haemolysis) when used for ductal stones compared with its use for gall bladder stones. However, Takacs et al used MTBE in much lower concentrations and reported only mild toxic side effects.

Furthermore, there are two important caveats concerning the efficacy of topical dissolution therapy for bile duct stones. Firstly, the stone solvent into the bile duct may result in clearance of stones by its mechanical effect; stones are flushed from the bile duct into the duodenum. This is true especially for those cases in which a spincterotomy has been performed. Stone clearance may therefore result from spontaneous migration of stones or mechanical effect of infusion of solvents, or both, instead of true chemical dissolution. Secondly, fragmentation of bile duct stones (as reported in 50% of patients treated by Takacs et al) may also result from frictional forces between stones and the nasobiliary catheter as reported after treatment of bile duct stones with biliary endoscopic sphincterotomy.

We feel that the use of topical dissolution therapy for bile duct stones should be limited to expert centres and to those patients in whom endoscopic surgery are unsuccessful or contraindicated and in whom longterm endoscopic stenting is considered inappropriate. In these selected cases the use of DMSO in combination with other solvents like MTBE may be considered.

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Inflammatory bowel disease in married couples

EDITOR—We read with interest the article about inflammatory bowel disease in married couples by Comes et al (Gut 1994; 35: 1316-8). We have under our care a married couple who both developed Crohn's disease after marriage.

The female partner (now 32 years) presented in 1988, one year after her marriage, with abdominal pain and anaemia and was found to have multiple small bowel strictures on a barium meal. A duodenal biopsy confirmed Crohn's disease.

The male partner (now 48 years) was found to have sarcoidosis 24 years ago with a positive lung biopsy. He presented one year ago, five years after his marriage, with colitis of the sigmoid colon. Biopsy showed Crohn's disease with granulomas. Both patients are white. Their marriage is non-consanguineous. The female partner's aunt is also a known case of Crohn's disease. The couple are therefore similar to the cases described by Comes et al in that symptoms of Crohn's disease developed in both after marriage.

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BOOK REVIEWS


'It is intended that this volume may be read in its entirety or as individual chapters detailing specific subjects for the healthcare professional, who is developing an interest in clinical nutrition, will use the textbook as a sole source of information....' So says the preface to this well produced, 37 chapter, 600 author book, which is a guide on how healthcare professionals want or need this book? Can they not glean enough about nutritional support from the pages of Gut? Inspection of the index for the past three volumes of this journal suggest that they cannot. The words 'nutritional support', 'parenteral nutrition', 'enteral nutrition', and 'enteral feeding' indicate some abstracts, but very few main articles on how and why to use artificial nutritional support in humans, although the development of techniques for nutritional support has been one of the important therapeutic advances in the past two decades. Moreover this is not a field in which the untutored amateur does well: instead he is very likely to kill patients and waste substantial amounts of money.

I would not advise anyone developing an interest in nutritional support to start at the beginning of this book with a view to reading it straight through, if only because there are inevitably repetitious passages. For example methods for measuring energy expenditure are described on pp 43-47 ('Energy metabolism' by J Webber and I MacDonald), and then again on pp 138-141 ('Adult macronutrient requirements' by H P Sauerwein and J A Romijn). The index is comprehensive and well cross referenced, however, so it is easy to find the topic on which you want to read. The place to start is chapter 7, by S Allison, on 'Malnutrition in hospital patients, and assessment of nutritional support'. Allison makes the vital distinction between malnutrition, which is an inevitable consequence of terminal disease, and starvation, which is an important and remendable component of the patient's illness. In the last case (but not the first) nutritional support may be very valuable. If the clinician who is a tyro as 'clinical nutrition' reads this chapter, and notes that some of his patients suffer from important and remediable malnutrition, then he should read the rest of the book, or else ensure that he can call on the services of a nutrition support team with the necessary expertise.