

cow's milk protein intolerance, a point which reflects the personal rather than eclectic style of the book. Not that this is in itself a fault. Indeed, such instances add spice to a text which is also a model of clarity. The book is liberally sprinkled with superb electron micrographs supplied by Alan Phillips, an instance of where John Walker-Smith's mild parochialism in the choice of some of the material has more than paid off.

This is essentially a practical book for the practising clinician, and one should not therefore turn to it for detailed accounts of pathophysiological mechanisms. The message that children are not miniature adults could afford to be driven home harder, and a recognition of the importance of gut development in paediatric gastroenterology would be helpful in what I am sure will be further editions of this excellent book in the years to come.

I W BOOTH

Emergency abdominal surgery. By Peter F Jones. (Pp. 506; illustrated; £49.50.) Oxford: Blackwell, 1987.

Emergency abdominal surgery is the domain of the general surgeons. Their skills are learnt in the wards and operating theatres at all hours of day and night; this is where surgeons in training receive an immediate verdict on their diagnostic and management decisions. Professor Peter Jones, in the second edition of his book, acknowledges that emergency surgery cannot be learnt entirely from books but goes on to show how a book can give perspective, background, and clear guidance. The inclusion of abdominal emergency in infancy and childhood is particularly welcome as many general surgeons still have to look after these patients who are often very sick. Urological and gynaecological emergencies and problems arising during pregnancy are also given due prominence. Each section within the chapter has its own list of references, which is useful when only one condition is being studied. Clear Tables and 'decision trees' add to the value of the information and the whole book is well set out and easy to read. Some of the illustrations are disappointing, being somewhat amateur and simplistic, and add little to the text. It is a pity there are no photographs of radiographs or even of particular clinical or operative signs.

The book is well up to date with current controversy – for example, there is a detailed description of pseudomembranous *versus* delayed operation for acute cholecystitis. The whole text 'rings true': it is obvious that the author is writing from his own experience and not from a search of other surgeons' experience in the literature. He is also aware of the predicaments of more junior surgeons: the section headed 'On finding a normal appendix' will be a

comfort to many! The book succeeds because it is sufficiently large and detailed to be really helpful to the surgeon and will be a most valuable reference for surgeons at all stages of training working under different conditions and with varying degrees of experience. It can be warmly recommended.

ALEC B JOHNSON

Gastrointestinal neurophysiology (Baillière's *Clinical gastroenterology* volume 2, number 1). (Pp. 258; illustrated; £15.) London: Baillière Tindall, 1988.

Interest in the subject of gastrointestinal innervation and neural control has been at best intermittent during the 20th century. It was given a rousing send off by Pavlov, Bayliss, and Starling, but lapsed into somnolence, being woken only briefly when Langley described the enteric nervous system as the third division of the autonomic nervous system. It has blossomed into life again in the last decade or so, nourished by the discovery that 'gut hormones' are not hormones at all, but neuropeptides and neuromodulators that are shared between the central and enteric nervous system. The publication of this series of reviews on gastrointestinal neurophysiology is timely and the editors, both distinguished physiologists, have assembled an equally distinguished cast of contributors.

The book covers not only the neurophysiology of the gut, but also functional topics including vomiting, pain, eating behaviour and pseudo-obstruction. The individual chapters are concise, authoritative, and well referenced; those whose interests lie in these areas will find it invaluable. But what about the vast majority of gastroenterologists who know little or nothing about this area of physiology? For them, the book will provide no easy entry.

The opening chapter on the enteric nervous system, by two electrophysiologists, makes few concessions to the uninitiated; some description and illustration of the morphology would also have helped. Lacking a useful overview of the ENS, the book is somewhat decerebrate.

Some other chapters in the book are similarly mandarin. The chapters on central control, disorders of defecation and pseudo-obstruction are written by clinicians, and are consequently easier for clinicians to follow. Among the basic scientists, only Andrews and Hawthorn have written in a manner that can be followed by those who are (scientifically speaking) relatively illiterate.

The editors state that their brief was to present the 'current state of the knowledge with a slightly clinical bias'; this being the case, it may have been unwise to recruit a team largely consisting of basic scientists to whom 'our directives . . . were minimal since

we preferred to allow a "free-hand" in presenting personal opinions . . .' There is an undoubted need for a book aimed at the uninitiated that relates recent advances in gastrointestinal neurophysiology to clinical practice, but this, I fear, is not it; such a book will require more dictatorial editing than is evident here. In all fairness, I must emphasise that this book will be invaluable for those who have already acquired an interest in this field, and some familiarity with the terminology and concepts.

DAVID WINGATE

Management of abdominal hernias. By H B Devlin. (Pp. 221; illustrated; £60.) London: Butterworths, 1988.

If any one operation can be called a staple diet of the general surgeon, hernia repair must have strong claims for being that operation. The author, whose personal dedication to the task of trying to raise the standards of surgical management of abdominal hernias is well known, has written a book of scholarship, wisdom and flair into which he has managed to incorporate a mass of detail in a most digestible way. Just as in any other surgical field, it is the attention to detail that often makes the crucial difference between success and failure, and it is a measure of Mr Devlin's success that he manages to keep the detail interesting.

After an excellent historical introduction, there are 19 further chapters. Some have headings that are obviously expected; anatomy, principles, anaesthesia, and complications. Others are descriptions of the individual types of hernia including some rare forms such as the supravescical which this reviewer had never heard of! But there are also chapters which are less obvious and less commonly met with in a book about hernia. Particularly interesting were those on the logistics and economics of hernia repair and the diagnosis of a lump in the groin in an adult.

The illustrations are black and white shaded diagrams of a high level of clarity and accuracy, there are some interesting biographical notes, and a good set of references numbering nearly 700. The index is relatively brief but performed adequately on some testing.

For some years to come this will be a standby for references by all practising general surgeons and recommended reading for surgical trainees.

MICHAEL HOBBSLEY

Mainstream medicine: gastroenterology. Edited by P W Brunt, M S Losowsky and A E Read. (Pp. 382; £12.95.) London: Heinemann, 1988.

The hard pressed gastroenterologist may be forgiven for wondering why yet another book on gastroenterology has appeared on the market.

Inspection of the preface will perhaps explain why. The authors state that they are attempting to provide a quick overview of gastroenterology designed principally for examination candidates for the MRCP. Given that most readers of this journal will be far beyond this stage in their careers, the book will therefore be of little relevance to them personally.

Those wishing to recommend books to junior colleagues, or to brush up on very basic facts in gastroenterology might, however, be tempted to acquire the book. If they are so tempted what will they find?

The book is set out in a commendable way, with an attempt at an analysis of the important gastrointestinal symptoms in addition to the more classical organ based approach, but there is much repetition between the first problem orientated section and the second disease orientated section of the book.

The sections on the presentation and management of common conditions, whilst being a brave attempt at providing a guide to clinical problem solving, are, largely because of the constraints of space, rather too skeletal to be helpful. For example, the procedure for investigating a patient with diarrhoea is summarised by a list of possible investigations, without indication of the order of their performance or the utility of the information provided. This may be acceptable for MRCP Part I but will not help those with patient problems to solve.

The section on investigation of alimentary disease also suffers from being too scanty, again overlooking non-routine investigations without an explanation of their utility or current status in diagnosis.

The greater part of the book comprises a review of gut disease based on standard anatomically assigned regions and provides pretty standard information available in other books.

On the positive side, it is nice to see a chapter in the book on diet and gastrointestinal disease, but rather strange to see alcohol in this section as one of the essential dietary nutrients!

Overall, it is difficult to see that anyone will use this book other than as a crammer for MRCP. If the inclusion in the book of lists of procedures and diagnoses without explanation of importance, such as appendices 1 and 2, is justified on the basis of the nature of the current MRCP exam, it is surely time that the MRCP exam was changed!

If you need to take Part 1, MRCP (and my sympathies are with you if you do) you may be inclined to buy this book. If you have got beyond that stage in your career, you will undoubtedly find that other books provide you with more specific diagnostic help and disease orientated information.

D G THOMPSON