
There are a number of questions that a book reviewer has to address before getting very far into a book. Amongst these, probably the most obvious is to be determined to what extent the author – but far more probably these days, the authors – succeed in attracting their (usually declared) intended readership. Life becomes more tricky when the prefix manages to escape without explaining at whom the book is directed.

Rhodes and Tsai have tried 'to structure this book according to clinical problems that are of most concern to the clinician'. Although the demarcation between physician and trainee is becoming very well defined in this country, I feel sure the authors cannot hope to attract consultant readers as they have pitched the standard at too low a level – at least I hope they have! This is a book that might appeal to newcomers to the specialist registrar grade who, pretty early on in their careers, will be called upon to see and treat patients that present with 'clinical problems'. Although I thought that many of the chapters could be helpful to trainees, the first section, which deals with abdominal pain, does seem a little curious at times. What, for example, should one make of the following advice? 'It is unsafe to label any chronic abdominal pain in a person over 40 years of age as functional without investigation. If the patient responds (after 40), attempt to make a positive diagnosis of functional pain (ie, irritable bowel syndrome) from the history. . . . Obvi- ously it is dangerous to take 'sound bite' quotes, and I think I have worked out what the authors mean to say.' However, as the clinician, it looks to me as though some confusion has crept in – and maybe that well known bit of advice about age and investigating dyspepsia has got messed up in here somewhere. Like the very greatest surgeon who must occasionally take out a normal appendix, the very wisest gastroenterologist probably tends slightly to under-diagnose the irritable bowel syndrome.

Usually, the written material is sound and the range of topics has been thoughtfully chosen. I think that the next edition should include a chapter on dyspepsia and on gastro-intestinal approaches to anaemia. If you were writing this book, where would you place col- on cancer – under abdominal pain, diarrhoea, constipation or anorectal problems? Answer: none of the above. You can find an interesting outline of the clinical manifestation of the condition in the chapter on gastro-intestinal bleeding.

Yet, the major difficulty that the reader has in a book of this type is that it takes you only so far as the differential diagnosis and exam- ination of the presenting problem of the patient. When the authors delve into the management of Zollinger-Ellison syndrome or the area of follow up of known gastro-intestinal cancer, they are straying from their straight and narrow. I would have liked rather more than four pages on nausea and vomiting although one and a half pages on flatulence is probably enough to prevent the authors from getting long winded.

I hope that trainees take the opportunity to study this book. It cannot have been very easy to write but there are plentiful illustrations. The publishers, Mosby-Wolfe, do seem a very visual outfit. Many gastroenterologists will recognise the format (and maybe some photos) from various recent atlases. I am all for breaking up dull prose with illustrations but I think Rhodes and Tsai write well. It seems to me a sign of growing up that one can manage to learn something from a book without too many pictures. Nowadays, from the reviewer's perspective, too many authors are intent on dressing up their work in this. To Mosby- Wolfe, I commend a sentence from the great gastroenterologist (and occasional playwright) who, in between clinic consultations, managed to write Hamlet (Act 2, scene 2) . . . 'More matter with less art'.

IAN FORGACS


The intestine is one of the most rapidly renewing tissues in the body and therefore lends itself rapidly to injury, especially that caused by radiation whether this be therapeutically, experimental or accidental as in the Chernobyl disaster. Thus, the interrelation of radiation and gut should be a subject of interest to both radiotherapists and gastroenterologists. This book out of sequence with the text to which they relate. This is less than satisfactory especially given the high purchase price of the volume.

Having long had a special interest in the difficult clinical problems of management that may occur as a result of radiotherapy injury to the gut, I opened this book with keen anticipation but closed it with a sense of disappointment for it contains little of help to the practising physician or surgeon. Some two thirds of the text is devoted to a detailed review of experimental studies in animals, from the mouse to the dog, and only a minority of the content relates to the effects of radiation on the human gut. Clinicians will seek to gain in vain for guidance as to the latest treatment options for their patients who experience either the acute or the late adverse effects of radiotherapy. Researchers and basic scientists, however, will find contained within the text and extensive references a wealth of information that will serve as valuable reference source for years to come.

BARRY JACKSON

NOTES

Liver disease

The XXII International Update on Liver Disease will be held at the Royal Free Hospital School of Medicine, London on 10–12 July 1997. Further details from: Professor Neil McIntyre, University Department of Medicine, Royal Free Hospital, Pond Street, London NW3 2QG. Tel: 0171 794 0500 ext: 3969; Fax: 0171 830 2321.

UEGW

The 6th United European Gastroenterology Week will be held on 18–23 October 1997 in Birmingham, United Kingdom. Further information from Concorde Services Ltd, 10 Wendell Road, London W12 9RT, United Kingdom. Tel: +44 181 743 3106, Fax: +44 181 743 1010.