

Reply

SIR,—I thank Dr Vandenplas for his comments. The electrode which he uses has excellent characteristics and he is obviously aware of the problems associated with skin reference electrodes. It would be useful to know if the skin enteric potential difference in the infant oesophagus is similar to that of the adult.

The special problems associated with pH monitoring in paediatric practice are interesting and I would merely add to this list the importance of electrode positioning. The influence of electrode movement on recorded pH has been recently highlighted¹ has led us to develop a system to prevent this in adults.² The short oesophagus of the infant poses its own difficulties. I would certainly agree with Dr Vanderplas' plea for each team to define its own normal values. The sophisticated recording and analysis systems now available are of little value if we are unaware of the precise conditions prevailing at the electrode site.

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References

- 1 Emde C, Garner A, Blum AL. Technical aspects of intraluminal pH metry in man: current status and recommendations. *Gut* 1987; **28**: 1177–88.
- 2 McLaughlan G, Buchanan NMM, Crean GP, McColl KEL. An endoscopic procedure for accurate localisation of intraluminal pH electrodes. *Endoscopy* 1987; **19**: 124–6.

Effect of polymer coating on faecal recovery of ingested 5-amino salicylic acid in patients with ulcerative colitis

SIR,—The otherwise scholarly article of A L Mardini *et al* (*Gut* 1987; **28**: 1084–9) on the effects of polymer coating on faecal recovery of ingested 5-ASA (Asacol) contains a surprising statement. Thus when discussing the side effects of disodium azodisalicylate (Olsalazine) they state 'It may be that the azo-bond itself is responsible for many of the side effects'. To our knowledge there is no pharmacological reason why such an azo-bond would by itself cause a reaction, as it is stable and non-reactive at neutral pH. When it is cleaved by a bacterial azo reductase it is no longer an azo-bond.

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Books

Cope's early diagnosis of the acute abdomen by William Silen (Pp. 290; illustrated; £12.50.) Oxford: Oxford University Press, 1987.

The diagnosis of the acute abdomen remains one of the few areas where clinical skills have not been totally replaced by high technology diagnostic aids. Undoubtedly the wide use of these aids has led to a loss of dependence on diagnostic ability that was once the mark of a good surgeon in the early part of this century. Thus Sir Zackery Cope's text must remain a classic for those wanting to improve their ability to correctly diagnose the acute abdomen. It remains a very readable distillation of his enormous experience. It is to Dr Silen's credit that his revision has kept the original character of the book, including Cope's interesting and colourful personal anecdotes. The book does, however, lose a little of its English flavour because of the American mode of spelling. I am not sure that this precise British Knight would miss the 'a' from caecum and faeces. I am glad that the original emphasis on clinical diagnosis has remained paramount, however and that Dr Silen has not yielded to the temptation to make this pocket sized book all things to all men. The simplicity and single mindedness of intent remains the major asset. It is important for the trainee to be aware that it must be read in conjunction with other texts. For example, although the symptoms and signs of acute pancreatitis are made clear and precise, there is no detailed description of the methods required to assess the severity of an attack, which can be as important as making the original diagnosis. Another area that receives little coverage is the acute presentation of inflammatory bowel disease. Also despite discussion of neonatal intestinal obstruction, there is little mention of the increasing problem of neonatal enterocolitis. These omissions are not major but do date the book. This should not discourage the purchase of a copy, which must be highly recommended. Despite some important additions on laboratory and radiological investigation, the essential nature of the book remains unchanged from the 16th edition. Although books generally date rapidly often being 'behind the times' at publication; Cope's book remains essential reading, and, provides a friendly experienced guide through the difficult