children. Recently, a working group of the European Society of Pediatric Gastroenterology and Nutrition recommended that in these children, ‘gastro-oesophageal reflux disease should be investigated systematically, and repeated pH monitoring is the preferred technique. Endoscopy to evaluate the condition of the oesophageal mucosa is indicated in the children with severe gastro-oesophageal reflux disease’. Endoscopy must be performed to assess the presence of oesophagitis where there is an unexplained failure to thrive, anorexia as well as unexplained seizures or neurological changes.

With regard to these first three cases of H pylori gastritis in the institution, we thought that several questions needed to be considered. What was the risk of spread of infection in this community? Did other children need to be treated? Was there a bacterial source to eliminate? Was there a risk of patient transmission? Was there a risk for nursing staff? Diagnosis was made using serological tests, which are totally specific in children (compared with adults). Endoscopy was obviously not done to confirm the diagnosis of H pylori infection but to evaluate the mucosal consequences of the infection. Endoscopy was not performed in non-infected children and they were decided to treat only patients presenting with H pylori infection associated with histological gastritis, taking into account the absence of specificity of clinical symptoms in these mentally retarded children.

It is perhaps too early to say whether the Annual of Gastrointestinal Endoscopy has established itself in the hearts and minds of gastroenterologists. It has reached its 7th edition, an achievement not to be indelibly associated with pruritus. Is there any sign of familiarity giving way to the tedium of the expected in this 1994 version?

As regular buyers of this annual will know, this is not a volume to quench the pulse! Somehow the ‘Current Science’ format gives a dullness to the layout, which underlines any attempt to individuality. The editors – all endoscopic giants – do their best to enliven the book with their enduring enthusiasm for gazing inside the gut. Their commitment extends to their adjectives: Cotton’s ‘important’; Tytgat’s ‘superb’, ‘brilliant’; Williams’ ‘stupendous’ – all descriptive of various reviews in their respective areas of expertise.

There are two interesting articles on endoscopy societies (Fleischer) and endoscopic research (Leung and Leung). Fleischer calls for multicentre studies to allow research studies to be sustained over months. He suggests that the value of endoscopic clips in gastrointestinal bleeding might be identified by collaborative studies in both private practice and hospitals is surely open to serious criticism. Leung identifies the difficulty of compensating for variation in operator skill and experience as well as the problem of strict adherence to protocols.

The bulk of the book highlights reports published on gastroenterology in 1993 and is comprehensive (although I found surprisingly little on small bowel endoscopy). The editors might reflect whether forthcoming volumes should continue to include laparoscopy – there may well be ‘tumour’ disputes concerning the laparoscope but, surely, hernia repair should not be considered part of gastrointestinal endoscopy.

Some readers may, like me, experience a minor decline in morale on learning of the ever-expanding gulf between the equipment in their own unit and the range of devices shown here. They would, however, do well to remember that the history of technological innovation is littered with examples of equipment which have been superseded by ever more resourceful ideas which may – or may not – stand up to scrutiny of their colleagues and of time.

What of the remaining 500 pages that deal with inflammatory bowel disease at the bedside and comprise almost two thirds of the book? In their preface, the editors claim that new therapeutic strategies have been developed on an understanding of pathophysiology and are no longer introduced on an empirical basis. For a few this is true, but what about cyclosporin or methotrexate? We may understand their role(s) but surely we cannot say with confidence why they may reduce inflammation in ulcerative colitis or Crohn’s disease. No, in this section we meet all our old friends, aminosalicylates, glucocorticoids, azathio- prime or 6-MP, and antibiotics; all of confirmed benefit, but we do not really understand why. There is considerable overlap between the chapters and no new syntheses emerges. A practical and visionary chapter on immunomodulation, and another written by the vice-president of an industrial corporation on how potential new drugs are targeted for research and possible development, are the most forward looking. The second part is surely an interesting light-hearted review, which deals with candidate compounds and takes account of the need to balance potential development costs with the potential size of the market.

There are some unusual and especially interesting chapters in the clinical section. A health education consultant describes patient concerns with insight and intuition. The book has a majority of North American authors and a chapter on health education is included which offers an interesting light on the American system of financing health care. However, many chapters, good as they are, on such topics as clinical features of disease, diagnosis, complications, and socio-economic aspects, are dealt with in existing books. There is much overlap and overemphasis on medical as compared with surgical treatment. For example, of the meagre 14 pages devoted to surgical treatment of ulcerative colitis, three pages are spent discussing nutritional therapy, which is the subject of a separate chapter.

The reviewer wishes that the editors had focused on current advances in basic science which form the cornerstone of the future and which are the strength of this book. They could well have included also some material from the clinical section such as a good chapter on potential future markers for dysplasia and the future of endoscopic polypectomy. If the book had been shorter, the lead time between writing and publication would have been less, and more recent chapters could be produced at comparatively short intervals to keep pace with the rapid advance. As it is, the present structure of the book is unwieldy and, though a notable achievement, suffers from the urge to be comprehensive. The result is a book which will lose its readers. It is a book from which most readers will pick and choose, not a balanced and limited menu to be enjoyed from beginning to end.

Lenaard Jones

If you wish to receive a recent update on the book, please contact the BMJ Bookshop, PO Box 295, London WC1H 9JR. Tel: 071 383 6244. Fax: 071 383 6662. Books are supplied post free in the UK and for BFPO addresses. Overseas customers should add 15% for postage and packing. Payment can be made by cheque in sterling drawn on a UK bank or by credit card (Mastercard, Visa, or American Express).
NOTES

Colorectal disease

The Cleveland Clinic Foundation is sponsoring a continuing education programme on Colorectal Disease in 1995: an International Exchange of Medical and Surgical Concepts on 23–25 February 1995 in Fort Lauderdale, Florida, USA. Further information from: The Cleveland Clinic Foundation, Department of Continuing Education, 9500 Euclid Avenue, Room TT-31, Cleveland, Ohio 44195–5241, USA. Tel: 800 762 8173; fax: 216 445 9406.

Nuclear Oncology

The Johns Hopkins Medical Institutions are holding a course on Nuclear Oncology on 8–10 March 1995 in Baltimore, Maryland, USA. Further information from Jeanne Ryan, Program Coordinators, Johns Hopkins Medical Institutions, Office of Continuing Education, Turner Building, 720 Rutland Avenue, Baltimore, Maryland 21205, USA. Tel: 410 955 2959.

Correction

An authors’ error occurred in the paper by Dr M A Quine et al (Gut 1994; 35: 1209–14). The last line of Table I should read:

No of endoscopists/1000 population $2 \times 10^{-2}$

$3 \times 10^{-2}$.
Inflammatory bowel disease

J Lennard Jones

Gut 1995 36: 156-157
doi: 10.1136/gut.36.1.156-a

Updated information and services can be found at:
http://gut.bmj.com/content/36/1/156.2.citation

Email alerting service

These include:
Receive free email alerts when new articles cite this article. Sign up in the
box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/