whether it falls just one side or just the other of any arbitrary dividing line.

*Clinical Research Centre,
Northwick Park Hospital,
Watford Road,
Harrow, Middlesex.*

References

- 1 Boyd E, Marks IN. Appropriate statistical test in comparative ulcer healing studies. *Gut* 1985; **26**: 643.
- 2 Lam SK, Lee NM, Koo J, Hui WM, Fok KH, Ng M. Randomised crossover trial of tripotassium dicitrato bismuthate versus high dose cimetidine for duodenal ulcers resistant to standard dose of cimetidine. *Gut* 1984; **25**: 703-6.
- 3 Yates F. Tests of significance for 2x2 contingency tables. *J R Statist Soc A* 1984; **147**: 426-63.

Conservative treatment of gastrointestinal haemorrhage

SIR,—I read with great interest the paper of Rofe *et al* (*Gut* 1985; **26**: 481-4). Their conclusion that conservative management is good for upper gastrointestinal bleeding finds little support from their data. The number of patients with duodenal ulcer and gastric ulcer is small (86) and the number over 60 years of age (high risk) is not given.

Perhaps the most fundamentally worrying feature of this paper is that of the 18 patients who died of bleeding only six underwent necropsy. The concept of 'unsalvagable' patients with hepatic or cardiac failure who died of bleeding from unknown sites is a difficult one to accept. In short, their low ulcer mortality would be more meaningful if the cause of death of more than one third of these patients was known. The claim that a conservative surgical policy was followed is not substantiated; their indications for operation in gastric ulcer seems to match those of our own early or aggressive group.¹ How then did they manage duodenal ulcer? The criteria used to decide operation are not given.

If so few of their gastric ulcer patients required surgery despite their defined policy perhaps our defined criteria for duodenal ulcer patients may not have been fulfilled; in short, that these patients did not have severe bleeding. Perhaps the patients with severe bleeding, the real challenges, were amongst those unfortunate patients who died of 'uninvestigated but unsalvagable' bleeding from unknown ulcers!

D L MORRIS

*Department of Surgery,
Floor E, W Block,
University Hospital, Nottingham.*

Reference

- 1 Morris DL *et al*. Optimal timing of operation for bleeding peptic ulcer: prospective randomised trial. *Br Med J* 1984; **288**: 1277-80.

Books

Alcoholic liver disease. Pathobiology, epidemiology and clinical aspects Edited by Pauline Hall. (Pp 327; illustrated; price not stated.) London: E Arnold, 1985.

The last 20 years has seen a dramatic rise in per capita alcohol consumption together with the inevitable increase in alcoholic liver disease in many parts of the world. This book consists of 14 review chapters written by international authorities on the pathology, epidemiology, and clinical aspects of alcoholic liver disease.

There are clear, detailed, well referenced accounts of alcohol metabolism (Lieber), the pathology (Hall) and the possible role of immune mechanisms in the pathogenesis (MacSween) as well as a consideration of collagen metabolism (Roj-kind). There is a series of chapters containing a mass of less readily accessible information on epidemiology of alcoholism and alcoholic liver disease in Europe (including UK), USA, Japan, Australia, and South Africa. In the clinical section of the book there is a detailed critique of the various agents which have been tried in the treatment of alcoholic liver disease. In referring to the unsatisfactory state of current therapy Conn refers to the 'blind leading the drunk' and emphasises the paramount importance of abstinence in determining clinical outcome. There was an account of the intensive multidisciplinary treatment programme at the VA Centre in West Haven (Nocks) which relies on an initial period of inpatient treatment. Such programmes are clearly expensive and as they have never been shown to be more effective than more modest efforts, are unlikely to gain more ground in Britain at least during the present period of financial cutbacks. Finally the strategies open to prevent or at least control the problem are discussed by Joy Moser who comments that while the developed world maybe beginning to address the problem, 'there is little evidence of a will to extend this vigilance to the third world, where the rapidly expanding alcohol market may constitute an additional strain on efforts to promote health and development'.