these symptoms inaccuracy determined. The irritable bowel syndrome also included patients with various organic diseases as controls. It is unclear, however, what symptoms led these patients to present, and it is likely that some of these patients also had irritable bowel syndrome. It is also possible that the gall stone group (who may have had incidental gall stones discovered during their evaluation). Such misclassification could have diluted the discriminant value of symptoms between patients with irritable bowel syndrome and organic disease.

Our second concern relates to the statistical analyses. The authors seem to have relied largely on univariate analyses ($\chi^2$ tests). As 78 tests of association among patients (13 symptoms times six comparison groups), it is difficult to discern which symptoms may have had a significant effect. We have previously shown that the prevalence of the non-colonic symptoms referred to in the paper are very significantly more common in patients with irritable bowel syndrome than in controls.

Each symptom was carefully defined before the project began and the exact wording used decided before patient recruitment. A single investigation of discriminant power. The main purpose of the study was to assess the value of the symptoms included in the project. These were to be combined with other symptoms to construct a useful model. The authors have provided an extensive review of their techniques. The book by Gitnick is more extensive.

The statistical analysis of discriminant power. The main part of the study identified symptoms with a significant association with irritable bowel syndrome using multiple logistic regression, a technique which makes appropriate adjustment for the large number of symptoms under consideration. Although the numbers of subjects in each of the separate disease groups were large by the standards of previous publications, the findings were insufficient to allow discrimination from each control group using multiple regression analysis. As reported in the paper the effect of gender had little effect on the discriminant ability of the 'non-colonic' symptoms of irritable bowel syndrome. Socioeconomic group also did not differ significantly between irritable bowel syndrome and organic disease groups. The description of relative risk estimation was included only as an illustration of how the risks can be combined. No claim is made for the accuracy of these combined estimates (the associated confidence intervals would be wide) but they give some indication of the order of magnitude of the relative risks. We agree it would certainly be of value to test our symptom model on other groups of patients. We are continuing to do so and hope others will follow.

The answer to the question posed by Dr Prather and colleagues in the title of their letter is, yes, non-colonic symptomatology is indeed of discriminant value in separating irritable bowel syndrome from a large number of organic gastrointestinal diseases.

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This is a multichapter (37), multimedia (58), multinational (though predominantly US) textbook on ulcerative colitis and Crohn's disease. The editor's aim was to produce an up to date and concise clinical overview of these inflammatory bowel diseases, their diagnosis, and treatment. It is laid out in seven sections – aetiology and epidemiology, clinical features, diagnosis, prognosis, medical and surgical management, and management problems. The book is extraordinarily uneven. Contrast the first section, 40 pages on genetics and probably the best chapter in the book, with the five pages on aetiology or seven pages on inflammatory mediators. The sections on clinical features and diagnosis encompass six chapters, which between them duplicate or triplicate the routine assessment of the two conditions. Some excellent endoscopic pictures are mixed with out of focus histopathology, but histopathological appearances are presumably regarded as so recherche that the section on dysplasia is not illustrated. A number of full, worthwhile, and extensively referenced sections – for example, those on the use of corticosteroids or on the natural history of these diseases, based on excellent Western data but on the placebo arms of published studies – contrast strongly with, for example, the Tennessee experience on 1-cell apheresis. This is an uncontrolled study on 63 patients (from the reference list, I cannot see that it has appeared in any peer reviewed form) 'in which the chances of . . . undergoing spontaneous remission was statistically zero'. Few people who have experience of inflammatory bowel disease will recognise such a group.

There are better books on inflammatory bowel diseases, from both the scientific and the clinical view point. H J F HODGSON

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