

- analysis, a non-invasive test for *Campylobacter pylori* in the stomach. *Lancet* 1987; ii: 1367-8.
- 8 Weil J, Bell GD, Harrison G. <sup>13</sup>C-urea breath test for *C. pylori*. *Gut* 1989; 30: 1656-7.
  - 9 Weil J, Bell GD, Harrison G, *et al.* *Campylobacter pylori* survives high dose bismuth subcitrate (De-Nol) therapy. *Gut* 1988; 29: A1437-8.
  - 10 Langenberg W, Rauws EAJ, Widjojokusumo A, *et al.* Identification of *Campylobacter pyloridis* isolates by restriction endonuclease DNA analysis. *J Clin Microbiol* 1986; 24: 414-7.
  - 11 Weil J, Bell GD, Jones PH, *et al.* 'Eradication' of *Campylobacter pylori*: are we being misled? *Lancet* 1988; ii: 1245.

### Reply

SIR,—We would like to thank Dr Bell and his colleagues for their comments. We are pleased to learn that they are now using the <sup>13</sup>C-urea breath test (<sup>13</sup>C-UBT) for the detection of *Helicobacter pylori* and agree that the chromatographic purification of breath samples for isolation of <sup>13</sup>CO<sub>2</sub> before mass spectrometry will help reduce the cost of analysis. The European standard protocol, however, using either the pooled or single sample technique for breath collection, provides an even greater reduction in the overall cost of the technique.<sup>1</sup> The quantity of isotope used in the European standard <sup>13</sup>C-UBT (100 mg) is less than half that used in Graham's original description of the <sup>13</sup>C-UBT. Smaller quantities of isotope have since been used in several small studies without detrimental effect on the sensitivity or specificity of the test. The ability of the <sup>13</sup>C-UBT to detect very low levels of *H. pylori* may, however, be impaired if very small amounts of <sup>13</sup>C-urea are used. More specifically, although the trend to use smaller quantities of isotope is welcome, theoretically the intragastric concentration of the isotope should be slightly greater than the K<sub>max</sub> for the urease of *H. pylori*.

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- 1 Logan RPH, Dill S, Walker MM, *et al.* Evaluation of European standard <sup>13</sup>carbon urea breath test for the detection of *Helicobacter pylori*. *Gut* 1990; 31: A1177.

There is much in this book which is satisfying to the reader, yet it suffers from a lack of continuity of information between widely separated chapters, which are surely complications of the multiple author syndrome. There are two sections, one dealing with concepts of carcinogenesis and the other with the clinical management of premalignant conditions. Under the former there are two well written and instructive chapters on the principles of carcinogenesis and oncogenes. These are followed by contributions on epithelial renewal, DNA flow cytometry, and neoplastic progression in the gastrointestinal tract, and monoclonal antibodies in neoplastic and preneoplastic disorders of the large bowel. In the middle of these we are treated to a lengthy chapter on the subject of dysplasia, which is well written but almost entirely concerned with dysplasia in Barrett's oesophagus and chronic ulcerative colitis. There is overlap with a subsequent chapter on inflammatory bowel disease in the second section on clinical management. Surprisingly, the chapter on dysplasia includes only a short paragraph on the diagnosis and classification of dysplasia in adenomas. One chapter only is devoted to the whole subject of gastrointestinal polyps and polyposis syndromes. There is inadequate coverage of the epidemiology, genetics, pathology, and evolution of the adenoma-carcinoma sequence. The problems of the malignant potential of juvenile polyposis and the Peutz-Jeghers syndrome are ignored. A major weakness in many of the chapters is the lack of emphasis on the contribution of epidemiology to our understanding of premalignant states. Insufficient space is given to methods of investigation, particularly endoscopy. The main objective in the study of premalignant conditions and histopathological lesions must be prevention and early detection of cancer with reduced mortality. Yet the book provides no sense of thrust in this direction. It is a collection of essays, most of them individually very good, but without the continuity which makes for easy reading. A last criticism. Please could Dukes's name be spelt correctly. It is the *Dukes* classification not *Dukes's* classification. The production of the book is good with clear print and microphotographs of good quality. A pity that it leaves something to be desired.

B C MORSON

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## NOTES

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### Computers in Endoscopy

The 7th International Symposium on Endoscopic Ultrasonography will be held in Munich, 14-15 June 1991. Information from: Dr med Thomas Rösch, 11 Medizinische Klinik und Poliklinik der TU, Klinikum rechts der Isar, Ismaninger Strasse 22,

DW-8000 München 80, Germany. Tel: 089/4140 2263; fax: 089-4140 2747.

### XVth International Update on Liver Disease

The XVth International Update on Liver Disease will be held at the Royal Free Hospital and School of Medicine, London, 11-13 July 1991. Information from: Professor Neil McIntyre, Academic Department of Medicine, Royal Free Hospital, Pond Street, London NW3 2QG. Tel: 071-794 0500, ext 3969.

### British Society of Gastroenterology meeting

The 1991 Spring Meeting of the British Society of Gastroenterology was held on 10-12 April under the presidency of Professor Sir Robert Shields at the University of Manchester Institute of Science and Technology. UMIST, an important component of the vast Manchester education factory along the Oxford Road, is a new venue for the Society, but the programme was along traditional lines laid down within the last few years, with separate and extensive poster sessions each day complementing the oral presentations. There was no sign of the resurrection of the plenary session, but it is probably too soon for it to be reintroduced as a radical innovation; instead, key lectures served as central foci of the meeting. Professor S M Collins from McMaster University gave the International State of the Art Lecture on 'Interactions between the immune and motor systems of the gut.' Dr I Bjarnason, the 1991 Avery Jones Research Medallist, spoke on NSAID-induced enteropathy, and Professor T J Peters gave a State of the Art Lecture on the molecular genetics of alcoholic liver disease. The inclusion of such lectures in the programme is to be commended as much as the trivial title, derived from advertising jargon, of 'State of the Art' (with the absurd implication that lectures not so designated are incomplete or obsolete) is to be deplored. Perhaps the society might, in future meetings, emulate the royal colleges by using lectures as an opportunity to commemorate distinguished members who are no longer with us. On the social front, the programme maintained its reputation for innovative local hospitality by giving the endoscopists the ultimate video experience of dinner in Coronation Street at Granada TV. Accompanying persons were given a guided tour of a working cotton mill, perhaps to give them some idea of the working conditions which their companions experienced as house officers. And so to London in the summer.

### Correction

Effects of olsalazine and sulphasalazine on jejunal and ileal water and electrolyte absorption in normal human subjects by Raimundo *et al.*, March 1991; 32: 270-6. Table II gives data on the effect of olsalazine in the human jejunum; Table V gives data on the effect of sulphasalazine in the human ileum.

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## BOOK REVIEW

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**Premalignant conditions of the gastrointestinal tract.** Edited by Gregory L Eastwood. (Pp 276; illustrated; \$64.) New York: Elsevier Science, 1990.