
Yet another massive tome on infection, this time directed solely to the gastrointestinal tract! Ten parts, 97 chapters, 162 contributors – all but 1 from North America, and the weight is 3.8 kg.

The editors begin their preface (to a volume that they have endeavoured to make ‘comprehensive and practical’): ‘Gastrointestinal infections are a major cause of disease and death, particularly in the developing world; absolutely true, but surprisingly only one of the contributors (from Peru) resides there! The goal of their labours is, they state, to provide a comprehensive source – that combines the scientific basis and the art of medicine relevant to enteric infections’; while also emphasising that ‘...the clinician who understands the new technologies ... becomes their master and not their slave’ they also write that ‘...there are many opportunities for simple, low-technology, low-cost approaches for dealing with this group of infections. To keep the text to reasonable length (120,000 words) and to focus on the areas of interest and focus’, hepatic infections are not included and should, the reader is informed, ‘...be treated as a separate subject’. The intended readership consists of: ‘the healthcare practitioner, the clinical investigator, and all who seek not only the latest clinical details but also an understanding of the breadth and limitations of our knowledge of enteric infections’.

Part I focuses on the history and epidemiological aspects (in both developed and developing countries) of diarrhoeal disease; not surprisingly there is a good deal on cholera, and also the impact of gastrointestinal infection on the outcome of military campaigns and both well trodden paths (Anatomy, physiology, and immunology are covered in Parts II and III; normal flora, mucins, adherence factors, fluid and electrolyte transport, mucosal IgA, secretory antibodies to enteric pathogens, cellular immune mechanisms, and immunopharmacology of mast cells are some of the subjects tackled. In Parts IV to VI major clinical syndromes are considered – both in the immunocompetent and immunosuppressed subject; the coverage starts with food poisoning and travellers’ diarrhoea, and meanders along through enteric fever, tropical sprue, appendicitis, diverticulitis, peritonitis, and infections from the inflammatory bowel disease; there is also a great deal on Helicobacter pylori (53 pages) and HIV infection. Microbiology, epidemiology, and pathophysiological considerations form the basis for Part VII (Helicobacter pylori, viral, and parasitic (protozoan and helminthic) infections are dealt with in this order. It is noteworthy that mycobacterial disease of the gastrointestinal tract (including Mycobacterium tuberculosis – which is arguably the world’s most common bacterial disease) is allocated 19 pages, whereas that on Whipple’s disease gets 18! Perhaps the editors should have taken more time with balance and prioritites! The protozoan sections are on the whole well done; Cyclospora cayatenensis has just about made it! In a world context, helminthic infections (not least Schistosoma spp) are a dominant and important group; may be 100 pages represents rather short shrift! The remaining three parts focus on diagnosis (laboratory, endoscopic, and radiological), therapy and preventive strategies – including vaccination (against viruses, bacteria, and parasites). A particularly useful chapter is one devoted to the treatment of paediatric diarrhoea. Although the various parts are clearly stated in the list of contents, there is no indication of this in the text itself.

One strength of this book lies in the substantial reference lists at the end of each chapter; most are appropriate and up to date, and number (but not all) accurate. The line diagrams and half-tone photographs are of good quality; 44 colour plates are included; these range from histological, endoscopic, and parasitological figures. The index is comprehensive.

But what about other books that cover this scenario? Of the American texts, Gorbach, Bartlett and Blacklow’s Infectious Diseases (1992) covers these infections well, as does the fourth edition of ‘Mandell’ (1995). Of similar stature, the Australian texts (by Bouchier, Allan, Hodgson, and Keighley’s Gastroenterology: Clinical Science and Practice 2nd ed (1993). The advantage of Blaser et al is that it is devoted in entirety to gut infections that will inevitably be of major concern for some time to come in this specific area dominated by the gastroenterologist and infectious diseases physician.

G C COOK


Books exist describing untoward reactions of the liver to various drugs. The largest and most comprehensive is by H J Zimmerman (Hepatotoxicity: The Adverse Effects of Drugs and Other Chemicals on the Liver, New York: Appleton-Century-Crofts, 1978) but it is outdated. The book edited by B Gelb and M Stricker (Drug-Induced Liver Injury, 2nd edition; Amsterdam: Elsevier, 1992) is justifiably in wide use. However, the drugs scene, particularly in relation to hepatotoxicity, is changing rapidly and this book from Australia, edited by Geoffrey C Farrell is both comprehensive and timely.

The first part describes underlying concepts of drug metabolism and hepatic reactions to drugs. The role of the liver in drug metabolism is contributed by Michael Murray and biochemical mechanisms by G C Farrell. Immunological mediation of drug reactions is discussed by Ian R Mackay, perhaps Australia’s most outstanding clinical immunologist. Pdeila M Hall contributes an excellent chapter on histopathology, which includes 54 figures, many of them in colour.

Various drugs are described under the headings of frequency, factors, clinical features, hepatic histiopathy and course, outcome, and prevention. An up to date table covering 29 pages summarises the effects of each drug alphabetically. I could not find any omissions. Even ecstasy, a currently much discussed hepatotoxicity is annotated. This table, on floppy disc, is available free of charge on request those who purchase the book.

M WEISSEL
Medical University Clinic III, Washington-Quartel 18-20, University of Vienna, A-1097 Vienna, Austria


Coeliac disease and autoimmune thyroid disease

EDITOR.—In their article Counsell et al state that the association between coeliac disease and autoimmune thyroid disease is not astonishing given that the HLA haplotypes B8 and DR3 are found more commonly in both than in the general population (Oat 1994; 35: 844–6). Based on the results of their data obtained in patients with coeliac disease they even suggest a routine check for thyroid function at presentation and a recheck if a gluten free diet fails to repair macrocytosis or symptoms.

Screening patients with autoimmune thyroid disease for coeliac disease, as it has been performed by Collin et al and by our group1 also unveils a clinically possibly important overlap between the two diseases. We, therefore, agree also with their second suggestion that coeliac disease should be considered in patients with autoimmune thyroid disease.

It seems noteworthy to me, however, to point out that patients with Hashimoto’s thyroiditis seem to have a higher risk of developing coeliac disease than patients with Graves’ disease. Patients with coeliac disease on the one hand also seem to develop hypothyroidism (Hashimoto’s?) rather than Graves’ disease. Indeed, the young woman in our series of 27 patients with Hashimoto’s disease, who was found to have oligosymptomatic coeliac disease was HLA-B8, DR 3 negative. This was not surprising, as we have shown earlier2 that the goitrous variant of this disease is associated with the HLA-DR5 haplotype.

I therefore want to suggest that there must be another (additional ??) link between the two diseases. This in my view is even more plausible if you consider the reports that both, Hashimoto’s thyroiditis and coeliac disease, may eventually result in lymphoma,3,4 whereas this has never been described in Graves’ disease patients.

BOOK REVIEWS
Infections of the gastrointestinal tract

G C Cook

Gut 1995 37: 447
doi: 10.1136/gut.37.3.447-a

Updated information and services can be found at:
http://gut.bmj.com/content/37/3/447.2.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/