
Developments in Digestive Diseases seems destined to become an annual review. This is the third in the series and once again we are offered a well-printed slim volume. The Editor claims to have chosen topics in which developments have reached the stage of major clinical relevance. One might disagree with his choice but one can only applaud the speed with which he and his publishers have produced a series of interesting chapters over a wide range of subjects backed by very recent references (several belonging to the year of publication).

The following topics are covered: endoscopic control of gastrointestinal bleeding (which rather misses out on the use of the flexible gastroscope for the injection of bleeding varices); proximal gastric vagotomy (the least recent development); breath tests (nicely described but somewhat uncritical); enteral hyperalimentation (a bit portentous); infectious diarrhoea (a useful summary of the present situation); inflammatory bowel disease (immunological developments and genetic influences). Functional scintigraphy (an enthusiastic affirmation); biofeedback training in digestive disease (a restrained review of a subject which has excited little attention in the United Kingdom); newer gut hormones and hormone candidates (a subject which needs repeated updating); somatostatin (a chapter to itself); acute viral hepatitis (careful and comprehensive); and, finally, non-surgical biliary decompression (which may encourage more widespread use of a number of useful techniques).

Altogether a good read but one cannot help wondering how many more review series the market can stand.

G Neale

Books received


Del Juramento de Maimonides a la Declaracion de Helsinki By Joel Valencia-Parpacen. (Pp 95; price not stated.) Caracas: Centro Medico de Caracas. 1980.


Correction

Effect of intestinal surgery on the risk of urinary stone formation, by C P Bambach, W G Robertson, M Peacock, and G L Hill, Gut, April 1981, p 261. The end of the first paragraph of the Discussion should read as follows:

'Patients with small bowel resection and an intact colon maintain normal urinary volume and pH and have no increased risk of uric acid stones. However, they do have an increased risk of forming calcium oxalate stones. In the majority of patients this is due to hyperoxaluria and in others low GAG inhibitors are a factor.'