medical research, but their significance in successful therapeutics, and in an understanding of the aetiology of human disease, from peptic ulcer to colon cancer, is at last being recognised. This new book by Dr Michael Hill is an excellent primer in the field, with topics ranging from 'the normal gut microflora' to 'the role of fibre-derived dietary butyrate in manipulation of gene expression in the colon mucosa'.

Tropical sprue was one of the most offensive diseases, and often fatal to those who suffered this embarrassing, anti-social affliction. It often followed a bout of dysentery or diarrhoea, but its aetiology was unknown, although military medical services published several manuals on its causes and treatment, the latter being confined largely to variations of dietary ritual. With the advent of war in the tropics in the 1940s, and the introduction of sulphaguanidine and succinyl sulphathiazole for the treatment of dysentery, tropical sprue became pandemic in the Allied forces. Those in the forefront of relevant research at that time, at St Mary's Hospital Medical School, Dr Hill's alma mater, knew of the role of a microbial vitamin extract (containing folic acid) in maintaining the integrity of the intestinal villi and gut microflora, so it was only a short step to those of us facing these clinical problems, to use live yoghurt cultures and folate concentrates in the treatment of sprue. The dramatic success was overshadowed only by the miracle of penicillin, which came available about that time; tropical sprue is no longer with us, and liver yoghurt is now a 'best-seller' in the supermarkets. Colon cancer, however, is still a major cause of death, and is associated with high fat/low fibre diets. Decades of research have elucidated the role of gut microflora, of bile acids, and especially, of butyrate, in the aetiology of this disease, and have produced possible explanations for the dietary associations with fat and fibre. However, a successful treatment has yet to be found.

Another major medical problem of a half century ago was the high incidence of peptic ulcer/gastric cancer. With the discovery of the carcinogenicity of nitrosamines, their formation in the gut by nitrosation of dietary amines, and the subsequent identification of the role of *Helicobacter pylori*, this is a problem that may be potentially preventable. These successes in clinical medicine have followed on from the pioneering work of research gastroenterologists and microbiologists in elucidating the pathobiology of gut diseases, and in establishing new techniques for the study of the gut microflora, areas in which Dr Hill and his coauthors have been leading pioneers.

On yet another front of medical research, namely, drug metabolism, an American study, in the late 1950s, of the metabolic fate of the food additive coumarin, in rats, was found to be in direct conflict with a British study conducted at the same time. As the potential carcinogenicity of this widely used food chemical was in question, the conflict of results was considered to be of sufficient importance for the American team to repeat the study in the British laboratory with both UK and USA bred rats, and using both UK and USA rat diets. After extensive investigations in both countries, the variations in patterns of metabolism were attributed to differences in gut microflora, and the enterohepatic circulation of primary metabolites. Prior to these findings, the role of gut microflora and the enterohepatic circulation of drugs and their metabolites were largely

ignored, but these early studies led to increased awareness and to important new developments in the studies of drug pharmacokinetics and toxicology.

This new treatise on gut bacteria is organised into some eight sections, with chapters on the nutritional/therapeutic properties of lactobacilli (probiotics), the bile acids, butyrate and colon cancer (fat metabolism, carbohydrate metabolism), nitrosamines and gastric cancer (nitrogen metabolism), drug metabolism and toxicity (biliary excretion), and many others, integrated to make a highly readable whole. The high number of chapters that are the work of the author himself, together with critical editing, give the book a continuity of theme and style, that is rare in multi-author works. With over 1000 references, with full titles, this is a valuable work of reference, as well as an enjoyable read into the technical realms of scientific medicine.

D V PARKE

The Practice of Liver Transplantation. By R Williams, B Portmann, K C Tan. (Pp 304; illustrated; £95). Edinburgh: Churchill Livingstone, 1995.

Roger Williams (the hepatologist), Bernard Portmann (the pathologist), and Kai-Chah Tan (the surgeon) have summarised in about 300 pages their very considerable experience in liver transplantation. The book is divided into 25 chapters, comprehensively covering all aspects of liver transplantation and in particular organisation of a liver transplant department, selection and preoperative management of transplant candidates, anaesthesia and surgical techniques, post-transplant care and immunosuppression, as well as longterm outcome. A final section includes four appendices that detail the antimicrobial policy, assessment of nutritional status, and determination of energy requirements as well as a description of various intensive care procedures currently in use at King's College Hospital, London.

The book indeed clearly focuses on the King's College experience; all the contributors are current or past members of its staff, which gives a coherent presentation of the chapters with very little overlap and clear cut descriptions of the management strategies developed by this group. However, alternative procedures such as the use of 'en-bloc harvesting' or transjugular biopsy, used in other institutions are too briefly considered.

The chapters are well organised so the reader will easily find his way through the book. They cover very comprehensively all aspects of liver transplantation (including for example pregnancy or sphincter of Oddi dysfunction in liver transplant recipients). What however the book does not include are experimental or physiological background findings to support the clinical statements made by the authors. The reader may also sometimes feel frustrated not to find references to the authors' statements. In addition, some controversial issues are tackled somewhat briefly such as the hepatopulmonary syndrome, the preoperative management of portal hypertension, intraoperative management of portosystemic collaterals or alternative procedures to transplantation. The use of cluster operations in patients with malignancies may be regarded as outdated.

Hepatologists, surgeons, anaesthesiologists, pathologists, and radiologists who are not completely familiar with liver transplantation will find in this book a huge amount of

practical information. For the liver transplant specialist here is a welcome update of the experience and results of one of the pioneering liver transplant centres in the world. There are some superb chapters that make the book such a valuable tool particularly the indications for transplantation in patients with primary biliary cirrhosis (which includes a comprehensive description and critical analysis of the various prognostic models that have been developed to define the timing of transplantation), acute liver failure, major biliary tract and vascular complications, laboratory monitoring of drug levels, pathology of the liver graft or disease recurrence after liver transplantation.

Perhaps this book should be read by everyone in the field of liver transplantation.

H BISMUTH

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NOTES

The Royal Medical Benevolent Fund

This medical charity provides a nationwide support service for doctors in need, their wives, husbands, and children. Donations and enquiries to The Secretary, Royal Medical Benevolent Fund, 24 King's Road, Wimbledon, London SW19 8QN. Tel: 0181 540 9194; Fax: 0181 542 0494.

General surgery

The UCSF Postgraduate Course in General Surgery will be held on 25–27 April 1996 in San Francisco, California. Further information from Office of Continuing Medical Education, University of California, San Francisco, California, USA. Tel: 415 476 4251; Fax: 415 476 0318.

Laparoscopic surgery

The third session of the European course on Laparoscopic Surgery will be held on 7–10 May 1996 in Brussels and repeated on 19–22 November 1996. Further information from the Administrative Secretariat, Conference Services Sa, Avenue de l'Observatoire, 3 bte 17, B-1180 Brussels, Belgium. Tel: 32 2 375 16 48; Fax: 32 2 375 32 99.

Digestive endoscopy

The European Postgraduate Gastro-Surgical