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be interpreted with caution as all have been designed as open and non-randomised trials, giving evidence of rather small and partially insignificant decreases of fat excretion in the stools.

Furthermore we would also draw attention to our observation, that cimetidine might have a detrimental effect on lung function in cystic fibrosis patients.3 Because we observed a significant increase of airway resistance caused by cimetidine therapy we would state, that H2-blocker therapy in cystic fibrosis patients should be used with great caution.

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References
1 Zentler-Munro PL, Fine DR, Batten JC, Northfield TC. Effect of cimetidine on enzyme inactivation, bile acid precipitation, and lipid solubilisation in pancreatic steatorrhoea due to cystic fibrosis. Gut 1985; 26: 892-901.

Books


This is a book for the specialist; I almost said the obsessionalist. Surgeons always become excited by something new, particularly if the idea provokes controversy and experts can be persuaded to argue about it fiercely in public. The current new idea is ileostomy alternatives.

Let me construct a hypothetical scenario to illustrate the point. Imagine that there is an international surgical meeting this year or next with parallel sessions where different surgical subjects are being discussed. One session is devoted to the management of inguinal hernia, varicose veins or haemorrhoids, perhaps the commonest conditions treated by general surgeons today. In another room the subject is the economics of sophisticated investigation and complex surgery in elderly patients, a subject that is probably economically and politically the most important one facing the general surgeon.

In the third room there is a discussion about the rival merits of the different techniques of creating ileal pouches for ileo-anal anastomosis after a colectomy, a rare operation of which very few general surgeons ought to have a first hand experience. There is no need to tell you which of these three halls is crowded with eager registrants.

Nevertheless someone had to compile and edit such a book as this; the subject is so 'hot' and experts are falling over themselves to rush into print. The world of surgical literature is richer because Roger Dozois, with the help of his colleagues at the Mayo Clinic undertook the preparation of this tour de force on ileostomy alternatives. For the obsessionalist this is a compellingly readable book. All manner of experts and enthusiasts have painful and honestly recorded their experience in surprisingly large numbers of patients, treated by different forms of ileal pouches. There is a side by side account of the vast experience with the continent ileostomy 'Kock' pouch from Gottenberg, Minneapolis and New York. With the mature and helpful comments by Gelernt, Fazio, Schrock, and Cohen these must surely represent the last word on this subject. Perhaps there should now be a 10 year moratorium on further reports!

A most entertaining diversion is provided by the small section on continent ileostomy without reservoir reported by Bokey from Australia. The title and the first page of this chapter do not suggest that the data to be presented are based on dog work, however, one begins to become a little suspicious on glancing at the operative photographs and are totally convinced when the radiographic contrast studies provide unequivocal evidence of a canine pelvis! Towards the end of the chapter under the heading 'human experience' is the disarming statement 'the experience to date has been very limited – the procedure has been performed in one patient'. They do not come more limited than that. Unfortunately the patient did not do well and had to have the valve removed. Therefore this book can claim to contain the largest and the smallest series of continent ileostomies.

Most of the research and interest is now centred around pelvic pouches with ileo-anal anastomosis and, in most centres, patients given an informed, albeit sometimes biased choice, almost invariably
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This book (£58.00.) Philadelphia: LKratzer and Belliveau that help us to judge the rival merits of the different techniques and methods of management.

There is a small section on the experience with a balloon developed and used in the Mayo Clinic but no reference or even condemnation of the other types of balloon tamponade, such as is used in Santa Barbara, California, nor is there reference to the magnetic continence device as developed in Erlangen, Germany. In so comprehensive a book perhaps these should have been included.

The book ends with an account of stoma therapy which, like the account of the balloon occlusive device, is somewhat parochial. The last sentence in this chapter and therefore in the whole book reads as follows: ‘A thorough knowledge of all the approaches available to the patient after proctocolectomy is of great importance if patients are to be offered the best and the most current enterostomal care.’ I presume they mean newest; most current is impossible.

The literary style of the book is reasonably uniform considering the many authors involved, the hand of professional English editors is evident. Perhaps such professionals can be forgiven for misspelling of some proper names. Bryan Brooke whose suntanned handsome face is the only non-clinical photograph in the book has so many eponymous references he will probably forgive them for misspelling his name on page 189 and Lief Hulten may not be too upset on finding his name misspelt in the references on page 210.

The illustrations are good in parts but some are very bad and are clearly reproductions of illustrations in articles that should never have been reproduced. The employment of a single artist to illustrate the whole book would have been a worthwhile investment.

The book represents a labour of love and enthusiasm. It is a must for the surgical obsessionist and should sell well.

J ALEXANDER-WILLIAMS


This volume is the 42nd in the series of monographs of the Physiological Society. Since 1953, this publishing venture has produced some important contemporary reviews of various aspects of physiology, but this is the first time that it has sponsored the translation of a scientific classic. The editorial board are to be congratulated on the choice of both subject and translator; if this volume is the prototype for future classic monographs, the omens are propitious.

Claude Bernard is best known in this country for the concept of ‘le milieu interieur’; his classic work on the secretion and action of pancreatic juice is not widely known, and the home team of Bayliss and Starling take the credit for ‘discovering’ pancreatic secretion. Bernard’s work included studies of pancreatic secretion in birds, fishes and reptiles, as well as observations on living animals and the bodies of decapitated criminals, and its range will surprise contemporary physiologists, who tend to cling to a


This book on office management of colon and rectal disease faces the anticipated problem of defining the limit of its brief. The authors have tried to keep it within the stated province but from time to time encroach beyond, and in places the book tends towards a full textbook of colorectal disease, particularly for cancer and diverticular disease. When it does so, detail and breadth are lacking.

The authors are backed by a large experience in the field and give much useful information. The book is beautifully produced with excellent diagrams including some colour plates and illustrations of operative procedures. There is a good account of colonoscopy and of local anaesthesia. Its weakness, however, is a somewhat anecdotal style with insufficient numerical data. In this regard the account of inflammatory bowel disease is inadequate and elsewhere controversial statements are made without evidence – for example, on haemorrhoids, fissure and anorectal sepsis. Pruritus ani is regarded as a disease rather than a symptom and rectal prolapse is included in the chapter on ‘Rare problems of the colon and rectum’. There is no account of pelvic floor disorders, including incontinence or of infections and diarrhoea. Terminology of polyps is confusing, as is the classification of fistula in ano. References are of variable quality and include a fair number of personal communications. While some sections and the illustrations are good, others are indifferent.

R J NICHOLLS