used) increases the rate of healing. On the other hand, the effectiveness of long-term maintenance treatment with sucralfate in healed refractory duodenal ulcer has still to be reported.

Finally, we are in agreement with Moran et al that eradication regimens for H pylori infection should be considered not only for treatment of refractory duodenal ulcers, but also for symptomatic erosive duodenitis, especially if they proved to be resistant to conventional antisecretory treatment.

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BOOK REVIEW


This addition to the excellent series of Baillière's Clinical Gastroenterology is devoted to the inhibition of gastric acid secretion, with chapters on the mechanism of gastric secretion; the pharmacology of gastric secretion and its measurement; plus reviews of the two principal types of anti-secretory drugs (H2, receptor antagonists and proton pump blockers) as well as gastric surgery. Three chapters are devoted to potential hazards of gastric secretory inhibition. There is not much overlap between chapters and the contributions are generally consistently comprehensive and well presented. Some of the chapters are not as well focused as others, so that the initial chapter on the cellular biology of gastric secretion is not really a useful analysis of the processes entailed in the production of gastric juice – a topic discussed much better in the chapter devoted to the basic pharmacology of gastric secretory inhibition. As expected, the chapter on measurement of gastric secretion by Foundr and Fraser is the best in the book.

The therapeutic analysis is unbalanced, so that H2 receptor antagonists are given 10 pages of text while omeprazole receives 24 pages. Moreover, the book is not really all that up to date, because in the five main chapters, only 23% of the references have been published since 1990. Clearly, the inhibition of a process that has taken millions of years to evolve may be associated with risk. As one of the principal functions of gastric juice is to provide facilities for sterilising the intestinal contents at the proximal end of the alimentary tract, the effect of gastric inhibition on the gastric flora is important and has been satisfactorily reviewed, highlighting our lack of knowledge of this important topic. The chapter on the very important gastric mucosal changes that accompany gastric secretory inhibition repeats what has been written by the author on many previous occasions. A more critical and impartial assessment is desirable in future.

Obviously, gastric secretory inhibition must be long term because the peptic diseases are chronic ones. Hence the long term safety of the different types of gastric secretory inhibitors must be carefully monitored. Because the results of the long term toxicological studies in animals have been disregarded by many regulatory authorities, long term prospective surveillance studies are urgently required. Professor Langman's review of post-marketing surveillance, based on extensive personal studies, depressingly emphasises the difficulties of such studies and raises important issues. Further volumes, devoted to gastric secretory inhibition, are necessary and will be welcome (and will be required despite the current obsession with commensal organisms in the stomach).

K G WORKMSLEY

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NOTES

Sir Francis Avery Jones BSG Research Award 1994

Applications are invited by the Education Committee of the British Society of Gastroenterology who will recommend to Council the recipient of the 1994 Award. Applications (Fifteen copies) should include:

(1) A manuscript (2 A4 pages only) describing the work conducted.
(2) A bibliography of relevant personal publications.
(3) An outline of the proposed content of the lecture, including title.
(4) A written statement confirming that all or a substantial part of the work has been personally conducted in the United Kingdom or Eire.

Entrants must be under 40 years or less on 31 December 1994 but need not be a member of the BSG. The recipient will be required to deliver a 40 minute lecture at the Spring Meeting of the Society in 1994. Applications (Fifteen copies) should be made to: The Honorary Secretary, BSG, 3 St Andrew's Place, London NW1 4LB by 1 December 1993.

European Postgraduate Gastro-Surgical School

A postgraduate course Update in Digestive Oncology will be held in Amsterdam on 16–17 December 1993.

An International Congress – New trends in the diagnosis and treatment of oesophageal cancer will be held in Amsterdam on 17–18 February 1994. Further information for both these events from: Managing Director European Postgraduate Gastro-Surgical School, Room 109.3, Academic Medical Center, Meibergdreef 9, 1105 AZ Amsterdam, The Netherlands. Tel: 31 20 5663926; fax: 31 20 6914858.

Therapeutic endoscopy

The 3rd International Workshop on Therapeutic Endoscopy and Gastroenterology will be held on 4–7 March 1994 in Beijing, China. Further information from: Dr Sydney Chung, Combined Endoscopy Unit, Prince of Wales Hospital, Shatin, NT, Hong Kong. Tel: 852 6362233; fax: 852 6350075.

Cholestatic and related disorders

The International Meeting on Cholestatic and related disorders will be held in Florence on 23–26 March 1994. Further information from: Organising Secretariat, OIC srl, Via A La Marmora, 24, 30121 Florence, Italy. Tel: 39 55 50 00 631; fax: 39 55 57 02 2750 01 912.

Gastrointestinal hormones

The 10th International Symposium on Gastrointestinal Hormones will be held 27–31 August 1994 in Santa Barbara, California. Further information from: Joyce M Fried, Symposium Administrator, UCLA School of Medicine, Office of the Dean, 10833 Le Conte Avenue, Los Angeles, California 90024–1722, USA. Fax: 310 206–5046.

European Association for the Study of the Liver

The 29th Annual Meeting of the European Association for the Study of the Liver (EASL) will be held in Athens on 7–10 September 1994. Further information from: Professor G Tinioskos, c/o Olympic Sun, International Congress Organisers, 7, Voulis Str, 105 62 Syntagma, Athens, Greece. Fax: 30 1 3229149, 3225428.

Correction

The authors apologise for an error in Table IV line 1 in their paper (Gut 1992; 33: 1397–9). The numbers of deaths should be:

571 0.28 42 39 60 44 23 41 51 38

Letters. Book review. Notes