and Meyers.\textsuperscript{2} There was, however, no discrepancy between our controls (0–6±0.1 ng/mg, range 0–2 ng/mg) and the controls of Thomas\textsuperscript{1} (0.9±0.1 ng/mg) or Meyers\textsuperscript{2} (0–2 ng/mg) indicating that the obvious differences between our and their patients cannot be solely explained by a technical problem. We all used lyophilised stool and determined A-1-AT according to the method of Crossley and Elliott.\textsuperscript{3} We did place 20 μl supernatant into the wells of LC-partigen plates as suggested by the manufacturer and not 5 μl as mistakenly described in our publication. We do feel sorry for this error and we are glad to have the opportunity to correct this important point by this way. We still believe that those differences in faecal A-1-AT are probably the result of the selection of patients. As we mainly investigated outpatients disease activity was often relatively low (although they fulfilled the criteria ‘active’). We agree that patients suffering from severe intestinal inflammation will probably show higher concentrations of faecal A-1-AT. Our source of A-1-AT standards were sera with known A-1-AT concentrations, which were placed into the RID plates. We did not use standard concentrations determined by nephelometry for our analyses of faecal A-1-AT by radial immunodiffusion.

There is no doubt that methodological and technical problems have to be considered when comparing data from various studies. In present studies we focus our interest on the \textsuperscript{57}Cr method and faecal A-1-AT of lyophilised and native stool preparations. These parameters for intestinal protein loss are compared with the faecal excretion of \textsuperscript{111}I labelled granulocytes. The latter method correlates with endoscopical and histological findings which are regarded as the ‘gold standard’ for estimating inflammatory activity in CIBD.\textsuperscript{45}

We agree that because of its simplicity determination of faecal A-1-AT remains an interesting laboratory test. We think, however, that the relation between faecal A-1-AT and intestinal inflammation has still to be further evaluated.

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References

Books


This is an excellent book. It is a how to do it book of therapeutic ‘surgical’ procedures in gastrointestinal endoscopy. It is an enjoyable read and much helped by the high quality of its black and white diagrams.

How to do it books have long exerted a powerful pull. I have often been very grateful to the genre as well as occasionally suspicious of it, sometimes catching myself snobbishly contrasting how to do it books with real books. Will I really cook like Paul Bocuse, survive travel in Turkey, rewire that TR6 or play the flute like Quantz if I follow the instructions in that book? Despite occasional disasters I remain optimistic that I can cook better, travel, fix my car and play the flute better trying to follow instructions in a book. Will I endoscope better for reading this book? Therapeutic endoscopy lies somewhere between cooking and playing a musical instrument in the degree to which a how to do it book enhances performance. Cooking recipes accurately followed work pretty well even in utterly unskilled hands while reading a book cannot confer excellence in the performance of a musical instrument unless it is backed by considerable time and effort in practice.

This book covers endoscopic therapeutic methods for gastrointestinal bleeding, sphincterotomy, biliary drainage, operative biliary tract endoscopy, polypectomy, dilatation, endoscopic palliation of advanced cancers, foreign body removal and intubation.

I was surprised that a single author can cover as much ground, but he is well read and handles his reading lightly and sometimes critically. The eye is observant: ‘The varix is slightly dimpled at the site of entry, no swelling occurs with injection, the resistance to the plunger is not excessive, and the needle withdrawal is followed by a small stream of blood.’

A robust surgical realism keeps surfacing in the text. Listen to these comments on the suggestion that
it does not matter whether injection sclerotherapy is intra or paravariceal: 'The argument is quite foreign to surgical thinking. It is like saying to the surgeon that if wound infection commonly occurs following certain operations, good surgical techniques matter little.' It is useful to have input from a surgeon with a trained regard for anatomic relations and an experienced feel for the limitations of tissue handling in a subject that is commonly dominated by unrealistically optimistic physician endoscopists.

I hope I have a copy of this book available in the endoscopy room and not locked away in the library when the next patient who swallows an open safety pin comes in.

PAUL SWAIN

Clinical gastroenterology Vol 1, No 1. Liver tumours
After many years the well known format of Clinics in gastroenterology has changed, being replaced by an American series and a British version called Clinical gastroenterology. The first issue on liver tumours is thus of particular interest.

The format is identical to its predecessor with good line drawings and extensive up to date references. The subject is tackled extremely well by contributors who have particular experience in aspects of liver tumours ranging from aetiology to diagnosis and treatment. In particular, innovative techniques such as the diagnostic and therapeutic use of monoclonal antibodies and the use of implantable cytotoxic delivery systems are critically reviewed.

The overall impression given by this volume is that, despite the poor prognosis of liver tumours, research in molecular biology, biochemistry and oncology offers hope for the future. The editors of the first issue of Clinical gastroenterology have contributed well to the future success of the series.

M MYSZOR AND C O RECORD

News

European Motility Society
The 4th European Symposium on Gastrointestinal Motility will be held on 22–24 September, 1988 in Krakow, Poland. Further information from Prof S Konturek, 31–531 Krakow, ul Grzegorzecka 16, Poland.

European Association for Gastroenterology and Endoscopy
The 20th EAGE congress will be held in Sirmione, Lake Garda, Italy, from 28–30 April, 1988. Further information from Prof. G. Bianchi Porro, Ospedale 'L Sacco', GI Unit, I-20157 Milano, Italy.

CCK '88
An international symposium devoted to the physiology and pharmacology of cholecystokinin in CNS and periphery will be held in Robinson College, Cambridge, from 31 August–2 September, 1988. The programme will consist of invited speakers and free communications. Further details can be obtained from Professor GJ Dockray, Physiological Laboratory, University of Liverpool, Brownlow Hill, P.O. Box 147, Liverpool, L69 3BX.

4th South-East European Symposium of Paediatric Surgery
This symposium on normal and disturbed oesophageal function in childhood will be held from 7–9 September, 1988 in Graz, Austria. Details from Prof Dr M Hollwarth, Dept of Paediatric Surgery, University of Graz, Heinrichstraße 31, A–8010 Graz/Austria.

Radiology of the Small Intestine
To be held in Oxford 10 June 1988. Details from Dr DJ Nolan. Department of Radiology, John Radcliffe Hospital, Oxford OX3 9DU. Tel: 0865 817238.

Reduced subscription for trainees
Gut is available at a reduced rate of £48 per annum to bona fide trainees in gastroenterology in the areas of basic science, medicine, surgery, pathology or radiology. The reduced subscription rate will be available for one year in the first instance and a fresh application will be needed for any subsequent year, up to a total of three years. The offer does not apply to members of the BSG. Trainees should be of registrar or senior registrar status, or equivalent. Application forms are available from The Subscription Dept, BMA House, Tavistock Square, London WC1H 9JR. (Please enclose a selfaddressed, stamped envelope.)