participate alongside their peers as fully as possible.

Palliative surgery can give children with functional single ventricle a level of activity enabling them to take part in most childhood activities. Further study of this group of children after more major physiological correction, such as the Fontan operation, would be useful to objectively assess the improvement in quality of life achieved by such treatment.

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Screening for coeliac disease

How many papers in the next six years are going to have 'the year 2000' in the title? I suspect that editors will soon have to start deleting the phrase unless it is strictly relevant. A report in the *Lancet* with the title 'Coeliac disease in the year 2000: exploring the iceberg' (C Catassi and colleagues, 1994; 343: 200–3), describes research performed in Italy in 1992 and 1993. Blood was obtained by finger prick from 3351 schoolchildren aged 11–15 years. These samples were tested for IgG and IgA anti gliadin antibodies. Seventy one showed raised concentrations of both or either and those children were recalled for further testing. This time venous blood was taken and the anti gliadin antibody tests were repeated together with a test for antiendomysium antibodies and serum immunoglobulins. Eighteen children were selected for jejunal biopsy on the basis of one or more of: raised IgA anti gliadin antibodies, positive test for antiendomysium antibodies, or raised IgG anti gliadin antibodies with selective IgA deficiency. Eleven of the 18 biopsies showed the changes of coeliac disease. These children were treated with a gluten-free diet and repeat biopsies on all 11 showed histological improvement. Six of the 11 had had recurrent aphthous stomatitis and most experienced increased well being or accelerated growth on a gluten-free diet.

Malignant disease, especially non-Hodgkin's lymphoma and cancers of mouth, pharynx, or oesophagus, is about twice as common in people with coeliac disease as in the general population and a strict gluten-free diet probably reduces the risk.¹ This is the main argument in favour of screening and early treatment. The authors of this paper do not discuss the question of cost but the antibody tests are said to be expensive. Exactly how much illness could be prevented by this kind of screening is unknown. More information about costs and benefits is needed before widespread population screening is considered.

ARCHIVIST

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