ment in only eight patients (2%). Three have already died within 6 months, of unrelated causes, and five remain well, so far.

We strive not to leave stents in on a permanent basis, believing that most patients can be managed effectively by expert endoscopy, radiology, and surgery, including adjuvant techniques such as shock wave lithotripsy. Stenting is useful for a few weeks or months during which the patient's health and options can be reviewed. The King's group are rightly cautious in their recommendations. Stenting has not yet been shown to be a good permanent method for managing difficult stones, and should be used very sparingly.

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Assessment of proliferation of squamous, Barrett's, and gastric mucosa in patients with columnar lined Barrett's oesophagus

EDITOR,--In my letter, Dr Cotton raises two important points. The first is the high number of patients that were treated with an endoprosthesis and the second the adequacy of such a treatment in the long term. It is true that the number of patients treated with this approach in our series is high and this is because of two reasons. Firstly, it reflects the referral of some patients who had not responded to treatment in other experienced hands and secondly a conscious decision to achieve immediate drainage and clinical stabilisation in elderly and frail patients in whom we considered a proctored procedure might be more detrimental.

Dr Cotton places great emphasis upon duct clearance, but we would suggest that in some cases this may expose the patient to more risk than an in-dwelling prosthesis. There is a need for controlled data to answer these important points and we are pleased to confirm that we are now well into a multicentre study in a well defined 'high risk' group of patients.

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STRATEGIES FOR HEPATITIS B INFECTION

EDITOR,--In their comprehensive leading article Catterall and Murray-Lyon (Gut 1992; 33: 576-9) discuss strategies for hepatitis B immunisation. With regard to the need for booster vaccinations it seems to us that option I (no booster and reliance on immunological memory) has gained additional strength by new in vivo and in vitro data. Some of these have already been mentioned in the addendum. Our own data have been supported by the findings of Jilg's group.1 To our knowledge, not a single case of clinically evident hepatitis B or carriage following hepatitis B virus infection has been reported in a confirmed serologically to hepatitis B vaccine.

A spot ELISA assay, which visualises the specific immunoglobulin production of either IgG or IgM class by individually membrane-stimulated B cells in vitro, is able to show latent immunological memory and adds further support to this strategy.2 Long term follow up data confirm the presence of persisting circulating B cell memory despite undetectable anti-HBs in the serum seven to nine years after the first vaccination.3 Further studies with an even longer interval are in progress. Moreover, follow up data can be monitored by the course of events after accidental infection (such as needlestick injuries) will give additional information.

Omitting booster vaccinations completely despite theoretical objections, in all those who have been known to react to the initial vaccination series with an anti-HBs titre in excess of 100 IU/l, seems to be a perfectly reasonable alternative to expensively complicated, and probably unnecessary booster immunisation programmes. This policy is actually being evaluated on a world wide scale at present (be it uncompromised) because many vaccinees with known responder status will not have received a booster vaccination.

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References


Screening and management of familial adenomatous polyposis

EDITOR,--In their review article Rhodes and Hattersley (Gut 1992; 33: 151-9) describe the potential, and necessary benefits, of long term screening of family members and siblings of probands diagnosed as having familial adenomatous polyposis. These screening programmes have identified B variant subjects, usually by identification of rectal polyps at sigmoidoscopy,1 and reduced the occurrence of invasive colorectal carcinoma to less