
Books


It is the author’s belief that duodenal ulcer disease, non-ulcer dyspepsia, irritable bowel syndrome, and functional constipation are ‘. . . stress-related to the extent that emotional factors are important in their pathogenesis.’ Few gastroenterologists would dispute this proposition, but in this contentious field, multi-author books reveal confusion rather than consensus. As Grant Thompson showed in *The irritable gut*, a monograph on this subject has the virtues of consistent conceptual structure and literary style, while leaving room for another point of view. The latter is now provided by Gerhard Dotevall, a distinguished Swedish contemporary.

His approach to the problem was summarised by Engel: ‘The dominant model of disease is biomedical, with molecular biology its basic scientific discipline. It assumes disease to be fully accounted for by deviations from the norm of measureable (biological) variables. It leaves no room within its framework for the social, psychological and behavioural dimensions of illness.’ Those who doubt the dominance of the biomedical model have only to scan the pages of this and many other journals, and those who are insistent upon its adequacy probably suffer from inadequate exposure to patients (it’s odd, when you think about it, that most of the papers published in medical journals have little or no relevance to the practice of medicine). Dotevall prefers the ‘biopsychosocial model’; while this might be cynically described as the biomedical model with added fudge factors, so is life.

The problem facing the author was the construction of clear concepts from a mass of data which is both contradictory and inadequate. As was inevitable, he was not altogether successful. His review of the relation between the CNS and the gut is inadequate, and ignores recent advances in understanding the enteric nervous system and the predominantly afferent role of the vagus, while the brief consideration of peptides is unhelpful. He is on much firmer ground in his consideration of the nature of stress and the functional syndromes, and rightly stresses the overlap between these syndromes. The main support for his concepts derives from his own studies on the efficacy of psychotherapy in irritable bowel syndrome and duodenal ulcer disease, and certainly this work deserves to be more widely recognised. It is therefore surprising to find considerable emphasis on the pharmacological management of these disorders, the more so since it is generally acknowledged that with the exception of ulcer disease, drugs are often little better than placebos.

This book stimulates by challenging some accepted dogma, and it informs by citing relevant work that is often not widely known. The references are carefully selected and appropriate rather than obsessionally comprehensive. Gastroenterologists will profit from reading this book. The gain will be intellectual rather than financial; at £35.00 for 172 pages, the publishers seem to be heading for some sort of inflationary record.

DAVID WINGATE


It is high time for a systematic book devoted to disorders of the small intestine. This book fills that gap. It is multi-author and international, though largely London based.

We are told that ‘The book is intended primarily for postgraduate students and for practising gastroenterologists . . .’ What do we require of such a volume? We need it to be authoritative, relatively comprehensive and at a high level. Physicians will look here for advice as to what to do when standard investigation has not given the answer or when standard therapy has not given the desired result and also for conditions not in the general textbooks. How does this volume measure-up? In most things, very well indeed. For a common condition, such as Crohn’s disease, there is a very good description of the pathology and clinical features: diagnosis and differential diagnosis are helpfully discussed, and management is well categorised according to the state of the patient. For a rare condition, such as Whipple’s disease, there is a lucid description of the pathology and of the heterogeneous clinical features, with a clear discussion of treatment.

There are, however, parts which could be improved in future editions. In such a volume it is surely unnecessary to state elementary points such as ‘Diagnostic investigations should be chosen with care . . .’ or that ‘It is always important to inquire into the patient’s previous history’. For a book
primarily aimed at clinicians, the section on tumours and tumour-like conditions pays insufficient regard to clinical features, diagnosis, differential diagnosis and management. The section on intestinal biopsy does not really address clinicians’ problems of whether to biopsy, when to biopsy, how to biopsy and what may be the complications. A notable omission is that there is no section on management of nutritional problems.

I must conclude by saying that I regard this book as an overall success, offering great help to the clinician confronted with problems involving disorders of the small intestine.

M S LOSOWSKY


A small book produced by an academic group as a ‘comprehensive treatise’ on flexible sigmoidoscopy, aimed primarily at the general practitioner/primary care physician. The result is a slightly schizophrenic mix of heavily referenced reviews (flexible vs rigid sigmoidoscopes, short vs long fibrescopes, methods of colon cancer screening etc), practical handbook (50 pages) and compressed compendium of colonic gastroenterology (14 pages). The book design and illustrations are adequate, if not inspired, but it is well written and transmits very usefully the authors evident practical understanding of the technique and its problems.

If it stimulates generalists (in or outside hospital) to take up flexible sigmoidoscopy this book will have succeeded in one important aim. By then, in another edition, it would benefit by losing its present editorial sections concentrating on issues and instruments of the moment, in favour of practical aspects and the quantity and quality of its clinical/colour atlas section. In the meantime it will be a valuable compendium of facts and opinions for non-specialists purchasing flexible sigmoidoscopes – all too few in the UK, I suspect.

C B WILLIAMS


This book is another in a series designed for senior medical students and young doctors to teach them clinical gastroenterology. It competes with a number of other books of the same size and price range, all of which try to be a comprehensive but short and easily understandable text for young doctors. In the main it does its job very well. It is extremely readable and some of the helpful witticisms about clinical practice obviously stem from one of the senior authors. Initially I found it difficult to follow in that the symptoms and signs are sometimes divorced from the actual disease. An example would be that dysphagia is dealt with under symptoms but then the details of the disease itself are 100 or so pages later under diseases of the oesophagus. This does, however, mean that symptoms, signs and investigations of gastrointestinal and liver disease are all together and if one is therefore using this as a comprehensive text, it is a useful way of learning. The Tables are good and most of the Figures very helpful, although a few have some minor discrepancies. I was disappointed in a few points, for example hiatus hernia was listed as a cause of dysphagia, something that I thought had been dispelled forever. I can find no mention of tuberculosis as a definite entity and the index was not always as useful as it might be. The sections dealing with the liver were very patchy; they were easily understandable but often lacked details.

I think this book compares very favourably with its competitors in this field. It is difficult to know which of the many small books are the best, but this certainly should be available for the medical student to take home and glean useful information. It has the advantage of being concise, small and easy to carry.

M L CLARK


Double contrast radiology of the gut began in the colon and later proved equally useful in stomach and duodenum. Now the oesophagus! The author of this atlas, an enthusiast, has set out to show what can be done with the new technique and has succeeded brilliantly.

The book starts with a well illustrated nine page account of how to perform the examination. The favoured method uses a two way barium cup attached to a mechanical insufflator. An alternative is to inject air manually by syringe through a naso-oesophageal tube while the patient drinks barium. In either case a relaxant is used. The technique produces excellent visualisation of the air distended oesophagus in standard radiographic projections.

The author believes that double contrast radiology of the oesophagus offers as powerful a means of diagnosis as the endoscope. ‘If (it) can allow us to identify structures as small as gastric areolae, why should it not be able to reveal erosions, small ulcers or small polyps?’ In approximately 250 illustrations that follow, the reader has ample opportunity to form his own opinion of the potential of the
Disorders of the small intestine

M S Losowsky

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Updated information and services can be found at:
http://gut.bmj.com/content/27/6/748.2.citation

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