

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 prolonged oesophageal pH monitoring is the preferred technique. Endoscopy to evaluate the condition of the oesophageal mucosa is indicated in the children with severe gastro-oesophageal reflux disease'.² 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.³

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 to 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. We decided to treat 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.

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- 1 Sondheimer JM, Morris BA. Gastrooesophageal reflux among severely retarded children. *J Pediatr* 1979; **94**: 710-4.
- 2 Vandenplas Y, Ashkenazi A, Belli D, et al. A proposition for the diagnosis and treatment of gastro-oesophageal reflux disease in children: a report from a working group on gastro-oesophageal reflux disease (a working group of the European Society of Pediatric Gastroenterology and Nutrition). *Eur J Pediatr* 1993; **152**: 704-11.
- 3 Vandenplas Y, Heymans H. Symptomatology of gastro-oesophageal reflux. In Vandenplas Y, ed.: *Oesophageal pH monitoring for gastro-oesophageal reflux in infants and children*. Chichester: Wiley, 1992: 27-41.

BOOK REVIEWS

Annual of Gastrointestinal Endoscopy. Edited by P B Cotton, G N J Tytgat, C B Williams. (Pp 192; illustrated; £69.00.) London: Current Sciences, 1994.

It seems as though Mother Nature did a pretty good job when she arranged the year to consist of 365 days. The interval between the really serious pleasures of life (strawberries at Wimbledon, opera at Glyndebourne) is just about right. The international highlight of the gastroenterologist's year has become the Digestive Disease Week meetings in the USA, but what about the equivalent literary pleasure in our speciality?

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 anniversary that is indelibly associated with pruritus. 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 gazing 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 (Fleischer) and endoscopic research (Leung and Leung). Fleischer calls for multicentre studies to allow research studies to be completed in months. 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. Indeed, Leung and Leung identify 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 endoscopy 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 a 'territorial' dispute 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 heroic pioneers may come up with ever more resourceful ideas which may – or may not – stand up to the scrutiny of their colleagues and of time.

IAN FORGACS

Inflammatory bowel disease From Bench to Bedside. Edited by S R Targan, F Shanahan. (Pp 795; illustrated £96.00.) Baltimore, USA: Williams and Wilkins, 1994.

There are already at least two multi-author books describing most aspects of inflammatory bowel disease; why another? The editors point to the pace of basic research, which now enables the pathogenesis of inflammatory bowel disease to be discussed at a more fundamental level as one reason for a new approach. The first one third of the book succeeds brilliantly in this aim. Sixteen well illustrated chapters provide a synthesis of current knowledge on such topics as genetics (358 references), mucosal immune regulation, cytokines, eicosanoids, peptide growth factors, and animal models. Mechanisms of local tissue injury and the systemic response to intestinal injury are well covered. The size of the book militates against rapid publication and few references are more recent than 1991, though a few refer to 1992 and an occasional one to 1993.

What of the remaining 500 pages that deal with inflammatory bowel disease at the bedside and comprise almost two thirds of the total? In their preface, the editors claim that new therapeutic strategies are based on an understanding of pathophysiology and are no longer introduced on an empiric basis. For a few this is true, but what about cyclosporin or methotrexate? We may understand their action(s) but surely we cannot say with confidence why they may reduce inflammation in ulcerative colitis or Crohn's disease. No, in this section we meet all our old friends, aminosalicylates, glucocorticoids, azathioprine or 6-MP, and antibiotics; all of confirmed benefit, but we do not really understand why. There is considerable overlap between the chapters and no new synthesis emerges. A practical and visionary chapter on immunomodulation, and another written by the vice president of an industrial corporation on how potential new drugs are targeted for research and possible development, are the most forward looking. The second particularly is an innovative and critical review, which deals with candidate compounds and takes account of the need to balance probable development costs with the potential size of the market.

There are some unusual and especially interesting chapters in the clinical section. A health education consultant describes patient concerns with insight and intuition. The book has a majority of North American authors and a chapter on health insurance issues throws an interesting light on the American system of financing health care. However, many chapters, good as they are, on such topics as clinical features of disease, diagnosis, complications, fertility and pregnancy, are well dealt with in existing books. There is much overlap and overemphasis on medical as compared with surgical treatment. For example, of the meagre 14 pages devoted to surgical treatment of ulcerative colitis, three pages are spent discussing nutritional therapy, which is the subject of a separate chapter.

The reviewer wishes that the editors had focused on current advances in basic science as related to inflammatory bowel disease, which are the strength of this book. They could well have included also some material from the clinical section such as a good chapter on potential future markers for dysplasia and the futuristic look at possible new medical treatments. If the book had been shorter, the lead time between writing and publication would have been less, and new editions could be produced at comparatively short intervals to keep pace with rapid advance. As it is, the present structure of the book is unwieldy and, though a notable achievement, suffers from the urge to be comprehensive. The result is a rich bill of fare from which most readers will pick and choose, not a balanced and limited menu to be enjoyed from beginning to end.

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Express), stating card number, expiry date, and full name. (The price and availability are occasionally subject to revision by the Publishers.)

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.

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 2×10^{-2}
 3×10^{-2} .