

a rapidly developing field. Virtually all of the ultrasound images are shown with the corresponding radiology and colour photographs of the lesion obtained at endoscopy. There are also many examples of the corresponding histological specimens and for radiologists and gastroenterologists embarking on the practice of endoscopic ultrasound this book will be of great value because the authors experiences are reflected in the very wide range of lesions shown. Conventional endoscopists will also have the added bonus of seeing what lies beneath the surface picture and perhaps think more in terms of the three dimensional anatomy.

My major criticism of the book would be that having seen many of the originals, the ultrasound images have reproduced poorly as have the radiographs. I am generally rather opposed to the atlas format which tends to be short on explanation and basic data but an atlas can be very useful in the early stages of a technique to assist the neophyte. This book will be very valuable reading for anybody actively doing endosonography of the upper or lower GI tract and will certainly be useful reading to all those considering entering what will be the major growth area in diagnostic ultrasonography in the next five years.

W R LEES

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## News

### **European Association for the Study of the Liver**

The 22nd meeting of this association will take place in Turin on 3–5 September, 1987. Information may be obtained from Professor G Verne, Department of Gastroenterology, San Giovanni Battista Hospital, Turin, Italy.

### **5th International Symposium on Endoscopic Ultrasonography**

This will take place in Munich, Germany on 10 and 11 July, 1987. Further details may be obtained from T Rösch, II Medizinische Klinik und Poliklinik der Techn. Universität München, Klinikum rechts der Isar, Ismaninger Str. 22, 8000 München 80, FRG.

### **First Wexner Symposium on Developmental Gastroenterology**

This symposium will be held in Columbus, Ohio,

USA from 13–15 September, 1987. Further information may be obtained from Professor H R Sloan, Children's Hospital, 700 Columbus Drive, Columbus, Ohio 43205, USA.

### **XXVI World Congress of the International College of Surgeons**

The First World Postgraduate Course in Surgery will be held in Milan, Italy from 3–9 July 1988. Details from Clinica Chirurgica III, Università degli Studi, Via F Sforza 35, 20122, Milan, Italy.

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### **Correction**

We apologise for an error made by a previous printer in the article on p 106 of *Gut* 1986; 27 by Hamilton *et al*, where four lines from the bottom of column 2 have been transposed to the top. A correct version is printed below:

... denal ulcer were allocated by prior stratified randomisation to receive treatment with either TDB tablets (1 tablet tds half an hour before meals and 1 at night two hours after eating), or cimetidine (200 mg tds and 400 mg nocte) for six weeks. Treatment started within one week of endoscopic diagnosis. All patients who had been taking TDB, H<sub>2</sub>-histamine receptor antagonists, or carbenoxolone in the three months before diagnosis, or in whom previous treatment with TDB or cimetidine had been unsuccessful, were excluded from the study, as were patients who previously had gastroduodenal surgery. All subjects recorded symptoms and antacid consumption daily on diary cards. Endoscopy was repeated during the final week of treatment to determine ulcer healing, which required complete duodenal re-epithelialisation. Those patients with superficial duodenal ulceration or erosions persisting after treatment were classed as treatment failures. Patients whose ulcers healed during treatment were not offered maintenance therapy, but were asked to return for clinical review three, six, and 12 months after completion of treatment, or at any intermediate stage if they developed recurrent symptoms. Endoscopy was repeated in all patients 12 months after the end of therapy, or at the earlier development of symptoms, regardless of severity. Some patients in each group attended early for their final clinical and endoscopic review because of...