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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 de-
trimental effect on lung function in cystic fibrosis
patients.\textsuperscript{3} Because we observed a significant in-
crease of airway resistance caused by cimetidine
therapy we would state, that \( \text{H}_2 \) blocking therapy in
cystic fibrosis patients should be used with great
cautions.

H SCHÖNI AND R KRAEMER

Department of Pharmacology,
Faculty of Pharmaceutical Sciences,
University of British Columbia,
Vancouver, BC V6T1W5
Canada

and

Children's Hospital,
University of Berne,
CH-3010 Berne,
Switzerland.

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. \textit{Gut} 1985; \textbf{26}:
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pancreatic enzyme therapy in cystic fibrosis. \textit{Proceed-
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Books

Alternatives to conventional ileostomy Edited by
Roger R Dozois. (Pp. 454; illustrated; £47.50).
This is a book for the specialist; I almost said the
obsessionalist. Surgeons always become excited by
something new, particularly if the idea provokes
counterpoint and the alternative may 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 interna-
tional surgical meeting this year or next with parallel
sessions where different surgical subjects are being
discussed. One session is devoted to the manage-
ment of inguinal hernia, varicose veins or haemor-
rhoids, perhaps the commoner conditions treated by
general surgeons today. In another room the
subject is the economics of sophisticated investiga-
tion 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 col-
leagues at the Mayo Clinic undertook the prepara-
tion of this \textit{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 contin-
ent ileostomy ‘Kock’ pouch from Gottenberg,
Minneapolis and New York. With the mature and
helpful comments by Gelernt, Fazio, Schroack, 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 reser-
voir 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 state-
ment ‘the experience to date has been very limited –
the procedure has been performed in one patient’.
They do not come more limited than that. Unfortu-
nately 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

\textsuperscript{3} Alesanco, et al. (personal communica-
tion).
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This Philadelphia: £58.00.) disease faces the Office L
appropriate pouches. In of the invited
management. ston, Kelly, Peck, Telander, Schraut,
which, siasm. It worthwhile investment.

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 continent 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 proto-
colecotomy 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

Office management of colon and rectal disease By G

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, partic-
ularly 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 dia-
grams 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 insuffi-
cient numerical data. In this regard the account of
inflammatory bowel disease is inadequate and else-
where 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 infec-
tions 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

Memoir on the pancreas and on the role of pancreatic
juice in digestive processes, particularly in the
digestion of neutral fat By Claude Bernard. Trans-

This volume is the 42nd in the series of monographs
of the Physiological Society. Since 1953, this pub-
ishing venture has produced some important con-
temporary 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 pro-
pitious.

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 pan-
creatic 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