and a brief review of the future prospects of small bowel transplantation. Each chapter is written by acknowledged experts in the field with a bias towards basic research in small bowel transplantation, reflecting the interests of the members of the ISBT.

The technical feasibility of small bowel transplantation was shown in 1959 by Lillehei in a dog model. Between 1964 and 1967, eight human small bowel transplants were performed with survival times ranging from 12 hours to 76 days. These were unsuccessful either for technical reasons or because of acute cellular rejection. The introduction of cyclosporin into clinical practice revived interest in small bowel transplantation at a time when the limitations of parenteral nutrition were becoming increasingly clear. During the 1980s a number of small bowel transplants were performed in several centres in Europe and America with isolated reports of success. The report of a long-term survivor after liver and small bowel transplant, from Grant and his colleagues in London, Ontario, coming after a series of successful experiments in pigs provided the impetus to Starzl and his colleagues at the University of Pittsburgh to start what has become the largest series of patients treated by intestinal transplantation. FK506 has been used extensively in Pittsburgh and is currently considered to have no immunosuppressive role for small bowel transplantation. The results of their first 53 cases are discussed in detail in this book. The problems that the Pittsburgh programme encountered have been briefly reviewed.

The Pittsburgh group presented their results in November 1993 at the 3rd International Small Bowel Transplant meeting and reported a one year patient survival of 80% for the University of Pittsburgh (22 transplants) and multicentre small bowel transplantation (26 transplants). Unlike liver transplantation, significant graft failure occurs later than one year and the graft and patient survival figures at two years are awaited with interest.

These early results although promising are overpowered by the continuing problems relating to the level of immunosuppression. Getting the balance between too little immunosuppression resulting in acute rejection and too much resulting in sepsis and an increased likelihood of lymphoproliferative disease has proved difficult and remains the major obstacle to successful small bowel transplantation. About 30% of children undergoing small bowel transplantation in Pittsburgh have developed lymphoproliferative disease, as a consequence of high levels of immunosuppression and Epstein-Barr viral infection. The incidence is much less in the adult population.

The criticisms of this book are few. The inclusion of some clear line drawings and diagrams of the surgical procedures would have been helpful. The section on small bowel failure is not well defined. In the event of failure and treatment from the point of patients being accepted on to a parenteral nutrition programme. A fuller discussion of the current indications, assessment, and selection of patients for small bowel transplantation would have been useful for practising clinicians who may consider referring patients. The section on lymphomas, sepsis, and follow up of graft function, all important problems after small bowel transplantation, will need to be expanded in future editions.

All the chapters are comprehensively referenced, effectively displayed, and easy to read. This is an excellent book for anyone interested in the history and development of small bowel transplantation up to the present time.

N HEATON


While the incidence of inflammatory bowel disease in children is rising, it is still a condition rarely seen by general paediatricians. The interval between first symptoms and diagnosis is still a cause for concern. Even for paediatricians with an interest in gastroenterology and nutrition, it is probable that the number of children attending their service with one of the inflammatory bowel diseases is small. Only a small number of centres in any country treat a large number of patients, and quite rightly so. The paedo- traumatic complications of postgraduate training in paediatric gastroenterology as the inclusion of significant training in the treatment of children with inflammatory bowel disease may be difficult to organise in every training centre.

This book, which comes from an important paediatric inflammatory bowel disease clinic, is a valuable addition to published works. It is unashamedly an exposition of the 'Bart's' way of doing things. The book is written by present or past members or associates of Professor Walker-Smith's clinical and scientific teams. It is the first for 1994 for the quarterly volumes published under the series title Baillière's Clinical Gastroenterology, available on subscription or as individual volumes.

The book adopts a practice based approach to its organisation, with chapters on aetiology, pathology and features, features, features, medical management, and surgical management. The coeditors present the book as being useful to the adult gastroenterologist, and to the paediatrician. For the first, the important addition of a section on extraintestinal disease, and for her knowledge of the subject comes from the excellent chapter on growth and puberty in inflammatory bowel disease. The service run by the authors was among the first to introduce the adult gastroenterologist into the treatment of the condition. The only weakness evident in the book is the lack of insight into the social and psychiatric aspects of the treatment of children with chronic gastrointestinal disease. This is somewhat surprising when it is considered that the adult gastroenterologist, not familiar with the psychology of young patients, may desire. For the paediatrician who wants a comprehensive summary of the treatment of the condition, this book is more valuable than a textbook not specifically aimed at the paediatric age group. For the paediatrician in training who wishes to develop an interest in gastroenterology, I think this book should be an essential part of the 'learning plan', which will be a central feature of all postgraduate medical education within the next few years.

This book contains a lot of basic science. This is not surprising as one of the coeditors is a laboratory based scientist. The weakness of many textbooks is that they are nearly out of date by the time they pass through the editing-publishing-printing cycle.

The series, of which this is one volume, tries to keep the lead time to production short. This has been achieved in this case, with a liberal sprinkling of references to 1993 published works.

While this theme has found its place in the marketplace, I expect to see it on the shelf in the office of many gastroenterologists who have adolescents with inflammatory bowel disease attending their clinic. I also expect to see it on the compulsory reading list of paediatric postgraduate training programmes in gastroenterology and nutrition, and perhaps also on the additional reading list of adult gastroenterological postgraduate training programmes.

S DEVANE


It is a pleasure to be asked to review the second edition of this important textbook of gastroenterology, not least because I shall be able to keep and use the two handsome volumes. It is, however, difficult to contemplate a blank page and wonder how I can do justice to the many pages of a book that is a monument to British medical scholarship. It is incredible to think that the first edition was published as long ago as 1984, so that a second edition is very timely although its preparation must have had a very long gestation. I have read many of the numerous references scattered throughout the two volumes, one from the 1980s and before, but an important minority were published in 1990/1991.

I have referred to it as a work of British scholarship because the four editors are distinguished British clinicians (including one surgeon) and most of the approximately 180 contributors (16 pages devoted to a list of these wonderful titles) work in British hospitals and medical schools. There is a large minority, however, from North America and continental Europe and this should give the book an international appeal, which would be enhanced if it had been published in a few words to a monument to British medical scholarship.
Chronic Inflammatory Bowel Disease in Childhood

S Devane

Gut 1994 35: 1678
doi: 10.1136/gut.35.11.1678

Updated information and services can be found at:
http://gut.bmj.com/content/35/11/1678.1.citation

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/