gastric cancers (adenocarcinomas, squamous cell carcinomas, carcinoids) which are produced by some gastric antisecretory drugs are produced not as a result of the gastric secretory inhibition, but depend on specific and unrelated effects of the drugs. That is precisely our message and it is a point which we wish to reemphasise now. (4) The reason we wrote the review was the apparent assumption that the mechanism of development of gastric carcinoids during treatment with some gastric secretory inhibitors depended, in some unique way, on some unique mechanism and (by another ‘logical’ leap) that carcinoids were therefore really a problem for rats, and not for man. Moreover (another ‘logical saltation’) human carcinoids grow slowly and are not really cancers. We tried to show that this whole rigmarole might be wrong and therefore potentially disastrous if used as a basis for the use of drugs. Many attempts have been made to determine the risk of cancer in man from the results of animal studies, precisely in order to permit prediction of such risk. Despite much study and argument, it is not possible to make valid and reliable extrapolations. At present, we can only assume and hope that if drugs do not produce cancer in animals, they will not produce cancer in man. The converse (if drugs produce cancer in animals they may produce cancer in man) is the reason why, very sensibly, Drug Regulatory Authorities insist on animal studies before the therapeutic use of a drug is permitted in man; why the argument that ‘rats are not human beings’ is rejected as a criterion for the use of a drug; and why all of the half dozen or so new and powerful H\textsubscript{2}-receptor antagonists which have produced carcinoids in rats have, very responsibly, been withdrawn from use by their manufacturers. The gastric secretory inhibitors which we use at present for the longterm treatment of ulcers (and we never use drugs short term in the therapy of ulcer disease, because most ulcers relapse repeatedly for many decades) have been tested in animals and shown not to produce gastric cancer in very thorough studies. As clinicians, we consider the latter results sufficiently reassuring to permit us to use cimetidine and ranitidine in the treatment of ulcers and oesophagitis.

We regret that the message of our review is so unclear. We have said, first, that it is always necessary to question and test assumptions, rather than uncritically accept; and, second, that in our view it may be unwise to treat patients suffering from ulcer disease with drugs which cause gastric cancer in rats.

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**News**

**Italian Society of Gastroenterology**
The 26th Congress of this Society will be held from 5–7 November, 1987, at the Palace Sorrento, Naples, Italy. Details from: Scientific Secretariat, Cattedra Gastroenterologica Nuovo Policlinico, Via Pansini, 5, University of Naples, 80131, Naples, Italy.

**Bayliss and Starling Society**
The next annual scientific meeting will be held at Queen’s University, Belfast, N Ireland on 28 and 29 September, 1987, and will cover aspects of regulatory peptides in the brain and in the GI tract. Details from: Prof KD Buchanan, Dept of Medicine, Institute of Clinical Science, Grosvenor Rd, Belfast BT12 6BJ.

**American Pancreatic Association**
Annual joint scientific meeting of the APA and the Pancreas Section of the NCI Organ Systems Program will be held on 5 and 6 November, 1987 at the Ambassador West Hotel in Chicago, Illinois, USA. Further information may be obtained from Midge Kellerhaus, American Pancreatic Association, Dept of Surgery, M580, University of Missouri Medical Center, Columbia, MO 65212, USA.

**Third International Symposium on Obesity Surgery**
To be held in Genova, Italy, from 20–23 September, 1987. Details from Dr Enrico Traverso, Istituto di Patologia Chirurgica, Universita di Genova, Ospedale S Martino, 16132, Genova, Italy.