bowel disease. As stated explicitly in the introduction of my paper, its main goal was to study the distribution of inflammatory bowel disease by age, sex, and occupational status using the occurrence of disability among German employees as an epidemiologic tool. Because the underlying age distribution of inflammatory bowel disease, disability resulting from it, as compared with other diseases, occurred at a significantly younger age. It was, therefore, concluded that despite its relatively low prevalence, inflammatory bowel disease had a major socioeconomic impact. This study was not designed to examine disability among inflammatory bowel disease patients in general, and no allusions regarding its frequency of occurrence were made. The German social security system covers 20 million people, and the data given in the paper pertained to all cases which occurred in this population. From the data cited by Tragnone and Lanfranchi, one can estimate that 264×100000/20000000×4·2=31% of all new annual cases of Crohn's disease will become disabled at some time point during their ensuing medical history. Similarly, one can calculate a rate of 26% for patients with incident ulcerative colitis. (According to the regulations of the German system of social security, a pension may be granted in case of partial as well as complete disability; it is discontinued, if the patient regains ability to be gainfully employed.) I am sceptical whether 88 patients who were referred to the gastroenterology unit of a university hospital and followed there for one year provide a large enough and representative sample to study disability and quality of life in a chronic disease such as inflammatory bowel disease.

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Books


Approaching the fourth edition of an established classic, the editors might have been forgiven for resting on their laurels, but they have not done so. This edition has been extensively revised, and redesigned. It is longer than its predecessor by 172 pages, but lighter paper means that the weight and size remain the same. The emphasis on physiology remains; the chapters that deal only, or mostly, with physiology could (and perhaps should) be published separately as an authoritative physiological textbook.

There are some innovations. AIDS and age are new topics. Fourteen colour pages, including 38 endoscopic views, are now included. Perhaps more controversially, special diagnostic and therapeutic techniques no longer form a separate section; descriptions of these procedures are now inserted into appropriate chapters. Possibly this may represent an attempt to stem the rise of the instrumentalational subspecialist, but it does lead to some anomalies; detailed considerations of stenting and other surgical techniques are not found in the chapter on carcinoma of the pancreas, but in the section on biliary disease. The emphasis is, not surprisingly, on American practice, and there is probably more here about ulcer surgery than you find in a British textbook, but, after all, American surgeons, unlike their UK counterparts, are not paid for not operating.

Although the approach of the authors is compendious and the referencing appears to be pedantically comprehensive, I was disappointed in two of the chapters that deal with my own sphere of interest. The chapter on 'Movements of the small and large intestine' is somewhat perfunctory and does not reflect the activity in this field manifest at each Digestive Disease Week, while in the 'Irritable bowel syndrome', the account of the pathophysiology is confined to the colon, and devotes much space to the now defunct controversy of three minute versus six minute colonic slow waves. It would be interesting to know whether other readers find, while the book appears to cover the field very well, that the treatment of their own particular sphere of interest is less satisfactory. These are carping criticisms, however, the fact is that the book is in a class of its own, and the relatively low price suggests that this is a universal view.

The size and scope of this book embodies a message which should provide food for thought for British medicine. It reflects the rapid growth of knowledge and expertise in this field, and suggests that the traditional figure of the general physician with a special interest in gastroenterology may, or should, become an anachronism. No one should be expected to keep abreast of all this and at the same time maintain expertise across the broad front of medical practice. Gastroenterology is advancing most rapidly where gastroenterologists are free to concentrate on their practice; this is not just a matter of research but also of the level of patient care. All patients with gastrointestinal disease have a right of access to a physician with appropriate skills (the same is true of patients with cardiovascular disease, renal
disease, etc) but this is only possible if subspecialists are freed from the burden of managing disorders in which they have little interest or expertise. This may or may not prove to be more expensive, but what is required above all is a change of attitude to the structure of hospital practice and undergraduate and postgraduate training.

Meanwhile, buy the book for yourself.

DAVID WINGATE


If any physicians were to pick up this book in anticipation of reading about nutritional support for gastroenterological patients they are likely to be disappointed. This book struck me as being written largely by surgeons for surgeons. Several other volumes in recent years have covered similar ground so, is another review warranted?

This volume is neither simply a practical guide nor a theoretical one but is a refreshing mixture of the two. A particularly attractive feature is the price which must in these inflationary times be difficult to beat. I enjoyed the practical aspects of Alan Shenkin's chapter on vitamins and trace elements, a topic which is difficult to make attractive for clinicians. Gastroenterologists would almost certainly enjoy reading the chapter on enteral nutrition as it contains an interesting and up-to-date account of intestinal absorption of nutrients.

This book suffers from an almost complete absence of illustrations. This was particularly upsetting in Andrew Sim’s chapter on vascular access for parenteral nutrition, where I as a non-surgeon would like to have seen pictures of his techniques. Furthermore, although protein sources along with many other essential nutrients were completely reviewed, energy sources were largely ignored.

In conclusion this is an attractive complement to an existing successful series. I am not sure who will appreciate it most. Those who are already competent in nutritional management of gastrointestinal disease will find it a useful update in some areas, although those who are at the beginning of their learning will probably need to turn largely elsewhere.

R V HEATLEY

Endosonography in gastroenterology. By Thian Lok Tio. (Pp. 120; illustrated; DM120.) Berlin: Springer Verlag, 1988.

Endoscopic ultrasound is a relatively new technique which requires particular skill both technically in manoeuvring the instrument, but especially in interpreting the results. There is a long learning period in order to make this a valuable asset in patient management. Therefore, a practical book in this subject should be welcomed. The author is writing of his own experience and although quoting from the literature the chapters are orientated about his own clinical experience with endosonography. There are 12 chapters, several of which curiously overlap with considerable duplication. The strength of the book lies in superb illustrations from pathology specimens and sometimes radiographs of the appearances of the endosonograph. The ultrasound pictures are carefully marked so as to enable the reader to interpret the often difficult shadows displayed. A great deal of care has been taken to correlate the appearances with pathology and the author is to be congratulated on it.

Having said that, unfortunately this book has many weaknesses. It is essentially a description of the author’s experience which in some aspects of endoscopic ultrasound sonography seems to be very limited. It is then neither the book for the raw beginner because it has very little in the way of technical points about the equipment, the choice of equipment for particular uses, nor does it have more than the barest details about how to perform endoscopic ultrasound sonography.

On the other hand the relatively small series of patients in some of the chapters means that this is not the book for the moderately experienced either, so it is difficult to see where this book fits in. Added to that it is not well written. The chapters are disorganised with duplication and the style is so dry that I feel it must have been written on sabbatical in the Sahara! I see this book as being of limited value – it is a great pity that the writing did not match up to the care that has so clearly been taken in matching the endoscopic ultrasound sonography pictures with pathology.

D G COLIN-JONES


This book is the English translation of Surgery of the stomach, the German edition of which was first published in 1986. The editors have put together an impressive team of 24 contributors, most of whom are drawn from Germany. Outside contributors, such as Professors E Ambrup, L F Hollender, D Johnston and L Olbe ensure, however, that this is not a parochial work. The book sets out to be an operative textbook presenting established surgical procedures as they affect the stomach and proximal duodenum. General preoperative preparation, indications and postoperative management are also considered but in some cases the indications are set out simply as a list and the lack of discussion may not be particularly helpful to the surgical trainee. In