Irritable bowel syndrome Edited by N W Read. (Pp 272; illustrated; £27.) London: Grune & Stratton, 1985.

Whether or not Victorian physicians held symposia on enteric fever at the time when it was thought to be due to miasma is a matter for historical research, but if such events took place, they must have been similar to contemporary symposia on the irritable bowel syndrome. This book, which is the record of a recent IBS symposium, shows the difficulty of discussing a syndrome for which there is no commonly accepted definition. There are many syndromes in which the underlying biological disorder is unknown, but in most there is agreement on the manifestations which constitute the syndrome. Not so for IBS. The first chapter, by Grant Thompson, in this volume poses the question 'One disease, or several, or none'? Each of the contributors has an answer to this question, but each answer is different. Some also illustrate a new and somewhat fatuous tendency among IBS-watchers, which is to blame the patient. They have been prompted to do this by several studies which have shown that a proportion of the population suffer from what may be IBS symptoms – depending, of course, on how you define IBS – without seeking medical advice. Ignoring the fact that this is also the case in many better understood syndromes such as bronchitis, arthritis, caries and ulcer disease, this is taken as evidence that those who complain of IBS are merely hypertensive or hypochondriacal. If they would only just pull themselves together . . . In fact, it is clear from this book that being an IBS patient is no picnic. Apart from being cross-examined and computerised (Crean), or stuffed with bran (Heaton), they are liable to have balloons inflated in their anorectum (Schuster) or distal colon (Ritchie) or almost anywhere else (Dawson); for others, there are electrodes clipped in the sigmoid colon (Cohen), and peroral intestinal perfusion (Rask-Madsen, Read). As all these manoeuvres have not lead to a clear definition of IBS, the data must be regarded as ephemeral. Indeed, obsolescence is built in to the book for when (and if) the disorder underlying IBS is identified, and the syndrome can be categorised on a biological basis, most of the material in this book will be seen as irrelevant. Until then, it is a useful summary of contemporary thoughts on the elusive syndrome, and some chapters, such as Heaton on clinical trials and Johannes on nomenclature and classification, have a wide relevance which transcends the confines of IBS. An important aspect of the book, for which the editor Nicholas Read deserves much credit, is that each chapter concludes with the transcript of the discussion which followed the paper; these verbatim comments have the

virtues of spontaneity, candour, and occasionally, humour. Those physicians who are interested in IBS will be stimulated, informed and even entertained by this book. Those merely seeking practical advice will find that what constitutes IBS is a matter of personal choice, and, however you choose to define it, almost any contemporary treatment for IBS is as good or bad as any other; for these small gains, the publishers are asking a lot of money.

There is one worrying aspect to this volume. Sponsorship of medical symposia by the pharmaceutical industry is now part of the fabric of medical education and research. But would loperamide have been selected from all the drugs available for the treatment of IBS for a chapter to itself if the symposium had not been funded by the makers of loperamide? And did the same considerations determine that the only listed participants from the pharmaceutical industry came from the same company? How can we be certain that the influence of the sponsors was not exerted in more subtle ways, for example in the selection of speakers? Sponsorship which diminishes scientific credibility is self-defeating.

DAVID WINGATE

Intestinal microbiology Edited by B S Drasar and P A Barrow. (Pp. 80; illustrated; £5.25.) Wokingham, Berks: Van Nostrand Reinhold Co Ltd, 1985. This pocket sized account of intestinal microbes in health and disease contains a wealth of information, much of which is concentrated into dense, sometimes indigestible text. In the first section of the book the authors clearly describe techniques and methods for studying qualitative and quantitative aspects of intestinal microflora, highlighting the difficulties in their execution and interpretation. The largest section of the book is devoted to the 'bacterial flora of the normal intestine' which contains several daunting tables, one of which lists some 121 bacterial species isolated from the healthy human intestine. Another table meticulously describes the effect of diet on the intestinal microflora of non-coprophagic rats, which may not be of special interest to clinicians. The role of microorganisms in producing diarrhoeal disease is generally well described although an introductory paragraph on 'diarrhoea' contains several imprecise and possibly misleading statements, namely, 'physiologically diarrhoea may be regarded as a special case of the more general condition of malabsorption'. *E coli*, *Shigella* and *V cholerae* diarrhoeas are discussed in some depth whereas *C difficile* is given only a few lines and new pathogens such as *Cryptosporidium*, intestinal Spirochaetes and Campylobacter-like