

oxygen tension measurement during breath 30% O<sub>2</sub> and 100% O<sub>2</sub>. By this method, the calculated shunt was 23% of the cardiac output. Whole body radio-nuclide scanning with technetium 99m labelled macroaggregates of albumin confirmed the shunt, showing the accumulation of Tc 99m in extrapulmonary circulation. Contrast two dimensional echocardiography with injection of isotonic saline did not show patent foramen ovale or atrial septal defect. Right heart catheterisation with pulmonary angiography revealed no pulmonary hypertension, normal cardiac output and failed to localise directly the intrapulmonary shunt.

As in the case of Babbs *et al*, our patient presented with a non-cirrhotic portal hypertension associated with intrapulmonary shunt responsible for severe hypoxaemia. These two extensively studied reports, added to the precedents, suggest that portal hypertension could be sufficient per se for the development of intrapulmonary shunts.

J F CADRANEL, J CADRANEL, C BUFFET, M FABRE,  
G PELLETIER, O INK, B MILLERON, AND J P ETIENNE  
*Service des Maladies du Foie et de l'Appareil Digestif,  
Service d'Anatomo-Pathologie, Hôpital de Bicêtre,  
94276 Kremlin-Bicêtre; and  
Service de Pneumologie, Hôpital Tenon,  
75970 Paris Cédex 20, France.*

---

## Books

**Disordered defaecation** Edited by H G Gooszen, H O Ten Cate Hoedemaker, I T Weterman, and M R B Keighley. (Pp. 234; illustrated; £56.75.) The Hague: Martinus Nijhoff, 1987.

The editors state in their preface that this subject has largely been ignored by the medical profession. Various factors have been responsible for the recent proliferation of interest. Some no doubt have to do with expectations for the quality of life in Western society; when the functional problems of constipation and incontinence are sufficiently severe to impose a limitation upon lifestyles there is a demand for their relief, even by surgical measures. Surgical interest in this field is reflected in the fact that among the contributors to this book, surgeons are the most numerous.

The book is constructed round three major sections, one dealing with 'physiology', another with 'constipation' and a third with the problems of 'faecal incontinence'.

The physiological section opens with an account of the use of anal manometry to record the sphincter profile. Electromyography and nerve latency are next discussed, but without mention of the use of surface electrodes which are non-invasive and can be used for most EMG and nerve latency studies. The figures quoted for fibre density and pudendal nerve terminal motor latency are obviously transposed on page 28 (compared with those on page 26 and a preceding table). The chapter on defecography highlights the authors' radioproctography display method which combines visual recording of the emptying of the rectum with concomitant pressure measurements, after the pattern of video cystometry. In the account of sensory function, mucosal stimulation is elicited at threshold level electrically and the results portrayed in various abnormalities; proctometro-gram 'filling' techniques are also listed but without comparisons. This section then concludes with a fairly brief account of colonic motility. One would have liked to see more on the effects of drugs as evaluated by colonic motility studies.

The section on constipation opens with the assessment and classification of the problem which is followed by an account of psychogenic causes in childhood. The solitary rectal ulcer syndrome is well covered and this is followed by a section on the surgical treatment of constipation. In Keighley's series of total colectomy from intractable constipation, three patients did not do so well and required stomas possibly attributable to the syndrome of the non-relaxing pelvic floor or 'anismus'.

The section on faecal incontinence has three chapters dealing with causation, whether neurological, obstetric, and iatrogenic. The pathophysiology of anal leakage is then discussed in relationship, among other points, to the role of the anal cushions. There is then a section on medical treatment. The mechanism by which Loperamide enhances continence still eludes, and information on how a diagnosis of bile acid malabsorption can be confirmed in predisposed patients with Crohn's disease, terminal ileal resection and irradiation as responsible for faecal incontinence would have been a useful addition. Planned defecation in patients with an anorectal sensory deficit is rightly emphasised.

Finally, there are a series of chapters on biofeedback and the surgical management of prolapse, postanal repair and of sphincter reconstruction, all of which are dealt with in the modern idiom and are competent.

There have been many developments in the physiology of the distal bowel in recent years and any gastroenterologist who has failed to notice this would be advised to dip into this book where he will find a fascinating account of much that has been done in the

past decade. It should also prove instructive and is to be recommended to all who have patients with problems of this type.

A N SMITH

**Acute pancreatitis** Edited by H Beger and M Buchler. (Pp. 394; illustrated; DM98.) Berlin: Springer-Verlag, 1987.

This is another multi-author book reviewing all aspects of acute pancreatitis. It represents the proceedings of a symposium held in Ulm in 1986. Of the 53 separate contributions, 38 are from centres in Germany with a high proportion from Ulm itself: in addition there are six presentations from the USA and two each from Italy, France, Britain, Sweden – and one from Finland. There is a considerable degree of overlap between the various sections and a further criticism must be that some of the papers present unfinished work – for instance, the paper on gabexate mesilate which merely outlines a trial which had not yet started – and in others – as in the contribution on fine needle aspiration of pancreatic exudate – the data provided are insufficient to support the conclusions which have been drawn.

In spite of these criticisms, this is a valuable book for the clinician with a particular interest in the management of this difficult condition. It provides a good review of the German experience and their contributions to our knowledge – and this is particularly useful. There are also excellent reviews from Drs Frey and Warshaw on the strategy for the surgical management of gall stone pancreatitis, and the management of pancreatic abscesses, respectively.

Regrettably, there has not been any major advance in the management of acute pancreatitis over the last 20 or 30 years – at least sufficient to cut into the established mortality for this condition – and this book follows a general trend in that it only chips away at the periphery of the problem, it does not provide any new information on a real breakthrough.

J E TRAPNELL

**Liver pathology** Edited by R L Peters and J R Craig. (Pp. 390; illustrated; £52.50.) New York: Churchill Livingstone, 1986.

This volume on liver pathology in the *Contemporary issues in surgical pathology* series, is a companion for volumes 2 and 4 which covered the gastrointestinal tract. There are 19 chapters reviewing nearly all the major aspects of liver disease – for example, viral disease, granulomas, biliary disease, drugs and the liver, alcoholic liver disease, tumours, paediatric problems, etc. The editors, Professors Peters and

Craig, have invited a group of international contributors who maintain a high standard throughout. As well as the pathology, each chapter has a brief review of the relevant clinical data, natural history, and ends with a good bibliography. The illustrations are of high quality, vital to a pathology text, but some suffer from being too small. The book is easy to read, however, a neat reference source and a swift up-to-date overview on the major diagnostic problems of hepatic pathology. It complements other liver pathology books currently on the market and is well worth the £52 investment. It is an excellent memorial to Professor Robert Peters.

ASHLEY B PRICE

**Cancer of the liver, esophagus, and nasopharynx** Edited by G Wagner and You-Hui Zhang. (Pp. 208; illustrated; DM128.) Berlin: Springer-Verlag, 1987.

The connection between these three cancers is that their incidence is high in China which implies that there must be extrinsic factors responsible for the increased frequency. In all three cancers the treatment is usually non-curative so prevention is likely to make the most impact on reducing the death rate. To stimulate greater German-Chinese cooperation in the field of oncology the German Cancer Research Center (DKFZ) held a symposium in Heidelberg in July 1985. Springer-Verlag have, with their usual exemplary editing, produced a book with the preface written in October 1986, published in 1987 and received for review at the end of 1987.

The first presentation is on selenium as a possible chemopreventive agent against cancer. There are 10 short chapters on cancer of the liver. Ten on oesophageal cancer, ranging from epidemiology, to carcinogens of the diterpene ester type and nitrosamines, ending with treatment. China has the highest incidence of oesophageal cancer in the world in males at 250/100 000 compared with England and Wales at 8/100 000. It is still not clear from this or other data whether their good results are due to selection of early cases, a different disease process related to aetiologies other than smoking and alcohol, or actually better treatment. Finally there are eight presentations of nasopharyngeal cancer. The histopathological aspects are well covered emphasising that of the three histological types (i) squamous cell carcinoma; (ii) non-keratinising carcinoma and (iii) undifferentiated carcinoma, the latter is associated with the Epstein-Barr Virus related to Burkitt's lymphoma, generally has a better prognosis because it responds to radiotherapy and has a significantly higher incidence in China than elsewhere.

This book costs DM128 or £43. It is a pity that