reported in the controlled trials. It is very difficult to
differentiate the diarrhoea of therapy and that of the
colitis without a concurrently studied placebo group.
Further research will be necessary to truly determine
the incidence of this proposed complication in the
general population of ulcerative colitis patients
treated with olsalazine sodium.

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Reply

sir.—We would not disagree with any of the
comments in Dr Meyer’s letter. Our paper reported a
physiological study designed to investigate one of the
possible mechanisms for the diarrhoea reported in
some clinical studies using olsalazine. We did not
attempt to review the rather conflicting evidence on
the frequency of diarrhoea in patients taking this
drug, and note with interest Dr Meyer’s own experi-
ence. Our own experience is also that diarrhoea is not
a frequent side effect1 and in a further and controlled
study to be published shortly as an abstract we only
had one withdrawal because of watery diarrhoea
among 20 unselected outpatients with ulcerative
colitis given olsalazine; one of the 17 patients on
sulphasalazine also withdrew because of diarrhoea
exacerbation, in that case bloody.2 The patients on
olsalazine did, however, have more unformed stools
during treatment than those on sulphasalazine. This
is not necessarily undesirable, and could be positively
beneficial for the 27% of patients with ulcerative
colitis who develop hard stools during exacerbations.3

We agree with Dr Meyer that there is considerable
discrepancy in the reported incidence of diarrhoea on
olsalazine, and its true frequency is still not clear. In
our experience it is infrequent in the typical out-
patient with distal ulcerative colitis, responds very
rapidly to withdrawal of the drug, and is easily
distinguished from the true exacerbation of colitis
which can occur with any preparation which relies for
its therapeutic effect on the liberation of 5-amino-
salicylic acid in the colon.

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Changes in gastric alkaline secretion by ulcer healing
drugs

sir.—Professor Konturek’s findings that pirenzepine
does not influence gastric bicarbonate production in
man4 has been questioned by Dr Stockbrugger (Gut
1987; 28: 1687) because the dose administered (20
µg/kg) is quite low compared with the normal
therapeutic dosage.

Several years ago we performed experiments in 10
healthy subjects in whom HCO3 secretion was
measured by Feldman’s method. Either pirenzepine
10 mg or saline were given, in randomised order,
by bolus iv injection at 0 and 60 minutes during a
120 minute continuous infusion with pentagastrin (6
µg/kg/h). The results (unpublished) showed,
in agreement with Konturek’s recent paper, that
pirenzepine exerts no direct effects on gastric
alkaline secretion in man.

On the other hand, Konturek et al have also
reported in Gut2 that intragastric instillation of
colloidal bismuth induces a significant increase in
alkaline secretion by the human stomach. This
remains in apparent disagreement with a recent

This short book from the University of North Carolina Medical School aims to provide a guide to the indications, contra-indications, preparation, equipment, techniques and complications of the most commonly performed gastroenterological procedures. After a chapter on how to organise a gastrointestinal procedure unit, about 35 techniques are concisely described under the headings tubes, endoscopy, needles, therapeutic procedures and procedures for paediatric patients. The text is clearly laid out, largely in note form, pertinenty referenced and ring bound.

Unfortunately, as the editor acknowledges, the value of this as of any other compendium of clinical procedures is compromised by the impracticability of learning many techniques other than by apprenticeship, and by the inability of the instructions provided to take account of more recent methodological improvements or of differences in practice dictated by local needs and facilities. In the latter context, for instance, readers outside North America may find some of the devices and drugs recommended unfamiliar - for example, hurricane spray, unobtainable (catcher’s mask) or obsolete (intravenous diazepam), and the US addresses of sources of equipment superfluous. The apparently idiosyncratic selection of procedures described perhaps also reflects the book’s geographic origins. There are chapters, for example, on oesophageal dilatation but not intubation, on the PABA but not the pancreol-auryl test and on the secretin tests but not the Lundh meal or calcium infusion test for pancreatic insufficiency and gastrinoma, respectively; the saline loading test for gastric emptying scarcely merits inclusion. While within these limitations most of the text is unexceptionable, individual readers will probably disagree with some of its assertions - for example, ‘all patients having ERCP must be operative candidates’, p 104) and regret some of its omissions - for example, no list of complications or mention of the Trucut needle in the chapter on liver biopsy.

The book is intended for physicians, nurses, technicians, and students. Clinicians learning a new technique, however, require a more critical approach and may prefer to consult larger texts and original articles. The manual’s usefulness to nurses and technicians will be limited by discrepancies between the procedures as detailed here and as done in their own units. Students need a text which concentrates more on the clinical context of gastrointestinal procedures than on their practical minutiae. It may not be possible to write a wholly successful procedural guide for such a diverse readership; regrettably, this attempt cannot be recommended unreservedly.

D S RAMPTON