cence of 5-aminosalicylate decreased, suggesting a chemical reaction between 5-aminosalicylate and hypochlorite. Activated neutrophils also produced a peroxidase-generated oxygen metabolite which reacted with 5-aminosalicylate to produce a non-fluorescent product.⁶ We therefore propose that 5-aminosalicylate acts as a hypochlorite scavenger and also as a hypochlorite indicator. Identification and detection of neutrophil derived metabolites of 5-aminosalicylate in the faecal stream of patients receiving 5-aminosalicylate would thus provide evidence for the production of hypochlorite in the inflamed bowel and may also be useful for monitoring the progress of the disease.

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British Digestive Foundation

SIR, — In an effort to increase public awareness of gastrointestinal diseases as well as the profile of the British Digestive Foundation and the research which it supports, we have begun a service to the media which provides information on new developments in research and British gastroenterology. The information published in *Inside Out – the British Digestive Foundation News Service* will be accompanied by comment from one of the foundation's medical advisors with the aim of putting the findings in context. Already some medical correspondents have welcomed the idea.

The editors of *Gut* and *Alimentary Pharmacology and Therapeutics* are allowing us to see proofs of articles before publication to enable us to select work of particular interest. However, it is impossible to make such arrangements with all of the medical journals in which we publish our work and I would therefore encourage you to approach me directly when you are about to publish a piece of work of special interest. This is just one of the ways in which the British Digestive Foundation is working to increase its impact and fund raising activities in the United Kingdom, but one in which we can all participate and hopefully ultimately benefit. Please contact me in writing at:

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BOOK REVIEWS

Splanchnic ischaemia and multiple organ failure. By A Marston, G F Bulkley, R G Fiddian-Green, and U H Hagland. (Pp 405; illustrated; £65.) London: Edward Arnold, 1989.

On the fringe or in the centre? This is a book that inevitably crosses conventional disciplines and functional systems. The role of the splanchnic circulation in the aetiology of multiple system organ failure and the effect of shock on gut blood flow are important and topical issues. This is a subject that unites the resources and endeavours of a variety of clinicians and scientists. The subject is both bold, because it crosses so many boundaries, and timely. The contents of this book will be of importance to anaesthetists and intensive care specialists, microbiologists, transplant surgeons, and renal physicians, immunologists, intestinal and vascular surgeons, clinical physiologists and those involved in the management of major trauma and cardiac surgery. Central to the theme of this text is the arachidonic acid pathway, protease inhibitors, free oxygen radicals, xanthine oxidase and superoxide dismutase, tumour necrosis factor, gut microflora and endotoxins. Other factors include endothelial and intestinal permeability as well as platelet, macrophage and neutrophil function. The subject is bold, painted in some detail and on a large canvass, it will have appeal to a wide audience and most I suspect will conclude that the result has been a success, particularly at the price.

In a decade that has seen the establishment of cardiac and hepatic transplantation, it is inevitable that clinicians engaged in intensive care management have recognised the central role of the gut as a determinant of outcome in multiple organ failure. A comprehensive book with contributors from a panel of international experts on this subject is timely. The editors must be congratulated on their choice of contributors who represent expertise from North America and Europe as well as their avoidance of unnecessary duplication. Most chapters are clear, succinct and well illustrated and are comprehensively referenced.

The book is divided into four sections. The first is concerned with anatomy and physiology of the splanchnic circulation. For most readers the second section of pathophysiology will be the most important and unique component of the book. This deals with the effect of splanchnic vascular occlusion and shock on intestinal perfusion followed by a detailed account of local and systemic mediators of intestinal ischaemia. The contributions on free radicals, mucosal cytoprotection, proteases, enteric bacterial toxins, bacterial translocation, endotoxin and eicosanoids are impressive for their clarity, quality of information and interest even to the non-specialised reader. The role of the Kupfer cell in protecting against endotoxaemia will no doubt be addressed in the future by studies in the anhepatic recipient during liver transplantation. The third section is concerned with an account of clinical syndromes resulting from intestinal ischaemia: stress ulceration, ischaemic hepatitis, pancreatitis, and cholecystitis as well as the con-

sequences of large and small vessel occlusion in the small and large bowel. These chapters are comprehensive but unlike the earlier section may be found elsewhere in the surgical literature. Finally, there is an account of multiple organ failure syndromes which describe the role of monitoring and therapeutic options available for clinical management.

Although gut ischaemia is the name of this pitch, on the boundary there are aspects dealing with the pathogenesis of inflammatory bowel disease, hepatic failure, and mucosal protection which will be of immense interest to gastroenterologists as well as surgeons.

Unlike many books I have reviewed, this one will not gather dust; there are exciting concepts here which many clinicians will want to pursue. This subject is not on the fringe, the gut has proved to be the central pivot in the shocked patient; we need to learn more about it.

M R B KEIGHLEY

Therapy of inflammatory bowel disease. New medical and surgical approaches. By Mark A Peppercorn. (Pp 312; illustrated; \$150.) New York: Marcel Dekker, 1990.

Mark Peppercorn, who has contributed many important controlled studies to the published work on inflammatory bowel disease, edits this new volume predominantly concerned with drug and nutritional treatment of inflammatory bowel disease. A pot pourri of six additional chapters has been included (alternatives to ileostomy, extraintestinal and liver complications, pregnancy and nursing, paediatric inflammatory bowel disease, psychosocial issues, and case studies). They distract the reader from the prime thrust of this book and could be deleted with advantage from the second edition.

The book's subtitle 'New medical therapy' is misleading since most contributions are excellent reviews but of well established treatment. Much of the information is already available in standard textbooks – for example, the third edition of Kirsner and Shorter *Inflammatory Bowel Diseases* – while new developments are well covered in such volumes as *Recent Advances in Gastroenterology*.

Does this book therefore provide new insight, new ideas, or novel views of treatment? Each chapter considers a specific drug and includes pharmacokinetics and mechanisms of action. The opening chapter deals with oral and parenteral corticosteroids and is a good summary of their potential value and many side effects. The reference list is excellent.

Topical corticosteroids are dealt with only briefly. Information concerning newer drugs such as tixocortol pivalate, which induces local anti-inflammatory activity but has no systemic glucocorticoid activity, should have been expanded. The editor himself reviews the role of sulphasalazine, drawing together the pharmacokinetics, clinical action, drug interaction, and adverse reactions with a good summary of published work. The newer oral and topical aminosalicylates are extensively covered by Stephen Hanauer of Chicago – an excellent summary of the present situation. Burton Korelitz's advocacy of immunosuppressive treatment is well known and his contribution is a vigorous defence of his enthusiasm which perhaps extends beyond the evidence available from controlled clinical trials. For the European reader this chapter has a salutary ending – a seven page summary of potential benefits and hazards of the treatment which the potential patient has to read and sign indicating informed consent has been given before treat-

ment can be initiated. This section closes with a short contribution from Mark Peppercorn on antidiarrhoeal agents, antimicrobials, and potential new drug treatments, followed by a brief review of enteral and parenteral nutrition.

The primary thrust of the book, medical and nutritional treatment, is appropriate but peripheral issues take up considerable space so that few reviews of medical treatment are comprehensive although they provide good access to recent literature. The format for each chapter is good. In the second edition each author might incorporate how he interprets and applies the clinical trials and whether the authors' drug usage is based on clinical trials or personal experience. The second edition could become a useful vade mecum in a difficult and challenging area.

R N ALLAN

Gastrointestinal motility: which test? Edited by N W Read. (Pp 294; illustrated; £35.) Petersfield: Wrightson Biomedical Publishing, 1989.

In his preface, Professor Nick Read describes this as a 'state of the art' book. It is indeed. A particular feature is that the book as a whole has an unexpectedly greater value than the sum of the parts. Based on a symposium reviewing clinical tests of gastrointestinal motility, a distinguished international authorship describes in some 30 chapters the application and role of the multiplicity of tests of gastrointestinal motor function now available. Naturally enough they begin with the oesophagus, progressing to the anorectum. Every one of the authors is an expert in his field and almost all the contributions are written with fluency and clarity. At the end of each major section (oesophagus, stomach, small intestine, etc) the editor provides a summary chapter, adding critical comment, balance, and clinical context to the immediately foregoing contributions.

So far, so good, it might seem. The weakness is that all the authors are experts in – and enthusiasts for – the tests they describe and, with a few conspicuous exceptions, seem reluctant to express any harsh judgment on them. Thus tests which to date have clearly failed to gain any appreciable application in clinical practice are optimistically described as having research use with potential clinical relevance, or something similar. Positive thinking and enthusiasm are commendable but one suspects that some contact with reality is being lost. Despite the title 'which test,' there is hardly a mention of costs or cost-benefit considerations for the tests described, which seems to indicate that the authors hold such concerns to be irrelevant.

Paradoxically, therefore, the book as a whole actually portrays the present clinical evaluation of gastrointestinal motility rather well. Much up to date information is accurately and lucidly described, and the reader is exposed to all the uncertainties, the enthusiasms, the incredible profusion of new tests that 'complement existing techniques,' and the reluctance to condemn any putative diagnostic procedure as useless or impractical. Rightly, in my partisan view, the reader will also sense that behind all this there is evidence that gastrointestinal motility dis-

orders we do not yet properly recognise or understand are the basis of much distress and discomfort in patients.

This is indeed a state of the art book. Sadly, it reveals that the state of the art is desperately inadequate to the task confronting it. I commend the book to established investigators in gastrointestinal motility as a stimulus to reflection and self criticism, and to young investigators ready to accept the challenge of taking the subject forward.

R C HEADING

Diagnostic tests in gastroenterology. By A D Beattie. (Pp 264; illustrated; £19.95.) London: Chapman and Hall Medical, 1989.

Dr Beattie's new volume provides a recipe book for the gastroenterology unit. He describes every conceivable test (and a few more) relating to the gastrointestinal tract, liver, and pancreas. The methods for all these tests are described in detail (with references to the original studies), followed by a short 'evaluation' of each test. I would have liked a little more emphasis on this evaluation, with liberal references to the recent publications concerning the comparison and utility of the different investigations.

Overall, I think the book is a great success. It passed the critical test when a professor wanted details of the fluorescein string test which is not mentioned in any other textbook on my bookshelf (perhaps for good reason).

The Royal College of Pathologists has just published *Codes of Practice for Pathology Departments*, in which it emphasises the need for each department to maintain an up to date record of the methods of all the tests used by a laboratory. With audit on its way, perhaps it will help the gastroenterologist to have his techniques written down, rather than passed on by the traditional method of 'See one . . . do one . . . teach one.'

R POUNDER

Advances in drug therapy of gastrointestinal ulceration. By A Garner and B J R Whittle. (Pp 306; illustrated; £40.) Chichester: John Wiley, 1989.

These are the proceedings of a Biological Council Symposium on Drug Action, which is an event held in London every spring. This symposium took place in April 1988. It was obviously successful as Andrew Garner and Brendan Whittle have put together an above average book about peptic ulceration. The first half concentrates on peptic ulcer disease and existing treatment, but the second half is concerned with basic research on gastroduodenal ulceration and protection.

The aim was to highlight targets which may be explored in search of new or improved antiulcer drugs – if such compounds are needed. All the usual topics and contributors are covered, but the book is beautifully presented, has many useful illustrations, and is fully referenced. It is an unusually good book for anybody interested in drugs and peptic ulceration.

R POUNDER

NOTES

Shirley McGeale – Technical Editor

Shirley McGeale has recently completed more than seven years as Technical Editor of *Gut*, the culmination of an association with the BMJ Publishing Group of more than 20 years. Throughout she was committed to excellence. Her particular qualities were intelligence, an independent mind, vigour, and great good humour. Money and ambition were of little importance. She insisted on leaving quietly without formality or fuss and, given the option, would certainly not have published this appreciation. The journal and the British Society of Gastroenterology are greatly in her debt. We welcome her successors Sue Burkhart and Norma Pearce who will be 'job sharing' with the same commitment to maintaining the quality of the journal.

ROBERT ALLAN
Editor

Royal Society of Medicine Section of Colorectal Proctology

The following awards have been made:

Frederick Salmon Medal to B C Morson, St Mark's Hospital, London.

John of Arderne Medal to J H Scholefield, ICRF Colorectal Cancer Unit, St Mark's Hospital, London.

Burroughs Wellcome Visiting Professor in Clinical Science: D Rothenberger, University of Minnesota.

Sugarless – the way forward

An international symposium will be held at the University of Newcastle upon Tyne on 19–21 September 1990 to discuss ways of reducing sugar consumption. Details from: Professor A Rugg-Gunn, Dental School, Framlington Place, Newcastle upon Tyne NE2 4BW, UK. Tel: 091 222 7859 (department secretary).

Fifth International Workshop on Therapeutic Endoscopy

This will be held by The Chinese University of Hong Kong and the Hong Kong Society of Digestive Endoscopy from 11–13 December 1990. Further details can be obtained from Dr Joseph Leung, Department of Medicine, Prince of Wales Hospital, Shatin, NT, Hong Kong. Tel: (852)-6363128/5. Fax: (852)-6350075.