cence of 5-aminosalicylate decreased, suggesting a chemical reaction between 5-aminosalicylate and hypochlorite. Activated neutrophils also produced a peroxidase-generated oxygen metabolite which reacted with 5-aminosalicylate to produce a non-fluorescent product.⁶ We therefore propose that 5-aminosalicylate acts as a hypochlorite scavenger and also as a hypochlorite indicator. Identification and detection of neutrophil derived metabolites of 5-aminosalicylate in the faecal stream of patients receiving 5-aminosalicylate would thus provide evidence for the production of hypochlorite in the inflamed bowel and may also be useful for monitoring the progress of the disease.

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British Digestive Foundation

SIR, — In an effort to increase public awareness of gastrointestinal diseases as well as the profile of the British Digestive Foundation and the research which it supports, we have begun a service to the media which provides information on new developments in research and British gastroenterology. The information published in *Inside Out – the British Digestive Foundation News Service* will be accompanied by comment from one of the foundation's medical advisors with the aim of putting the findings in context. Already some medical correspondents have welcomed the idea.

The editors of *Gut* and *Alimentary Pharmacology and Therapeutics* are allowing us to see proofs of articles before publication to enable us to select work of particular interest. However, it is impossible to make such arrangements with all of the medical journals in which we publish our work and I would therefore encourage you to approach me directly when you are about to publish a piece of work of special interest. This is just one of the ways in which the British Digestive Foundation is working to increase its impact and fund raising activities in the United Kingdom, but one in which we can all participate and hopefully ultimately benefit. Please contact me in writing at:

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BOOK REVIEWS

Splanchnic ischaemia and multiple organ failure. By A Marston, G F Bulkley, R G Fiddian-Green, and U H Hagland. (Pp 405; illustrated; £65.) London: Edward Arnold, 1989.

On the fringe or in the centre? This is a book that inevitably crosses conventional disciplines and functional systems. The role of the splanchnic circulation in the aetiology of multiple system organ failure and the effect of shock on gut blood flow are important and topical issues. This is a subject that unites the resources and endeavours of a variety of clinicians and scientists. The subject is both bold, because it crosses so many boundaries, and timely. The contents of this book will be of importance to anaesthetists and intensive care specialists, microbiologists, transplant surgeons, and renal physicians, immunologists, intestinal and vascular surgeons, clinical physiologists and those involved in the management of major trauma and cardiac surgery. Central to the theme of this text is the arachidonic acid pathway, protease inhibitors, free oxygen radicals, xanthine oxidase and superoxide dismutase, tumour necrosis factor, gut microflora and endotoxins. Other factors include endothelial and intestinal permeability as well as platelet, macrophage and neutrophil function. The subject is bold, painted in some detail and on a large canvass, it will have appeal to a wide audience and most I suspect will conclude that the result has been a success, particularly at the price.

In a decade that has seen the establishment of cardiac and hepatic transplantation, it is inevitable that clinicians engaged in intensive care management have recognised the central role of the gut as a determinant of outcome in multiple organ failure. A comprehensive book with contributors from a panel of international experts on this subject is timely. The editors must be congratulated on their choice of contributors who represent expertise from North America and Europe as well as their avoidance of unnecessary duplication. Most chapters are clear, succinct and well illustrated and are comprehensively referenced.

The book is divided into four sections. The first is concerned with anatomy and physiology of the splanchnic circulation. For most readers the second section of pathophysiology will be the most important and unique component of the book. This deals with the effect of splanchnic vascular occlusion and shock on intestinal perfusion followed by a detailed account of local and systemic mediators of intestinal ischaemia. The contributions on free radicals, mucosal cytoprotection, proteases, enteric bacterial toxins, bacterial translocation, endotoxin and eicosanoids are impressive for their clarity, quality of information and interest even to the non-specialised reader. The role of the Kupfer cell in protecting against endotoxaemia will no doubt be addressed in the future by studies in the anhepatic recipient during liver transplantation. The third section is concerned with an account of clinical syndromes resulting from intestinal ischaemia: stress ulceration, ischaemic hepatitis, pancreatitis, and cholecystitis as well as the con-

sequences of large and small vessel occlusion in the small and large bowel. These chapters are comprehensive but unlike the earlier section may be found elsewhere in the surgical literature. Finally, there is an account of multiple organ failure syndromes which describe the role of monitoring and therapeutic options available for clinical management.

Although gut ischaemia is the name of this pitch, on the boundary there are aspects dealing with the pathogenesis of inflammatory bowel disease, hepatic failure, and mucosal protection which will be of immense interest to gastroenterologists as well as surgeons.

Unlike many books I have reviewed, this one will not gather dust; there are exciting concepts here which many clinicians will want to pursue. This subject is not on the fringe, the gut has proved to be the central pivot in the shocked patient; we need to learn more about it.

M R B KEIGHLEY

Therapy of inflammatory bowel disease. New medical and surgical approaches. By Mark A Peppercorn. (Pp 312; illustrated; \$150.) New York: Marcel Dekker, 1990.

Mark Peppercorn, who has contributed many important controlled studies to the published work on inflammatory bowel disease, edits this new volume predominantly concerned with drug and nutritional treatment of inflammatory bowel disease. A pot pourri of six additional chapters has been included (alternatives to ileostomy, extraintestinal and liver complications, pregnancy and nursing, paediatric inflammatory bowel disease, psychosocial issues, and case studies). They distract the reader from the prime thrust of this book and could be deleted with advantage from the second edition.

The book's subtitle 'New medical therapy' is misleading since most contributions are excellent reviews but of well established treatment. Much of the information is already available in standard textbooks – for example, the third edition of Kirsner and Shorter *Inflammatory Bowel Diseases* – while new developments are well covered in such volumes as *Recent Advances in Gastroenterology*.

Does this book therefore provide new insight, new ideas, or novel views of treatment? Each chapter considers a specific drug and includes pharmacokinetics and mechanisms of action. The opening chapter deals with oral and parenteral corticosteroids and is a good summary of their potential value and many side effects. The reference list is excellent.

Topical corticosteroids are dealt with only briefly. Information concerning newer drugs such as tixocortol pivalate, which induces local anti-inflammatory activity but has no systemic glucocorticoid activity, should have been expanded. The editor himself reviews the role of sulphasalazine, drawing together the pharmacokinetics, clinical action, drug interaction, and adverse reactions with a good summary of published work. The newer oral and topical aminosalicylates are extensively covered by Stephen Hanauer of Chicago – an excellent summary of the present situation. Burton Korelitz's advocacy of immunosuppressive treatment is well known and his contribution is a vigorous defence of his enthusiasm which perhaps extends beyond the evidence available from controlled clinical trials. For the European reader this chapter has a salutary ending – a seven page summary of potential benefits and hazards of the treatment which the potential patient has to read and sign indicating informed consent has been given before treat-