associated with parasympathetic autonomic neuropathy, which is, in turn, associated with accelerated gastric emptying. As the disease becomes chronic, we hypothesise that a sympathetic neuropathy occurs as well, which manifests itself as delayed gastric emptying.

The findings of Dumitrascu *et al* support this notion as their study shows that patients with chronic renal failure may have accelerated, normal, or delayed gastric emptying depending upon whether the parasympathetic or sympathetic nervous systems are involved. While their findings do not exactly parallel the findings of our study, their results do suggest that the autonomic nervous system has a variable influence on retarding or accelerating the rate of gastric emptying in either disorder.

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- 1 Dumitrascu DL, Barnert J, Kirschner T, Wienbeck M. Antral emptying of semisolid meal measured by real-time ultrasonography in chronic renal failure. *Dig Dis Sci* 1995; 40: 636-44.

BOOK REVIEWS

The History of Gastroenterology. Edited by P S Chen, T S Chen. (Pp 313; illustrated; £48). Carnforth: Parthenon Publishing, 1995. ISBN 1-85070-365-5.

Not only those who share Henry Ford's view of history might have somewhat negative feelings about this book. The title is astonishingly pretentious. Surely, if you are going to call your book *The History of Gastroenterology* (note: the first word here is the definite rather than indefinite article), you would be pretty committed to ensuring that the contents lived up to the expectations so engendered.

What we have on offer here is: a one page preface; 255 pages of reprints of selected joys from the gastroenterological literature; a 22 page chronology of our specialty from 30 000 BC to 1990; and a selected 16 page list of interesting publications. Surely, the very term history implies a narrative in which a series of events is recorded. This is a series of snapshots and, even if one was in a hurry (and history is emphatically not for those who feel that time moves at high velocity) the fare offered in this book would seem insubstantial.

I had rather hoped that the preface would have explained what this book was hoping to achieve. After outlining some of the reasons why gastroenterology has progressed in recent decades, the editors suggest 'When so much has happened a taking of stock is warranted. The appreciation of our present successes directs our attention for a backward look' (sic) If I have understood this correctly, the authors feel it is time to call a (temporary) halt to progress so we can look over our shoulder at where we are going. I think that is a strange justification for a history. Surely, the curious among us need no excuse to study the past and learn what lessons it may have for the present.

There are, however, some real treasures here. The opening quintet of essays relating to gastrointestinal physiology are by Baron, Wold, Davenport, Wingate, and Gregory – surely some of the most beautiful writers ever to have interested themselves in the human gut. Yet each of these is surpassed by Chris Booth whose piece on 'What has technology done to gastroenterology' is very possible the finest piece of writing ever to have graced the pages of this journal (*Gut* 1985; 26: 1088-94). This essay is required reading for those embarking on a career in clinical gastroenterology who may be tempted to the view that skills in fiberoptic endoscopy are somehow the end rather than the means to an end.

If you can live with this book's misnomer, you will find several further treasures. Find out that both Hippocrates and Aereates the Cappadocian may have described Crohn's disease before Christ (let alone Crohn). You can learn how Benevinius (1442-1502) described the features of ileus. He was also a physician to the Borgias so had plenty of time to study acute postprandial problems in their many guests who so frequently became fatally ill after a nice family meal. We have to move into the 18th century to learn how our colleagues of former time, Reaumur, Hunter, and Spallanzani worked out that the stomach secreted acid. They did, however, have some difficulty in determining the type of acid-phosphoric and lactic were prominent contenders before the right answer emerged.

Perhaps the most refreshing aspect of this book is that we are constantly reminded that we work in a specialty that is steeped in history and occasionally in antiquity. We spend so much of our time at the frontier between the present and the future, that is to say, between what is known and what is not known, that it is easy to overlook the lessons of the past.

IAN FORGACS

Liver Biopsy Interpretation (5th ed). By P J Scheuer, J H Lefkowitz. (Pp 315; illustrated; £50.00). London: W B Saunders, 1994.

For nearly 30 years, 'Scheuer' has been the pre-eminent bench book available to pathologists for help with the interpretation of liver biopsies. The first edition, which was published in 1968, set a standard that was very hard to follow. Although there is now a number of competitors in the field, Professor Scheuer has always maintained his position by judiciously publishing an ever better new edition every five years or so. This, the fifth edition, has perhaps undergone more changes than any other. Most importantly, Peter Scheuer has been joined as a coauthor by another distinguished hepatopathologist, Dr Jay Lefkowitz of Columbia University, New York.

The book is so well known, rightly described by Dame Shiela Sherlock in its foreword as the 'bible of liver biopsy interpretation', that the job of the reviewer is a little different from the traditional one. Here, readers will wish to know how it has changed, and if it is improved by those changes.

The book is now published by Saunders, as volume 31 in the *Major Problems in Pathology* series, and has taken on a new enlarged (B5) format. I was surprised to discover how much this change, together with the use of glossy paper, has improved the overall feel of the book. There are only a few more pages than in the fourth edition, but this one includes about

20% more illustrations and the number of colour pictures has trebled (now forming about one third in all). All of the photomicrographs have significantly increased in size, and many, using the same originals as in the previous addition, appear altogether clearer. As before, colour reproduction has been used mainly where it has clear advantages. The references are now shown in Vancouver style.

It remains strictly a bench book and does not attempt to compete with larger texts. The overall structure of the chapters is familiar to regular readers, but transplantation has now graduated to a chapter of its own, making 17 in all, and that on electron microscopy has been expanded by the inclusion of other new techniques such as PCR and in situ hybridisation. The text remains as concise and to the point as one has come to expect and the references are extraordinarily up to date, a large proportion having been published since the fourth edition. As before, each chapter also includes a valuable list of general reading. Although every section has been revised to a greater or lesser extent, those fields where advances have been greatest since 1988, for example in hepatitis and transplantation, have seen the most change.

In conclusion, yes, the fifth edition is even better than the fourth. This remains the best and most authoritative manual on the interpretation of liver biopsies, as well as being highly competitively priced. It is a must for anyone involved in liver biopsy diagnosis.

D G D WIGHT

Physiological and Clinical Aspects of Short Chain Fatty Acids. Edited by J H Cummings, J L Rombeau, T Sakata. (Pp 575; illustrated; £85). Cambridge: Cambridge University Press, 1995. ISBN 0-521-44048-3.

Fatty acids are the major product of bacterial fermentation of dietary carbohydrates in the gastrointestinal tract, and constitute the route through which energy can be extracted from carbohydrate and protein that is not digested and absorbed in the small intestine. Research suggests that they may protect against large bowel disease and may also exert a modulatory role in the control of blood sugar and cholesterol. This book is the first comprehensive volume to look at the importance of the production of short chain fatty acids and the metabolism and health of humans and other animals. It literally contains all you ever wanted to know about short chain fatty acids but were too scared to ask and contains contributions by almost everybody who is anybody in this area ranging from biochemists through rumen and colonic physiologists, nutritionists to clinicians. This work is like a rare plant adapted for certain specialist grazers and browsers. It is not a book for the generalist. Although certain aspects are vitally important it will appeal only to those curious scientists and physicians who have ever looked up from their endoscopes to speculate on the multifarious roles of the teeming billions of colonic bacteria.

Women may have been the dark continent for Freud, but the gastroenterologist's dark continent is the colon; we can only but guess at the variety of its functions and marvel at its adaptability. The colon works in series with the liver to metabolise almost every organic molecule that the body might be exposed to. It uses anaerobic and reductive mechanisms to breakdown complex macromolecules while

the liver utilises oxidative mechanisms. We have only to observe the symptomatic manifestations of patients with cirrhosis and extensive portal systemic anastomoses to realise the effect that the products of colonic metabolism might have on human health.

Insight into colonic fermentation is restricted by access. Faecal incubations are limited by the non-survival of more fastidious bacteria, problems of dilution, and failure to maintain an appropriate colonic environment. Some insight has been gained from the rather macabre investigation of sudden death victims but I wonder why direct puncture of the caecum or the use of patients with high colostomies or indeed the endoscopic fashioning of a caecostomy has not been used more often for this important work. Some insight may be gained from animal studies, as, unlike humans, most animals rely heavily on bacterial fermentation to obtain energy, but does the 40 gallon fermenter of the cow with its busy colonies of protozoa or indeed the unique fore and hind-gut fermenters of the rock hyrax carry messages that help us understand the human condition. The authors have chosen to study short chain fatty acid production because, presumably, this aspect of colonic fermentation is universal and the most easy to investigate. Nevertheless, I found that the messages that came from this book were more complex and less exciting as they might have appeared to be several years ago. For example, there now seems considerable doubt that short chain fatty acids have an important role in reducing blood sugar or reducing plasma cholesterol and their role in tumorigenesis and colonic inflammation seems to be also involved with the metabolism of sulphur amino acids, methynogenesis, and production of toxic metabolites. The notion that we might be able to treat colitis by faecal enemas from close friends or by infusions of butyrate seems to be 'on hold' for the moment. Is this just the cautious scientific antidote to clinical enthusiasm or are there really no simple messages?

This book will excite, stimulate, bore, and frustrate by turns depending on your particular interest. Do not attempt to read it from cover to cover; browse selectively. Only then will the metabolic products provide sufficient energy to stimulate interest and speculation. As a state of the art account of short chain fatty acids, this is the only good book of its kind and must be purchased by every self respecting centre of academic excellence in gastroenterology and gastrointestinal physiology.

N W READ

Surgery of the Esophagus, Stomach and Small intestine (5th ed). Edited by C Wastell, L M Nyhus, P E Donahue. (Pp 1009; illustrated; \$199). Boston: Little, Brown, 1995. ISBN 0-316-92442-3.

This is the fifth edition of this seminal text. As before it is extremely well laid out with clear illustrations to complement the text. As in previous editions the editors call on world authorities to write chapters, supplemented with commentaries of other experts. Each chapter is well referenced and is remarkably up to date. A major feature of this book is its ability to combine a thorough review of the subject with a comprehensive component of well illustrated operative surgery. Another

bonus are the superb chapters, which precede each section on the history of surgery. This is vital information for anyone lecturing on the subject. I also commend the chapters on anatomy and physiology so often missing in other clinical texts. These are produced in a 'clinical' rather than 'scientific' format designed to aid and inform rather than confuse. Of special interest are those chapters on oesophageal and small bowel motility and gastro-oesophageal reflux although alkaline reflux is rather scantily dealt with.

As mentioned, the edition is remarkably up to date, and in this regard I commend the chapter on minimal access surgery. Encompassing this in a separate chapter rather than piecemeal enables a broad overview to be given as well as sound cautionary advice. It is a pity that a similar overview chapter for helicobacter is not included. It is mentioned in several separate chapters on peptic ulcers and gastric cancer. It is a pity that the chapter on intubation of inoperable oesophageal cancer has not included data on the field of self expanding metal stents. These seem to be displacing both the conventional plastic tube and laser.

Chapters on cancer are a strong part of this book being extremely comprehensive. I should like to commend the excellent chapter on gastric cancer, which tackles extremely well the staging of the disease and the R1/2/3 concepts of surgery. The current controversies regarding Barrett's cancer are especially well presented. Preoperative staging of cancer by all modalities is discussed in separate chapters rather than as a single chapter. All the information for accurate preoperative assessment is there, however. It is a pity that the role of chemotherapy does not deserve a separate chapter as does radiotherapy.

If such a text book has a weakness, it lies in its concentration on surgery to the neglect of medical treatment, which for benign upper gastrointestinal conditions is the mainstay of management of the vast majority of patients. This is considered briefly in many chapters but a more thorough overview of the indications for and against medical and surgical treatment would round things off well.

In conclusion, this new edition maintains the prominent place of this book as a comprehensive, well written and referenced text on oesophageal, gastric, and small bowel surgery, the last section being frequently missed between the upper and lower gastrointestinal tracts. It manages to provide an excellent overview and be a good guide to operative techniques. It is a must for any upper gastrointestinal tract surgeon and physician.

R C MASON

NOTES

The Association of Gastroenterological Research Charities

Representatives of several charities, each of which supports research into some aspect of

gastroenterology have been meeting regularly since 1992 as a group called the Association of Gastroenterological Research Charities (AGRC). Members exchange ideas concerning research awards and literature for education of patients and the public.

The charities are the British Digestive Foundation, the British Liver Trust, the Children's Liver Disease Foundation, the Coeliac Society, Crohn's Disease in Childhood Research Association, the Ileostomy and Internal Pouch Support Group, and the National Association for Colitis & Crohn's Disease.

The Association has no constitution, but is a liaison group. Together these charities spend about £900 000 yearly on research and this total is likely to increase. The existence of the association and the financial contribution of its members to national administrators in the National Health Service, research funding bodies, and professional colleagues in gastroenterology.

All constituent members agree that the regular opportunity to exchange views about their work is most valuable. Enquiries about the association should be made to: Professor J E Lennard-Jones, British Digestive Foundation, 3 St Andrews Place, London NW1 4LB.

The Royal Medical Benevolent Fund

This medical charity provides a nationwide support service for doctors in need, their wives, husbands, and children. Donations and enquiries to The Secretary, Royal Medical Benevolent Fund, 24 King's Road, Wimbledon, London SW19 8QN. Tel: 0181 540 9194; Fax: 0181 542 0494.

Helicobacter pylori

A symposium on *Helicobacter pylori* and Gastric Cancer: State of the Art will be held in Ulm, Germany 23-24 February 1996. Further information from G Adler, G Bode, University of Ulm, Department of Internal Medicine I, Robert-Koch-Str 8, D-89081 Ulm, Germany. Tel: ++49-731-5024301; Fax: ++49-731-5024302.

Gastrointestinal hostility

The Fourth Symposium on Gastrointestinal Motility - Video demonstration, utilisation of manometry and problem oriented approach - will be held on 9-11 February 1996 in Sanibel Island, Florida, USA. Further information from Barbara S Lee, Assistant Education Coordinator, Department of Internal Medicine, University of Iowa, 200 Hawkins Dr, Iowa City, Iowa 52242-1081, USA. Fax: 319 356 7893.

Colorectal disease

A symposium on Colorectal Disease in 1996 will be held at Fort Lauderdale, Florida, USA on 15-17 February 1996. Further information from the Cleveland Clinic Florida, Department of Education, 3000 W Cypress Creek Road, Fort Lauderdale, Florida 33309-1743 USA. Fax: 305-978-5539.