values will be identical for the two measurements; the 'minimal differences between analyses (Fig. 6)' is a consequence of the conventional definition for an even number of values of the median as the arithmetic average of the two middle values.

I endorse Dr Walt's exhortation to authors 'to adequately explain their methods of calculation'.

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Reply

SIR,—I thank Mr Robinson for the formula correction. I may have misinterpreted but I am worried by the underlying implication of the remainder of his comments. Mr Robinson seems to be arguing in favour of having many available methods of calculation with the ability to choose that which, serves the present purpose best. As I tried to show in my article, the very existence of different methods allows questionable manipulation of data. I would like to see unification of data handling by statistically acceptable means. This may limit confusion when people discuss the inhibition of acidity achieved by various drugs or operations in comparative terms.

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Another example of Strongyloides stercoralis Infection associated with cimetidine in an immunosuppressed patient

SIR,—We read with interest the paper by Ainley et al.1 on a case of strongyloides hyperinfection associated with cimetidine therapy in an immunosuppressed patient and we would like to report a similar observation.

Mrs L was born in France in 1931 and had never left this country. She was treated in 1970 and 1977 for Hodgkin's disease. She received cimetidine 800 mg daily since May 1984 for a prepyloric ulcer related to non steroidal anti-inflammatory drug therapy; there was neither gastric nor blood hypereosinophilia at this time. She was admitted again in July 1984 for abdominal pain, vomiting, urticarian eruption and diarrhoea. Clinical examination and chest radiograph were normal. Peripheral blood count showed a dramatic increase in eosinophilic cells (28500/mm3). Upper endoscopy showed erythematous gastritis and duodenitis without any erosion and biopsies revealed an eosinophilic infiltration with numerous cross-sectional views of Strongyloides stercoralis in the duodenal mucosa. Stool specimens were also positive for larvae. The patient was successfully treated with two courses of thiabendazole (25 mg/kg for three days) and had further negative stool examination and returned to a normal white cell count.

As in Ainley et al's case report1 the timing suggests that hyperinfection was related to cimetidine therapy and we believe that our observation is the second report published to date.

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References


Cimetidine and gastrointestinal haemorrhage in critically ill patients

SIR,—I read with interest the report by Groll and colleagues (Gut 1986; 27: 135–40) in which cimetidine was found to confer no statistically significant benefit in reducing gastrointestinal haemorrhage in critically ill patients. In their discussion, however, the authors made no mention of possible complications arising from this form of treatment and perhaps this could have been noted.

Athrton and White1 found that in ventilated patients, in an intensive care unit, gastric colonisation by Gram-ve intestinal bacteria (GNIB) may occur before culture of the same organisms from the trachea. In a further study from an intensive care unit, in which patients were given cimetidine or antacids, it was concluded that this form of treatment may encourage airway colonisation and predispose patients to develop pneumonia caused by GNIB.2 Another study confirmed that when intragastric pH exceeded 4, the stomach became rapidly colonised by GNIB and it was suggested that this may have implications in terms of crossinfection or the development of aspiration pneumonia.3

In addition, when the effects of cimetidine on vomiting and on the volume of nasogastric aspirate produced postoperatively were studied, an increase in pneumonia was found in the group which had been given cimetidine, although the organisms cultured were not reported on.4 Furthermore, a good correlation has been reported between gastric aspirate culture and cultures from infected wounds, after gastric surgery.5
In conclusion, it seems that any benefit from raising gastric pH, in critically ill patients, must be balanced against possible problems of Gram-ve pneumonia, cross infection and wound infection. Because this is the largest study on cimetidine usage in an intensive care unit, it might be valuable for the authors to review their data to ascertain if these problems were significant.

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Books


In reviewing this text by Johnson and his colleagues, I find it difficult not to draw comparisons with the slightly older work, Physiology of the digestive tract, by H W Davenport (Year Book Medical Publishers, Chicago, 5th ed, 1982). Both texts are aimed at the same group: medical and graduate students. Both use a similar format: preparatory chapters on control, followed by more detailed sections on motility, secretions, digestion, and absorption. Both are also rather slim paperbacks although Davenport’s is 80 pages longer, with a smaller typeface, for an extra £6.

The similarities end here. Davenport’s text provides a relatively up to date and comprehensive account of gastrointestinal physiology. As such it is suitable for the medical student eager to read more of the subject, or just wanting to clarify lecture material. The same cannot be said for Johnson’s text. This is too brief to be really useful: students may find the subject covered in equivalent depth in their standard physiology texts. The diagrams are generally uninspired, and over-simplified to the extent of inaccuracy.

The chapter on digestion and absorption has been rewritten for this third edition, and the addition of a chapter on fluid and electrolyte absorption is to be welcomed. The contents and diagrams in these chapters, as well as that on gastrointestinal circulation are of a generally higher standard than the rest of the contributions. Overall, I shall still be recommending Davenport as a text for further reading for first year medical students, although it is rather too costly for many students to contemplate purchase.

BARRY H HIRST


The title of this little book has obvious appeal for students and teachers of gastrointestinal physiology as this is a topic which is poorly covered in textbooks. The format of the book is good. The first four chapters cover general aspects of structure function and control. They are followed by chapters on oesophagus, stomach, small intestine and large intestine. Two final chapters take a coordinated look at motility in the fasted and fed states. Although this format is good, it inevitably means that the book begins with the complex and often unresolved problems of smooth muscle innervation, the electrophysiology of intramural plexuses, the nature of neuromuscular and ganglionic transmitters etc. This is good stuff for the enthusiast. It is hard work for the uninitiated, however, who might be tempted to give up as early as Figure 1 – a schematic portrayal of the extrinsic innervation of the bowel wall, containing no less than eight abbreviations and resembling an aerial diagram of Crewe railway station. But he should press on for, although there are some difficult patches ahead, by and large, David Grundy leads us through the complexity with a good balance between experimental evidence and didactic statements.

Apart from the problem outlined above and a few niggles – for example, the fact that gastrointestinal peptides are referred to uncritically as hormones, the book has two drawbacks. First, it is selective. Thus consideration of mucosal movement (as distinct from movement of the whole bowel) is deliberately omitted, mastication is not mentioned, while the buccal and pharangeal phases of swallowing, and vomiting are both restricted to a small paragraph. In my view a monograph aimed at senior undergraduate and postgraduate students should be comprehensive. Secondly, it is prohibitively expensive. If publishers cannot find a way of producing a book of this nature at less than 16.4p per page, one wonders if authors will continue to offer their services. I suspect that the price will deter private sales. This is a pity because the serious student would derive much from this convenient little book.

MAYNARD CASE


The incidences of diabetes is probably increasing – it is certainly one of the commoner disorders of civilisation. While ‘improvements’ in treatment have lessened the rate at which complications develop the increased life expectancy of the diabetic makes the