test for the evaluation of the exocrine pancreatic function.

S BELLENTANI, A GRISENDI, AND F MANENTI
*Cattedra di Gastroenterologia,
Università degli Studi di Modena,
Modena, Italy*

References

- 1 Gullo L, Costa PL, Fontana G, Labò G. Investigation of exocrine pancreatic function by continuous infusion of caerulein and secretin in normal subjects and in chronic pancreatitis. *Digestion* 1976; **14**: 97–107.
- 2 Yamato C, Kinoshita K. A simple assay for measurement of p-aminobenzoic acid (PABA) in urine. In: *Proceedings of the International Symposium on Bentiromide*. Tokyo: Massuke Mosudal, 1979: 138–42.
- 3 Bellentani S, Grisendi A, Rinaldi M *et al*. BT-PABA test in the diagnosis of pancreatic exocrine insufficiency in cystic fibrosis: urinary and serum determinations compared. *Europ J Pediatr* 1984; **142**: 1–4.

Coeliac disease presenting with intestinal pseudo-obstruction

SIR,—A coeliac patient presenting with intestinal pseudo-obstruction was recently reported by Dawson *et al* (*Gut* 1984; **25**: 1003–8). Their case history is a good example of the possibility that coeliac sprue presents itself as intestinal stasis. Their allegation that pseudo-obstruction is exceptional in untreated coeliac sprue prompted us to the following comment.

In a group of 47 coeliac patients¹ symptoms of ileus led in two patients (before the diagnosis coeliac sprue was made) to an exploratory laparotomy. No mechanical obstruction was found. Hypokalaemia was also ruled out. The intestinal mucosal biopsy was in both patients characteristic for coeliac sprue (no villi, hyperregenerative crypts). Both patients had a good reaction to gluten withdrawal. Symptoms of intestinal stasis never recurred. In one of the patients, who succumbed to myocardial disease shortly after, we did find an extensive accumulation of ceroid pigment in the muscular layer of the whole intestinal wall. In the other patient a marked deposition of ceroid was observed in the smooth muscle cells in a rectal biopsy specimen. The biopsy specimens from the small bowel by a Crosby capsule showed a muscularis mucosae without ceroid deposition. This means that the mucosal muscle cells are not always representative of the situation in the muscular layer of the intestine. Both patients had a very low vitamin E level (3.5 $\mu\text{mol/l}$ and 4.0 $\mu\text{mol/l}$; normal range 25–35 $\mu\text{mol/l}$). We postulated that ceroid accumulation, resulting from vitamin E deficiency,² may play a role in the aetiology of

intestinal paralysis in coeliac sprue.

With regard to our own observations we are very interested to know if Dawson *et al* looked in their patient for ceroid accumulation or vitamin E deficiency.

O J J CLUYSENSAER AND J H M VAN TONGEREN
*St Radboud Hospital,
University of Nijmegen,
The Netherlands*

References

- 1 Cluysenaer OJJ, van Tongeren JHM. *Malabsorption in coeliac sprue*. The Hague: Martinus Nijhoff, 1977.
- 2 Binder HJ, Herting DC, Hurst V *et al*. Tocopherol deficiency in man. *N Engl J Med* 1965; **273**: 1289–97.

Books

Recent developments in alcoholism: vol 2 Edited by Marc Galanter. (Pp. 427; illustrated; \$52.50.) New York: Plenum Press, 1984.

This official publication of the American Medical Society on Alcoholism and the Research Society on Alcoholism is the second volume in the series and as one might expect from such an organisational background, takes good account of the ever increasing array of scientific disciplines involved in alcohol research. In the preface, Richard Deitrich pointed out that not only should such a volume serve the needs of the very broad interests of the research community but it should also provide a means for recruiting new investigators. In the reviewer's opinion, these objectives are likely to be fulfilled for the topics covered are as fascinating as they are important. Section I is concerned with experimental social and learning models of drinking, where the emergence of addiction in relation to different patterns of drinking and various social factors are all critically considered and with all manner of fascinating data that the reviewer had not been exposed to before. Section II is concerned with alcohol and the liver: preclinical and clinical research. It is a first rate review by top workers of how alcohol injures the liver and the new work on oxygen metabolism is well covered. Section III relates to the important topic of aging and alcohol problems. This must be compulsive reading for all those concerned with health care provision for this rapidly expanding part of our population. The final section of contributions from anthropology to the study of alcoholism has much information of

importance to those who are developing treatment programmes. The volume, though heavily orientated to the American scene, nevertheless, has much of relevance to what is happening in this country or may happen in the future. With the quality of the individual contributions and the very wide scope of the issues covered, it is to be strongly recommended.

ROGER WILLIAMS

Colorectal surgery By Sir Edward Hughes, Alan M Cuthbertson, and Mark K Killingback. (Pp. 431; illustrated; price not stated.) Edinburgh: Churchill Livingstone, 1983.

This is a book for general surgeons with a colorectal interest. It is particularly suited to the needs of the occasional operator in this specialised field, or for the postgraduate seeking a higher degree in surgery. The authors clearly outline in the preface that this is the audience that they are addressing, and have succeeded in designing a treatise that admirably fulfils this aim. They also claim that some general practitioners might find some sections useful, but this is more doubtful.

The book is produced in bold typescript, with excellent main headings and subtitles. The style is terse, and almost laconic at times. The line drawings are simple and lucid. At all times the statements are clear, and there is little attempt to expand or defend the opinions expressed. In the main, these are conventional and new techniques are usually appraised as 'unproven'. One has a clear impression of careful, conservative craftsmen who would eschew the novel approach until it had been shown to be useful. This is a book that reflects orientation towards a type of practise in which novelty would be risky.

The book has 34 chapters, and covers the entire field of colorectal practise. There are some areas of controversy. The classification of anal fistulas does not recognise the alternative terminology of intersphincteric, transsphincteric, suprasphincteric or supra-levator types: this is a serious omission in this area. The haemorrhoid 'ligator' is the original Barron instrument which has now been replaced by cheaper and better models. The management of colocutaneous (and other) fistulas by conservative methods rather than surgical intervention is hardly alluded to. Adjuvant therapy by hyperalimentation, radiotherapy or cytotoxic drugs is only briefly mentioned at various times in the text: stoma care is not given separate consideration; but these are all areas in which guidance is greatly needed by the practitioners at whom the book is directed. Patient assessment and follow up by new radiological and immunological methods is hardly mentioned at all

(although the authors may yet be proven correct in not giving them much prominence).

This book can be regarded as successful for achieving its stated purpose. It is easily read, and well produced. It will certainly go through many further editions. Undoubtedly, once the book is established with its chosen audience, these future editions will be more adventurous in their approach.

C V MANN

Progress in gastroenterology Edited by G B J Glass and P Sherlock. (Pp. 597; illustrated; \$85.) New York: Grune and Stratton, 1983.

With the first edition of this book in 1968, Dr Glass set a very high standard when he aimed to summarise the important points in gastroenterological progress. This fourth edition is well up to standard. The art in producing a review book must lie partly in choosing topics which are ripe for review and partly in choosing authors who are both experts in their field and, somewhat more difficult, clear, logical, writers. It is hard to fault this book from either points of view.

The book is divided into four sections and covers aspects of the pathophysiology of gastrointestinal disease; a series of subjects under the heading of 'benign disease'; some aspects of cancer of the GI tract; and a section on endoscopy and imaging. The editors have chosen carefully within these broad fields. Several of the 27 chapters are outstandingly good. In the pathophysiology section, Whittle and Vane on actions and roles of prostanooids in the GI tract, Sarles *et al* on the pathogenesis of alcoholic pancreatitis and pancreatic lithiasis, and Davidson and Glickman on lipid absorption in man, are notable. In the benign disease section there are excellent short reviews on Barrett's oesophagus (Trier) on intestinal pseudo-obstruction (Anuras and Christensen) and on parenteral nutrition in inflammatory bowel disease (Sales and Rosenberg). Castell and his coauthor and J. Alexander-Williams and his, provide clear competent reviews of oesophageal function abnormalities and post-gastrectomy syndromes respectively.

In the gastrointestinal cancer section, there are good reviews on gastrointestinal carcinogenesis, epithelial dysplasia, and screening for colorectal cancer. Cancer risk in ulcerative colitis, chemoprevention of alimentary tract carcinogenesis, hormone producing GI tumours and nutritional problems in patients with GI cancer, are clear and well worth reading.

Christopher Williams' chapter on the 'logic and logistics of colon polyp follow up' is a very good, thoughtful, review which deserves careful attention and chapters on ERCP in the management of biliary