only a very limited extent in patients with untreated coeliac disease and only to a limited extent by patients treated for as short a time as three to eight months. The lactose would therefore remain osmotically active in the small intestinal lumen in coeliac patients, decreasing transit time and reducing the absorption of the test substances, while in normal subjects, it is readily hydrolysed and quickly absorbed. Thirdly, these same workers have themselves noted that cellobiose is itself partially hydrolysed and others have presented experimental data that show that the use of mannitol is questionable. These factors may very well explain the apparent discrepancy between our results and theirs.

Drs Hamilton, Cobden, and Axon should be fully aware that the sensitivity of their test is low in comparison with the 51 Cr EDTA absorption test, and with our recently described in vitro test. Numerous communications concerning the use of various sugar ratios attests to their lack of specificity.7-12

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Books

Coeliac disease By W T Cooke and G K T Holmes. (Pp. 281; illustrated; price not stated) Edinburgh: Churchill Livingstone, 1984. This book seeks to present gastroenterologists with a comprehensive account of coeliac disease. It gives an admirable description of the condition from the point of view of an experienced clinician who has cared for coeliac patients for nearly half a century. There is a historical introduction, followed by a discussion on definition, then an account of the jejunal mucosa in coeliac disease. Thereafter, the clinical features of the disorder and conditions associated with it are described. The book concludes with a chapter on aetiology.

Not all will agree with the authors when they argue that it is impossible to define coeliac disease, nor with the view that the intestinal mucosa may sometimes be normal on jejunal biopsy. As might be expected, the best sections of the book are those dealing with the clinical features of the condition. There is an exhaustive bibliography, to the extent that whole lines of text are sometimes taken up by reference numbers, which does not make for easy reading. The order of the chapters and their content sometimes display an endearing eccentricity, metabolic bone disease being included in the chapter on clinical presentation rather than with metabolic disturbances and diagnostic investigations.

For the historian, the full story has yet to be told. The historical section deals in great detail with long forgotten contributions to the literature and there is little consideration of the background to Dicke’s epoch making discovery. Dicke was a man of remarkable perception. He was working in the...
Hague towards the end of the Second World War, a gruesome period of famine when the people were reduced to eating tulip bulbs and many died of starvation. To Dicke's astonishment, his coeliac patients improved under these appalling conditions. But it was the relapse induced by the bread dropped by airplanes sent by the Swedish authorities to relieve the starving population that convinced him that there was something in bread that caused coeliac disease. The most important technical advance of that era was the introduction by van der Kamer of his now classic method of measuring faecal fat, and it was this technique that enabled the Dutch workers to pinpoint the crucial role of gluten.

The volume is well produced and easy to handle. A number of errors, for example 'metabolic' fat and 'enteroporesis' have escaped the proof readers, particularly among the references. Nevertheless, the book is a useful monograph describing the Birmingham experience.

C C BOOTH


This book is the distillate of the author's experience of oesophageal disease as it has been illuminated by manometry. It has all the virtues of a personal view, describing his own findings enlivened by clinical anecdotes, especially where the published literature is confusing; it is also well referenced. Inevitably it also has the drawbacks of personal account, and these exemplify the problems which beset all oesophageal manometrists.

There is no universally agreed technique for performing pressure studies, so Dr Henderson describes his own. Unfortunately, much that has been learned recently about improving recording fidelity is not discussed. The virtues of non-compliant, low volume pumps are inadequately described, and the large volume syringe pump is recommended as having 'withstood the test of time'. The need for a radial array of catheters because of sphincter asymmetry, and Dent's sleeve catheter are not mentioned, while rapid pull through for sphincter measurements is dismissed in a short paragraph.

Observer error is a pitfall in manometry, and even with patience and excellent equipment it is often impossible to obtain neat, unambiguous recordings. Throughout this book the illustrative recordings are 'semi-diagrammatic', which makes for clear pictures but conceals the practical difficulties. How and where to make measurements on a tracing are quickly passed over, mainly contained in one complex figure (which does not agree with its accompanying text), showing sphincter tone being related not to the gastric fundus but to oesophageal body pressure. This is either a serious graphical error, or Dr Henderson is out of tune with every other manometrist of my acquaintance.

The many clinical facets of oesophageal disorders are well described and illustrated with good radiographs as well as manometric traces, and the author's didacticism in areas of uncertainty is stimulating, if sometimes controversial.

There is a growing if belated interest in manometry among British gastroenterologists. Manometry is far from an indispensable aid but in a few patients it can give important information unobtainable in other ways, besides being essential as a research tool. There is a need for a guide to manometry but I fear this book is too idiosyncratic to be recommended for that purpose.

JOHN R BENNETT

Books received


News

BSG Research Award 1984

A three page summary of personal research work is invited by the Awards Committee who will recommend to Council the recipient of the Award for 1984. A bibliography may also be submitted if desired. The Award consists of a medal and £100 prize. Entrants must be 40 years or less (on 31 December 1984) but need not be a member of the BSG. All (or a substantial part) of the work must be performed in the UK or Eire. The recipient will be required to deliver a 40 minute lecture at the Plenary Session of the Spring meeting in 1985. Applications (six copies) should be made to: The Honorary Secretary, BSG, The Rayne Institute, 5 University Street, London WC1E 6JJ, by 1 December 1984.