

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