not assume that women with Crohn's disease always have the same cohabitation behaviour as healthy controls, because of possible abdominal pain during sexual intercourse, perianal complications, or impaired general state of health. Information on the fertility of the husbands would have been useful. It is known that infertility is found in more than 30% of the cases in the man.² Interestingly, women with Crohn's disease became pregnant slightly more frequently before diagnosis than did the healthy controls (60% vs 57%). It is well known that several years may pass between the first symptoms and the definite diagnosis of Crohn's disease.³ Presumably, at least part of the 60% with Crohn's disease could have conceived during a period when they were affected with the disease.

Our objections are not intended to diminish the importance of this study, but we do think the author's conclusions are a bit overdrawn. The data presented are more relevant to non-conception, than to fertility of women with Crohn's disease.

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Endoscopic sclerotherapy using absolute alcohol

SIR,—In your February 1985 issue: Sarin *et al* (*Gut* 1985; **20**: 120-4) reported the use of absolute alcohol as a sclerosant for injecting oesophageal varices. They found it to be an effective, safe, economical and freely available sclerosant for developing countries. We, therefore, started injecting absolute alcohol (95%) to further study its efficacy and safety in human beings. Before this we had used polidocanol as a sclerosant in more than 300 patients with portal hypertension.

Endoscopic sclerotherapy was carried out using an Olympus GIF Q panendoscope and NM 1K injector. 0.5-1 ml absolute alcohol was injected intravariceally in each variceal column at gastroesophageal junction and 3-4 cm proximal to it

with a total volume of 5-10 ml per session. Sclerotherapy was repeated at two weekly intervals until obliteration of varices, or development of complications.

So far 17 patients (cirrhosis 11, non-cirrhotic portal fibrosis six) have received this regimen. All of them received a total of 43 sittings with a mean of 2.5 per patient and mean volume of alcohol injected per session was 7.4 ml. Thirteen (76.4%) of the 17 patients developed complications (Table) and two died. One patient succumbed to massive bleeding and the other to a haemorrhagic pleural effusion secondary to oesophagopleural fistula. Efficacy of absolute alcohol for obliteration of varices could not be judged because of the complications. Thus in our view the use of absolute alcohol as a sclerosant should be avoided.

Table Complications in patients after endoscopic sclerotherapy with absolute alcohol

Complications	Patients	%
Deep necrotic oesophageal ulcers	13	76.4
Retrosternal pain	10	58.8
Dysphagia	7	41.1
Stricture	4	23.5
Bleeding ulcer	4	23.5
Mediastinitis	1	5.8
Oesophagopleural fistula	1	5.8

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Books

Food and the gut By J O Hunter and V Alun Jones (Pp. 309; illustrated; £19.50). London: Ballière Tindall, 1985.

The function of the alimentary tract is to receive, process and absorb food, excreting any undigested residue. Gastroenterology has been concerned with diseases of the digestive system and relatively little attention had been given to the effects of food on alimentary function. In the last decade, however, the specific effects of food constituents on order and disorder in the gut has been the focus of much basic and clinical research. This book is particularly timely in integrating this research for the attention of clinicians. It brings together a team of authorities in such diverse fields as the effects of feeding on the development of the gut, its effect on gut hormone activity, its influence on intestinal permeability, and on the balance and function of intestinal microflora.

It is also concerned with the role of food in the genesis of some of the digestive diseases. There is now an extensive literature on food factors in relation to gall stones, certain liver diseases, Crohn's disease and to cancers of the alimentary tract; already a number of tentative conclusions have been reached and these are critically reviewed and assessed. The special interest of the authors in functional bowel disorders and its relation to food is well covered in the sections on allergy, pseudo-allergy and pharmacologically active peptides, either present in food or produced during digestion. The personal experience of the authors in relation to the irritable bowel syndrome is recorded but their excellent results from exclusion diets await confirmation as it is a condition in which significant regional differences could well exist. The rapidly increasing interest in nutritional assessment in hospital practice is covered together with a detailed commentary on parenteral feeding but there is insufficient reference to enteral feeding. An increasingly active interest is being taken by many gastroenterologists in clinical nutrition and indeed the title of some departments has been changed to Department of Gastroenterology and Nutrition. This informative book will encourage this trend and should be in every departmental library.

FRANCIS AVERY JONES

Polypoid disease of the colon: emphasis on radiologic evaluation Edited by D J Ott and W C Wu. (Pp. 202; illustrated; £42). Baltimore-Munich: Urban & Schwarzenberg, 1986.

Colorectal polyps, their detection and management, is a topical subject. In this book the authors seek to review the subject, primarily for radiologists, by providing a background of the pathological, clinical, endoscopic, and surgical aspects, with emphasis given to radiological techniques, diagnosis, and an audit of efficacy.

As the book has seven authors, some overlap of information is to be expected; the definition and classification of polyps proving somewhat irresistible. The radiological chapters on technique, diagnosis and efficacy are authoritatively written, clear, and well illustrated. They provide a much more detailed account than would be found in a general textbook of radiology.

The chapter on the pathology of colorectal polyps quotes widely from the work of Morson, but in keeping with American practice talks about carcinoma *in situ*, which may cause confusion to British readers, and does not help clarify the concept of a 'malignant polyp'. It is surprising that this is not discussed in greater detail, and there is only a brief paragraph on its endoscopic implications in the

chapter on endoscopic evaluation. Staging of colorectal malignancy is not discussed and there is no mention of the Dukes' or Astler-Coller systems, which are central to an understanding of the management of neoplasia.

The book should be judged on how it integrates all the general pathological and clinical information about polyps for the radiologist, however, who is the intended reader, rather than whether it provides sufficient detail for everyone. In this regard it succeeds, especially from an American viewpoint. I would have preferred a more definite commitment to the single stage double contrast barium enema, but the arguments have been fairly put. It is a useful and readable work, providing a practical insight and is recommended for departmental libraries.

C I BARTRUM

Nutrition, aging, and health By Eleanor A. Young (Pp. 292; illustrated; £42) New York: Alan R Liss, 1986.

I found this a difficult book to enjoy. I am uncertain at which market the book is aimed. There are 10 chapters on too wide a range of subjects grouped under the general heading – 'Nutrition, aging, and health'. I felt in many cases that this relationship was rather contrived without a strong central theme. There are some sections which may be of interest to geriatricians, but few I feel, which will be relevant to general physicians and gastroenterologists. The text is littered with unproven statements and unqualified references of the value of various therapies.

The opening chapter on nutrition and physiology of aging, does not distinguish between the physiology of fit elderly and sick elderly subjects. Herein lies the 'age old' problem in gerontological research. Further there is no discussion on the misleading comparison of cross sectional and longitudinal data. Finally, no mention is made on the contribution that fitness makes to physiological change.

There is a good chapter on assessing the nutritional status of the elderly, although caution must be exercised in transposing American data to United Kingdom subjects. The section on nutritional requirements gets bogged down with details of individual vitamins without tackling the largely psychosocial reasons for poor intake. The aged gastrointestinal tract is well dealt with although I would have liked to have read more on hepatic metabolism. There are interesting sections on immunology and diabetes, but I was bewildered by mineral metabolism. The final chapter deals with the role of nutritional support for the elderly patient. Unfortunately, the key issue is again ducked. Is malnutrition a primary risk factor or merely a marker of ill-health? No evidence is