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tion for both radiologist and gastroenterologist, as well as providing a prompt service with appropriate quality.

In my heart I know that the comments by Dr Vallance are correct when he highlights the potential difficulties and drawbacks that may result from ultrasound examinations being undertaken by practitioners other than skilled trained radiologists. In my head, however, I recognise that there are other arguments that must be resolved. Some gastroenterologists and indeed clinicians in other specialties, do genuinely wish to provide an ultrasound service and this wish has been given validity by the declaration of the European Board of Gastroenterology that ultrasound should be part of the training programme for gastroenterologists. Neither radiologists individually nor collectively through their Royal College, are in a position to prevent non-radiologists from using ultrasound for diagnosis and therefore we find ourselves in a position in which we can adopt one of three responses.

Radiologists can ignore the needs of non-radiologists to train in ultrasound and decline to be involved in such training. In doing this we will deny to non-radiologists an understanding of our own skills, which contribute to a quality service and we may thus contribute to the poor quality non-radiological service which we fear.

Radiologists may believe that because non-radiological ultrasound training is in vogue, that we should simply keep our heads down for a while in the hope that the fashion will pass, but again we risk the development of a second rate service without our contribution.

Thirdly, we could permit our non-radiologist colleagues free access to our skills. Of course we do this already by providing a service for them and their patients, but we should extend this to the provision of training, so that the service which non-radiologists provide is of sufficient standard to fulfil radiologists' definition of quality. Additionally the links forged between radiologist and non-radiologist during training should contribute to more open communication, which must be to the ultimate benefit of our patients.

I believe that the responsible and logical reaction of radiologists to the wishes of some non-radiologists to train in ultrasound, is to provide them with sensible achievable guidelines for training so that radiologist and non-radiologist can work together to provide what the patient needs, a rapid ultrasound service of appropriate quality.

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Peptide YY and electrolyte homeostasis

EDITOR,—We wish to comment on the article by Nightingale and coworkers on the possible importance of peptide YY as the mediator of the colonic brake to gastric emptying (*Gut* 1996; 39: 267–72). Their studies suggest that the lower concentrations of peptide YY seen in patients without a colon are associated with an increased rate of gastric emptying. This may well contribute to the increased jejuno-ostomy output seen in these patients. We have previously shown in humans that peptide YY in volunteers with jejunostomies (infused at physiological postprandial values) causes

significant reduction in water and electrolyte secretion and slows small intestinal transit.¹

The high output of jejunostomy fluid postprandially is therefore likely to be due to a combination of increased gastric emptying, decreased small intestinal fluid absorption, and increased small bowel motility. The development of orally active peptide YY agonists and antagonists will provide further insight into the physiological role of this peptide and could provide a novel approach to the water and electrolyte disturbances associated with high ileostomy outputs. Physiological concentrations of peptide YY do, however, cause significant increase in sodium excretion by the kidney and the relative benefits of electrolyte conservation by the intestine might be counterbalanced by the increased electrolyte lost by the kidney.²

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1 Playford RJ, Domin J, Beecham J, Parmar KI, Tatemoto K, Bloom SR, *et al.* Peptide YY: a natural defence against diarrhoea. *Lancet* 1990; 335: 1555–7.

2 Playford RJ, Moss SM, Calam J, Unwin R. Effect of Peptide YY (PYY) on renal function. *Am J Physiol* 1995; 268: F754–9.

Reply

EDITOR,—We are grateful to Professor R J Playford and Dr C E MacDonald for drawing our attention to this research. It supports the view that peptide YY is important in the short bowel syndrome. While the main reason for a high output from a jejunostomy is the loss of the normal daily secretions produced in response to food, low plasma concentrations of peptide YY may exacerbate the situation by increasing the rate of liquid gastric emptying and small bowel transit,¹ and may increase water and electrolyte secretion. High plasma concentrations of peptide YY occur in patients with a short bowel and a retained colon, thus it is beneficial to preserve some colon when a major bowel resection is performed.

J M D NIGHTINGALE
M A KAMM
J E LENNARD-JONES
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1 Nightingale JMD, Kamm MA, van der Sijp JRM, Morris GP, Walker ER, Mather SJ, *et al.* Disturbed gastric emptying in the short bowel syndrome. Evidence for a 'colonic brake'. *Gut* 1993; 34: 1171–6.

DM 248.) Stuttgart: Georg Thieme Verlag, 1996. ISBN 3-13-104331-8.

Books reporting proceedings of meetings are often hurried out with little editorial control and patchy quality. This book is an exception. To begin with the book was a pleasure to handle; an attractive cover, solidly bound and on high quality paper. A glance through it revealed abundant illustrations, tables, and uniformity of style. Dipping into the book and reading in more depth revealed a systematic authoritative and in depth coverage of the molecular biology of pancreatic diseases, acute pancreatitis, chronic pancreatitis, and pancreatic cancer.

On the basis that it is a reviewer's privilege to select items for commendation or condemnation (I have nothing to offer here) I will select a few gems from the text. Weber and Jensen have given a masterly insight into the genetic and molecular biological aspects of pancreatic endocrine and carcinoid tumours. No more will one be baffled by the intricacies of the MEN 2 gene mapping nor genetic alterations in carcinoid tumours. They were simply illuminated in this excellent contribution. Acute pancreatitis was tackled by physicians, surgeons, gastroenterologists and radiologists in a comprehensive manner. The more recent controversies of artificial nutrition and antibiotics were completely up to date with a total coverage of the world literature and reasoned, balanced discussions. The surgeons perhaps were liberal with dogma, painting a picture of surgical options with little room for manoeuvre, which in the individual case is often not tenable.

This reviewer learnt a lot from reading the various sections on chronic pancreatitis and any student of this condition callow or seasoned should read it thoroughly for its comprehensive coverage of the literature and discussions.

The Japanese contributors at last gained exposure contributing an exhaustive analysis of the European versus the Japanese approach to surgery in this condition. In my view the star chapter was that of Hermance describing the pathology of pancreatic cancer culminating in the new WHO classification.

Who should buy this book? It is relevant to the practice of any serious pancreatologist, it is an essential reference for any researcher in the field and the editor is to be congratulated.

A N KINGSNORTH

NOTE

BOOK REVIEW

Advances in Pancreatic Disease, Molecular Biology, Diagnosis and Treatment. Edited by C G Derviris. (Pp 401; illustrated;

Abdominal imaging

A course on abdominal imaging will be held at Jackson Hole, Wyoming, Grand Teton National Park, USA, on 30 June–4 July 1997. Further information from: Janice Ford Benner, University of Pennsylvania Medical Center, 3400 Spruce Street, 1 Silverstein Building, Philadelphia, PA 19104, USA. Tel: 215 662 6904; Fax: 215 349 5925.

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