Some of the criticisms we cannot accept and we do not wish to change the interpretation of our data. The plasma concentration decay in the subjects studied fitted a one compartment model perfectly and in our experience a biphasic decay is seen only rarely in the absence of hepatic dysfunction. There can be no error of interpretation resulting from this mode of calculation. Dr Grainger and colleagues are correct in their criticisms of the use of indocyanine green clearance itself as an index of hepatic blood flow and this is acknowledged in our text. Recently it has been shown that not only cimetidine but also ranitidine may reduce the extraction ratio of indocyanine green in cirrhotic patients. We know of no similar evidence in animals or subjects with normal hepatic function, but if the H2 blockers do indeed reduce the extraction ratio of the dye then much of the previous work purporting to show that they reduce liver blood flow is invalidated.

It is true that changes in liver blood flow have been shown to have a small effect on the extraction ratios of some highly cleared drugs but the relevance of this fact to the interpretation of our data escapes us. There are no grounds for presuming that a type II error has been made in the analysis of our data. In the first place the direction of the small and statistically insignificant change in mean indocyanine green clearance was opposite to the a priori expectation. Secondly, despite the variability in indocyanine green clearance studying 10 subjects should produce a sufficiently powerful experiment to detect clinically important changes.

We would agree that the literature is becoming confused on the issue of H2 blockers and changes in liver blood flow and would reiterate our belief that this aspect of their pharmacology has in the past been overemphasised.

We thank Dr Grainger and colleagues for pointing out the typographical error. The volumes of distribution of indocyanine green as printed would be in decilitres.

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Reference
A guide to gastrointestinal motility. Edited by J Christensen and D L Wingate. (Pp. 253; illustrated; £25.00.) Bristol: John Wright, 1983.

Medical books entitled 'A guide to . . .' are apt to be superficial that they have little value. This volume, with eight well known contributing authors, is a notable exception.

After two splendid chapters reviewing the innervation of the gastrointestinal tract and the physiology of its smooth muscle, the oesophagus, stomach, small intestine, biliary tract, and colon are considered individually. There is then a refreshingly realistic appraisal of the techniques used to study gastrointestinal motility, emphasising what they can and cannot achieve rather than the procedural details (for which an adequate bibliography is given). The book concludes with a brief synopsis of clinical syndromes attributable to motility disorders, which may be helpful to scientists without medical training.

For the most part, the book has an unashamed physiological rather than clinical emphasis, and this is both its strength and its weakness. The value of explaining clinical abnormality in terms of deranged physiology is self-evident, but to omit discussion of the irritable bowel syndrome simply because it is undefined physiologically seems inappropriately purist.

For whom is this book most useful? In my view it provides ideal introductory reading for any research fellow embarking on a project concerned with gastrointestinal motility. Established research workers will find it can provide them with prompt enlightenment on topics at the fringe of their own special interest and knowledge. There is presently no concise textbook which fulfils either of these needs satisfactorily, and in consequence most departments with a research interest in any aspect of motility will find this a worthwhile purchase.

ROBERT C HEADING


This edition replaces that published in 1977. It is considerably longer as it includes a number of new chapters reflecting advances and changes of emphasis in colorectal surgery. In many instances illustrations from the previous edition have been enlarged or revised for clarity and the text of some pre-existing chapters has been rewritten.

On general topics there are new chapters on suturing technique, stapling devices, and sepsis prevention. The contents have been rearranged with a large section devoted to the formation and management of stomas. The new chapters included here are good, but there is considerable repetition in the duplicate chapters on stoma creation which might perhaps be combined in the future, especially if the size of the book continues to increase. There are also other areas in the book where the same criticism applies.

The section on inflammatory bowel disease reflects the progress in the preservation of continence and includes new chapters on reservoir ileostomy and restorative proctocolectomy with ileal reservoir.

There are a number of areas where the reader may compare techniques used by different authors. For example, there are many different mechanical and antibiotic bowel preparations described and there are three chapters on different methods of haemorrhoidectomy.

This edition is, therefore, a thoroughly up to date comprehensive technical guide to anal and colorectal surgery. Its size should not act as a deterrent as it covers an enormous field and the individual sections and chapters are easily read and are thoughtfully illustrated.

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