Notes and activities

Gallstone Dissolution Therapy
A group of physicians with an interest in gallstone dissolution therapy has combined to study gallstone recurrence after successful gallstone dissolution. This multicentred clinical study is designed to run until 1983; it is the first attempt to assess the value of maintenance therapy in cholesterol gallstones and tests both low dose UDCA and dietary measures against placebo. In order to produce statistically valid results it is desirable to study as many patients as possible. Hence we invite doctors who have patients with complete gallstone dissolution on either ursodeoxycholic or chenodeoxycholic acid therapy to take part. Those listed below would be pleased to provide additional information: Dr D C Ruppin, Professor R H Dowling, Guy's Hospital and Medical School, London SE1 9RT; Professor J A D Bouchier, Ninewells Hospital and Medical School, Dundee DD1 9SY; Dr A J Farmer, Reedsford Memorial Hospital, Nelson, Lancs BB9 7YU; Dr K Heaton, Bristol Royal Infirmary, Bristol BS2 8HW; Dr O James, Freeman Hospital, Newcastle upon Tyne NE7 7DN; Dr D B Trash, Manor Hospital, Walsall, West Midlands.

16th EASL Meeting
This meeting will be held in Lisbon, Portugal, on 3–5 September 1981, and topics will include: drug-induced liver damage; liver disease in childhood; bleeding oesophageal varices; proteins and aminoacids in liver disease; renal and haemodynamic change in liver disease. There will be a pre-congress meeting on ‘Immunoregulation and liver diseases’, on 3 September. Details from Organising Secretariat: Rua Barata Salgueiro, 37–1, 1200 Lisbon, Portugal. Telephone: 563695 or 563696. Telex: 16409.

Books
Diagnostic Radiation—A Possible Factor in Malignancy in Patients with Chronic Inflammatory Bowel Disease and other Essays Arnold G Rogers. (Pp 52. £7.00 +£1.00 postage.) Komar Printing Ltd., 725 Portage Avenue, Winnipeg, Canada R3G OM8. 1981.

Within the first year of Roentgen’s discovery of x-rays the direct harmful effects became apparent. Intense erythema was followed by superficial necrosis and, with larger doses, total tissue destruction down to the bone was produced. The subacute effects of high doses of radiation became known within the first decade of the new century with the appearance of skin cancers. A knowledge of the list of early martyrs to the new diagnostic tool soon resulted in a code of practice for the protection of workers with radiation. However, there was a considerable delay in recognizing the delayed effects of radiation and, even today, there is in many quarters a somewhat cavalier attitude towards requesting x-ray examinations and there are few institutions which keep detailed records of the total radiation given to patients for diagnostic purposes. The authors in a series of somewhat repetitive but related papers draw attention to the high accumulated dose of radiation that patients with chronic illnesses such as Crohn’s disease, ulcerative colitis, and renal lithiasis can receive, the information from each repeated examination often being of doubtful clinical value. While by no means proving their case, they certainly provide strong initial evidence for a possible link between diagnostic radiation and the increased risk of malignancy in these conditions; the radiation exposure in the limited number of cases is reasonably well documented. Consideration must in the future be given to at least the possibility of malignancy being related to repetitive barium examinations in chronic gastrointestinal disorders.

Dr Rogers has produced a timely reminder to surgeons, physicians, and radiologists. Consider very seriously, is the examination really necessary? Will it add significant information for the patient’s benefit and not just for medical documentation, because, over the period of 15 to 20 years, patients can, not uncommonly in these circumstances, receive a dose of 20–40 rems which may prove to be a significant carcinogenic factor.

L KREEL


Dr G C Cook’s book on Tropical Gastroenterology successfully amalgamates liver diseases and gastroenterology. It should prove valuable not only to doctors working in the tropics but to those in Great Britain who see patients returning from tropical excursions or residence whose most common complaints usually concern the gastrointestinal system.

The book comprises six sections, the upper gastrointestinal tract, the liver and biliary systems, the pancreas, the spleen, the small intestine, and the large intestine, dealt with in that sequence. There are 45 excellent black and white illustrations of radiographs, pathological specimens, and case photographs. There are some 2800 references; these sometimes split up sentences, thereby making reading a little difficult, but this is a small price to pay for their value. The index is extensive and comprehensive.

The treatment of the various parasitic infections is generally up to date and in line with modern practice. It does, however, leave one with many choices of therapy without firm recommendations as to the author’s preference. Recent experience suggests that the dosage of mebendazole for the treatment of hydatid disease is too low; also, praziquantel is not mentioned in the treatment of schistosomiasis, clonorchiasis, and intestinal cestodes.

This book is an excellent review of gastrointestinal problems seen in a tropical environment, though it is a little brief on some of the parasitic infections encountered in the Far East. The chapters concerning small intestinal problems are dealt with extensively, reflecting Dr Cook’s interest in this subject. There is valuable information on aspects of geographical pathology such as the distribution and aetiological factors of the different forms of gastrointestinal malignancy. It would have been most useful if a discussion of functional abdominal complaints were to have been included. In my experience the irritable bowel syndrome is one of the most common conditions encountered in out-patient practice in the tropics.

J HARRIES