children and adolescence. It is difficult to be certain of the completeness of case ascertainment in both these studies. In one⁸ 36 cases aged between 10 and 19 were collected using data from hospital diagnostic indexes over the years 1943–1963 and in the other⁹ records between 1919 and 1963 were analysed. It is likely that in the early years of both studies many children with minor symptoms of Crohn's disease were not included. The greatest advantage of the Birmingham study as already emphasised is that over a very long period the same group of workers were responsible for the diagnosis of both adults and children.

Some workers feel that the most important determinant of the prognosis in Crohn's disease rather than age is the anatomical site of involvement.¹⁰ Thus the conclusion of Puntis *et al*² that the outcome in ileocolonic Crohn's disease in children is similar to adults is important. The leading article makes it clear that this similarity does not extend to those with diffuse small bowel disease which is commoner in the paediatric age group.¹

The problem of disease recurrence was not directly alluded to in the leader. Dr Cooke in his letter highlights the problem of deciding whether recurrences are commoner in young patients by referencing four studies in which no such relationship was found although as he says no direct comparison with adults was made. Puntis and his colleagues² state that although recurrences may be commoner in children with Crohn's disease this may not have any effect on prognosis as such disease is usually limited to the site of previous surgery and was amenable to further local resection.

The adjective 'aggressive' used to describe the surgical approach to the treatment of Crohn's disease in Birmingham was not intended to be derogatory but merely to contrast the frequency of operation and the sparing use of steroids with that of a large American study.¹¹ Conservative surgery in this context simply referred to limited resection of only frankly diseased bowel. The leader emphasised that the Birmingham approach to management appears to produce equally good results with much less exposure to steroids. Cooke produces convincing evidence that the overall operation rate in Birmingham is no higher than in other major centres. The differences of emphasis may be that more liberal use of steroids merely delays surgery in a group of patients who will eventually require resection.

I am sure that Dr Cooke would agree with the main conclusion of the leader and of the recent study from Birmingham² that an optimistic approach should be adopted to the management of Crohn's disease presenting in childhood and the

spectrum of disease seen by paediatricians does not differ sharply from those seen by gastroenterologists dealing with adult patients.

BRIAN GAZZARD

*St Stephens Hospital,
Fulham Road,
Chelsea,
London.*

References

- 1 Gazzard BG. Long term prognosis of Crohn's disease with onset in childhood and adolescence. *Gut* 1984; **25**: 325–8.
- 2 Puntis J, McNeish AS, Allan RN. Long term prognosis of Crohn's disease with onset in childhood and adolescence. *Gut* 1984; **25**: 329–36.
- 3 Truelove SC, Pena AS. Course and prognosis of Crohn's disease *Gut* 1976; **17**: 192–20.
- 4 De Dombal FT, Burton IL, Clamp SE, Goligher JC. Short term course and prognosis of Crohn's disease. *Gut* 1974; **15**: 435–43.
- 5 Prior P, Gyde S, Cooke WT, Waterhouse JAH, Allan RN. Mortality of Crohn's disease. *Gastroenterology* 1981; **80**: 307–12.
- 6 Prior P, Fielding JF, Waterhouse JA, Cooke WT. Mortality in Crohn's disease. *Lancet* 1970; **2**: 1135–7.
- 7 Cooke WT, Mallas E, Prior P, Allan RN. Crohn's disease, course treatment and long term prognosis. *Q J Med* 1980; **195**: 363–84.
- 8 Mayberry JF, Newcombe RG, Rhodes J. Mortality in Crohn's disease. *Q J Med* 1980; **49**: 63–8.
- 9 Weedon DD, Shorter RG, Ilstrup DM, Huizenga KA, Taylor WF. Crohn's disease and cancer. *N Engl J Med* 1973; **289**: 1099–103.
- 10 Farmer RG, Michener WN. Prognosis of Crohn's disease with onset in childhood and adolescence. *Dig Dis Sci* 1979; **24**: 752–7.
- 11 Gryboski JD, Spiro HM. Prognosis in children with Crohn's disease. *Gastroenterology* 1978; **74**: 807–17.

Book reviews

Bile acids in gastroenterology Edited by L Barbara, R H Dowling, A F Hofmann and E Roda. (Pp. 230; illustrated; £21.95.) Lancaster, Boston, and The Hague: MTP Press Ltd, 1983.

This book originates from an international symposium on bile acids held every two years in Cortina, Italy. It is sponsored by an Italian Pharmaceutical Company (Gipharmex, Milan), who market bile acids for the medical dissolution of gall

stones. They leave the scientific programme to a scientific committee (two from Italy, one from the USA and one from UK), who have also acted as editors of this book; and only a small part of the meeting is directly related to bile acid therapy (published as a separate workshop under the same editors). The generosity of the sponsors enables international authorities on the subject to contribute to the meeting expense free, on the understanding that they contribute a chapter to the book.

Unfortunately, the authors are not given editorial guidance beforehand about the structure of these chapters, beyond the instruction that their written scripts must be different from their oral presentations. This is understandable from a multinational editorial board whose priority at this stage is clearly to put together a successful meeting. Thus, although all the authors have submitted chapters that are different from their oral presentations, there is a notable lack of standardisation. Some, but not all chapters, begin and end with a helpful introduction and conclusion. Paragraphs differ in length upwards from one sentence per paragraph, and chapters differ in length from six to 47 pages. Within these different lengths, authors differ as to whether they have attempted to cover their subject comprehensively, or to concentrate on what is new and controversial. As a result, the value of chapters to the reader also varies considerably. There is much overlap between chapters. For instance, in chapter 3 (Sensitive methods of serum bile acid analysis) there is some overlap with chapter 16 (Serum bile acids and bile acid tolerance tests in liver disease) in comparing different methods of serum bile acid analysis. In chapter 5, a masterful review of methods of measuring bile acid kinetics by Professor Alan Hofmann is followed by a brief description by him of the methods of measuring biliary bile acid output, which is covered more fully in the next chapter by Dr von Bergmann. There is considerable overlap between chapters 8 (Motility of the human biliary tree) and 9 (Gall bladder contraction: hormonal regulation); and some overlap between chapters 10 (Bile acids in constipation and diarrhoea) and 11 (Bile acid malabsorption).

The counter image to this lack of editorial control has been a commendable rapidity of publication, achieved within approximately one year, so that nearly all the chapters include up to date references. The editors do not state at whom the book is aimed, but I would predict that its interest will be mainly limited to those actively engaged in bile acid research, and for them the book is a gold mine. I would certainly have missed many nuggets if I had not been forced to read every chapter by the request to review the book. For those not subject to this

requirement, a more selective approach might be preferred. If so, I would recommend as outstanding the first six chapters for their treatment of important new developments in bile acid methodology; and chapters 2, 13, and 14 for their description of basic physicochemical and physiological principles.

T NORTHFIELD

Clinical gastroenterology Edited by Richard G Farmer, Edgar Achkar, and Bertram Fleshler. (Pp. 628; illustrated; \$68.50.) New York: Raven Press, 1983.

The publication of a new textbook of gastroenterology is always an exciting event. For one thing the market is so full that one is anxious to see how the new one compares with older favourites. In a nutshell this is a very well produced medium length American text which includes diseases of the gut, liver and pancreas in the one volume. It is also expensive at £45 for its 628 pages, and is by multiple authors. It represents the thoughts of a distinguished clinical school of gastroenterology – The Cleveland Clinic – and the excuse given for its birth (not very original) is that it represents the results of 'daily practice in a large busy multicentre clinic'.

It follows the rather classical division into a first part describing the cause and investigation of patients with common gastrointestinal symptoms including such American delights as odynophagia. The second part is a systematic account of the various organ diseases. There are 20 contributors, and in general topics are well covered and references are up to date and helpful. Somehow liver disease finds itself in both sections, and in particular there is no separate consideration of the major types of cirrhosis which are collectively rather sparsely dealt with. Some topics not usually covered in gastroenterology textbooks are included, such as abdominal trauma, the ingestion of toxins, and problems of adolescence, but on the credit side one must mention the excellent diagrams and radiology.

In summary, a rich collector's item, not for the average UK gastroenterologist but a standard setter at least as regards presentation.

A E READ