Correspondence

Bile salt-induced gastric mucosal damage

Sir, – The paper by Drs Lewi and Carter on bile salt-induced mucosal damage (*Gut* 1983; **24:** 33–7) provides clearcut evidence that histamine receptors are not involved in the induction of changes in ionic flux by sodium taurocholate. Those results are in keeping with the conclusions of other studies, from which it may be inferred that the pathogenesis of mucosal damage by bile salts is not to be related to altered gastric acid secretion but to acute impairment of the so-called 'mucus-bicarbonate' barrier. In fact bile salts are known to affect the gastric mucus layer by decreasing its viscosity[1] and taurocholate has been shown to inhibit bicarbonate production by the human stomach.[2] The failure of H_2-receptor antagonists in preventing the taurocholate-induced increase in mucosal permeability confirms that bile salts damage the gastric mucosa through a different mechanism. A direct damaging effect on the parietal cells, as suggested by Lewin *et al* in the same issue of *Gut* (pp. 28–32), may well be the cause of acid hyposecretion but it appears to be a consequence of the fact that the 'mucus-bicarbonate' barrier becomes unable to protect the gastric mucosa.

From a practical point of view the findings of Lewi and Carter also imply that there is no point in using H_2-blockers in the treatment of reflux gastritis and that drugs strengthening the mucosal defences and/or binding bile salts should be preferred.

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References

1 Martin GP, Marriott C, Kellaway IW. Direct effect of bile salts and phospholipids on the physical properties of mucus. *Gut* 1978; **19:** 103–7.
2 Rees WDW, Warhurst G, Turnberg LA. Studies of bicarbonate secretion by the normal human stomach in vivo: effect of sodium taurocholate and aspirin. (Abstract). *Gastroenterolgy* 1982; **82:** 1158.

Books

Practical gastrointestinal endoscopy By Peter B Cotton and Christopher B Williams. (Pp. 204; illustrated; £16.50.) Oxford: Blackwell, 1982.

A review of a second edition assumes that the reader is already familiar with the first. Suffice it to say that the book, in its first edition, was very good. It concerned itself with the practical aspects of endoscopy and achieved exactly what the authors intended. Blackwells had backed a winner and within three years we are given a second edition. The aims are unchanged, and the book itself only a few pages longer. The print is smaller but very legible; the layout is similar, with wide margins and splendid line drawings galore, more than before, with some improvements; and there are more colour plates of endoscopic appearances, but these are perhaps superfluous. Most chapters now have a small list of key references, a good idea. The text has been revised and some chapters have been considerably expanded, taking recent developments fully into account. This is especially helpful in the chapters dealing with the therapeutic aspects of endoscopy. There is a new chapter on infection, cleaning and disinfection, and a thought-provoking postcript. The book is, thus, a comprehensive guide to the practical aspects of modern gastrointestinal fibre-endoscopy.

Peter Cotton and Christopher Williams are widely admired as clinical gastroenterologists with a flair for practising and teaching endoscopy, for developing new techniques, and for exploring the place of endoscopy in gastrointestinal research. Ably assisted by their artists and their publisher they have produced a distillate of their knowledge and experience, to the great benefit of endoscopists whatever their experience. The book deserves an even wider readership than the first edition.

K F R SCHILLER

Advances in internal medicine Edited by G H Stollerman (Pp. 624; illustrated; £33.25). Chicago: Year Book Medical Publishers. 1982.

Gastroenterologists have many review articles and books to help them keep up-to-date in their own field. Internal medicine specialists have their own annual *Advances* which each year devotes three or four chapters to gastroenterology. In 1979 they had enteric hyperoxaluria, gut fluxes and abdominal CT; in 1980 lipoproteins in liver disease, cholestasis and acute pancreatitis; and last year non-A non-B hepatitis, hyperamylasaemia, and intestinal adaptation to bowel resection.

Cattau and Castell from Bethesda elucidate the symptoms of oesophageal dysfunction. I liked their dismissal of presbyoesophagus as a diagnostic entity, and of iron deficiency anaemia as an association with oesophageal webs in spite of Plummer and Vinson. The mimicry of cardiac pain by oesophageal disease

is emphasised and traced back to Morgagni in 1769.

Tucker and Schuster from Johns Hopkins accept that in the irritable bowel syndrome there is an abnormal motor response, and frequent psychopathology, but they give little help in management.

A review of inflammatory bowel disease from Mount Sinai (Janowitz and Sacher) is *ex cathedra* authoritative, and they start with the only major novelty in intestinal infection, *Campylobacter* enterocolitis and antibiotic-associated pseudomembranous colitis from *Clostridium difficile*. Last come the Mayo (Shorter and Tomasi) on gut immune mechanisms, with emphasis on defence against viruses bacteria parasites and antigens.

The reviews are sound, but the specialist gastroenterologist should be aware of most of these fields. Nevertheless, the general physician who buys this book annually will certainly become better orientated gastroenterologically.

J H BARON

Contemporary issues in clinical nutrition vol. I **Nutrition in gastrointestinal disease** Edited by Robert C Kurtz. (Pp. 146; £13.) New York: Churchill Livingstone, 1982.

Clinical nutrition found a natural ally in gastroenterology resulting in a new awareness among gastroenterologists of the importance of diet in the prevention, treatment, and complications of gut disease. Unfortunately, few of the 16 authors who have written the 10 short essays which make up this book are specialists in the field, with the result that it loses much of its potential impact. The editors have not sought to write a comprehensive treatise, having opted for chapters on fibre, gastrointestinal cancer, peptic ulcer, food allergy, inflammatory bowel disease, short gut syndrome, alcohol, and coeliac disease. Within these boundaries too much is devoted to theories concerning the dietary aetiology of gastrointestinal cancer which, as Goldin and colleagues rightly conclude in relation to colon cancer, is mostly speculation. It would have been better to have included an update on more practical topics such as the assessment of nutritional status and the management of nutritional problems. One or two authors give some original data which serves to liven up the book considerably, although after describing in detail the rationale for studies on the chemoprevention of colorectal cancer using vitamin C, Eyers and DeCosse have disappointingly to report that it is of no benefit in the management of patients with familial polyposis. However, they say their results 'hinted at a suppression of DNA synthesis . . . in the crypts by ascorbic acid'. The chapter on peptic ulcer will cause many people to raise their eyebrows, containing as it does complicated regimes for the dietary management of this condition. But to balance this there are good chapters on alcohol, one on food allergy, and the book is well referenced and up to date overall. It is nevertheless probably pitched more at the student and non-specialist and is unlikely to provide much stimulus to those actively involved in the field.

J H CUMMINGS

News

The Sir Alan Parks Fellowship for Research in Colonic and Rectal Surgery

The many friends of Sir Alan Parks are anxious to establish a research fellowship which will commemorate and continue the remarkable advances that he made in surgical research and practice. Enquiries should be addressed to Mr Ian Todd, St Mark's Hospital, City Road, London EC1V 2PS, and contributions should be made payable to 'The St Mark's Research Foundation' which is a registered charity.

McMaster University grant

An Intestinal Disease Research Unit will be established in Hamilton at McMaster's Faculty of Health Sciences with the support of a $3.2 million grant from the Canadian Foundation for Ileitis and Colitis, a voluntary non-profit foundation which promotes medical research into ileitis (Crohn's disease) and ulcerative colitis, two chronic inflammatory bowel diseases for which there are no known causes or cures. Richard Hunt, Professor of medicine, will direct the Unit.

Cystic Fibrosis Research Trust

The 12th Annual Meeting of the European Working Group for Cystic Fibrosis will be held in Athens, Greece from 3–4 October 1983. This meeting will be preceded by the annual meeting of the International Cystic Fibrosis (Mucoviscidosis) Association at the same venue from 1–2 October 1983. Details from: Ron Tucker, Executive Director, Cystic Fibrosis Research Trust, Alexandra House, 5 Blyth Road, Bromley, Kent BR1 3RS.