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Books

Handbook of experimental pharmacology. Vol 70: **Pharmacology of intestinal permeation** Edited by T Z Csaky. Part 1, (Pp. 708; illustrated; DM 464.00,) part 2, (Pp. 589; illustrated; DM 344.00.) Berlin: Springer Verlag, 1984.

Recollection in tranquillity is more impartial and judicious than are dispatches from the front line; thus, when it comes to publishing a magisterial overview of a scientific topic, there is a lot to be said for choosing one that is relatively dormant. Reviews in areas of explosive growth, such as gut peptides can be out of date before they are even published. To describe the study of intestinal absorption as relatively dormant is no reflection on the scientists involved, as all fields of study go through cyclical phases of relative growth and relative quiescence. The last 'golden age' of intestinal absorption, which lasted from the beginning of the fifties until the midseventies seems to have had three phases. First, there was the demonstration of active transport in animal intestine by pioneers such as Fisher, Parsons, and Smyth in this country and Code in the USA. Triggered by Hans Ussing's development of the isolated epithelial membrane preparation, there

followed a phase of rigorous mathematical modelling led by biophysicists such as Curran, Schultz and Curran. Finally, using the intubation techniques developed by Ingelfinger, there were the studies of human absorptive physiology, led by Fordtran, Soergel and Phillips in the USA, Dawson in the UK, and Bernier in France.

It is appropriate that this massive review of intestinal absorption is sponsored by pharmacologists; those who work on drugs have a vested interest in understanding the processes of intestinal permeation. The selection of contributors is catholic, covering many disciplines and countries, and includes many, such as Dawson, Parsons, and Turnberg from this country, who have made major contributions. Likewise, the range of topics is very wide. Newer methodologies, such as the use of vascular perfusion and of brush border membrane vesicles, are covered in depth, as are the classic methods on which current knowledge rests. The preoccupations of pharmacologists will be satisfied by chapters on topics such as laxatives, secretagogues, opiates, and heavy metals.

As is usual with this series, these volumes are edited and produced with care, and the price is astronomical. The question of whether an individual should spend the cost of an Aegean holiday on two books really does not arise. But because it is, to my mind, the best work of reference currently available in this important field, librarians will need to think hard about including it in their budgets.

DAVID WINGATE

Current therapy in gastroenterology and liver disease 1984–1985 Edited by T M Bayless. (Pp. 517; illustrated; £50.) St Louis: C V Mosby, 1984.

The 100 almost entirely North American authors writing in this book have covered all aspects of gastrointestinal biliary tract and liver and pancreatic disease. The sections tend to be direct and personal in style, which is refreshing, well indexed but sparsely or unreferenced. Problems of differences of drug names in the United Kingdom and North America seem less apparent than in general and particularly cardiorespiratory medicine and so do not interfere with understanding. There is, however, inevitable difficulty through the differential rate of drug approval. Thus cimetidine is discussed in some detail whereas ranitidine is hardly mentioned and chelated bismuth not at all. Coverage is also patchy. I enjoyed, for instance, the detailed treatment plans, the direct statement of problems and suggestions for resolution and found some sections, such as that on anorexia nervosa, full of excellent advice.

Among the cons, in the section on cimetidine interference with drug metabolism is mentioned but

the significance if any is not, recommendations of dosage have been eclipsed by the passage of time, and the passage describing central nervous effects seems idiosyncratic to say the least. Elsewhere there are other divergences from accepted UK practice. Few would accept chloramphenicol as a treatment for bacterial overgrowth symptoms, use being admittedly described as controversial (*verb sap*). Hydrocortisone enemas are advocated as treatment for distal colitis but other varieties of enema such as prednisolone are dismissed as not having been used extensively or for long periods. Even hydrocortisone enemas get rather cautious advocacy ('reasonably established').

A good feature of this book is that virtually all topics are covered, but a parallel weakness is that the rare such as gastrinoma may be as extensively covered as the common such as gastric ulcer. Whether indeed one should be proffering detailed advice about how to manage very rare conditions I am unsure; the space might be better allocated to a longer description of the management of functional problems or perhaps to a drug encyclopaedia.

Taken overall this is not essential reading, but it does provide an excellent insight into the patterns of thought and behaviour of those in North America who have a lot to tell us, but could also be told a little.

M J S LANGMAN

Coloproctology By J Nicholls and R Glass. (Pp. 236; illustrated; £15.50). Berlin: Springer-Verlag, 1985.

The aim of the authors in writing this handy textbook is to provide a book of sufficient interest and detail for the clinician who has yet to become a specialist coloproctologist; the emphasis is on how a rectal outpatient clinic should be run and what can be achieved there. Considerable detail is given about clinic organisation and the diagnosis and management of the common anorectal problems. It is not a book that provides much information about the management of patients with major colorectal problems, who are essentially dealt with as in-patients.

There is no doubt that this book fills a gap for those who need to know more about basic diagnosis and management of conditions in this speciality; it is good value for money.

Patients attending a rectal clinic have relatively few symptoms and there is a chapter describing case

presentations. Unfortunately it is suggested here that a differential diagnosis should be considered before a clinical examination is done – surely the latter comes first? The chapters which describe the various diseases are well set out and considerable use is made of flow diagrams to enable the inexperienced clinician to work out differential diagnoses and management.

There are many line drawings to help explain simple anatomical details and how to do minor operations. Most of these are readily understandable but one or two are cluttered with too much detail.

At the end of the book there is a brief appendix on stoma care and a most useful appendix on drugs commonly prescribed for colorectal diseases.

W W SLACK

News

XI International Update on Liver Disease

To be held at the Royal Free Hospital, Pond Street, London NW3 from 10–12 July 1986. Further details from Prof N McIntyre, Dept. of Medicine, Royal Free Hospital, Pond Street, London NW3 2QG.

European Pancreatic Club

The 18th meeting of the Club will be held in Nijmegen, The Netherlands from 18–20 September 1986. Further information from Prof Dr JJHHM de Pont, Dept. of Biochemistry, PO Box 9101, 6500 HB Nijmegen, The Netherlands.

Emergency in Gastroenterology

The 6th symposium will be held in Munich, Germany from 30 April to 2 May 1986. Details from Prof M Classen, II Medizinische Klinik rechts der Isar, Ismaningerstr 22, 8000 München 80, Germany.

IVth International Workshop on Operative Digestive Endoscopy

To be held at Erasme Hospital, ULB, Brussels, Belgium from 15–18 June 1986. Further information from Dr N Bourgeois, Erasme Hospital, 808, route de Lennik, B1070 Brussels, Belgium.