

Correspondence

Diagnosis of oesophageal spasm by ergometrine provocation

Sir,

We have recently published our findings on oesophageal spasm and the value of ergometrine provocation in its diagnosis (*Gut* 1982; 23: 89–97). We misquoted figures from Buxton's study and reported three patients who died with coronary artery spasm after a dose of ergometrine which was 0.17 mg and not 1.7 mg as stated in our paper. Our recommendation, however, to give 0.5 mg of ergometrine is safe provided that the screening criteria are followed. These should include a normal 12-lead ECG obtained during spontaneous chest pain, and resuscitative facilities should be available during the ergometrine test. Responses to small doses of ergometrine – 0.05 mg should first be assessed and after five minutes, incremental doses can then be given.

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stomach (I L Taylor), GI hormones (Chey and Rominger), extraintestinal manifestations of GI disease (Kraft and Wang), GI surgery (Den Besten, Doty and Pitt) and nutrition (Baker and Jeejeebhoy) are clear, useful summaries. As might be expected the chapters are very well referenced (many having over 200 and, one, over 400) and the majority are from the year in question, 1979–1980. Therein, of course, lies the problem. The book was published in 1982 (I received it in the same week in which I saw the review of volume 1), no doubt this review will appear in 1983, yet the volume is concerned with the literature of 1980. If gastroenterology advances at such a pace that an annual of this type is out date on publication then its appeal must be limited. I do not believe, however, that the field advances so rapidly and this leaves us with the question of whether intervals of 12 months between issues is too short.

I can commend the book as a good series of helpful reviews of several aspects of gastroenterology in 1980, which, by and large, is not too far off the 'current' state of the art.

L A TURNBERG

Radiology of the small bowel. Modern enteroclysis technique and atlas By J L Sellink and R E Miller. (Pp. 485; illustrated; \$54.50, Dfl.125.00). The Hague: Martinus Nijhoff, 1982.

The first edition of this book was published in 1976 with Dr Sellink as the sole author. During subsequent years close collaboration with Professor Miller, Chief of Gastro-Intestinal Radiology at the Indiana School of Medicine, led to the decision to publish this second edition under their joint authorship. The main changes from the first edition are the adaptation of certain terminology to that commonly used in the USA, the addition of a chapter devoted to the use of the enteroclysis technique in children, and some expansion of the chapters devoted to the pathology of the small intestine.

After short chapters on the anatomy and physiology of the small intestine there is an interesting account of the various contrast media used in small bowel examinations, including a well-argued description of the fate of these media during their passage down the gut, and the relationship between these changes and the accuracy of the resulting examination. This is followed by chapters on methods of examination including a very detailed account of the authors own technique of enteroclysis, an examination generally known in the UK as a small bowel enema. Subsequent chapters deal with the basic signs of abnormality, inflam-

Books

Current gastroenterology. Vol. 2. Edited by G L Gitnick. (Pp. 546; illustrated; £44.50). Chichester, Sussex: Wiley, 1982.

This is the second volume of a series of books which it is the author's intention to see published annually. This laudable aim is to assimilate advances made in gastroenterology in each 12 months' period for clinicians and basic scientists. Dr Gitnick has gathered a group of experts to review their own particular fields of interest, to summarise the year's literature and assess any advances made. Undoubtedly, the writers, all from the North American continent, are well chosen and apparently each chapter has been subject to peer review.

We have excellent reviews from Di Magno and Go on the pancreas, Sachar and Walfish on Crohn's disease and ulcerative colitis, Snape, Battle and Ouyang on the colon, Hollander and Weinstein on the small intestine, Ramming on GI cancer and Morrissey, Browning, and Reichelderfer on endoscopy. Chapters on the oesophagus (Winans),

matory, neoplastic, and vascular disease. Other chapters cover disturbance of motility, congenital anomalies, ileus, adhesions, and various forms of obstruction. Finally, there are chapters devoted to the procedures used with children and a discussion of some of the causes of error and failure.

The authors make it very clear that they regard their technique as superior and more informative than the simpler follow-through barium meal normally used. Most radiologists who have tried the method would probably agree and yet there cannot be a great many radiologists who have completely changed over to the enteroclysis technique, although some reserve this for the particularly difficult case where the simpler procedure has failed to provide an answer and where the clinical suspicion of small bowel pathology is very strong. The authors make out a very strong case, however, and the hundred of high quality illustrations of a wide range of small intestinal pathology provide strong argument in their support.

This is a quite splendid atlas which will be indispensable to any radiologist wishing to explore this technique. It should be available to all trainees in radiology who are likely to be encouraged by the superb illustrations of a wide range of small bowel pathology to try out the method for themselves.

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saline load test for gastric emptying, while there is no mention of any of the more modern tests using markers, isotopes, or the more physiological solid meals. There is a section on oesophageal dilatation with undue prominence given to the Hurst-Maloney dilators, which are passed 'blind', although there is also a section on the Eder-Puestow method and pneumatic dilatation. There are short chapters on upper gastrointestinal endoscopy, ERCP and colonoscopy, but by virtue of their length they are extremely limited. The majority of the chapters, however, deal with the more readily defined procedures, such as the insertion of a Sengstaken-Blakemore tube, oesophageal manometry, the Bernstein test, secretin test, small bowel biopsy, and there is a helpful section on abdominal paracentesis and peritoneoscopy. A number of therapeutic procedures, including endoscopic sclerosis of oesophageal varices, are also described.

There are other similar practical GI procedures books such as this, and there is no doubt that each GI unit should have such a book available on its shelves, so as to give the basic outline of these procedures to students, to new members of the team, and to nursing staff. It is relatively modestly priced, and I would certainly be glad to see it on the office shelf in my unit.

D G COLIN-JONES

Manual of gastroenterologic procedures Edited by Douglas A Drossman. (Pp. 203; illustrated; \$17.00.) New York: Raven Press, 1982.

This is meant to be a simple, practical book which should be available in every gastrointestinal unit. Its emphasis is upon brevity and upon the practical undertaking of the tests outlined. The format of the book, for example, includes a spring coil binding, so that the appropriate page can be left open on the bench, hopefully where the patient cannot see the investigator looking at it! The contributors are all associated with the School of Medicine at the University of North Carolina, and the editor is Douglas Drossman. The procedures outlined are comprehensive, and include investigating children with GI disorders. Each chapter is structured around indications, contraindications, preparation and equipment, the procedure itself with its interpretation, and finally care of the patient, and complications. Each section is brief, but nonetheless a useful summary. In any book it must be difficult to achieve a balance between brevity and detail, between old tests and new. On the whole I think the balance achieved is good, but there are some odd features. For example, three pages are devoted to a

Clinics in gastroenterology. Motility and its disturbances. Vol. 11, No. 3. Edited by Alastair M Connell. (Pp. 249; illustrated; £11.75). London: Saunders, 1982.

Until a few years ago, when it was transformed by advances in the study of nerves, regulatory peptides, and ultradian rhythms, the study of gut motility was dominated by clinicians dedicated mainly to the study of smooth muscle function, in particular as exemplified in the oesophagus and colon and their associated sphincters. We owe much to this group of workers for providing the base on which recent advances can be assembled into a coherent scientific edifice. It is the same group who are largely responsible for this volume; the problem is that it reflects interests which no longer completely dominate this field. For example, there are three chapters on the oesophagus, but none on the stomach or biliary system. Two syndromes rate a chapter each, but one (diverticular disease) is, as conceded by the authors, dubiously a motility disturbance, while the other (irritable colon syndrome) is an expression of diagnostic despair by physicians rather than a pathophysiological entity. The book lacks a coherent account of relevant