

## LETTER TO THE EDITOR

### Risk factors for symptomatic gall bladder disease

EDITOR.—Murray *et al* have reported on gall bladder disease in one of the most detailed studies on oral contraceptives (*Gut* 1994; 35: 107–11). For all three factors reported (smoking, parity, and oral contraception) they found a slight increase in the rate of gall bladder disease (for oral contraception only in current users). An earlier publication from the same study has suggested, however, that the effect of oral contraception is transient: the rate of gall bladder disease was increased only if oral contraception had started within the previous five years, and the maximum effect was already reached after three years (rate ratio 1.3).<sup>1</sup> In a meta analysis we concluded that results of such studies will remain inconsistent unless risk periods of interest are properly taken into account.<sup>2</sup> Effects limited to a risk period of about five years have been found for pregnancy,<sup>3</sup> and recently for smoking as well.<sup>4</sup>

We are surprised, therefore, that Murray *et al* combined 19 years of follow up without looking at limited risk periods. This may have two consequences: firstly, the effect is diluted by including data on irrelevant time periods<sup>3 4</sup>; and secondly, confounding is not adequately controlled.<sup>3</sup> It is an irony that we have illustrated the second consequence in an example (published shortly before Murray's publication) using the same relation – smoking and pregnancies as risk factors for gall bladder disease.<sup>5</sup> These factors are closely associated in time: typically a woman taking oral contraception stops, becomes pregnant, and stops smoking. Therefore, we believe that the conclusion of our study applies to the report by Murray *et al*: misclassification of the confounding factor pregnancy (by controlling for parity, ignoring timing of the pregnancies) may have led to residual confounding of the relation between gall bladder disease and smoking as well as oral contraception. Unfortunately, this bias is of an unpredictable direction.<sup>5</sup>

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1 Royal College of General Practitioners' Oral Contraception Study. Oral contraceptives and gall bladder disease. *Lancet* 1982; ii: 957–9.

2 Thijs C, Knipschild P. Oral contraceptive use and the risk of gallbladder disease. A meta-analysis. *Am J Public Health* 1993; 83: 1113–20.

3 Thijs C, Knipschild P, Leffers P. Pregnancy and gallstone disease – a demonstration of the importance of specification of risk periods. *Am J Epidemiol* 1991; 134: 186–95.

4 McMichael AJ, Baghurst PA, Scragg RKR. A

case-control study of smoking and gallbladder disease: importance of examining time-relations. *Epidemiology* 1992; 3: 519–22.

5 Thijs C, Leffers P, Knipschild P. Control of confounding requires specification of risk periods. *Epidemiology* 1993; 6: 556–7

## BOOK REVIEW

**Paediatric Gastroenterology and Hepatology.** Edited by M Gracey and V Burke. (Pp 1152; illustrated; £125.) Oxford: Blackwell Scientific, 1993.

The third edition of this classic text, which was first published in 1975, has been substantially up dated with whole new sections. The coverage of liver disease by Rainer Poley is comprehensive and very clear and the new chapter on the exocrine pancreas, with its emphasis on development, is most welcome. The book's particular strength centres, however, upon coverage of gastrointestinal infections where the editors, Gracey and Burke, give a very lucid and full account of the whole topic, which is of such key importance within paediatric gastroenterology.

The sections on investigations and methodology are, as ever, of practical use, especially for trainees.

I have minor criticism of the coverage of intractable diarrhoea. The rare disorder, microvillous atrophy, is discussed as such and in this section an electron micrograph of an enterocyte showing invaginated brush border characteristic of this disorder is used as illustration. It is not made at all clear, however, that this illustrates microvillous atrophy as described later on in the chapter. Furthermore the comparatively uncommon disorder, cyclical vomiting, is not mentioned. Given the remarkable expansion, however, in the whole field of paediatric gastroenterology, to which the size of this book bears witness, it is perhaps unreasonable to expect the text to be completely comprehensive.

These are really minor points as the book is readable, reliable, well illustrated, and should be on the shelves of all who are interested in paediatric gastroenterology.

J A WALKER-SMITH

## NOTES

### Sir Francis Avery Jones BSG Research Award 1995

Applications are invited by the Education Committee of the British Society of

Gastroenterology who will recommend to Council the recipient of the 1995 Award. Applications (**fifteen copies**) should include:

(1) A manuscript (2 A4 pages *only*) describing the work conducted.

(2) A bibliography of relevant personal publications.

(3) An outline of the proposed content of the lecture, including title.

(4) A written statement confirming that all or a substantial part of the work has been personally conducted in the United Kingdom or Eire.

Entrants must be 40 years or less on 31 December 1995 but need not be a member of the BSG. The recipient will be required to deliver a 40 minute lecture at the Spring meeting of the Society in 1995. Applications (**fifteen copies**) should be made to: The Honorary Secretary, BSG, 3 St Andrew's Place, London NW1 4LB by 1 December 1994.

### European Science Foundation

A conference on Molecular Pathogenesis of Infectious Diseases: Mechanisms of Colonisation and Invasion of the Intestinal Barrier will be held in Obernai, France on 4–9 November 1994. Further information from: Dr Josip Hendekovic, European Science Foundation, 1 quai Lezay-Marnésia, 67080 Strasbourg Cedex, France. Tel: 33 88 76 71 35; fax: 33 88 36 69 87.

### Inflammatory bowel disease

A course on the Progress in the Management of Inflammatory Bowel Disease will be held on 3–4 November 1994 in New York, USA. Further information from Dr Burton I Korelitz, Chief, Section of Gastroenterology, Department of Medicine, Lenox Hill Hospital, 100 East 77th Street, New York, NY 10021, USA. Tel: 212 434 2145 or 212 434 2140.

### Therapeutic endoscopy

The ninth International Workshop on Therapeutic Endoscopy will be held in Hong Kong on 6–8 December 1994. Further information from: Miss Claudia Mak, Endoscopy Centre, Prince of Wales Hospital, Shatin, NT, Hong Kong. Tel: 852 636 2233; fax: 852 635 007.

### Gastroenterology course

The 1995 Oxford Course in Gastroenterology will be held on 8–11 January 1995. Further information from Dr D P Jewell, Radcliffe Infirmary, Oxford OX2 6HE. Tel: 0865 224829.