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

Baillière's clinical gastroenterology: international practice and research: Vol 2 Nutritional support. Edited by H J G Burns. (Pp. 239; illustrated; £18.50.) London: Baillière Tindall, 1988.

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 ultra sonography 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 ultra 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 ultra 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 ultra sonography pictures with pathology.

D G COLIN-JONES

Surgery of the stomach. Edited by H D Becker, Ch Herfarth, W Lierse and H W Schreiber. (Pp. 374; illustrated; DM390.) Berlin: Springer-Verlag, 1988.

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 Amdrup, 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

general the text is clear and the quality of the translation is good. As a minor aside, the book has been translated into American English and in some chapters retains Latin anatomical terms which may not be immediately familiar. The quality of the illustrations is good. Line drawings have been used throughout with careful use of shading and the employment of one illustrator has led to pleasing consistency and clarity of production. In general, the work is authoritative although as might be expected, any surgeon reading it would disagree with some of the statements. For example, I am sure that many surgeons do not drain all types of anastomosis after gastric and duodenal surgery and those that do may not use the Penrose drains advocated in this book. Many might disagree with the statement that surgery in morbid obesity is indicated if 'excess weight has been present for at least five years and there is failure to lose weight under medical treatment.' In the section on antireflux surgery mention is made of the obsolete Burge test and few surgeons would now use an Angelchick prosthesis. As in a number of other chapters, the trainee might be a little confused by the chapter on antireflux surgery in that the operations are described without any significant attempt to discuss their relative worth. In some areas the book gets too involved in technical minutiae and the reader may become a little irritated by the abbreviations used. I was not familiar with the abbreviation a-SPV (adequate denervation selective proximal vagotomy) or ff-py (form and function saving pylorolasty) let alone the abbreviations sm ff-py or o-ff-py (submucosal or open form and function saving pyloroplasty).

All in all the impression of this book is favourable. It is a well illustrated work written by surgeons of experience and standing in the field and consultant surgeons will browse through it with some interest. I would not recommend it unreservedly for the surgical trainee as he may emerge with a surfeit of information and a somewhat confused perspective.

D C CARTER

The esophagus – medical and surgical management. Edited by L D Hill, R Kozarek, R McCallum, and C Dale Mercer. (Pp. 327; illustrated; £56.95.) Philadelphia: Saunders, 1988.

The increasing interest in and knowledge of oesophageal pathophysiology and disease has led to a plethora of tomes on the oesophagus in recent years. Most of these have been written or edited by surgeons. This volume attempts a more balanced approach by having, in addition to an impressive multi-disciplinary list of contributors, a balanced editorial team comprising a surgeon, gastroenterologist, endoscopist and director of an oesophageal

research unit. This is a welcome approach in an area where multidisciplinary involvement is essential and yet where, perhaps more than other areas in gastroenterology, polarisation particularly between medical and surgical disciplines exists.

The authors have succeeded in bringing together a varied panel of contributors including gastroenterologists, surgeons, paediatricians, pathologists, endoscopists and research workers in the field. The 26 chapters are authoritatively written and well illustrated, particularly the endoscopic section, although these illustrations are grouped together along with some coloured operative illustrations, at the front of the book rather than adjacent to the chapter.

The chapters on investigation and management of oesophageal disease are preceded by a fascinating review of the history of oesophageal surgery and comprehensive sections on anatomy and physiology. The coverage of the investigation and management of the various disease processes is comprehensive although the sequence is sometimes confusing. For instance, consideration of gastrooesophageal reflux begins with a chapter on its complications, the pathophysiology of reflux being dealt with in the subsequent chapter on medical treatment. In the section on surgical management of gastrooesophageal reflux, consideration of the Angelchik prosthesis is reserved for the section on 'Failed antireflux procedures' which some may consider appropriate! It is pleasing to see so many excellent chapters written by eminent authorities who have made major contributions in their field, particularly Castell's chapter on physiology, Pope's on complications of gastrooesophageal reflux and Barrett's oesophagus and its relationship to adenocarcinoma by Reid, Haggitt, and Reuben. Hill has also contributed extensively from his vast surgical experience, but could perhaps be criticised for undue emphasis on the use of intraoperative manometry, which has not gained widespread acceptance, and for not delegating the section on the Nissen fundoplication in view of his known lack of enthusiasm for that procedure.

The coverage of the major areas of oesophageal disease is complemented by useful sections on paediatric and paediatric surgical aspect of oesophageal disease and on laser therapy, sclerotherapy and endoscopic intubation, the latter frequently receiving scant coverage in American volumes on account of more limited experience in the USA. Adverse criticisms are few, and relate to the limited coverage of pH monitoring, largely because of references later than 1983 being excluded. There are some areas of repetition, to a certain extent inevitable in a multi-author volume of this size, although the repetition of the components of the antireflux barrier and the