

rubinämien unklarer Herkunft. *Gastroenterologia* 1960; **94**: 201–26.

- 15 Anonymous. Gilbert's syndrome – more questions than answers [Editorial]. *Lancet* 1987; i: 1071.

Reply

SIR,—We are grateful for the comments on our recent paper which have been expressed by Dr Mikulecký from the Department of Mathematics, Queensland University. As he rightly suggests, we did not assess the statistical significance of correlations of changes in ALA synthase, PROTO-oxidase and bilirubin during rifampicin therapy because of the small number studied. In addition, we feel that elucidation of the relationship of hyperbilirubinaemia and abnormal haem biosynthesis must depend on *in vitro* studies which directly assess the effect of bilirubin on haem enzymes rather than on more detailed mathematical analysis of the *in vivo* observations.

It is reassuring to learn that reanalysis of our data using the Kruskal-Wallis test, Bonferroni modification and Friedman test gives identical results to those we obtained using the less sophisticated Wilcoxon and Mann Whitney U tests.

Finally, we agree that the precise underlying biochemical defects in the hereditary hyperbilirubinaemias remain unresolved. Hopefully, our findings have gone some way to furthering understanding in this area.

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Need for confidence intervals in reporting clinical trials

SIR,—Dr Lucey's reply to Dr Logan's letter (*Gut* 1987; **28**: 916–7) is quite unacceptable. It is true that 'given the relatively small numbers, a confidence interval . . . is likely to . . . be fairly wide and include both positive and negative values' but Dr Lucey seems to think that this is a reason for not using confidence intervals, rather than a reason for not doing trials on sample sizes that are too small.

That such an analysis is 'too diffuse to be meaningful' is totally untrue. The very diffuseness is the meaningful part of it, in showing clearly that although the result was 'not significant' there could nevertheless be a substantial real effect that the trial was inadequate to discover. Contrary to Dr Lucey's assertion, confidence intervals are especially valuable for trials where the result is not statistically significant.

A confidence interval from a crossover trial should be based on within subject comparisons using both periods and not on between group comparisons for one period as suggested by Dr Logan. Our main purpose in writing, however, is to give the strongest possible support to Dr Logan's suggestion that confidence intervals should be used for the main endpoints of clinical trials, regardless of p values.¹

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Reference

- 1 Gardner MJ, Altman DG. Confidence intervals rather than p values: estimation rather than hypothesis testing. *Br Med J* 1986; **292**: 746–50.

Books

Clinics in gastroenterology: endoscopy Vol. 15, No 2. Edited by Meinhard Classen. (Pp. 475; illustrated; £15.) New York: W B Saunders, 1987.

This volume is one in the *Clinics and Gastroenterology* series published by Saunders and consists of a number of chapters on specific topics related to developing areas in gastrointestinal endoscopy. The authors are from around the world, all being at the forefront of their field and writing well. Currently Saunders have divided this *Clinics in Gastroenterology* series into two with one volume aimed for North America and the other one for Europe. There are no doubt good commercial reasons for this unfortunate development and this volume illustrates well how important it is to have an international authorship of repute and not to become parochial in our view.

The volume provides a valuable update in the selected areas chosen, although unfortunately there is a considerable overlap in the chapters involving ERCP and this perhaps is not surprising bearing in mind the particular expertise of the author, Professor Meinhard Classen. Less overlap would have allowed a further chapter to have been included. The volume is aimed at the practising endoscopist intending to update him in new developments of now familiar techniques. A good illustration of this is a thoughtful chapter on the role of the endoscope in clinical trials, where some of the problems frequently encountered

in interpreting results are outlined from the endoscopist's point of view. This is well worth reading if the reader is planning to participate in a clinical trial.

The volume starts with a detailed account of the video endoscope describing the mechanism of light sensitivity, of the chip at the tip of the instrument and the methodologies used to convert that into an image. It is well worth reading – although of little practical value!

There are five chapters involving ERCP and these are apparently scattered in random order. There is as mentioned, an overlap, but the review by Venu and Geenan on diseases of the papilla is particularly useful. The chapter on upper gastrointestinal haemorrhage is unfortunately rather weak being superficial in its treatment of several aspects. No doubt space limited the reviewer's ability to make the chapter comprehensive, but treatment of bleeding varices is particularly limited, and the use of the laser in GI haemorrhage largely confined to the author's experience and is very incomplete in assessment of the literature. There is a superbly illustrated chapter on the use of dyes and magnifying endoscopes for early cancer detection. The patience and time needed for the limited return is considerable though. This book is to be recommended to practising endoscopists – it does help to update and in a practical way.

D G COLIN-JONES

Recent advances in gastroenterology Edited by R E Pounder. (Pp. 367; illustrated; £35.) Edinburgh: Churchill Livingstone, 1986.

Recent advances in gastroenterology has been a successful series. The editor of this edition, Roy Pounder, has reverted to the scheme of selecting topics of current interest, ranging from duodenal biochemistry and small gut permeability, to abdominal computed tomography and food intolerance. This makes it an interesting browsing book for the professional gastroenterologist rather than a broad update for the trainee or generalist. A fifth of the book is devoted to gastroduodenal disease, reflecting the interests of the editor and the presence of a pharmaceutical company's imprimatur on the dustcover.

Every chapter is sound, authoritative, and balanced. At first sight the chapters on paediatric, gay and veterinary gastroenterology might seem like peripheral reading, for purposes of curiosity only, to most 'main-line' gastroenterologists, but the three well written contributions make it clear that any of us may find ourselves dealing with an infant or a homosexual and, if not an animal, then at least diseases related to veterinary ones. Gut microbiology

seems to be better studied and understood in animals than in *homo sapiens*.

Every chapter is heavily referenced but a novel and welcome addition is a comprehensive and well indexed list of reviews and leading articles published in 1983 and 1984.

A good read for every gastroenterologist.

J R BENNETT

The enteric nervous system By J B Furness and M Costa. (Pp. 290; illustrated; £45.) Edinburgh, London, Melbourne, New York: Churchill Livingstone, 1987.

This book summarises the current state of knowledge about the intrinsic innervation of the mammalian alimentary canal. It consists of 10 chapters on various aspects of the enteric nervous system including the basic anatomy, neurochemistry, electrophysiology, control of motility and secretion, and the role of the sympathetic nervous innervation of the gut (not strictly part of the enteric nervous system, but essential for completeness).

Each chapter starts with a brief introductory section that sets the scene, and ends with a useful summary. Recent findings are well surveyed and the book is remarkable for the historical background that is also provided. Time and time again one is struck by the authors' attempt to reconcile what is often conflicting and fragmentary evidence into a unified story (in many cases for the first time). This valuable and brave (if occasionally weighty) attempt betrays the careful thought that has gone into this book. It will no doubt become a standard text for anyone interested in the nervous control of the gut and will be a continual source of reference. For clinical people the book provides an accessible entry to the esoteric world of 'pure research'; this will be essential reading to understand the implications of basic research for future medical and surgical intervention.

S J H BROOKES

Liver disease and gallstones – the facts By Alan G Johnson and David R Triger. (Pp. 109; illustrated; £7.50.) Oxford: Oxford University Press, 1987.

On reading the title and seeing the size of this book the average postgraduate student might have believed that here at last was a small and authoritative text book of hepatology which might help to propel him forward in his chosen career. Unfortunately, despite its authoritative title it is in fact intended to be read by patients and their relatives, and it is one of a series of nearly 30 books on a variety of medical topics, all produced for the same consumer group.

The volume is written by two academic gastro-