numerous calculi and showing fibrous thickening of their walls. The ducts were lined by normal and mildly to severely dysplastic biliary epithelium. Severe dysplasia was characterised by cellular crowding, stratified pleomorphic nuclei with prominent nucleoli, and a papillary surface (Figure). No invasive carcinoma was identified.

Figure: Severe dysplasia of epithelium in dilated bile duct.

Epithelial dysplasia is frequently seen adjacent to cholangiocarcinoma in the intra- and extrahepatic bile ducts and carcinoma of the gall bladder which has a similar epithelial lining.¹ Extensive severe epithelial dysplasia involving the gall bladder, cystic duct, and common bile duct, associated with adenocarcinoma of the common hepatic duct, was recently reported in a patient with primary sclerosing cholangitis and chronic ulcerative colitis,² diseases which, like Caroli's disease,³ are associated with an increased risk of cholangiocarcinoma. These findings, and that of epithelial dysplasia unassociated with carcinoma in Caroli's disease, provide evidence of the premalignant nature of biliary epithelial dysplasia. Because such dysplasia is usually detected only in surgical specimens, we agree that early resection of localised forms of Caroli's disease may be necessary to prevent late complication by cholangiocarcinoma.¹

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IgA class reticulin antibodies of human subtype in gluten sensitive enteropathy

SIR,—We read with interest the paper of Dr Hallström in the September issue (*Gut* 1989; 30: 1225-32) entitled 'Comparison of IgA-class reticulin and endomysium antibodies in coeliac disease and dermatitis herpetiformis'.

In the discussion the author refers to our article 'IgA class antibody against human jejunum in sera of children with dermatitis herpetiformis' (*J Invest Dermatol* 1986; 87: 703-6), as follows: 'R₁-type of reticulin antibodies reacting with human liver and spleen has also been described previously and already Seah *et al*¹ and Eterman *et al*² showed that such antibodies can react with human jejunum, a finding recently confirmed also by Kárpáti *et al*.³ Here we described for the first time IgA type antibodies binding to human jejunum and that they may be related to reticulin antibodies. An IgG type reticulin antibody reacting with human small bowel was seen by Eterman *et al*.² . . . the IgG type of reticulin antibodies were reported of low frequencies (18-46%) and low specificity (75-85%) in coeliac disease. In contrast, IgA class reticulin antibodies seem to be more sensitive and specific'. (From the introduction of Dr Hallström's paper.)

Jejunal antibodies have distinctive characteristic signs compared with other IgA type reticulin antibodies: they bind to the small bowel, which is the damaged organ in gluten sensitive enteropathy and they bind at the site of gluten absorption which is the precursor of the disease. In addition, the binding site of IgA type jejunal antibody corresponds to or is very similar to the extracellular IgA deposition detected in the diseased jejunum of patients with gluten sensitive enteropathy. Because of the damaged structure of coeliac jejunum, this similarity can be ascertained by investigating the diseased small bowel of patients with almost normal villous structure: (a) in jejunal biopsy samples taken several hours to one to two days after gluten challenge in coeliac

patients who have recovered on gluten free diet'; (b) we found IgA deposits in the small bowel of dermatitis herpetiformis patients with almost normal jejunal structure.'

In the present work Dr Hallström found both the endomysium, and IgA type reticulin antibodies to be very important in the diagnosis of gluten sensitive enteropathy, and by absorption studies the endomysium antibody (substrate: monkey oesophagus) was related to the human subtype of reticulin antibodies and was distinguished from that of rat subtype. We think that if antihuman antibodies are important in considering the pathogenesis of coeliac disease, they must be related to the IgA type antibodies reacting with human jejunum.

We conclude that one of the reticulin antibodies category mentioned does not correspond to the pathological concept of the IgA type jejunal antibodies supplied in our study.

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BOOK REVIEWS

Common problems in gastrointestinal surgery. Vol 1. By Josef E Fischer. (Pp 451; illustrated; £36.) London: Wolfe Medical, 1989.

Common problems in gastrointestinal surgery is one of a series produced by Year Book Medical Publishers on a variety of surgical subjects. The contribution in question is edited by Joseph Fischer, chairman of surgery at the University of Cincinnati. The approach is refreshing and novel. Each chapter is introduced by a specific clinical problem: four to eight line case history, one or more consultant is then asked to comment. Most contributors are pithy and to the point. Their comment usually consists of a brief overview of the literature, some reference to pathophysiology followed by the contributors own view on management. The book is largely, I suspect, designed to assist the private practitioner in North America to provide optimum clinical management based upon the views of experienced clinicians. The layout, diagrams and artwork are pleasing. Only key references are provided. The contributors: 66 in all are household names in GI circles, a few have been retired from practice for a variable time but most are regarded as contemporary experts in their disciplines. Only three are not from the USA (two from the UK and one from Canada). The reader must therefore expect a strong USA perspective.

Surprisingly the section on oesophageal and thoracic problems does not include any contribution on oesophageal carcinoma which

some will find surprising with the development of endoscopic endoluminal ultrasonography, the growing recognition of early oesophageal cancer and the impact of low morbidity bypass, intubation and laser therapy on palliative therapy. I find it curious to come across two breast problems in the thoracic section.

The gastroduodenal section includes a single contribution on GI bleeding. The emphasis, as is prevalent throughout the book, is on surgical treatment without even reference to endoscopic assessment or the role of endoscopic therapy. The medical:surgical divide is a real one in North America and the concept of joint management is not one that flavours this book.

The hepatobiliary section is varied and interesting, but it is difficult to do justice to all that has occurred over the last decade in liver transplantation by reference to a single case report.

The endocrine section makes interesting reading, but the gastrointestinal component of many case reports is enigmatic.

There is some unfortunate duplication in the colorectal section particularly with reference to diverticular disease and regional enteritis. The important clinical problem of major colonic haemorrhage takes no account of rapid bowel preparation and therapeutic endoscopy or the impact of intraoperative panendoscopy on surgical strategy.

This is a bold and attractive approach to a surgical update. In gastroenterology it must include joint management with gastroenterologists. The experiment has been a good one

and I hope the editors will choose 50 more problems in their second edition, but next time, please will they ask a physician and a surgeon to comment on joint management.

M R B KEIGHLEY

Surgery of the liver. Edited by W V McDermott Jr. (Pp 560; illustrated; £95.) Cambridge, Mas, USA: Blackwell, 1989.

My heart sank when this book came on to my desk for review for there has been a recent explosion in the number of text books on medical and surgical aspects of liver disease and I understand more are in the pipeline. This, however, is not another surgical recipe book and the editor has tried hard to invent a new approach by including chapters on 'Hepatitis and the blood bank', 'Clinical laboratory evaluation of the liver' and 'Nutritional support in surgery of the liver'.

The editorial comments at the end of each chapter designed to highlight points which were of 'particular interest' to the editor are interesting but don't quite work. In many cases they are either apologies for duplication of data or for a major omission such as the lack of any discussion on echinococcal cysts.

A major part of the book is devoted to aspects of portal hypertension and 'the big names' are well represented presenting data and attempting to analyse it in a scientific fashion. Didactic statements with questionable scientific support still creep in.

As a presentation of the scientific background to clinical liver surgery, the book is good. But serious hepatological surgeons will find much of the data presented in greater detail in the currently available tomes on liver disease and the chapters here are undisguised abstracts from them. The occasional liver surgeon will probably prefer a book with more recipes! It does, however, have its highlights and no one will come away without having gleaned some useful titbits.

K E F HOBBS

European journal of gastroenterology and hepatology. Vol 1, no 1. Edited by J J Misiewicz. (Pp. 96; illustrated; £97.50 (personal) or £150.00 (institutional) for one year (six issues).) London: Current Science, 1989.

It might be tempting providence to draw the attention of our readers to the birth of a rival journal. It would be churlish, however and possibly short sighted, to ignore a publication edited by our own ex-editor. In his opening editorial, he argues that the growth of the European movement, and the rising standards and activity in European gastroenterology, require an appropriately European outlet. This may well be true; so far, of the various national gastrointestinal journals in Europe, only *Gut* is generally recognised to have achieved 'first line' status, an accomplishment due in no small part to George Misiewicz himself. A pan-European journal is therefore a logical development; as English is the universal scientific language, it is the inevitable choice for such a journal. Whether or not the continental Europeans will approve a pre-emptive strike by the UK, not notably Europe minded in many other matters, remains to be seen.

It might be questioned whether the proliferation of regional journals (there is already a journal covering the Pacific rim) is a

desirable development. Misiewicz claims that 'contributions from outside Europe will not be disadvantaged in any way, and this is reflected by co-opting eminent authorities from other parts of the world to the editorial board.' Certainly, like every other new gastrointestinal journal, the editorial board has a familiar look to it, reminiscent of the moment in the film 'Casablanca' when, after an incident, the police chief orders his men to 'Arrest the usual suspects!' On the face of it, the journal seems to be sitting on the fence and facing both ways; it is at once both European and global. It might be argued that as science knows no frontiers, it is science rather than geography that should dictate publishing policy; if more journals are needed, perhaps they should be created to serve subspecialty needs (pancreatology, alimentary pharmacology, and gastrointestinal motility are recent examples).

While there is clearly sufficient output to provide material for new journals, there are two more questions to be faced. Will this result in the publication of material rejected by 'first line' journals, that is dubiously valid and certainly ephemeral? Possibly, but probably only the Science Citation Index will tell us. More urgent is the problem of access to the newer journals. Who will subscribe to them? The evidence is that personal subscriptions will not keep a specialist journal afloat. There is also clear evidence that, at least in the UK, library funds are not expanding to meet the cost of new journals, while in Eastern Europe, the shortage of hard currency forbids the purchase of even the established journals. The solution of this conundrum probably requires financial subsidy on an international scale (?UNESCO), but publishers are out for profit, and it might be improper to allocate international funds to satisfy their appetites.

Nonetheless, the new journal has made a creditable start, and it contains useful innovations in the form of multi-author 'Review in depth' and a selected bibliography, both hallmarks of this publisher, as is the excellent standard of production. The dissemination of science is an honourable pursuit, and deserving of success.

DAVID WINGATE

Duodenal ulcer. Analyses of 293 randomized clinical trials. Edited by T Poynard, J P Pignon. (Pp 149; illustrated; \$30.) Montrouge, France: Libbey, 1989.

This unusual book is a logical extension of review articles analysing trial outcome. The authors have taken data obtained in 350 trials of acute duodenal ulcer treatment (333 references) and analysed this exhaustively to compare efficacy and adverse effects of drugs.

Successive chapters examine methods, the nature of the data and the natural history of disease and make comparisons between drug and placebo, and between individual remedies. Trials were identified from publications in French, English, Italian, Spanish and Portuguese and (for pirenzepine only) German. The exclusion of German language trials from general consideration is odd. The enthusiastic introduction by H O Conn suggests that they were included but the geographical table identifies only the 19 studies reported in English from W Germany, Austria and Switzerland (as compared with two from Spain, none from Portugal and 14 from central or South America). No individual country managed more than 17% of the total, the largest set being from Italy.

The data contain few surprises, but then the field is well tilled. Perhaps the most interesting piece of information is that showing that healing rates in placebo recipients are remarkably uniform within Europe though not elsewhere. By contrast, the ranking data for drug efficacy in the last chapter could be contested. Drug-placebo cross comparisons cannot really be used to contrast the efficacy of individual agents because placebo healing rate variations could have crucial influences upon the drug-drug comparisons.

This is an interesting and exhaustive statistical study. It is not essential reading but it is worth a look.

M J S LANGMAN

Current gastroenterology. Edited by G Gitnick. (Pp 359; illustrated; £52.50.) Chicago: Year Book Medical Publishers, 1989.

Volume 9, the 1989 version of this annual review of gastroenterological topics, is made up of nine chapters by 21 North American authors. The first five chapters deal with the tubal gut and exocrine pancreas, after which there are chapters reviewing gut hormones, gastrointestinal cancers, imaging of the abdomen and endoscopic advances.

The book 'attempts to compile the past year's most significant advances' – it does not. There are no references after 1987 and lots from 1986. The book is therefore at least 18 months out of date, and many of the references will have been brought to the attention of readers of *Current Opinion in Gastroenterology* a year or more ago. And that is really the main trouble with the book. It is out of date and boring. One does not realise how rapidly information about gastroenterological problems is changing until one encounters a book like the present one.

The book also seeks 'to build a bridge between clinical need and basic science'. Sometimes the attempt is successful – as in the chapters on oesophagus and colon. Sometimes the two aspects are quite separate, making the appropriate chapters look very odd.

I am afraid that I have to report that I am left with a taste of stodge.

K G WORMSLEY

Diseases of the gastrointestinal tract and liver. Edited by D J C Shearman, N Finlayson, and D C Carter. (Pp. 1356; illustrated; £95.) Edinburgh: Churchill Livingstone, 1989.

When the first edition of this textbook appeared seven years ago, I was much much impressed with the cohesion of a volume in which all but seven of the 49 chapters were the work of David Shearman and Niall Finlayson, all the more so because they live on opposite sides of the world. I was intrigued to find out whether its virtues would survive another edition. It is still much the same to look at, although a larger page size and type face make for easier reading, and paper more suitable for the reproduction of half tones have been used. There are, however, undeniable signs of middle age spread. David Carter has been promoted from contributor to surgical editor, but the surgery has been less that radical, as the size of the book has increased by about 350 pages. The roster of invited contributors has trebled from five to 15.

Obviously much has happened in the last few years; the expansion of the first four chapters on investigations and procedures from 86 to 145