Notes and activities

Third International Symposium on Gastrointestinal Hormones
This symposium will be held at Cambridge, England, 15–18 September 1980: it will cover the conventional circulating hormones, as well as the locally acting paracrine peptides and the peptidergic innervation. The programme will consist largely of submitted papers with review talks by invited authorities. Deadline for receipt of abstracts 31 March 1980. For details write to: Dr. S. R. Bloom or Dr. J. M. Polak, Royal Postgraduate Medical School, Du Cane Road, London W12 0HS, United Kingdom.

Verdict on Vagotomy
A one-day symposium on Vagotomy is to be held in Bournemouth on Saturday 29 March 1980, immediately following the joint meeting of the British Society of Gastroenterology and the Association of Surgeons. Members of these Societies have been circulated with details and application forms. Others wishing to come should write to Dr. J. H. Baron, Department of Surgery, Royal Postgraduate Medical School, Hammersmith Hospital, London W12 0HS.

International Symposium on Alcohol and the Gastrointestinal Tract
This symposium will be held at Bischberg-Strasbourg, France, from 7–8 March 1980. Details from Mlle. Dr. C. Stock, Unité de Recherches de Chirurgie Expérimentale et de Biophysicopathologie Digestive, ZUP Hautepierre, Avenue Molierè, F-67200 Strasbourg, France.

IV European Congress of Gastrointestinal Endoscopy
This congress will be held in Hamburg, 13–14 June 1980. Details from Congress Organiser, Congress Project Management, Günther Sachs, Letzter Hasenpfad 61, D-6000 Frankfurt 70.

Books


First of all, this is a considerable and important book. Despite claims by the publishers and editors of earlier volumes, this is the first book that can be justifiably held to give a comprehensive account of the present state of gut endocrinology. To have achieved this by the publication of papers presented at a symposium is no mean feat, and this suggests that the format of the book was one of the factors governing the choice of speakers and topics. The book is arranged in 17 sections, some of which deal with general principles and techniques, and others with specific hormones. Most sections start with review articles which orientate the uninitiated. Only two sections seem less than successful: the brain/gut relationship is still too elusive to allow clear definition, while the final section on 'Duodenal ulcer' seems to have escaped from a different book altogether. The publishers have done well; the book is clearly laid out, and appears to be letterpress, although closer inspection suggests that new typewriter technology has been used.

Secondly, this is an unusually personal book; the editor's name also appears on 14 of the 103 contributions, and, together with Dr. Julia Polak, he has provided a characteristically trenchant 'Gut hormone overview' at the front of the book. I think that this is a fair reflection of the editor's contribution in this field. While many workers have been critical of the vast mass of radioimmunoassay data emanating from the Hammersmith group, and even more so of the putative properties ascribed by Dr. Bloom and his colleagues to the various peptides, there is no denying that both the data and the dogma have been a massive stimulus to growth in this field. That Dr. Bloom may have been wrong in the past—and may continue to be wrong—is in this sense unimportant; the truth about the gastrointestinal peptides will emerge from the collective research which he has done much to stimulate.

Finally, the message for gastroenterologists is clear, and somewhat dismaying. It has long been regarded as a subspecialty with a comparatively simple scientific substrate. From this book, it is evident that this is not the case. It is now clear that both the endocrine and the neurophysiological basis of gastroenterology are matters of considerable, and as yet largely unresolved, complexity. For the moment, this is a matter for the scientists, but it must eventually be reflected throughout clinical practice, not only in diagnosis and therapy, but even in the definition and nomenclature of disease and dysfunction. Already overworked, established clinicians are going to have a hard time keeping up. Drs Bloom and Polak conclude their essay with a defiant statement: 'The proper study of alimentary endocrine disorders can at last begin'. A more correct statement might have emerged with the removal of the words 'endocrine disorders'—an endocrinologist can be pardoned for his natural bias—and the substitution of the word 'physiology'.

DAVID WINGATE

Pathways in Surgical Management

The first sentence of the Preface to this interesting new book states 'The arrangement of this book is unorthodox. It is, however, commendable unorthodoxy, and this applies only to the format of the book. The approach to a wide range of important clinical surgical topics is, on the other hand, much more orthodox than the approach of most other surgical textbooks, in that the text follows the orthodoxy in which the vast majority of surgical diagnoses are successfully achieved. Professor Hobsley has simply taken the various ways in which patients present with complaints, symptoms, and signs, and followed the usual logical process in arriving at either a diagnosis, or a therapeutic decision. He has, in fact, dissected out the basic process of the practice of surgery, and produced an excellent book which follows these steps logically and clearly.

There is much of sound practical guidance in the book, and the accent throughout is clearly, and rightly, on clinical decision. A principal feature of the book is the liberal use of flow diagrams, and even those who have a certain allergy to this mode of presentation will find them eminently readable and helpful. Some are simple ones, differentiating one management pathway from another, and others are more comprehensive, summarising the whole approach to a clinical