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Reply

SIR,—We acknowledge the pertinent points raised by Lingenfelser and Marks. When our paper was submitted we thought that the role of ascitic adenosine deaminase in the diagnosis of tuberculous peritonitis^{1,2} needed further investigation. Subsequent evaluations of ascitic adenosine deaminase in tuberculous peritonitis^{3,4} have shown high diagnostic sensitivities.

We therefore accept that this determination is an important investigatory option in the diagnosis of peritoneal tuberculosis. The role of peritoneoscopy therefore seems to be limited to equivocal adenosine deaminase results where there is high clinical suspicion of tuberculous peritonitis or cases where malignant ascites is suspected.

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Zinc deficiency in cirrhosis

SIR,—We read with interest the report by Goode *et al* (*Gut* 1990; 31: 694-9) on zinc status and hepatic functional reserve in patients with liver disease. We have reported hepatic zinc, copper, and magnesium concentrations in childhood cirrhosis, indicating that the serum concentrations do not always reflect the tissue concentrations of these trace elements. We have already indicated that the tissue zinc concentration decreases not only in cirrhotic children but also in patients with idiopathic portal hypertension.¹

We have also reported that zinc is decreased in leucocytes of patients with cirrhosis, which affects their chemotactic function.² This function would be corrected when leucocytes are incubated with zinc (0.05 ml neutrophil mixture and 1 µg zinc) or control serum samples. Bactericidal function was shown to be appreciably decreased, as was nitro blue tetrazolium reduction and stimulated hexose monophosphate shunt activity of these cells.³

We have also shown (unpublished results) that zinc absorption is not greatly depressed but urinary zinc excretion is increased in patients with cirrhosis, which seems to be the basic cause of their zinc depletion.

Therefore we are in favour of zinc supple-

mentation in these patients as suggested previously.^{3,4}

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BOOK REVIEWS

Morson and Dawson's gastrointestinal pathology. By B C Morson, I M P Dawson, D W Day, J R Jass, A B Price, and G T Williams. (Pp 748; illustrated; £19.) Oxford: Blackwell Scientific, 1990.

The new edition of Morson and Dawson will undoubtedly prove to be one of the 'best sellers' in the fields of gastrointestinal pathology, gastroenterology, and endoscopy. The volume is larger than its predecessors and there are now six authors, although individual responsibility for chapters is not specified. Documentation of disease entities is comprehensive and informative and the text is consolidated with a wealth of references and many new larger illustrations which clarify interpretation. The sections on inflammatory bowel disease, neoplasia, and infective colitis are superb. Vascular disorders of the small and large intestine are described in two separate chapters. A new section covering pathology of the peritoneum has been introduced towards the end of the text and this should be useful.

Lynch syndromes do not appear in the index, although they are discussed with references in the text. The role of antigliadin, antiendomysial, and antireticulin antibodies in the diagnosis and control of coeliac disease has probably been too recent to be included in view of the publication time. With reference to gastric dysplasia, the statement that 'severe dysplasia on its own is not an indication for surgical intervention' does not accord with current gastroenterological opinion. The entity of staphylococcal enteritis is challenged on the basis that *Clostridium difficile* infection cannot be excluded in documented cases but the authors overlook the fact that *C. difficile* is predominantly a pathogen of the large intestine whereas staphylococcal pseudomembranous colitis involves the small intestine with predisposing factors such as hypovolaemia.

Occasional other controversial views may stimulate publications in the relevant areas. The presentation, style, and content of this new multi-author book are greatly improved, and I have no hesitation in recommending that this edition should be on the shelves of every department of histopathology.

H THOMPSON

Current hepatology (volume 10). Edited by Gary Gitnick. (Pp 357; illustrated; £60.) Chicago: Year Book Medical Publishers, 1990.

This is the 10th volume in this annual series edited by Gary Gitnick. The series aims to provide the reader with an overview of the world's published reports of the previous year in each of the major areas of liver disease. The need for annual reviews can be gauged from the introductory comments in the chapter on cirrhosis and portal hypertension, in which the authors refer to 500 articles pertaining to their topic, of which 139 were selected for review.

The reviews are generally well balanced, with a good mixture of science and clinical studies. Of particular note is the chapter reviewing Japanese reports. The remarkably increased incidence of hepatocellular carcinoma in that country and the prevalence of cryptogenic cirrhosis, or cirrhosis due to non-A, non-B chronic hepatitis, is a particular stimulus to workers in that country. So much of their data and the important scientific advances which have been made by them are published only in the Japanese journals. Many new advances are based on molecular biology, and for those who, like the author, have a struggle to keep up with the rapidly advancing techniques, the chapter on the molecular biology of liver disease can be thoroughly recommended. In recent years there has been a resurgence in the anatomy and pathophysiology of the liver, and the chapter reviewing recent advances here again makes very worthwhile reading.

This is a volume to be recommended to both clinical and research hepatologists.

ROGER WILLIAMS

Inflammatory bowel disease and coeliac disease in children. Edited by F Madziselimovic, B Herzog, A Burgin-Wolff. (Pp 199; illustrated; price not given.) Dordrecht, Netherlands: Kluwer Academic Publishers, 1990.

This slim volume records the proceedings of the International Falk Symposium on Paediatric and Surgical Gastroenterology held in Basel in 1989. The theme of the meeting, however, was restricted to inflammatory diseases of the gut and particularly Crohn's disease, ulcerative colitis, and coeliac disease. The book is divided into two sections. Section I is almost entirely devoted to Crohn's disease, and to a lesser extent ulcerative colitis, and section II is concerned with coeliac disease.

Section I makes a good start with a very readable summary of current understanding of the immune function of the gut and its postnatal development. The last part of the first chapter comments on the functional interaction between the immune system and nervous and endocrine systems. Potentially the most interesting area, it is disappointing in its

brevity and lack of references compared with the remainder of the chapter. Subsequent chapters provide a comprehensive review of current thinking with regard to aetiology, diagnosis, and management of inflammatory bowel disease. Most chapters are reviews of particular areas and include genetics, aspects special to children (largely growth failure), diagnostic imaging, medical and surgical treatment, and the psyche. There are indications from this latter chapter of the importance of ideas relating to the interaction of the nervous and immune systems. Four of the chapters devoted to inflammatory bowel disease describe investigations of particular areas, endoscopy, lymphocyte subsets, testicular toxicity of sulphasalazine, and factors influencing post-operative recurrence of Crohn's disease. New material is presented on the T cell receptor and a subset of children with a high proportion of γ/δ receptors described.

By comparison with the comprehensive section on inflammatory bowel disease, that on coeliac disease is modest and somewhat idiosyncratic. There are four chapters devoted to management, the immunogenicity and toxicity of grain prolamines, HLA class II molecules, and the diagnostic importance of gliadin and endomysium antibodies. The first of these has an interesting section on intraepithelial lymphocytes and the possible diagnostic importance of the γ/δ T cell receptor. The last describes the diagnostic use of circulating antibodies to gliadin and endomysium but like many other studies using this approach the lack of appropriate disease controls throws doubt on its utility. Of interest is the fact that the authors of this chapter are divided in their use of the ESPGAN criteria for the diagnosis of coeliac disease with the advent of such tests – three for, two against.

In their concluding remarks the editors draw parallels between Crohn's colitis and coeliac disease and suggest that they are different expressions of a genetically determined inflammatory bowel disease. At present, however, there is only a modicum of evidence to support this view. In summary, this volume provides a useful summary of the field for those not working in it.

P J MILLA

Textbook of liver and biliary surgery. By W C Meyers and R Scott Jones. (Pp 512; illustrated; \$99.50.) Philadelphia: J B Lippincott, 1990.

The classical monograph in gastroenterological surgery is *Goligher's Surgery of the Anus, Rectum and Colon* – authoritative, eminently readable, beautifully illustrated, and written by an author unafraid to give his own personal opinion. We can search in vain for a similar classic text in surgery of the liver and biliary tract. Some books are largely medical with less than half the contribution being devoted to surgery. Others are hefty, multi-author texts presented in two volumes. I was therefore intrigued at being invited to review this, a slim, 500 page book on hepatobiliary surgery written by two authors. How could all hepatobiliary surgery be contained in such a slim volume when the discipline appears to require two world/international societies? Perhaps it could represent the rump of hepatobiliary surgery after the medical gastroenterologists and interventionist radiologists had taken their sizable bites from the subject, but this book hardly recognises their depredations.

There was a hint that the book may be authoritative, for it lists a total of 6000 references as well as having a selected reading list at the end of each chapter. It may be thought that this would provide a concise source of references, but, unfortunately, only a few of the 6000 references are actually quoted in the text. There are much less expensive ways of obtaining references in hepatobiliary surgery.

A remarkably high proportion of the illustrations are taken from other books and articles, but unfortunately their reproduction is not of high quality. The publishers have let the authors down in this respect.

What about the text itself? Details of the operative techniques and treatment are sketchy. For example, although a chapter is given over to hepatic resection, little is said about the use of intraoperative ultrasound in segmental resection. It is difficult to know for whom this book was written. The student, or indeed the trainee in general surgery, is an unlikely reader of a 500 page text on one branch of general surgery (with the pancreas missing). The text is not authoritative enough for the hepatobiliary specialist. The expectation must be that the general surgeon, faced with a problem, will seek out this book to aid him or her in solving a difficult problem, but unfortunately the answers are not sufficiently detailed to be of help. For example, the general surgeon faced with a high bile duct tumour will find very little to help in the way of planning treatment. Little is said about useful biliary-enteric anastomoses such as Roux-en-Y loop of jejunum to the left hepatic duct or duct to segment III. If a surgeon is attracted by the challenge of laparoscopic cholecystectomy (with or without laser) there is nothing in this text to be of help.

Nevertheless, the book makes a useful general read and is interesting to browse through. Probably the best available text in hepatobiliary surgery is the two volume magnum opus edited by Leslie Blumgart, but these are expensive and, in certain chapters, the editor has allowed his contributors to indulge themselves too much. The classic text on hepatobiliary surgery remains to be written. There is certainly no equivalent to *Goligher*.

R SHIELDS

Adenomatous polyps of the colon: pathobiological and clinical features. By R Lev. (Pp 136; illustrated; DM 146.) New York: Springer-Verlag, 1990.

Adenomas and the 'adenoma-carcinoma sequence' are of great current interest – to the patient as one of the few areas where cancer may be preventable, and to the health care provider because of the logistics involved in screening and surveillance programmes. We understand a great deal of the mechanisms involved in adenocarcinogenesis and something of the epidemiology. The jigsaw is, however, tantalisingly incomplete, even though geneticists seem poised soon to piece together the critical explanations of the genetic mechanisms involved.

Robert Lev is a pathologist deeply immersed in the subject, with a clear writing style and crisp approach in his little book reviewing and carefully referencing the current 'state of play' for adenomas. He has judged the matter nicely, covering all the relevant topics in a balanced manner (including experimental, genetic, epi-

demiological, clinical, and endoscopic aspects). He does so more comprehensively than would be possible in either a journal or a textbook of gastroenterology, but without becoming too immersed in detail. His commentary flows well and the book is a pleasure to read or to dip into.

The topic is serious and the black and white reproductions of histological sections, the tables, and few other illustrations also give a superficial impression of seriousness to the book. However, it should be a 'good read' for the wide range of people who have, or should have, an understanding of the facts of 'the polyp problem.' It is also a valuable reference for further reading on particular aspects of the subject. Dr Lev's book can be warmly recommended for purchase by both individuals and librarians, and he should be encouraged to produce further editions when the expanding literature on the topic justifies a rewrite.

C B WILLIAMS

BOOKS RECEIVED

The exocrine pancreas. Proceedings of the tenth BSG SK&F International Workshop 1989. Edited by R Maynard Case. (Pp 64; illustrated; no charge.) Welwyn Garden City: Smith Kline & French Laboratories, 1990.

New trends in gastric cancer. Edited by P I Reed, M Carboni, B J Johnston, and S Guadagni. (Pp 192; illustrated; £35.) London: Kluwer Academic, 1990.

Progress in assessment of morbidity due to *Schistosoma haematobium* infection. A review of recent literature. Edited by M G Chen and E Mott. (Pp 155; illustrated; Sw fr 20.) Geneva: WHO Publications, 1989.

Biomembranes et nutrition. Edited by C L Leger and G Bereziat. (Pp 575; illustrated; no price stated.) Paris: Les Edition INSERM, 1989.

The duodenum. Selected topics. Edited by G Bertaccini, R Cheli, G Dobrilla, A Gad, and A Giacosa. (Pp 303; illustrated; Lira 90 000.) Verona: Cortina International, 1988.

Irritable bowel syndrome: one disease, several or none? Edited by G Bianci Porro and N W Read. (Pp 79; illustrated; Lira 38 000.) Verona: Cortina International, 1990.

Treatment of digestive disease with succalfate. Edited by G Bianchi Porro and D Hollander. (Pp 91; illustrated; Lira 60 000.) Verona: Cortina International, 1989.

Gastrointestinal endocrinology. Edited by J C Thompson. (Pp 519; illustrated; \$45.) San Diego: Academic Press, 1990.

The Pathology of organ transplantation. Edited by G E Sale. (Pp 327; illustrated; £58.) Boston: Butterworth Scientific, 1990.