children. Recently, a working group of the European Society of Pediatric Gastroenterology and Nutrition recommended that in these children, 'gastro-oesophageal reflux disease should be investigated systematically, and possibly with pH monitoring, as the preferred technique. Endoscopy to evaluate the condition of the oesophageal mucosa is indicated in the children with severe gastro-oesophageal reflux disease'. Endoscopy must be performed to assess the presence of oesophagitis where there exists unexplained failure to thrive, anorexia as well as unexplained seizures or neurological changes.

With regard to these first three cases of H pylori gastritis in the institution, we thought that several questions needed to be considered. What was the risk of spread of infection in this community? Did other children need to be treated? Was there a bacterial source to eliminate? Was there a risk of patient transmission? Was there a risk for nursing staff? Diagnosis was made using serological tests, which are totally specific in children (compared with adults). Endoscopy was obviously not done to confirm the diagnosis of H pylori infection but to evaluate the mucosal consequences of the infection. Endoscopy was not performed in non-infected children decided to test only patients presenting with H pylori infection associated with histological gastritis, taking into account the absence of specificity of clinical symptoms in these mentally retarded children.

It is perhaps too early to say whether the Annual of Gastrointestinal Endoscopy has established itself in the hearts and minds of gastroenterologists. It has reached its 7th edition, an achievement which is indelibly associated with pruritis. Is there any sign of familiarity giving way to the tedium of the expected in this 1994 version?

As regular buyers of this annual will know, this is not a volume to quicken the pulse. Somehow the 'Current Science' format gives a dullness to the layout, which undermines any attempt to individuality. The editors – all endoscopic giants – do their best to enliven the book with their enduring enthusiasm for peering inside the gut. Their commitment extends to their adjectives: Cotton's 'important'; Tytgat's 'superb'; 'brilliant'; Williams' 'stupendous' – all descriptive of various reviews in their respective areas of expertise.

There are two interesting articles on endoscopy societies (Fleisher) and endoscopic research (Leung and Leung). Fleisher calls for multicentre studies to allow research studies to be conducted monthly. His suggestion that the value of endoscopic clips in gastrointestinal bleeding might be identified by collaborative studies in both private practice and hospitals is surely open to serious criticism. It seems the difficulty of compensating for variation in operator skill and experience as well as the problem of strict adherence to protocols.

The bulk of the book highlights reports published on gastroenterology in 1993 and is comprehensive (although I found surprisingly little on small bowel endoscopy). The editors might reflect whether forthcoming volumes should continue to include laparoscopy – there may well be 'terrestrial' papers concerning the laparoscope but, surely, hernia repair should not be considered part of gastrointestinal endoscopy.

Some readers may, like me, experience a minor decline in morale on learning of the ever expanding gulf between the equipment in their own unit and the range of devices shown here. They would, however, do well to remember that the history of technological innovation is that of instruments keeping up with ever more resourceful ideas which may – or may not – stand up to the scrutiny of their colleagues and of time.
NOTES

Colorectal disease

The Cleveland Clinic Foundation is sponsoring a continuing education programme on Colorectal Disease in 1995: an International Exchange of Medical and Surgical Concepts on 23-25 February 1995 in Fort Lauderdale, Florida, USA. Further information from: The Cleveland Clinic Foundation, Department of Continuing Education, 9500 Euclid Avenue, Room TT-31, Cleveland, Ohio 44195–5241, USA. Tel: 800 762 8173; fax: 216 445 9406.

Program Coordinator, Johns Hopkins Medical Institutions, Office of Continuing Education, Turner Building, 720 Rutland Avenue, Baltimore, Maryland 21205, USA. Tel: 410 955 2959.

Nuclear Oncology

The Johns Hopkins Medical Institutions are holding a course on Nuclear Oncology on 8-10 March 1995 in Baltimore, Maryland, USA. Further information from Jeanne Ryan, Program Coordinator, Johns Hopkins Medical Institutions, Office of Continuing Education, Turner Building, 720 Rutland Avenue, Baltimore, Maryland 21205, USA. Tel: 410 955 2959.

Correction

An authors’ error occurred in the paper by Dr M A Quine et al (Gut 1994; 35: 1209–14). The last line of Table I should read:

No of endoscopists/1000 population $2 \times 10^{-2}$

$3 \times 10^{-2}$. 

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