one swallow to another in the same individual. Although there is a similar variation in manometrically recorded swallow wave profiles, it is our practice to record at least 10 swallows in each third of the oesophagus. Thus a 'freak' swallow is unlikely to affect the interpretation of manometry.

To us, RT gives no additional information to what can be gleaned from a careful review of a recorded barium swallow, a test which would be done in any case in most patients presenting to us with dysphagia. Indeed, Lorber and Shay[4] were using liquid barium transit measurement as long ago as 1955 in the assessment of dysphagia. To date, the published and presented work on RT has failed to convince us that it is a test which can justifiably claim its place alongside barium studies, endoscopy, oesophageal manometry, and 24 hour pH measurement, as clinically useful tests of oesophageal function.

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Collagenous colitis and coeliac disease

SIR,—Hamilton *et al* recently described two patients with coeliac disease and collagenous colitis (*Gut* 1986; **27:** 1394). They failed to find any previous incidence of this association. We have also encountered a similar case, resulting from our study of rectal biopsies in coeliacs.[1]

A 29 year old woman presented with a six week history of watery diarrhoea and 1 stone (6·3 kg) weight loss. At sigmoidoscopy an erythematous inflammed mucosa was seen and histopathology showed moderate inflammatory cell infiltration with gross thickening (20 μm) of the basement membrane in the superficial lamina propria. This collagenous band was demonstrated with haematoxylin and eosin, and reticulin stains. A jejunal biopsy was then done and it showed subtotal villous atrophy with no evidence of subepithelial collagen. The Hb was 15·5 g%, folate 177 ng/ml, albumin 28 g/l and HLA typing was B8. The patient started a gluten free diet and the jejunal mucosa recovered and the diarrhoea settled.

This woman illustrates several interesting features: (1) Collagenous colitis usually occurs in middle aged or elderly women, whereas this patient was 29 years. (2) This is the third report in the literature of this association suggesting that there may be many more and a possible related aetiology. (3) The diarrhoea settled soon after starting a gluten free diet and this has not been previously documented. (4) This patient had not been on a gluten free diet before the diagnosis of collagenous colitis, unlike those reported by Hamilton *et al.*

We recommend that all coeliacs who develop diarrhoea after strict adherence to a gluten free diet, should have a rectal biopsy.

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Books

Recent advances in hepatology. Vol. 2. Edited by Howard C Thomas and E Anthony Jones. (Pp. 193; illustrated; £38·00.) Edinburgh: Churchill Livingstone, 1986.

The aim behind this particular series of update volumes is to cater for the practising physician and surgeon, in particular to help him with the research literature by providing a well balanced analysis by experts in those particular areas who have continued to work in clinical medicine. The subjects selected range over a very wide area indeed. They include mechanisms of hepatocellular degeneration and death, bilirubin metabolism, hepatitis B and the delta virus, with subsequent chapters on management including ascites, biliary obstruction, liver failure and transplantation. The last two particularly were disappointing, the transplantation chapter being concerned only with a particular review by the author of results from eight centres up to 1984, and there has of course been a tremendous development of the procedure since that

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