enthusiasm. The title, however, is somewhat misleading because it is not a textbook as I understand the term. It is more a collection of reviews by distinguished experts focusing predominantly on the physiological and biochemical mechanisms underlying intestinal secretion. There are excellent reviews of neural regulation of intestinal ion transport, of mechanisms of chloride and other ion transport, and of reconstitution of epithelial ion channels. The role of the paracellular pathway is dealt with in an excellent chapter. Intracellular second messengers, stimulated by secretagogues, are described in three good chapters and although intracellular calcium is dealt with surprisingly cursorily, these aspects are clearly reviewed.

In contrast to these excellent basic science chapters, the rather shorter section on clinical aspects of secretory diarrhoea is a little disappointing. In some chapters, another version of the pathophysiological basis of the diarrhoea, such as cholera, is given when this had been dealt with at greater length earlier. In some instances, conflicting interpretations of the literature are given. Other evidence of loose editing includes reference lists given alphabetically in most but not all chapters.

The section on therapeutic options provides a good, if somewhat repetitious, review of basic mechanisms of inhibition of secretion but little practical advice on treatment of patients. The chapters on oral rehydration therapy are interesting but practical management is confined to infants and children.

If you are looking for a collection of impressive, up to date essays on the pathophysiological basis of intestinal secretion with some indication of its relevance to secretory diarrhoea, then this is the book for you. If, however, you are wanting a comprehensive textbook of the whole field of secretory diarrhoea, then you may be disappointed and if you are looking for help with particular clinical problems, then you may need to look elsewhere.

L A TURNBERG

The irritable bowel diet book. By Rosemary Nicol. (Pp 79; £3.50.) London: Sheldon Press, 1990.

At first sight, this book is manna, if not from Heaven then at least from the Society for Promoting Christian Knowledge of which Sheldon Press is the publishing imprint. According to the press release, the author '... has now devised a delicious and nutritious [sic] diet which makes a decisive difference to your irritable bowel.' What more could the harassed gastroenterologist want for the recidivist patient who has not responded to Fibrocol, Coloflock, or Culpamint? The only remaining question is whether it is available on prescription.

But read the book and doubts creep in. Chapter 1 poses a rhetorical question: What is irritable bowel syndrome? Like jesting Pilate, the author does not stay for an answer except to point out that it is a disorder and not a disease, but passes rapidly to 'One man's wheat ... a look at problem foods.' Rosemary Nicol has summarised a lot of useful information on food, allergy, intolerance, and exclusion diets, but where is the promised 'delicious and nutritious' diet? It transpires that, at least in part, the answer is a do-it-yourself solution. What you do is titrate your fibre intake against your stools as calibrated on the 'Bristol stool form scale.' This scale ranges from 1 ('separate hard lumps like nuts') to 7 ('watery, no solid pieces'). According to the text, 4 ('like a

sausage or snake, smooth or soft') is normal, but 'If your stool is ... number 3 (like a sausage or snake, but with cracks on its surface), this is constipation even if you have a bowel movement like this several times a day.'

But this is not all. Whether or not your stools are postmodernist or resemble the sculpture of Henry Moore, it seems that '... one of the main things your irritable bowel needs is good healthy food eaten in a calm leisurely way. Anything else is asking for trouble.' The author provides a number of recipes for 'healthy living,' many of which are wheat free. She categorises these as 'quick, interesting and cheap': well, quick and cheap maybe, but interesting? But even if her culinary advice leans towards the ascetic rather than the gourmet, this is not important. What does matter is whether this well intentioned book is helpful.

The truth is that although many IBS (and inflammatory bowel disease) patients find that dietary modification is helpful, there are no scientific data that support the notion that IBS is a consequence of faulty diet, or that stool gazing is an effective means of determining a diet that will alleviate symptoms. In my experience many IBS patients are burdened by myths about diet and colic induced by gobbling unrefined bran. Some patients may be helped by the advice in this book – IBS is a condition with a high placebo effect – but at least as many are likely to end up by feeling frustrated and, if they believe the author, guilty about a lifestyle which is 'unhealthy.' The implication – perhaps unintended – of the text is that IBS is the patient's fault, and is the product of bad eating and bad living. This may be Christian knowledge, but it is not medical science.

I have been pondering on the meaning of 'nutricious.' My conclusion is that it is a conflation of 'nutritious' and 'lubricious.' These must be aphrodisiac foods, and interested heathens are referred to *Venus In The Kitchen* by Norman Douglas, which is the standard text in these matters. His recipes don't work either, but the placebo effect is interesting.

DAVID WINGATE

Mucosal biopsy of the gastrointestinal tract. 4th ed. Edited by R Whitehead. (Pp 455; illustrated; £47.00.) Philadelphia: Saunders, 1990.

The fourth edition of this immensely popular monograph contains a wealth of diagnostic information clarifying the interpretation of biopsies from the gastrointestinal tract. The text is written in impeccable English and the illustrations greatly enhance the visual dimension. The subtypes of chronic gastritis which are described embrace type A, type B, type A B, bile reflux gastritis, and chronic erosive gastritis. Healthy scepticism is expressed regarding the role of *Helicobacter pylori* in the aetiology of chronic gastritis. Duodenal biopsy is accepted as the standard procedure for the diagnosis of coeliac disease, but the role of circulating antibodies and the shortcomings of endoscopic biopsy are not amplified.

A histological grading system is recommended for duodenitis (bulbitis) with the implication that grade 2 or 3 is part of the peptic ulcer diathesis. Crypt hypoplastic villous atrophy is rare in children and adults and its clinical associations are briefly documented.

Biopsy differentiation between ulcerative colitis, Crohn's disease, infectious colitis, ischaemic colitis, and other forms of colitis is considered in helpful detail. Criteria for

accurate identification of dysplasia in the oesophagus and stomach and in inflammatory bowel disease are clearly described and illustrated. Rare entities such as storage disorders, parasitic disease, sarcoidosis, infantile systemic hyalinosis, and acrodermatitis enteropathica are discussed in perspective.

The critical appraisal of relevant references is commendable, stimulating, and challenging, and the personal views which are expressed with supporting evidence add considerable interest. Certain topics are excluded from the text – namely colorectal cancer and polyps, perianal lesions such as squamous carcinoma, malignant melanoma, and Bowenoid papulosis. Without doubt, this edition should be available to all gastroenterological pathologists for leisure reading, consultation, and reference.

H THOMPSON

Current gastroenterology. Edited by G Gitnick. (Pp 339; illustrated; £56.00.) London: Wolfe Publishing, 1990.

Gary Gitnick has done it yet again, with another year's *Advances in Gastroenterology* (excluding liver and biliary disease) summarised in 325 pages (plus index). Each author must have devoted months of his life to producing his chapter which was then peer reviewed to ensure excellence. However, there is often duplication between chapters, and this may be missed by the reader relying only on the index. The endoscopy chapter describes many topics already covered in one or more earlier chapters, such as Barrett's metaplasia and sclerotherapy (oesophagus), gastric haemorrhage (stomach), screening for colon cancer and polyps (colon, colon cancer), intervention for chronic pancreatitis and pseudocysts (pancreas).

Perhaps future editions could save space by eliminating such overlap and then encourage adequate coverage of common and important diseases which receive only short shrift. Thus *Helicobacter* (still called here *Campylobacter*) *pylori* has only three pages and the irritable bowel syndrome, which we are told affects 17% of the population, is given just one page. Authors could also be reminded that the plural of diverticulum is diverticula not diverticulae, and be requested to provide citations for new items mentioned, especially treatment, such as balsalazide for ulcerative colitis, and mepacrine for collagenous colitis.

I had often thought, but now I know, that I work in an underdeveloped country. Cass and Vennes from Minneapolis are appalled that 21% of GI units in the UK have waiting lists over five weeks for routine upper endoscopy: 'The British units appear understaffed and overworked.' Yes.

J H BARON

Baillière's clinical gastroenterology. Vol 4 No 3: virus infections of the gut and liver. Edited by M J G Farthing. (Pp 195; illustrated; £22.50.) London: Baillière Tindall, 1990.

Accepting the current estimate that probably more than half of the annual 5 million preschool child deaths from diarrhoeal disease are due to virus infection, the prevailing ignorance among gastroenterologists of viral illness of the gut might seem almost complacent. But it is hardly surprising, given the fact that there was little progress in understanding viral illness before the comparatively recent advent of molecular biology, of which virology has been