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476 Letters, Book Review, Notes

1 Counsell CE, Taha A, Ruddell WSJ. Coeliac disease and autoimmune thyroid disease. Gut 1994, 35: 844-6

and autoimmune thyroid disease. Gut 1994, 35: 844–6.
Tunbridge WMG, Evered DC, Hall R, Appleton D, Brewis M, Clark F, et al. The spectrum of thyroid disease in a community: The Whickam survey. Clin Endocrinol 1977; 7: 481–93.

Reply

EDITOR,—Eighteen coeliac patients and nine control patients in our study suffered from autoimmune thyroid diseases. We included all patients who had a past history of autoimmune thyroid disease. It is possible that the increased frequency among coeliac patients is real, even though the difference was not statistically significant. The findings of Counsell et al suggest that the association between these diseases is more than coincidental. Supporting this, in another study that we conducted, four (4.8%) of 83 patients with autoimmune thyroid disease had silent coeliac disease, when they were screened by the IgA reticulin and gliadin antibody tests.¹

It is correct that we did not search for autoimmune thyroid diseases vigorously among either coeliac patients or control patients. Some cases may have remained undiagnosed in both groups. We consider that prospective controlled studies would be essential to confirm the association between these diseases.

We agree with Counsell et al that thyroid function should be examined in all coeliac patients. Nowadays we also screen all patients with autoimmune thyroid diseases by reticulin and gliadin antibody tests.

PEKKA COLLIN TIMO REUNALA AMOS PASTERNACK Department of Clinical Medicine, University of Tampere, PO Box 607, FIN-33101 Tampere,

 Collin P, Salmi J Hällström O, Reunala T, Pasternack A. Autoimmune thyroid disorders and coeliac disease. Eur J Endocrinol 1994; 130: 137-40.

BOOK REVIEW

Constipation. Edited by MA Kamm, J E Lennard-Jones. (Pp 402; illustrated;

£75.00.) Petersfield: Wrightson Biomedical Publishing, 1994.

What is a long time coming, solid, and makes a big splash? One answer is this book. Aside from a 1972 work by Sir Francis Avery Jones and Edmund Godding, *The Management of Constipation*, this is the first serious treatise on the subject since 1909 when Sir Arthur Hurst published his classic volume *Constipation and Allied Intestinal Disorders*.

It is a rich fruit-cake of a book with a world class team of contributors who cover nearly every aspect – from the role of sexual abuse to the role of the surgeon. In between, the physiologists, radiologists, and clinical investigators describe a range of techniques for unravelling bowel problems, which would have amazed and delighted Sir Arthur. He would have been pleased too by the emphasis on thorough and sensitive history taking. As someone who published on neuropsychiatric topics he would have been fascinated by the key role of biofeedback in treatment – a topic that is well covered.

The book is up to date with many 1993 references and some unpublished data (perhaps a bit too much). Most of the 45 contributors are concise and thorough, the editors themselves setting a fine example. There is occasional overlap, as in the two laxative chapters but, mostly, the editing is seamless. One visionary, Devroede, is given his head but then, he is irrepressible – and full of unexpected gems. Like how to diagnose hysteria: move your chair away, the patient will come closer; move it nearer, they will back away!

This book is not just about constipation. There are good reviews of colonic and anorectal physiology, of innervation and of neurotransmitters (at least 20 of which could be relevant to bowel dysfunction). Oddly, there is no detailed discussion of the act of defecation nor of the nature of stools, let alone of the psychology or sociology of defecation. These matters are, surely, crucial to understanding many cases of difficulty with defecation and I hope they will be tackled in the second edition. No doubt there had to be a section on Hirschsprung's disease, if only to bring genes into the book, but Chagas too?

But these are minor quibbles. It is a fine book that will become a classic. The price of $\pounds75$ is not unreasonable and it should be in every self respecting gastroenterology department's library. There is much in it too for paediatricians and geriatricians. I for one shall refer to it often.

K W HEATON

NOTES

American Board of Internal Medicine

Information on the 1995 certification and qualifying examinations in gastroenterology can be obtained from the Registration Section, American Board of Internal Medicine, 3624 Market Street, Philadelphia, Pennsylvania 19104, USA. Tel: 1 800 441 2246 or 1 215 243 1500; fax: 1 215 382 5515.

Upper gastrointestinal tract

A meeting on Diagnostic and Management Decisions in the Upper Gastrointestinal Tract will be held at Fairmont Resort, Leura, NSW, Australia on 28–29 April 1995. Further information from Gastroenterological Society of Australia, 145 Macquarie Street, Sydney, NSW 2000, Australia. Tel: 61-2-256 5454 or 61-2-256 5417; fax: 61-2-241 4586.

Antineutrophil cytoplasm antibodies

The Sixth International ANCA Workshop will be held from 28 June to 1 July 1995 in Paris. Further information from the Secretariat: ANCA Workshop, c/o Ph Lesavre, Département de Néphrologie, Hôpital Necker, 161 Rue de Sèvres, 75743 Paris Cédex 15, France. Fax: 33 1 45 66 51 33.

Conference on gastroenterology

The Third International Conference of Gastroenterology will be held in Hong Kong and Shanghai on 10–17 November 1995. Further information from Conference Secretariat, c/o Orient Network (HK) Ltd, Room 1611-13, World Finance Centre, North Tower, Harbour City, Kowloon, Hong Kong. Tel: 852 736 7837; fax: 852 376 0329.



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ACKNOWLEDGEMENT OF MANUSCRIPTS Manuscripts will only be acknowledged if an addressed postcard is enclosed.

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ETHICS Ethical aspects will be considered in the assessment of papers (see the Medical Research Council's publications on the ethics of human experimentation, and the World Medical Association's code of ethics, known as the Declaration of Helsinki (see *BMJ* 1964; ii: 177)).

SI UNITS All measurements except blood pressure are expressed in SI units. In tables and illustrations values

are given in SI units. For general guidance on the International System of Units and some useful conversion factors, see *The SI for Health Professions* (WHO, 1977). NB: Such conversion is the responsibility of the author.

REFERENCES These follow the Vancouver system – that is, references numbered consecutively in the text and listed numerically with journal titles abbreviated in the style of *Index Medicus*, *Standard journal article*. List up to six authors, then add *et al*.

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