Topics of essentially practical interest have been selected for succinct description and discussion. By avoiding the encyclopaedic approach, controversial topics have been highlighted.

Who, therefore, would find the book of interest? Obviously the working surgeon with a broad knowledge of the field would encounter certain topics often neglected by even the largest encyclopaedia. The trainee, preparing for postgraduate examinations, will find the surgery of this field recast in a way different from the conventional textbook. An interesting and stimulating read, easy to take up and put down, at £72 this book is not a good buy for the individual and at best would be recommended for a library which is well funded and already possesses the classic text monographs in this field.

ROBERT SHIELDS

Gastrointestinal physiology (4th ed). Edited by L R Johnson. (Pp 176; illustrated; £16.) St Louis: Mosby Year Book, 1991.

The book is aimed primarily at medical students. It is concise and readable, with different aspects of gastrointestinal physiology divided into easily digestible chapters. The formula is a tried and tested one, with separate chapters dealing with motor and secretory function on a regional basis. In addition, there are two chapters on regulation by hormones and nerves and a final chapter on the splanchnic circulation. The book is well illustrated with simple line drawings, flow diagrams, and tables. Although the artwork is basic in nature, this is probably an advantage for conceptual understanding and suits the needs of the target readership. In terms of depth of coverage there is little more than one finds in some general medical physiology textbooks. In its favour, however, it has as its source material *Physiology of the gastrointestinal tract* (1987: New York, Raven Press) also edited by L R Johnson. This has ensured that the book is in touch with present concepts. Clinical material is used to illustrate physiological concepts and most chapters contain a section on clinical tests. The contents and direction have therefore been well chosen for the medical student but the book lacks depth for the more serious gastrointestinal physiologist.

D GRUNDY

Non-responders in gastroenterology: causes and treatment. Edited by G Dobrilla, K D Bardhan, and A Steele. (Pp 222; illustrated; IL 90 000.) Verona: Cortina International, 1991.

The authors are to be congratulated on their choice of the original topic of non-responders in gastroenterology. Unfortunately, presumably because 'the Editors decided not to add to their burden with strict rules regarding the size and structure of their articles', the experts selected, many of whom are 'long-standing personal friends', have mostly ignored their brief. They have instead given a textbook review of the topic with little on the size of the problem, appropriate further investigations, management plans to bring the patient into remission, and evidence of trials of the efficacy of such treatment, all of which the reader has the right to expect.

Moreover the pace of advances in our understanding of pathophysiology, pathogenesis, and pharmacology of gastrointestinal disease is so fast as to make some of the chapters outdated even as they appear in print. Thus, omeprazole has only 30 lines in 16 pages on refractory reflux oesophagitis, and only two of 10 pages on H₂ antagonist resistant ZE syndrome. Cisapride has one citation in 10 pages on idiopathic constipation. The editors' 39 page chapter on duodenal ulcer devotes nine lines to *Helicobacter pylori*. No recommendations are made for the investigation (such as serum gastrin and acid studies) of postsurgical recurrent ulcers.

Honourable exceptions are S Domschke's resistant pancreatic steatorrhoea, Howdle's algorithm for coeliac non-responders, and Maydeo and Soehandra, who confidently 'conclude there is no patient with oesophageal varices who is recalcitrant to . . . aggressive . . . sclerotherapy . . . and the use of . . . Histoacryl-Blau' (n-butyl 2 cyanoacrylate). The chapters follow in the usual caudad direction from burning mouth to solitary rectal ulcer via the liver (ascites, itching) and pancreas. Perhaps the wisest words in this book are by Tygstrup: Most studies 'are casuistic rather than therapeutic trials . . . physicians try many different types of treatment, and it is not surprising that the capriciousness of the reactions occasionally leads to a small series of favourable results, which is then published'. Because of this 'publicity bias', 'unless a completely effective and safe therapy becomes available, there is no alternative to randomised clinical trials . . . to quantitate the problem of non-responders, to decide if they have special clinical characteristics, and to select combinations for optimal treatment of non-responders'.

J H BARON

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Dietary fibre: chemical and biological aspects. Edited by D A T Southgate, K Waldron, I T Johnson and G R Fenwick. (Pp 386; illustrated; £47.50.) Norwich: Royal Society of Chemistry, 1990.

Advances in neurology Volume 3. Edited by Bernard Lytton. (Pp 218; illustrated; £50.) Chicago: Year Book Medical Publishers, 1990.

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Gastric peptic secretion. R Cheli, A Perasso, G Testino. (Pp 125; illustrated; 60 000 lira) Verona: Cortina International, 1991.

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