Correspondence

Life event research

SIR,—Your leading article and the communication by Talley and Piper in *Gut*, 1986; **27**: 123–6, and 127–34, and their letter 223–224 summarise most of the methodological difficulties of life event research and its limitations as at present practised. Such studies have, as in this case, usually recorded little difference for recent life events *in propositi* compared to controls. Some people such as the Empire Rheumatism Council's Scientific Advisory Committee in 1950, have interpreted such negative findings¹ as proof that emotional stress was not a causative factor; in that instance the disease was rheumatoid arthritis. I wrote at the time² that this conclusion was not justified on the evidence and indicated that it ignored the fact that germination of a seed also depends on the quality of the soil.

Hambling,³ Wolf⁴ and I⁵ pointed out with supporting evidence that a physiological response to a stimulus can be misleading if it does not take account of the subject's negative or positive perception of the stimulus, and/or of the operator or questioner. The receipt of a police summons or a row with a spouse at breakfast may also affect the subject's responses that day, but are unlikely to do so some days later.

Talley and Piper say 'it is impossible using any valid scientific method to determine the importance of a life event to a particular individual'. I suggest that videotape subsequently scored by independent raters may permit this,⁶ and Talley and Piper's other objection that 'the initial interviewer may consciously or subconsciously alter the presentation' might be obviated by a standardised and/or pictorial presentation of relevant questions in the absence of an interviewer. Thirty five years ago I found pictorial stimuli useful while studying colonic motility.

When it comes to pitfalls in life event research perhaps the commonest is asking the wrong questions. What is stressfully provocative in one group of disorders is often not so in others in which relatively trivial situations rather than events are what to look for—for example, perfectionists having to meet deadlines in migraine^{7,8} and indecision and 'fence sitting' in the irritable bowel syndrome.^{9,10} However, while pathological mourning and loss are not especially relevant to migraine or irritable bowel syndrome they are relevant in the autoimmune disorders,¹¹ while threats of separation-engulfment (entrapment) are commonly provocative in multiple sclerosis¹² etc. Popper has claimed that scientific

advances result from the unexpected observation that falsifies an existing theory; some of the observations mentioned challenge current thinking on the life event theory, yet which suitably honed, could become a most valuable research tool.

Lastly, I plead for less use of the term 'anecdotal' as applied to observations based on substantial clinical studies, past or present. Too often the term is used as a cheap defence or to get a laugh, but its inappropriate use is at best unhelpful, and at worst destructive of progress.

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Dieulafoy vascular malformation

SIR,—The report by Van Zaten and his colleagues (*Gut* 1986; **27**: 213–22) emphasising the importance of the Dieulafoy vascular malformation as a cause of gastrointestinal bleeding is to be welcomed.

Upper gastrointestinal endoscopy in patients with severe bleeding may pose a particular problem in