test for the evaluation of the exocrine pancreatic function.

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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.

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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