the real conclusions of the study are rather different from those stated.

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- 1 Deschner EE. Early proliferative changes in gastrointestinal neoplasia. *Am J Gastroenterol* 1982; 77: 207-11.
- 2 Jass JR. Evolution of hereditary bowel cancer. *Mutation Res* 1993; 290: 13-25.
- 3 Nakamura S, Kino I, Baba S. Nuclear DNA content of isolated crypts of background colonic mucosa from patients with familial adenomatous polyposis and sporadic colorectal cancer. *Gut* 1993; 34: 1240-4.

Coeliac disease and autoimmune thyroid disease

EDITOR,—In their article Counsell *et al* state that the association between coeliac disease and autoimmune thyroid disease is not astonishing given that the HLA haplotypes B8 and DR3 are found more commonly in both than in the general population (*Gut* 1994; 35: 844-6). Based on the results of their data obtained in patients with coeliac disease they even suggest a routine check for thyroid function at presentation and a recheck if a gluten free diet fails to repair macrocytosis or symptoms, or both.

Screening patients with autoimmune thyroid disease for coeliac disease, as it has been performed by Collin *et al*¹ and by our group² also unveils a clinically possibly important association between the two diseases. We, therefore, agree also with their second suggestion that coeliac disease should be considered in patients with autoimmune thyroid disease.

It seems noteworthy to me, however, to point out that patients with Hashimoto's thyroiditis seem to have a higher risk of developing coeliac disease than patients with Graves' disease. Patients with coeliac disease on the other hand also seem to develop hypothyroidism (Hashimoto's?) rather than Graves' disease. Indeed, the young woman in our series of 27 patients with Hashimoto's disease, who was found to have oligosymptomatic coeliac disease was HLA-B8, DR 3 negative. This was not surprising, as we have shown earlier³ that the goitrous variant of this disease is associated with the HLA-DR5 haplotype.

I therefore want to suggest that there must be another (additional?) link between the two diseases. This in my view is even more plausible if you consider the reports that both, Hashimoto's thyroiditis and coeliac disease, may eventually result in lymphoma,^{4,5} whereas this has never been described in Graves' disease patients.

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- 1 Collin P, Salmi J, Hällström O, Reunala T, Pasternack A. Autoimmune thyroid disorders and celiac disease. *Eur J Endocrinol* 1994; 130: 137-40.
- 2 Weissel M, Vogelsang H, Penner E, Flores J. Celiac disease in autoimmune thyroid disease. *Thyroid* 1993; 3 (suppl 1): T30.
- 3 Weissel M, Höfer R, Zasmata H, Mayr WR, HLA-DR and Hashimoto's thyroiditis. *Tissue Antigens* 1980; 16: 256-8.
- 4 Loughran TP Jr, Kadin ME, Deeg J. T-cell intestinal lymphoma associated with celiac sprue. *Ann Intern Med* 1986; 104: 44-8.
- 5 Hamburger JL, Miller JM, Kiri SR. Lymphoma of the thyroid. *Ann Intern Med* 1983; 99: 685-9.

BOOK REVIEWS

Infections of the gastrointestinal tract.

Edited by M J Blaser, P D Smith, J I Ravdin, H B Greenberg, R L Guerrant. (Pp xxix+1578; illustrated; \$282.00.) New York: Raven Press, 1995. ISBN: 0-7817-0226-7.

Yet another massive tome on infection, this time directed solely to the gastrointestinal tract! Ten parts, 97 chapters, 162 contributors – all but 11 from North America, and the weight is 3.8 kg.

The editors begin their preface (to a volume that they have endeavoured to make 'comprehensive and practical'): 'Gastrointestinal infections are a major cause of disease and death, particularly in the developing world'; absolutely true, but surprisingly only one of the contributors (from Peru) resides there! The goal (of their labours) is, they state 'to provide a comprehensive source that combines the scientific basis and the art of medicine relevant to enteric infections'; while also emphasising that '... the clinician who understands the new technologies ... becomes their master, not their slave' they also write that '... there are many opportunities for simple, low-technology, low-cost approaches' for dealing with this group of infections. To keep the text to reasonable length (?), and to 'avoid dilution of interest and focus', hepatic infections are not included and should, the reader is informed, '... be treated as a separate subject'. The intended readership consists of: 'the healthcare practitioner, the clinical investigator, and all who seek not only the latest clinical details but also an understanding of the breadth and limitations of our knowledge of enteric infections'.

Part I focuses on the history and epidemiological aspects (in both developed and developing countries) of diarrhoeal disease; not surprisingly there is a good deal on cholera, and also the impact of gastrointestinal infection on the course of military campaigns – both well trodden paths! Anatomy, physiology, and immunology are covered in Parts II and III; normal flora, mucins, adherence factors, fluid and electrolyte transport, mucosal IgA, secretory antibody responses to enteric pathogens, cellular immune mechanisms, and immunophysiology of mast cells are some of the subjects tackled. In Parts IV to VI major clinical syndromes are considered – both in the immunointact and immunosuppressed subject; the coverage starts with food poisoning and travellers' diarrhoea, and meanders along through enteric fever, tropical sprue, appendicitis, diverticulitis, peritonitis, and infective complications of inflammatory bowel disease; there is also a great deal on *Helicobacter pylori* (53 pages) and HIV infection. Microbiology, epidemiology, and pathophysiological considerations form the basis for Part VII; bacterial and fungal, viral, and parasitic (protozoan and helminthic) infections are dealt with in this order. It is noteworthy that mycobacterial disease of the gastrointestinal tract (including *Mycobacterium tuberculosis* – which is arguably the world's most common bacterial disease) is allocated 19 pages, whereas that on Whipple's disease gets 18! Perhaps the editors should have taken more time with balance and prior-

ities! The protozoan sections are on the whole well done; *Cyclospora cayatenensis* has just about made it! In a world context, helminthic infections (not least *Schistosoma* spp) are a dominant and important group; may be 168 pages represents rather short shrift! The remaining three parts focus on diagnosis (laboratory, endoscopic, and radiological), therapy, and preventive strategies – including vaccination (against viruses, bacteria, and parasites). A particularly useful chapter is one devoted to the treatment of paediatric diarrhoea. Although the various parts are clearly stated in the list of contents, there is no indication of this in the text itself.

One strength of this book lies in the substantial reference lists at the end of each chapter; most are appropriate and up to date, and most (but not all) accurate. The line diagrams and half-tone photographs are of good quality; 44 colour plates are included; these range from histological, endoscopic, and parasitological figures. The index is comprehensive.

But what about other books that cover this scenario? Of the American texts, Gorbach, Bartlett and Blacklow's *Infectious Diseases* (1992) covers these infections well, as does the fourth edition of 'Mandell' (1995). Of British tomes, the nearest is probably Bouchier, Allan, Hodgson, and Keighley's *Gastroenterology: Clinical Science and Practice* 2nd ed (1993). The advantage of Blaser *et al* is that it is devoted in entirety to gut infections and will inevitably become the reference book for some time to come in this specific area dominated by the gastroenterologist and infectious diseases physician.

G C COOK

Drug-Induced Liver Disease. By G C Farrell. (Pp 704; illustrated; £95). Edinburgh: Longmans Group, 1994. ISBN 0-443-04368-X.

Books exist describing untoward reactions of the liver to various drugs. The largest and most comprehensive is by H J Zimmerman (*Hepatotoxicity: The Adverse Effects of Drugs and Other Chemicals on the Liver*; New York: Appleton-Century Crofts, 1978) but it is sadly out of date. The book edited by B C Ch Stricker (*Drug-Induced Liver Injury*; 2nd edition; Amsterdam: Elsevier, 1992) is justifiably in wide use. However, the drugs scene, particularly in relation to hepatotoxicity, is changing rapidly and this book from Australia, edited by Geoffrey C Farrell is both comprehensive and timely.

The first part describes underlying concepts of drug metabolism and hepatic reactions to drugs. The role of the liver in drug metabolism is contributed by Michael Murray and biochemical mechanisms by G C Farrell. Immunological mediation of drug reactions is discussed by Ian R Mackay, perhaps Australia's most outstanding clinical immunologist. Pdela M Hall contributes an excellent chapter on histopathology, which includes 54 figures, many of them in colour.

Various drugs are discussed under the headings frequency, risk factors, clinical features, hepatic-histology and course, outcome, and prevention. An up to date table covering 29 pages summarises the effects of each drug alphabetically. I could not find any omissions. Even ecstasy, a currently much discussed hepatotoxin is annotated. This table, on floppy disc, is available free of charge on request by those who purchase the book.