The most important discovery at the World Congress of Gastroenterology in Sydney was that there exist less invasive methods of dealing with gastrointestinal problems than conventional surgery. The advent of the H2 blockers signified a valid alternative to the acute treatment of peptic ulcer disease. At this conference there was an emphasis on maintenance therapy in peptic ulcer disease using H2 blockers, and their reliability in treating chronic ulcer disease. Concerns as yet unanswered surfaced regarding the effects of long term use of these agents, as they did with acid-reducing operations over the past 100 years. This concern clearly requires continued monitoring, but no adverse effects have been noted to date.

The advent of the proton pump inhibitor adds to the treatment of resistant and peptic ulcers and clearly provides a viable alternative to surgery in patients with reflux esophagitis. The concerns again of long term treatment require close observation.

Experience with the double aminosalicylic acid moiety in the treatment of inflammatory bowel disease again shows promise and, supplemented with correct attention to nutrition, these agents are reducing the frequency of surgery.

Attention to the avoidance of nonsteroidal anti-inflammatory drugs or prevention of the gastrointestinal complications of these drugs was another major emphasis.

The continued success of transplantation techniques in liver disease was another trend.

The increased use of laparoscopy—particularly with reference to cholecystectomy—promises to be the most important development of recent times in surgery, and a 'must' for the surgeon in training.

Other useful instruments were the suture clamps which adapt to the conformation of the patient's bowel, and the 'no touch' disposable collection devices for biopsies.

The other major area of change was the field of endoscopy, with a clear trend developing in favour of 'chip' technology using monitors rather than the usual fibreoptics. The new instruments give an excellent view for a large number of students and will be particularly valuable in a teaching setting. There is also promise of improved charting and recording of patients with these new systems.

Use of stool occult blood tests for early detection of colorectal cancer was the subject of a satellite symposium. At last there seems to be some progress, thanks to careful and scientific studies of the value of these tests.

In general, this was a fascinating and informative meeting, with satellite meetings in Perth and countries outside of Australia.

The Canadian Association of Gastroenterology thanks its hosts for an excellent meeting.

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