Correspondence

Inflammatory obstruction of oesophageal tubes

Sir,

The article of Philp, Gunning, and Bennett (*Gut* 1983; 24: 960-3) re-opens a very important aspect of a once frequent complication of oesophageal tubes.

This complication was discussed by me 24 years ago and the original slide is reproduced below. The operculum described in the article starts as an oedematous curtain resulting from pressure on the oesophageal mucosa by the lips of funnels that are either V-shaped or cylindrical, as well as circular. Mucosal ulceration and granulation tissue formation follow. Finally the muscle wall is breached with eventual erosion of the aorta and death from massive haemorrhage. This problem was overcome by the use of a tulip shaped ink welled funnel no wider than 25 mm × 28 mm, creating a pressure free angle between funnel and mucosa with the inner lips of the ink-well providing the armaturing of the funnel.

Derivatives of polyethylene; silicon rubber and latex were all initially used in the production of these tubes. Both these derivatives and silicon rubber frequently promoted such reactions probably because they harden with ageing, latex reinforced with nylon proving the most suitable material. Latex does undergo degradation but this degradation was a lesser problem than the complication described in the article and led to its preferred adoption.

Provided intubated cases are followed up carefully and the tube reviewed six monthly, an oval tulip shaped funnel made of latex and ink welled would seem for the time being to serve the patient best.

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Books

Gastroenterology Edited by Gary Gitnick. (Pp. 425; illustrated; £33.25.) Chichester, Sussex: Wiley, 1983.

Gastroenterology is a new title in a series entitled *Internal medicine today* which is intended to form a comprehensive postgraduate library. The series is masterminded by staff at UCLA and the content of *Gastroenterology* is based on a course for internists given by that institution. The book, some 425 pages long, comprises 14 chapters by 16 authors. Its approach is fairly conventional, the chapters being in the main based on the traditional anatomical divisions of the gut together with the pancreas and biliary tree, and various aspects of liver disease. The layout of the chapters is clear with many sub-headings and sections that make for easy and pleasant reading. Each chapter concludes with one or more case study and a brief list of current references. The style is not always even with some sections being severely formal and others written in a more chatty and relaxed manner; but this in no way discredits the book.

All the contributors have maintained an excellent standard but I appreciated particularly the chapter on chronic hepatitis by the editor Gary Gitnick which is a crisp and very clear statement of a topic that is frequently presented in a confusing way. The coverage of Crohn's disease is inadequate and I thought that an undue emphasis had been placed on the role of supportive psychotherapy in the treatment of the irritable bowel syndrome, or functional bowel disease as it is called in this text.

More practical guide could have been given to investigation or management; for example, the reader will receive little help in the treatment of intestinal parasites or the evaluation of cholestatic jaundice. But one chapter stands free of any such criticism, that by K R Ramming on the management of malignancy of the gastrointestinal tract. This is an excellent and most helpful account of the medical and surgical options available to patients with malignant disease.

This book is not, and does not pretend to be, a conventional comprehensive textbook of gastroenterology. Rather it covers most successfully important and topical aspects of gastroenterology and for this reason will be read with appreciation and benefit by any clinician who has already acquired a background of knowledge in the specialty, but I am certain that senior undergraduates or those studying for a higher degree will use *Gastroenterology* to their advantage.

IAN A D BOUCHIER

Treatment in clinical medicine. Gastrointestinal disease Edited by C J C Roberts. (Pp. 236; illustrated; £9.00.) London: Springer-Verlag, 1983. Although the title of this book is *Gastrointestinal disease*, the title of the series is *Treatment in clinical medicine*. Thus the emphasis is on therapeutics. In the foreword it is stated that it is expected that the series will be particularly useful for the young hospital doctor in training, senior medical students, and those in established hospital or general practice. This is a wide spectrum at which to aim. In the preface it is stated that the aim of the book is to provide practical guidance to the hospital physician in the management of gastrointestinal disease. This must, of course, involve much more than therapeutics and although each chapter does initially address itself to pathophysiology, the concepts of diagnosis and some consideration of investigation, these are not considered in detail.

The book is divided into two parts, the first two-thirds consists of chapters on organs, diseases, or syndromes: thus oesophageal disease, peptic ulcer, and the malabsorption syndrome are the first three chapters. The second section is a consideration of clinical pharmacology in relation to the gastrointestinal tract. This is a useful introduction (or alternatively a timely revision) of pharmacological principles with brief assessments of particular drugs. Part, at least, of this section might with benefit have been placed before consideration of the individual disorders.

The chapter on nutrition reflects the due weight being given to this topic, which has now reached the

consciousness of gastroenterologists to the extent that it deserves.

By and large the information given in the book is didactic. It is not a matter of rehearsing various points of view but of stating what the author does, with a certain amount of justification given. Side effects of therapy have due weight but only the important side effects are mentioned. This is a considerable advantage as long as the book is not regarded as a source of reference for uncommon side effects. There is a drug index and a separate subject index. It might make for easier reference if these were combined.

The important question is whether there is a gap justifying a book of this sort. What it really represents is a series of essays on therapeutics with rather more leeway than is given in the usual textbook. Perhaps it is intended to be the equivalent of lectures or seminars in therapeutics. In this I feel the book succeeds, particularly with a view to the young hospital doctor and to senior medical students, provided that they realise that it is not intended to be exhaustive and that other sources are available for reference.

M S LOSOWSKY

Gastrointestinal disease: pathophysiology, diagnosis, management 3rd ed Edited by M H Sleisinger and J S Fordtran. (Pp. 1850; illustrated; £75.00.) Philadelphia: W B Saunders, 1983.

It is a decade since the publication of the first edition of *Gastrointestinal disease*; the appearance of the third edition is witness to the fact that it is widely recognised as the standard text by which others will be judged. It is an all-American book in structure and in approach; with the exception of one Francophone Canadian, all the contributors live and work in the USA. This is reflected in the emphasis on pathophysiology – and on a detailed knowledge of normal physiology – which contrasts (favourably, in the opinion of this reviewer) with the more didactic and 'clinical' approach of European texts. Not only is it a comprehensive review of the diagnosis and management of disease, but also it contains accounts of gastrointestinal physiology which are detailed enough to satisfy the needs of both undergraduates and postgraduates. The stress on science is neither decorative nor doctrinaire; it is integral to the method of editors and contributors alike, and it is reflected in the comprehensive referencing of each chapter.

There have been many changes since the last edition and the book is remarkably up to date – for example, the chapter on duodenal ulcer includes 1982 references obviously added in proof. Nor have