fundamental point about the representation of acidity.

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Reply

SIR,—Drs Rawlings and Lucas have misunderstood. Of course I accept that arithmetic and geometric means are not numerically identical. What I was suggesting was that the expected differences between those means are not generally *considered* in interpretation and therefore the use of a common method would allow authors to compare one set of data with another. I also suggested that there are reasons why median data are preferable to mean data from skewed distributions. When comparisons between different studies are made, for example as estimates of a drug's potency, conclusions are bound to depend upon the analytical methods used and moves to unify these, I believe, are desirable.

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Books

Surgical treatment of digestive disease. Edited by F Moody. (Pp. 847; illustrated; £95.) Oxford: Blackwell Scientific Publications, 1986.

In my opinion this is the best definitive textbook that is available on the subject of digestive surgery. The authors, a formidable crew in their own right, have assembled a board of 86 co-authors to write individual chapters. Each of these co-authors is acknowledged as being the best in this field in the United States and therefore the world.

Only two contributors are not from the United States and these are much revered father figures of digestive surgery, long since retired. Perhaps the authors are telling us that no contemporary European surgeons have anything useful to say. It is more likely that the senior author's editorial experience

has taught them to know which of their colleagues not only write well but also deliver the goods on time. Therefore, it is no surprise to find this book provides the most authoritative last word on each and every aspect of the subject. It would be invidious to single out any one chapter for special mention. Everywhere I dipped in this book I found well written, balanced summaries of the present state of our knowledge. I have no doubt that a candidate for any higher surgical examination would pass if well versed in the wisdom and knowledge of this book.

Although 880 pages of text seems a lot, they cover a vast subject. Inevitably some of the statements appear as unsubstantiated didacticism. To present all the arguments and evidence for and against any particular option or recommendation, however, would have made this book unmanageably large.

This book manages to concentrate on technique in those sections where technique is important, such as in anti-reflux procedures at the gastro-oesophageal junction or the construction of continent ileal pouches, whereas in other sections the precise technique is hardly mentioned.

Inevitably there are a few disadvantages, the most obvious is the price. There are not many books priced at more than 10 pence a page and there are few examination candidates I know who could afford the outlay of £95. Nevertheless it is well worthwhile encouraging your library to devote a large portion of its budget towards purchasing this book rather than three or four other lesser monographs on the subject. Another disadvantage is that with so many co-authors the standard of writing and illustrating is not uniform. This is more noticeable with the illustrations than with the text, which has been edited extremely well. The main disadvantage of the illustrations is that many of the co-authors have reproduced line drawings or halftones from their previous papers and many of these are labelled as being 'used by permission'. In most instances it would have been better had the permission not been given and a single artist commissioned to perform clear line drawings. Some chapters are well illustrated, some poorly illustrated and some not illustrated at all. These criticisms are relatively insignificant, however, when weighed against the general high quality of the production and the overwhelming weight of surgical knowledge and wisdom.

J ALEXANDER-WILLIAMS

Nutrition in clinical surgery Edited by M Deitel. (Pp. 411; illustrated; £55.) Baltimore & London: Williams & Wilkins, 1985.

The role of nutrition in the clinical management of patients has undergone a revolution in the last two

decades. A subject which was a quiet backwater has appropriately moved to the centre of good patient care and become a focus for intense research activity. Nutritional support is an adjunct to, and not a substitute for, the appropriate clinical management of underlying disease; but within this context, enteral and parenteral nutrition may be of the greatest benefit to the patient when appropriately indicated.

This is the second edition of a book which was first published in 1980. It has a strong American flavour with 61 of the 65 authors coming from North American hospitals. There are two sections, the first dealing with basic principles and techniques and the second, special problems in surgical nutrition. The topics considered in the first section range from the history of nutrition in surgery, to substrate, vitamin, electrolyte and trace element requirements. The second part deals with the management of specific problems such as gastrointestinal fistulae, nutritional support in the cancer patient, management of the short bowel syndrome and the role of nutrition in organ failure. There have been significant changes since the first edition of the book. An expansion of the section devoted to the basic principles of surgical nutrition and new chapters dealing with the role of the computer in nutritional support, a deeper consideration of the problems of vascular access for total parenteral nutrition, a consideration of the pharmacist's role and the multidisciplinary team approach to parenteral nutrition. In the second section there is an interesting chapter on respiratory failure and the ventilator dependent patient in relation to nutritional support, and the last chapter appropriately looks to new horizons in intravenous feeding.

The text is clear and stimulating with good quality illustrations. It certainly is a book to turn to when seeking advice for nutritional support of the individual patient. Each chapter is well referenced but a disappointment is that there is, perhaps inevitably, a predominance of North American references and this leaves an unfortunate impression of a parochial outlook. This is, however, a minor observation as I am sure this edition will, like its predecessor, be a popular and useful. Unfortunately the price probably will restrict it to the hospital library shelf.

A W GOODE

A colour atlas of colorectal surgery Edited by P F Jones and R J P Siwek. (Pp. 200; illustrated; £75.00.) London: Wolfe Medical Publications Ltd, 1986.

It has always been difficult to decide how to train a surgeon in operative technique. In the English system, we rely greatly on a long 'apprentice style'

training period, in which it is hoped that the surgeon-trainee will be assisted by his 'chief' until he is familiar with the necessary details of technique. In other systems, notably the American, there is a more concentrated programme, with a rigid practical protocol that must be fulfilled. In all systems, there remains the problem – how does the 'chief' advance his own range as new operations are devised? Surgical textbooks of operative technique fill-in the gaps that are present even in the best organised training programmes – and in a few cases are directed at the consultant end of the market. This book seems to have both ends in view; almost all the common procedures are lavishly illustrated, with a good supporting text of explanation of how they may be used to the best advantage; but there are also operations included that must still be regarded as unusual outside large specialist colorectal units. For example, postanal repair (for prolapse) and colo-anal anastomosis (for cancer) are not yet part of most district hospital operating lists carried out by general surgeons, although they may become so in the future. Therefore, some of these descriptions are really more for the established surgeon seeking to extend his repertoire. There are some surprising omissions: the Thiersch operation, the Ripstein procedure, caecorectal anastomosis, anorectal mucosal excision (for prolapse) and sphincter repair do not appear – and perhaps most surprisingly of all, stapling techniques are only described for reversing a previous Hartmann procedure.

Previously, I have had some reservations about photography as a method for illustrating surgical operations. I still retain some doubts, but in many cases the beautiful quality of these colour prints has convinced me that there is a definite place for them. Probably, line drawings and photographs should complement each other for the best results, rather than books relying exclusively on one or the other method.

The book is not cheap (£75.00) but most surgeons with a colorectal interest will want to have this book to enhance the teaching of their surgical trainees.

C V MANN

Surgical gastroenterology. By T V Taylor. (Pp. 574; illustrated; £39.50.) Oxford, London, Edinburgh: Blackwell Scientific Publications, 1986.

A monograph intended to be factual, concise and up to date aimed primarily at the final year medical student and postgraduates preparing for the FRCS. It is intended as a revision text book giving an over view and also as a source of reference. It may well achieve these objectives but not for the reviewer