lask, B. (2007). Pelvic ultrasonography in Anorexia Nervosa: What the clinician should ask the radiologist and how to use the information provided. *European Eating Disorders Review*, 15(1), 35–41.

62  
63  
64  
65  
66  
67  
68  
69  
70  
71  
**Q472**

**Q573**  
74  
75  
76  
77  
78  
79  
80  
81  
82  
83  
84  
85  
86  
87  
88  
89  
90  
91  
92  
93  
94  
95  
96  
97  
98  
99  
100  
101  
102  
103  
104  
105  
106  
107  
108  
109  
110  
111  
112  
113  
114  
115  
116  
117  
118  
119  
120  
121  
122

## Author Query Form (ERV/933)

**Special Instruction: Author please include responses to queries with your other corrections and return by e-mail.**

**Q1: Author: No abstract, keywords and section headings are provided in the article.  
Please check.**

**Q2: Author: Please check the change made.**

**Q3: Author: Since the website is cited in text, we have deleted it from reference list.  
Please check.**

**Q4: Author: Please provide the publisher location.**

**Q5: Author: Please update.**

**Q6: Author: Please provide running head.**

UNCORRECTED PROOFS



## WILEY AUTHOR DISCOUNT CLUB

We would like to show our appreciation to you, a highly valued contributor to Wiley's publications, by offering a **unique 25% discount** off the published price of any of our books\*.

All you need to do is apply for the **Wiley Author Discount Card** by completing the attached form and returning it to us at the following address:

The Database Group (Author Club)  
John Wiley & Sons Ltd  
The Atrium  
Southern Gate  
Chichester  
PO19 8SQ  
UK

Alternatively, you can **register online** at [www.wileyeurope.com/go/authordiscount](http://www.wileyeurope.com/go/authordiscount)  
Please pass on details of this offer to any co-authors or fellow contributors.

After registering you will receive your Wiley Author Discount Card with a special promotion code, which you will need to quote whenever you order books direct from us.

The quickest way to order your books from us is via our European website at:

**<http://www.wileyeurope.com>**

Key benefits to using the site and ordering online include:

- Real-time SECURE on-line ordering
- Easy catalogue browsing
- Dedicated Author resource centre
- Opportunity to sign up for subject-orientated e-mail alerts

Alternatively, you can order direct through Customer Services at:  
[cs-books@wiley.co.uk](mailto:cs-books@wiley.co.uk), or call +44 (0)1243 843294, fax +44 (0)1243 843303

So take advantage of this great offer and return your completed form today.

Yours sincerely,

A handwritten signature in black ink that reads 'V Leaver'.

Verity Leaver  
Group Marketing Manager  
[author@wiley.co.uk](mailto:author@wiley.co.uk)

#### \*TERMS AND CONDITIONS

This offer is exclusive to Wiley Authors, Editors, Contributors and Editorial Board Members in acquiring books for their personal use. There must be no resale through any channel. The offer is subject to stock availability and cannot be applied retrospectively. This entitlement cannot be used in conjunction with any other special offer. Wiley reserves the right to amend the terms of the offer at any time.

# REGISTRATION FORM

## For Wiley Author Club Discount Card

To enjoy your 25% discount, tell us your areas of interest and you will receive relevant catalogues or leaflets from which to select your books. Please indicate your specific subject areas below.

<p><b>Accounting</b> <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Public <input type="checkbox"/></li> <li>• Corporate <input type="checkbox"/></li> </ul> <p><b>Chemistry</b> <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Analytical <input type="checkbox"/></li> <li>• Industrial/Safety <input type="checkbox"/></li> <li>• Organic <input type="checkbox"/></li> <li>• Inorganic <input type="checkbox"/></li> <li>• Polymer <input type="checkbox"/></li> <li>• Spectroscopy <input type="checkbox"/></li> </ul> <p><b>Encyclopedia/Reference</b> <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Business/Finance <input type="checkbox"/></li> <li>• Life Sciences <input type="checkbox"/></li> <li>• Medical Sciences <input type="checkbox"/></li> <li>• Physical Sciences <input type="checkbox"/></li> <li>• Technology <input type="checkbox"/></li> </ul> <p><b>Earth &amp; Environmental Science</b> <input type="checkbox"/></p> <p><b>Hospitality</b> <input type="checkbox"/></p> <p><b>Genetics</b> <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Bioinformatics/   Computational Biology <input type="checkbox"/></li> <li>• Proteomics <input type="checkbox"/></li> <li>• Genomics <input type="checkbox"/></li> <li>• Gene Mapping <input type="checkbox"/></li> <li>• Clinical Genetics <input type="checkbox"/></li> </ul> <p><b>Medical Science</b> <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Cardiovascular <input type="checkbox"/></li> <li>• Diabetes <input type="checkbox"/></li> <li>• Endocrinology <input type="checkbox"/></li> <li>• Imaging <input type="checkbox"/></li> <li>• Obstetrics/Gynaecology <input type="checkbox"/></li> <li>• Oncology <input type="checkbox"/></li> <li>• Pharmacology <input type="checkbox"/></li> <li>• Psychiatry <input type="checkbox"/></li> </ul> <p><b>Non-Profit</b> <input type="checkbox"/></p>	<p><b>Architecture</b> <input type="checkbox"/></p> <p><b>Business/Management</b> <input type="checkbox"/></p> <p><b>Computer Science</b> <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Database/Data Warehouse <input type="checkbox"/></li> <li>• Internet Business <input type="checkbox"/></li> <li>• Networking <input type="checkbox"/></li> <li>• Programming/Software   Development <input type="checkbox"/></li> <li>• Object Technology <input type="checkbox"/></li> </ul> <p><b>Engineering</b> <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Civil <input type="checkbox"/></li> <li>• Communications Technology <input type="checkbox"/></li> <li>• Electronic <input type="checkbox"/></li> <li>• Environmental <input type="checkbox"/></li> <li>• Industrial <input type="checkbox"/></li> <li>• Mechanical <input type="checkbox"/></li> </ul> <p><b>Finance/Investing</b> <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Economics <input type="checkbox"/></li> <li>• Institutional <input type="checkbox"/></li> <li>• Personal Finance <input type="checkbox"/></li> </ul> <p><b>Life Science</b> <input type="checkbox"/></p> <p><b>Landscape Architecture</b> <input type="checkbox"/></p> <p><b>Mathematics Statistics</b> <input type="checkbox"/></p> <p><b>Manufacturing</b> <input type="checkbox"/></p> <p><b>Materials Science</b> <input type="checkbox"/></p> <p><b>Psychology</b> <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Clinical <input type="checkbox"/></li> <li>• Forensic <input type="checkbox"/></li> <li>• Social &amp; Personality <input type="checkbox"/></li> <li>• Health &amp; Sport <input type="checkbox"/></li> <li>• Cognitive <input type="checkbox"/></li> <li>• Organizational <input type="checkbox"/></li> <li>• Developmental &amp; Special Ed <input type="checkbox"/></li> <li>• Child Welfare <input type="checkbox"/></li> <li>• Self-Help <input type="checkbox"/></li> </ul> <p><b>Physics/Physical Science</b> <input type="checkbox"/></p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Please complete the next page /



I confirm that I am (\*delete where not applicable):

a **Wiley** Book Author/Editor/Contributor\* of the following book(s):  
ISBN:  
ISBN:

a **Wiley** Journal Editor/Contributor/Editorial Board Member\* of the following journal(s):

SIGNATURE: ..... Date: .....

**PLEASE COMPLETE THE FOLLOWING DETAILS IN BLOCK CAPITALS:**

TITLE: (e.g. Mr, Mrs, Dr) ..... FULL NAME: .....

JOB TITLE (or Occupation): .....

DEPARTMENT: .....

COMPANY/INSTITUTION: .....

ADDRESS: .....

TOWN/CITY: .....

COUNTY/STATE: .....

COUNTRY: .....

POSTCODE/ZIP CODE: .....

DAYTIME TEL: .....

FAX: .....

E-MAIL: .....

**YOUR PERSONAL DATA**

We, John Wiley & Sons Ltd, will use the information you have provided to fulfil your request. In addition, we would like to:

1. Use your information to keep you informed by post of titles and offers of interest to you and available from us or other Wiley Group companies worldwide, and may supply your details to members of the Wiley Group for this purpose.  
[ ] Please tick the box if you do **NOT** wish to receive this information
2. Share your information with other carefully selected companies so that they may contact you by post with details of titles and offers that may be of interest to you.  
[ ] Please tick the box if you do **NOT** wish to receive this information.

**E-MAIL ALERTING SERVICE**

We also offer an alerting service to our author base via e-mail, with regular special offers and competitions. If you **DO** wish to receive these, please opt in by ticking the box [ ].

If, at any time, you wish to stop receiving information, please contact the Database Group ([databasegroup@wiley.co.uk](mailto:databasegroup@wiley.co.uk)) at John Wiley & Sons Ltd, The Atrium, Southern Gate, Chichester, PO19 8SQ, UK.

**TERMS & CONDITIONS**

This offer is exclusive to Wiley Authors, Editors, Contributors and Editorial Board Members in acquiring books for their personal use. There should be no resale through any channel. The offer is subject to stock availability and may not be applied retrospectively. This entitlement cannot be used in conjunction with any other special offer. Wiley reserves the right to vary the terms of the offer at any time.

**PLEASE RETURN THIS FORM TO:**

Database Group (Author Club), John Wiley & Sons Ltd, The Atrium, Southern Gate, Chichester, PO19 8SQ, UK [author@wiley.co.uk](mailto:author@wiley.co.uk)  
Fax: +44 (0)1243 770154