

Books

Core textbook of gastroenterology Edited by G L Eastwood. (Pp. 458; illustrated; price not stated.) Philadelphia: J B Lippincott, 1984.

Yet another 'concise' account of gastroenterology and liver disease, aimed at medical students, to add to the large number already available. It claims to emphasise the relevance of basic sciences to clinical medicine, but the anatomy and physiology in this book are rather patchy. It is a multiauthor book, mainly from Massachusetts, and few of the contributors are well known in Britain. Most of the chosen topics are covered adequately but as its title suggests, it is not a reference work. As one might expect, nearly all the references quoted are American.

Regular readers of *Gut* will have little use for this book, and there is no particular reason to recommend it to students when one considers the wide choice of alternatives.

NEIL MCINTYRE

Gastrointestinal disorders of the elderly By Lawrence J Brandt with contributions by Gerald H Bezahler and Ellen L Wolf. (Pp. 636; illustrated; \$80.50.) New York City: Raven Press, 1984.

As a geriatrician with particular interest in gastroenterology, I found this book disappointing. There is a fundamental problem in the interpretation of the word 'elderly'. American literature uses the word to describe much younger populations than in the United Kingdom. Thus, this book contains many references to patients aged 60 and even 50.

Much of the information is readily available in large textbooks of general medicine and gastroenterology. The text provides a comprehensive list of diseases at the expense of highlighting key problems. There has been little attempt to compare and contrast the elderly and younger age groups with respect to differential diagnosis, disease presentation, therapeutic goals, and assessment of surgical mortality and morbidity rates. There are some useful passages on aging physiology (although the studies are often based on small numbers), systemic disease, and the management of jaundice. There is little practical advice, however, on problem solving or on treatment regimes. The value of non-invasive imaging in diagnosis could have been more fully stressed. No discussion was attempted on the choice between attempting palliation and surgical cure in patients with malignant disease.

The book contains a number of contentious

statements. These include 'coeliac disease is the commonest cause of steatorrhoea', 'viral hepatitis is common in the elderly', 'vascular ectasia of the colon is the most frequent cause of recurrent bleeding of the lower GI tract'. Cholecystectomy for asymptomatic gall stones was recommended in the elderly; without consideration for the logistic implications of such a policy. Screening elderly populations for colonic cancer was also advised. There were a number of other omissions, for example, the increasing diagnosis of primary biliary cirrhosis in the elderly, and the lack of discussion on early or late surgery for acute upper GI bleeding.

Neither gastroenterologists nor geriatricians will find this book a helpful addition to their library. Gastroenterologists will find little new in the text, while geriatricians will derive little practical advice in solving their problems.

J CROKER

Current gastroenterology Edited by G Gitnick. (Pp. 461; illustrated; £59.40.) Chichester: John Wiley, 1984.

This is the fourth annual review of gastroenterology edited by the indefatigable Dr Gitnick. It is an admirable attempt to summarise and assess the advances made each year and this volume is concerned with the year 1981 to 1982. There are chapters on the oesophagus, stomach, small intestine, colon, pancreas, GI hormones, GI malignancies, extra-intestinal manifestations of GI disease and on endoscopy. Each chapter has been written by authorities in their field and has been reviewed by the editor and external assessors in an attempt to maintain a high standard. Several chapters are outstanding, others less so. The chapter on the stomach is a well written exhaustive summary and covers both physiological and clinical aspects. The colonic chapter provides an excellent critical review of the year's advances, predominantly in the clinical arena. The contributors to this chapter make the nice point that 'while a good deal was written (during the year) major advances seem to be rather scarce'. The pancreatic chapter is almost entirely clinical but provides a clear up to date review. Some chapters, such as that on the oesophagus, cover several years and attempt to put recent advances into some historical context. Other chapters are generally workmanlike and helpful.

Nowadays it is unusual to find a gastroenterologist who is not very well informed of recent advances. It is difficult to escape the large number of books regularly published and which vie with each other to keep us up to date, from the excellent *Clinics in gastroenterology* (three times a year), to *Current*

gastroenterology (once a year) to *Progress in . . .* and *Recent advances in . . . gastroenterology* (every two to four years), as well as the free literature reviews provided by at least two drug firms. Clearly it is unnecessary for a gastroenterologist to try to take in all these reviews of essentially the same material by several different reviewers. Good though it is, *Current gastroenterology*, at about £59, will have a hard time competing.

It is a good read, but perhaps it is unnecessary to take it every year.

L A TURNBERG

Nutritional assessment Edited by Richard A Wright and Steven Heymsfield. (Pp. 290; illustrated; £29.50.) Oxford: Blackwell, 1984.

Nutritional assessment remains an elusive goal for clinical nutritionists and this volume makes a brave attempt to examine the difficulties of trying to apply the theory of nutritional assessment to clinical practice. This is a multi-author text with a number of authoritative chapters. The authorship is entirely North American and a good deal of important European work has not been reviewed in sufficient depth.

There is an element of pessimism in some chapters where realistic reviews of the problems of measuring nutritional status of the critically ill patient are outlined and the section on assessment of the elderly is a welcome addition. The weaknesses of biochemical measurements, the inappropriateness of skin testing and the inaccuracy of anthropometric measurements are all identified. There is a good critical review of anthropometry which is very valuable for anyone interested in investigating changes in nutritional status.

The complex changes in immunological competence which occur in protein under nutrition are discussed dispassionately and there is also a very useful section reviewing the results that can be obtained in a research setting from neutron activation analysis. There are other useful chapters on the energy requirements of critically ill patients and quite a valuable section on vitamins and trace elements. This book should be useful for clinicians with a major interest in nutritional support therapy or who are about to start some investigative work in patients who are undernourished. This is not really a practical guide on the provision of nutritional care, but rather an important source of information for clinical nutritionists.

IVAN D A JOHNSTON

Physiology of the intestinal circulation A P Shepherd and D N Granger. (Pp. 400; illustrated; \$90.00.) New York: Raven Press, 1984.

The apparent lack of interest in the intestinal circulation displayed by gastroenterologists reflects scientific ignorance rather than clinical indifference. The publication of this volume, edited by two recognised authorities in the field, invalidates the excuse that there is no comprehensive book on the subject, and provides the opportunity to take stock of what is known, and what remains to be done.

The opening chapter on the structure of the microcirculation exemplifies the problem, as well as providing some superb scanning electron micrographs. The mucosal microcirculation is complex, with regional as well as species variation; consequently, splanchnic flow is a poor guide to the vascular events within the mucosa itself. Nevertheless, possibly for want of better models, much of the work in this field has been on the study of splanchnic flow using standard vascular techniques in anaesthetised animals or *ex vivo* organs. The book emphasises the fascination which mathematical models hold for vascular physiologists and rheologists; models not only occupy an entire section of the book, but are scattered through the rest of the text.

It is a book produced to a high standard (as, at the price, it should be), with firm editing, concise chapters and adequate references; in other words, a comprehensive 'state of the art' work. But what is the state of the art? It is evident that the questions which matter most to clinicians remain unanswered. What we need to know is the extent to which intestinal function in disease is modulated by circulatory change. How often has the mucosa been blamed for the sins of the circulation? Only *in vivo* study can answer such questions, but the techniques either do not exist or do not appeal to physiologists. The way forward lies, perhaps, in closer collaboration between clinicians and scientists.

The contributors are a band of pioneers in a terrain of challenging complexity. Not surprisingly, 40 out of a total of 49 are from North America; as the only UK contributor works for a drug company, no British academic department is represented. From this one might infer not so much chauvinistic bias on the part of the editors as the fact that this field still only attracts support and supporters where research resources are lavish. This may explain the splanchnic bias of the southern USA; 16 of the contributors work in Texas or Alabama.

DAVID WINGATE