

LETTER TO THE EDITOR

Neurological complications of enteric disease

EDITOR,—I read the leading article on neurological complications of enteric disease by Drs Wills and Hovell (*Gut* 1996; 39: 501–4) immediately after seeing a young woman with achalasia of the cardia and ataxia as a result of cerebellar degeneration in my outpatient clinic. Such an association is not described in the article. As gastroenterologists, we consider achalasia an “enteric disease” in the broadest sense of the phrase, but it is, of course, primarily a disease of the enteric nervous system. This perhaps explains why achalasia and other gastrointestinal disorders which are caused by enteric nervous dysfunction are not described in the article, even though several such disorders have neurological associations. To complete the picture, I draw your readers’ attention to a recent comprehensive review on the enteric nervous system,¹ in which I was delighted to find the reference to a paper² which seemed to describe the young woman in my clinic.

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- 1 Goyal RK, Hirano I. Mechanisms of disease: The enteric nervous system. *N Engl J Med* 1996; 334: 1106–15.
- 2 Murphy MS, Gardner-Medwin D, Eastham EJ. Achalasia of the cardia associated with hereditary cerebellar ataxia. *Am J Gastroenterol* 1989; 84: 1329–30.

BOOK REVIEW

Prevention and Detection of Colorectal Cancer. Young G P, Rozen P, Levin B, eds. (Pp 384; illustrated; £55.00.) Harcourt Brace. 1996. ISBN 0-7020-2018-4.

Colorectal cancer prevention is a hot topic. With the death rate unchanged in decades despite a picture of the disease which is clearer by the day, preventive strategies are an obvious priority. This excellent book provides a most readable survey of the current scene.

The editors are a well respected trio from Australia, Israel and the United States. Unusually, this multi-author volume has the clear stamp of its editors. The construction is logical and comprehensive, covering the biological basis of prevention, manipulation of that biology, risk management, and finally all aspects of the “community approach” to prevention.

Stan Hamilton’s opening chapter on pathology hits the right note, covering single

crypt neoplasia and so-called de novo carcinoma as well as our old friend the adenoma-carcinoma sequence, with variations on the theme of Vogelstein. Potter goes on to offer a unifying description of the epidemiology and molecular biology of the disease in its biochemical and genomic environment. The first section is completed with masterly descriptions of the biological and genetic mechanisms which underlie this complex condition.

The second section covers precancerous recognition, followed by detailed and up-to-date chapters on dietary and chemopreventive measures. Section three wades into the issues surrounding “those at risk” for this disease – patently the whole population beyond the formative adult years. Three street-wise Europeans (Hill, Faivre and Giacosa) tackle with relish the politics surrounding the potentially somniferous subject of governmental dietary advice, though they are unnecessarily circumspect regarding the UK government’s omission of colorectal cancer from its list of target diseases. Lang and Ransohoff provide an excellent and realistic piece on risk estimation, followed by a chapter from Burt and Petersen on the familial conditions predisposing to bowel cancer; it begins predictably with the expected list and description of the syndromes, but is completed with an unusually detailed and clearly experienced segment on the counselling and ethical issues. Zauber, Bond and Winawer provide a thoughtful and enthusiastic chapter on surveillance of those who have had adenomas or cancer removed, though if anything they err on the side of assuming the utility of follow up after cancer surgery, albeit in a measured and circumspect way. Lennard-Jones completes the section with a very readable chapter on cancer in inflammatory bowel disease, including a compelling description of decision analysis in risk management.

The final section, reviewing “the community approach” to prevention of death from this disease, is the high spot of a marvellous volume. Having opened with a comprehensive look at screening tools and strategies, authors from around the world provide a view from their countries, with their differing health beliefs, economics and politicosocial priorities. All this leads to a final pulling together of the disparate threads which dangle, but lay on offer for weaving, at the end of this excellent review of such a complex and changing field. A must at £55 for all with more than a jobbing interest in colorectal cancer.

J NORTHOVER

NOTES

Liver disease

The XXII International Update on Liver Disease will be held at the Royal Free Hospital School of Medicine, London on 10–12 July 1997. Further details from: Professor Neil McIntyre, University Department

of Medicine, Royal Free Hospital, Pond Street, London NW3 2QG. Tel: 0171 794 0500 ext: 3969; Fax: 0171 830 2321.

Penang International Teaching Course in Gastroenterology

The Penang International Teaching Course in Gastroenterology will be held on 23–26 July 1997 in Penang, Malaysia. This is a joint meeting between the Penang Medical Practitioner’s Society, Malaysian Society of Gastroenterology and Hepatology and the British Society of Gastroenterology. The Scientific programme comprises symposia on acid related disease, malignant oesophageal obstruction, dyspepsia, biliary obstruction, and colorectal carcinoma. State of the art lectures will be given on broad range of topics including liver failure, minimally invasive surgery, inflammatory bowel disease, irritable bowel syndrome, viral hepatitis, endoscopic management of chronic pancreatitis, oesophageal cancer, and management of upper gastrointestinal disease. The course will also include a live endoscopy workshop and gastrointestinal assistant and nurses education program. An international faculty includes J Dent, N Soehendra, J Wong, ATR Axon, D Campbell, K Huibregtse, JM Rhodes, SG Lim, F Konishi, H Dowling, M McMahon, D Kelleher, J Neuberger, T Poynard, J Lambert, SK Lam, ST Kew, S Samad, and SB Chua.

UEGW

The 6th United European Gastroenterology Week will be held on 18–23 October 1997 in Birmingham, United Kingdom. Further information from Concorde Services Ltd, 10 Wendell Road, London W12 9RT, United Kingdom. Tel: +44 181 743 3106, Fax: +44 181 743 1010.

UK National Barrett’s Oesophagus Registry

Funding has now been secured to initiate a UK National Registry of patients with Barrett’s oesophagus as a joint project between the Oesophageal Section of the British Society of Gastroenterology and the Upper Digestive Tract Cancer Group of the European Cancer Prevention Organisation (ECP). A scientific committee has been formed to oversee the Registry and a registrar has been appointed who has a public health background and considerable experience of epidemiological work in pre-cancerous conditions. Two pathologists with expertise in this area will provide a central resource to oversee histopathological aspects of the Registry.

The project will begin with pilot studies in two Health Districts, with the aim of identifying all patients with a diagnosis of Barrett’s oesophagus, together with basic demographic data and information on criteria for diagnosis of Barrett’s and the extent of the columnarised segment. The next stage will be to extend the pilot study to embrace a whole Health Region in an attempt to form a baseline for estimating incidence and prevalence