In conclusion, it seems that any benefit from raising gastric pH, in critically ill patients, must be balanced against possible problems of Gram-negative pneumonia, crossinfection and wound infection. Because this is the largest study on cimetidine usage in an intensive care unit, it might be valuable for the authors to review their data to ascertain if these problems were significant.

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Books

Gastrointestinal physiology Edited by L R Johnson. (Pp. 164; illustrated; £16.50.) St. Louis: Mosby, 1985.

In reviewing this text by Johnson and his colleagues, I find it difficult not to draw comparisons with the slightly older work, *Physiology of the digestive tract*, by H W Davenport (Year Book Medical Publishers, Chicago, 5th ed, 1982). Both texts are aimed at the same group: medical and graduate students. Both use a similar format: preparatory chapters on control, followed by more detailed sections on motility, secretions, digestion, and absorption. Both are also rather slim paperbacks although Davenport's is 80 pages longer, with a smaller typeface, for an extra £6.

The similarities end here. Davenport's text provides a relatively up to date and comprehensive account of gastrointestinal physiology. As such it is suitable for the medical student eager to read more of the subject, or just wanting to clarify lecture material. The same cannot be said for Johnson's text. This is too brief to be really useful: students may find the subject covered in equivalent depth in their standard physiology texts. The diagrams are generally uninspired, and over-simplified to the extent of inaccuracy.

The chapter on digestion and absorption has been rewritten for this third edition, and the addition of a chapter on fluid and electrolyte absorption is to be welcomed. The contents and diagrams in these chapters, as well as that on gastrointestinal circulation are of a generally higher standard than the rest of the contributions. Overall, I shall still be recommending Davenport as a text for further reading for first year medical students, although it is rather too costly for many students to contemplate purchase.

BARRY H HIRST

Gastrointestinal motility: the intergration of physiological mechanisms By D Grundy. (Pp. 184; £29.95.) Hingham, Ma: MTP Press, 1985.

The title of this little book has obvious appeal for students and teachers of gastrointestinal physiology as this is a topic which is poorly covered in textbooks. The format of the book is good. The first four chapters cover general aspects of structure function and control. They are followed by chapters on oesophagus, stomach, small intestine and large intestine. Two final chapters take a coordinated look at motility in the fasted and fed states. Although this format is good, it inevitably means that the book begins with the complex and often unresolved problems of smooth muscle innervation, the electrophysiology of intramural plexuses, the nature of neuromuscular and ganglionic transmitters etc. This is good stuff for the enthusiast. It is hard work for the uninitiated, however, who might be tempted to give up as early as Figure 1 – a schematic portrayal of the extrinsic innervation of the bowel wall, containing no less than eight abbreviations and resembling an aerial diagram of Crewe railway station. But he should press on for, although there are some difficult patches ahead, by and large, David Grundy leads us through the complexity with a good balance between experimental evidence and didactic statements.

Apart from the problem outlined above and a few niggles – for example, the fact that gastrointestinal peptides are referred to uncritically as hormones, the book has two drawbacks. First, it is selective. Thus consideration of mucosal movement (as distinct from movement of the whole bowel) is deliberately omitted, mastication is not mentioned, while the buccal and pharyngeal phases of swallowing, and vomiting are both restricted to a small paragraph. In my view a monograph aimed at senior undergraduate and postgraduate students should be comprehensive. Secondly, it is prohibitively expensive. If publishers cannot find a way of producing a book of this nature at less than 16.4p per page, one wonders if authors will continue to offer their services. I suspect that the price will deter private sales. This is a pity because the serious student would derive much from this convenient little book.

MAYNARD CASE

Gastrointestinal disorders in diabetes mellitus By S. Forgacs. (Pp. 104; illustrated; £8.50.) Budapest: Akademiai Kiado Publ. House, 1985.

The incidences of diabetes is probably increasing – it is certainly one of the commoner disorders of civilisation. While 'improvements' in treatment have lessened the rate at which complications develop the increased life expectancy of the diabetic makes the

eventual appearance of these complications more likely. The very diversity and complexity of the diabetic gastrointestinal afflictions has made their study an unpopular topic. Because they are nevertheless of considerable clinical importance the publication of a book particularly devoted to their description is very much to be welcomed. Here are described conditions from gingivitis diabetica to diabetic anal incontinence, by way of diabetic dysphagia, gastroparesis, diabetic diarrhoea and diabetic megacolon, to mention a few of the better described syndromes. The book is brief and based on the experience of the author in the diabetic polyclinic of Janos Municipal Hospital, Budapest where more than a thousand patients with gastrointestinal diabetic disorders have been investigated by the author. Naturally these investigations are clinical in nature and particularly involve the extensive use of carefully done radiographs. There is little attempt to use more recently developed techniques, for example in the analysis of motor dysfunction or immunocytochemical classification of nerve degeneration. It would be nice to know, for example, what the influence of aldose reductase inhibition would be in the development of these syndromes. All in all this is a very useful compilation of clinical observations. It is well referenced and nicely printed and must be one of the best value specialist publications around.

S R BLOOM

Pathology of the colon, small intestine and anus Edited by H Thomas Norris. (Pp. 338; illustrated; £37.00). New York: Churchill Livingstone, 1983.
Pathology of the oesophagus, stomach and duodenum Edited by Henry D Appelman. (Pp. 296; illustrated; £46.00). New York: Churchill Livingstone, 1984.

These two volumes in the series *Contemporary issues in surgical pathology* are considered together because they are obvious companion volumes and anyone interested enough to buy one would undoubtedly enjoy the other. Intestinal hurry, in contrast with gastric stasis, no doubt accounts for the reason that the volume on the *Colon, small intestine and anus*, vol 3, appeared before that on the *Oesophagus, stomach and duodenum*, vol 4.

Volume 3 is edited by Professor Norris and contains 11 chapters written by distinguished pathologists and one by a physician. The first four chapters cover most of the aspects of inflammatory bowel disease including immunology and there then follows a chapter on ischaemic bowel disease. The physician contributes the only chapter on the small intestine dealing with small bowel biopsy and

malabsorption. The remaining chapters comprise two on colonic polyps and cancer and one each on neoplasms of the appendix, anus, and endocrine cells of the gut.

All the chapters achieve a good balance between descriptive pathology aetiology, pathogenesis, and clinical outcome.

Volume 4 is edited by Professor Appelman. In this volume, seven authors contribute eight chapters with Professor Appelman contributing two of them. Both of these deal with topics difficult to find documented elsewhere. One is on gastric mucosal polyps and folds, and the other on stromal tumours of the oesophagus, stomach, and duodenum. The book begins with a chapter on diseases of the oesophagus and is followed by a review of gastritis and duodenitis. There are chapters on gastric cancer, neoplasms of the duodenum and periampullary region, lymphoid proliferations of the stomach and on the endocrine pathology of the upper gastrointestinal tract. Like volume 3, the chapters are excellent reviews of their subjects and contain comprehensive bibliographies.

I would wholly recommend both volumes to clinicians and pathologists. They will be regularly referred to during the course of anyone's routine gastroenterological practice.

ASHLEY B PRICE

Colour atlas of subdiaphragmatic total gastrectomy for malignant lesions By T V Taylor. (Pp. 64; illustrated; £14.) London: Wolfe Medical Publications Ltd, 1985.

A colour atlas, at first sight, seems an attractive way to teach operative surgery; but we must first ask whom it is intended to teach. Is it for the FRCS candidate who is doing the procedure for the first time, or is it the more experienced surgeon who has not performed the operation recently, and wishes to check the details beforehand? This book is the 30th in the series of *Colour Atlases* and is compact, easy to read and well laid out. The introduction, with indication and contraindication for operations gives an excellent summary. The text throughout is clear, helpful, and succinct. Minor criticism might be that the operator is not reminded about the importance of a full laparotomy before treating the tumour, and is not instructed to open the lesser sac early on. Some surgeons would consider excision of the xiphisternum unnecessary with the use of a subcostal retractor.

The book, however, stands or falls on the photography. Some of the pictures have so much red background that it is difficult to identify the structures and in others it is difficult to orientate the