LETTERS TO THE EDITOR

CME – Certification by the European Board of Gastroenterology

EDITOR,—May I be allowed to make two comments on the editorial by Professor Jonathan Rhodes (*Gut* 1996; 39: 149–50).

Firstly, the Royal Colleges of Physicians currently require 50 hours CME per year and no decision has yet been taken as to whether these requirements might rise to 100 hours per year. The decision to remain at a target of 50 hours or to increase to 100 hours per year will be made after extensive consultations sometime during 1997.

Secondly, the Royal Colleges of Physicians (Edinburgh, Glasgow and London) do not accept publications in peer reviewed journals as a credit earning activity. This is not to deny their educational value, it is simply impossible to identify the degree of participation of the various authors.

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Reply

EDITOR,—The Royal Colleges of Physicians are to be congratulated on giving the lead in the establishment and monitoring of CME. The European Gastroenterology Board has no intention of trying to compete with any CME programmes that are established by national organisations such as the Royal Colleges in the United Kingdom. Indeed, it is a prerequisite of qualification for the CME certificate of the European Gastroenterology Board that any applicant from a country that has obligatory CME must already have certification in that country. Providing that any country's criteria meet the minimum requirements of the European Gastroenterology Board criteria, the holder of such a certificate will automatically qualify for the European Gastroenterology Board certificate. Like several other aspects of the Board's work, the underlying motive is to encourage and harmonise standards across Europe rather than to impose additional bureaucracy. Even if the Royal Colleges keep the CME requirement at the present 50 hour per year level, anyone who has already met these UK criteria will also have met the European criteria providing they have had at least six hours of "external" CME per year.

The European Gastroenterology Board CME criteria include 40 hours per year of non-evaluated learning—that is, "internal" CME. Publication in peer reviewed journals is just one of seven categories within this section and no more than 10 hours per year can be allowed for any one section. Even an academic with lots of papers (and I feel a bit sensitive here!) will only be able to obtain one quarter of his/her "internal" CME by this route. The Board's aim was to encourage research, including clinical or health services research at a district general hospital and we felt that assessment of the educational value of joint authorship of a paper was no more or

less difficult than assessing the educational value of attendance in varying states of alertness at hospital grand rounds and audit meetings.

At present the UK is one of the very few European countries which have established systems for CME certification and we hope that initiatives such as that of the European Gastroenterology Board will encourage other countries to establish similar systems.

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Cytotoxin production and neutrophil activation by strains of *Helicobacter pylori* isolated from patients with peptic ulceration and chronic gastritis

EDITOR,—To confirm results achieved by others is important in science. Four years ago we published a paper¹ on the incidence of *Helicobacter pylori* strains activating neutrophils in patients with peptic ulcer disease. We used luminol enhanced chemiluminescence to measure the respiratory burst of the neutrophils. We showed in a second paper² that non-opsonic activation of neutrophils and cytotoxin production by strains of *H. pylori* were two independent ulcerogenic markers. We therefore read with great interest the paper by Zhang *et al* (*Gut* 1996; 38: 841–5) on the association of cytotoxin production and neutrophil activation by strains of *H. pylori* isolated from patients with peptic ulceration and chronic gastritis. Zhang *et al* used the same techniques as we did, and we were satisfied to see that they could confirm our original observations. However, we would have appreciated it if the Glasgow group also had done some research on previous literature.

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- 1 Rautelin H, Blomberg B, Fredlund H, Järnerot G, Danielsson D. Incidence of *Helicobacter pylori* strains activating neutrophils in patients with peptic ulcer disease. *Gut* 1993; 34: 599–603.
- 2 Rautelin H, Blomberg B, Järnerot G, Danielsson D. Nonopsonic activation of neutrophils and cytotoxin production by *Helicobacter pylori*: ulcerogenic markers. *Scand J Gastroenterol* 1994; 29: 128–32.

Reply

EDITOR,—We thank Dr Rautelin and colleagues for their letter. We are happy that our results corroborate those of Dr Rautelin and colleagues and we apologise for omitting their paper from our list of references.

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BOOK REVIEWS

Handbook of Functional Gastrointestinal Disorders. Medical Psychiatry Series/14. Olden K W, ed. (Pp 432; illustrated; \$135.00.) New York: Marcel Dekker. 1996. ISBN 0-8247-9409-5.

The functional gastrointestinal disorders have been relegated to the too hard basket by many gastrointestinal researchers in the basic sciences and frequently ignored. However, those at the coalface in medicine have long recognised the problems in managing patients with chronic or relapsing unexplained gastrointestinal complaints. These conditions have an enormous prevalence in clinical practice. Frustrated gastroenterologists have often felt, quite unfairly based on the evidence, that patients with unexplained gastrointestinal symptoms must all have a primary psychiatric disorder. On the one hand, the absence of diagnostic markers has led some to sneeringly see research in the field as "soft science" and gastroenterologists who study such patients are sometimes perceived to have a "psychiatric bent". On the other, the functional gastrointestinal disorders have all but been ignored by psychiatric researchers until recently.

This is now all changing. Sensing huge profits, the pharmaceutical industry has become very interested in irritable bowel and functional dyspepsia, and are investing considerable resources in studying potential mechanisms and testing new pharmacological approaches. The concept that these disorders have a neurological basis, possibly centrally based, is most attractive to this reviewer but remains controversial.

Against this background, Dr Olden has done an excellent job in editing a new up-to-date multidisciplinary overview of the functional gastrointestinal disorders. The book travels up and down the gastrointestinal tract, integrating knowledge and successfully providing a broad biopsychosocial perspective for those who look after such patients.

Dr Olden unfortunately uses the term psychosomatic gastroenterology to describe the field in his preface although psychosomatic seems an old fashioned and potentially misleading word. All disease is psychosomatic in the sense that there is a mind-body interaction (the mind must process the information to lead to suffering). Perhaps the functional bowel disorders would be better labelled neurogastrointestinal diseases, although this would lead to howls of protest from some corners.

Clinicians will particularly benefit from reading the chapters on the oesophagus, stomach, and colon, and the chapter on eating disorders. In general, the material presented is practical and well balanced (although there is a rather strange algorithm for dyspepsia that ignores therapeutic trials in uninvestigated patients and *Helicobacter pylori* testing). The review of non-pharmacological therapies, including biofeedback, relaxation training, cognitive behaviour, and psychotherapy, is illuminating. Moreover, the inclusion of information on lay support organisations, which have sprung up everywhere, represents a unique resource.

Research issues are succinctly covered in the book. For example, how to do proper survey research is discussed in one chapter, and another reviews psychometric testing and how to interpret it. Current terminology applied in the functional gastrointestinal disorders is presented in an understandable yet comprehensive fashion. Definitions are important because they have been widely disparate until recently (although the Rome criteria for diagnosis of the functional gastrointestinal syndromes, which are presented in the book, have brought a semblance of order to the field even if most of the diagnostic criteria will inevitably change). There are a few important limitations. The new science of gut visceral sensory disturbances and pathophysiological mechanisms in general are only superficially discussed. In a handbook such as this, more detailed integration with the basic sciences would have represented a valuable and, in my view, vital addition. Overlap among the treatment sections with almost identical discussions of the same drugs is an unnecessary burden which should have been avoided.

This is a good book with messages for both clinicians and researchers. I would recommend that all gastroenterologists with a special interest in the functional gastrointestinal disorders obtain a copy. It should be in gastroenterology libraries everywhere. Gastroenterology trainees should read it to prepare them for real life gastrointestinal practice. I hope there will be further editions as knowledge progresses.

N J TALLEY

Baillière's Clinical Gastroenterology. Liver and Gastrointestinal Immunology. Manns M P, guest editor. (Pp 554; illustrated; £30.00.) Harcourt Brace. 1996. ISBN 0-7020-2187-3.

This latest edition of *Baillière's Clinical Gastroenterology* again combines the words "liver", "gastrointestinal" and "immunology" in its title; however, unlike most of this genre, liver is given more than a cursory chapter at the end, and in fact makes up four of the eight contributions. The first four chapters of this volume deal with the gut and are patchy. Goke and Podolsky author the first chapter on regulation of the mucosal epithelial barrier, and although it is adequate, it is poorly illustrated and goes over the same material as Goodlad and Wright's earlier volume in the same series this year: *Cytokines and Growth Factors in Gastroenterology*. Perhaps the commissioning editors should make sure this does not happen. Then Panjat and Mayer contribute a disappointing chapter on antigen presentation in the gut, with over 14 pages of text, unblemished by illustrations or tables. This is an area which has promised much in the past few years, but where real progress has been painfully slow. There is then a succinct chapter by Kohne and colleagues on intestinal lymphocytes, with some nice figures. The final chapter on gut immunology is on mucosal allergy and is well covered and well illustrated by Stephan Bischoff. I particularly liked the details on the use of allergen challenge into the mucosa during colonoscopy to confirm food allergy, although I am

not so sure whether the technique will catch on in countries other than Germany.

As someone whose knowledge of the liver is seriously limited, I found the four chapters on the liver to be particularly informative, thematically connected focusing on immunology, and generally well done. Herein lies the strength of this volume. Galperin and Gershwin's chapter on the immunopathology of primary biliary cirrhosis is well illustrated and goes into some detail on the autoantigens involved in the disease process. Rehmann's chapter on viral hepatitis is also clear, but could do with illustrations. As a non-expert, however, this reviewer found it illuminating. The editor and a colleague author the best contribution in the book, on hepatocellular autoantigens, with plenty of illustrations and mechanistic explanations for drug induced hepatitis. The volume ends with the obligatory chapter on immunogenetics, this time on liver disease and HLA associations by Donaldson. This follows the usual format with a section on basic HLA, followed by disease associations. At the moment, there are plenty of associations, but no real mechanisms are understood. However, genetic susceptibility to diseases of the gut and liver is an extremely exciting area and I am sure there will be much more data in the next few years.

Overall, this is a worthwhile text, but I would buy it to learn about the liver rather than the gut.

I FORGACS

Clinical Challenges in Gastroenterology. Farthing M J G, ed. (Pp 240; illustrated; £49.95.) Martin Dunitz Ltd. 1996. ISBN 1-85317-252-9.

There are many clinical problems that gastroenterologists deal with on a daily basis. It is not easy to find a single text that helps to tackle these issues. *Clinical Challenges in Gastroenterology* aims to fill this role.

There are 14 chapters written by authoritative authors at well known centres in the United Kingdom. Each of the challenges is well chosen. With reference to the oesophagus, the chapters are entitled "Palliation of oesophageal cancer", "Treatment options for achalasia" and "Barrett's oesophagus: the role of surveillance and surgery". The oesophagus is covered well in the book. Challenges related to other areas of gastroenterology receive less prominence. For instance, there is only one chapter related to liver disease "Hepatitis C virus: who to treat?" and the only chapter related to Crohn's disease is entitled "Nutrition as a primary therapy for Crohn's disease: is it worth it?". There is no attempt to deal with any aspect of colorectal carcinoma except for cancer surveillance in ulcerative colitis. In addition, there is no coverage of infectious disease that is encountered primarily in the developing world but also more commonly in developed countries with the increasing frequency of world travel. The only exception is a useful chapter on the management of intractable diarrhoea in patients with HIV related disease.

The topics that are included are generally covered very well. The text is easy to read and clearly laid out. Where evidence exists for a

particular approach to a problem it is described and the text is well referenced.

Each chapter ends with the heading "What I would do if I had . . .". This approach is new, interesting and revealing. The section is well written by all the contributors. Some of the chapters have two or more authors but most of these sections are written in the first person. Sometimes one wonders which of the authors is the "I"! This is a useful approach to all the topics covered. It makes it very clear that the authors would wish to choose their doctors carefully and require a considerable amount of their time to discuss the various options open to them and the evidence for the decisions that are made! Unfortunately, this is a privilege denied to many of our patients owing to the severe pressure of numbers and the limited time available.

I have enjoyed reading this book, but I feel that it would have been helpful to have included some more topics.

H J KENNEDY

Essentials of Mucosal Immunology. Martin F Kagnoff, Hiroshi Kiyono, eds. (Pp 597; illustrated; \$59.95.) Academic Press. 1996. ISBN 0-12-394330-2.

Published conference proceedings (along with published abstracts) make up the fag-end of scientific communication. Acceptable new data are never included (it would prejudice publication in a peer review journal), virtually nobody reads them and the work is rarely quoted. They are the scientific version of vanity publishing. Almost invariably the product of a meeting, they represent collections of manuscripts extracted from participants (usually unwillingly) in return for a few days in a first-class hotel at an exotic resort, business class air travel, and a chance to lie around the pool and play some golf. Unsurprisingly, their content is often rather pathetic. This book is a compilation of the work of the major speakers at the 8th International Congress for Mucosal Immunology, held in San Diego (nice climate, good golf) in July 1995. This reviewer was to have attended but unfortunately cancelled at the last minute in an unsuccessful attempt to pursue another career opportunity. Having read this book, there is no doubt that my time would have been better spent in San Diego. In contrast to all I have said above, Marty Kagnoff and Hiro Kiyono have put together an excellent book on mucosal immunology. Fortunately, it is not a conference proceedings but a series of authoritative (mostly) pieces on all aspects of mucosal immunology. There are some chapters on inflammatory bowel disease, *Helicobacter pylori*, and liver disease but there is no doubt that this book focuses more on basic mechanisms than clinical disease. The contributors of the 40 chapters are eminent, and by and large they have done a good job. There are quite a number of good figures and tables to break up the text. Forty chapters into just under 600 pages means that individual chapters are often not very long; however, this has turned out to be an advantage as most contributors have focused on details of experiments, rather than the usual turgid "background", and there is little repetition. The book is divided into six major sections on