enthusiasm. The title, however, is somewhat misleading because it is not a textbook as I understand the term. It is more a collection of reviews by distinguished experts focusing predominantly on the physiological and biochemical mechanisms underlying intestinal secretion. There are excellent reviews of neural regulation of intestinal ion transport, of mechanisms of chloride and other ion transport, and of reconstitution of epithelial ion channels. The role of the paracellular pathway is dealt with in an excellent chapter. Intracellular second messengers, stimulated by secretagogues, are described in three good chapters and although intracellular calcium is dealt with surprisingly cursorily, these aspects are clearly reviewed.

In contrast to these excellent basic science chapters, the rather shorter section on clinical aspects of secretory diarrhoea is a little disappointing. In some chapters, another version of the pathophysiological basis of the diarrhoea, such as cholera, is given when this had been dealt with at greater length earlier. In some instances, conflicting interpretations of the literature are given. Other evidence of loose editing includes reference lists given alphabetically in most but not all chapters.

The section on therapeutic options provides a good, if somewhat repetitious, review of basic mechanisms of inhibition of secretion but little practical advice on treatment of patients. The chapters on oral rehydration therapy are interesting but practical management is confined to infants and children.

If you are looking for a collection of impressive, up to date essays on the pathophysiological basis of intestinal secretion with some indication of its relevance to secretory diarrhoea, then this is the book for you. If, however, you are wanting a comprehensive textbook of the whole field of secretory diarrhoea, then you may be disappointed and if you are looking for help with particular clinical problems, then you may need to look elsewhere.

L A TURNBERG

The irritable bowel diet book. By Rosemary Nicol. (Pp 79; £3.50.) London: Sheldon Press, 1990.

At first sight, this book is manna, if not from Heaven then at least from the Society for Promoting Christian Knowledge of which Sheldon Press is the publishing imprint. According to the press release, the author '... has now devised a delicious and nutritious [sic] diet which makes a decisive difference to your irritable bowel.' What more could the harassed gastroenterologist want for the recidivist patient who has not responded to Fibrocol, Coloflock, or Culpamint? The only remaining question is whether it is available on prescription.

But read the book and doubts creep in. Chapter 1 poses a rhetorical question: What is irritable bowel syndrome? Like jesting Pilate, the author does not stay for an answer except to point out that it is a disorder and not a disease, but passes rapidly to 'One man's wheat ... a look at problem foods.' Rosemary Nicol has summarised a lot of useful information on food, allergy, intolerance, and exclusion diets, but where is the promised 'delicious and nutritious' diet? It transpires that, at least in part, the answer is a do-it-yourself solution. What you do is titrate your fibre intake against your stools as calibrated on the 'Bristol stool form scale.' This scale ranges from 1 ('separate hard lumps like nuts') to 7 ('watery, no solid pieces'). According to the text, 4 ('like a

sausage or snake, smooth or soft') is normal, but 'If your stool is ... number 3 (like a sausage or snake, but with cracks on its surface), this is constipation even if you have a bowel movement like this several times a day.'

But this is not all. Whether or not your stools are postmodernist or resemble the sculpture of Henry Moore, it seems that '... one of the main things your irritable bowel needs is good healthy food eaten in a calm leisurely way. Anything else is asking for trouble.' The author provides a number of recipes for 'healthy living,' many of which are wheat free. She categorises these as 'quick, interesting and cheap': well, quick and cheap maybe, but interesting? But even if her culinary advice leans towards the ascetic rather than the gourmet, this is not important. What does matter is whether this well intentioned book is helpful.

The truth is that although many IBS (and inflammatory bowel disease) patients find that dietary modification is helpful, there are no scientific data that support the notion that IBS is a consequence of faulty diet, or that stool gazing is an effective means of determining a diet that will alleviate symptoms. In my experience many IBS patients are burdened by myths about diet and colic induced by gobbling unrefined bran. Some patients may be helped by the advice in this book - IBS is a condition with a high placebo effect - but at least as many are likely to end up by feeling frustrated and, if they believe the author, guilty about a lifestyle which is 'unhealthy.' The implication - perhaps unintended - of the text is that IBS is the patient's fault, and is the product of bad eating and bad living. This may be Christian knowledge, but it is not medical science.

I have been pondering on the meaning of 'nutricious.' My conclusion is that it is a conflation of 'nutritious' and 'lubricious.' These must be aphrodisiac foods, and interested heathens are referred to *Venus In The Kitchen* by Norman Douglas, which is the standard text in these matters. His recipes don't work either, but the placebo effect is interesting.

DAVID WINGATE

Mucosal biopsy of the gastrointestinal tract. 4th ed. Edited by R Whitehead. (Pp 455; illustrated; £47.00.) Philadelphia: Saunders, 1990.

The fourth edition of this immensely popular monograph contains a wealth of diagnostic information clarifying the interpretation of biopsies from the gastrointestinal tract. The text is written in impeccable English and the illustrations greatly enhance the visual dimension. The subtypes of chronic gastritis which are described embrace type A, type B, type A B, bile reflux gastritis, and chronic erosive gastritis. Healthy scepticism is expressed regarding the role of *Helicobacter pylori* in the aetiology of chronic gastritis. Duodenal biopsy is accepted as the standard procedure for the diagnosis of coeliac disease, but the role of circulating antibodies and the shortcomings of endoscopic biopsy are not amplified.

A histological grading system is recommended for duodenitis (bulbitis) with the implication that grade 2 or 3 is part of the peptic ulcer diathesis. Crypt hypoplastic villous atrophy is rare in children and adults and its clinical associations are briefly documented.

Biopsy differentiation between ulcerative colitis, Crohn's disease, infectious colitis, ischaemic colitis, and other forms of colitis is considered in helpful detail. Criteria for

accurate identification of dysplasia in the oesophagus and stomach and in inflammatory bowel disease are clearly described and illustrated. Rare entities such as storage disorders, parasitic disease, sarcoidosis, infantile systemic hyalinosis, and acrodermatitis enteropathica are discussed in perspective.

The critical appraisal of relevant references is commendable, stimulating, and challenging, and the personal views which are expressed with supporting evidence add considerable interest. Certain topics are excluded from the text - namely colorectal cancer and polyps, perianal lesions such as squamous carcinoma, malignant melanoma, and Bowenoid papulosis. Without doubt, this edition should be available to all gastroenterological pathologists for leisure reading, consultation, and reference.

H THOMPSON

Current gastroenterology. Edited by G Gitnick. (Pp 339; illustrated; £56.00.) London: Wolfe Publishing, 1990.

Gary Gitnick has done it yet again, with another year's *Advances in Gastroenterology* (excluding liver and biliary disease) summarised in 325 pages (plus index). Each author must have devoted months of his life to producing his chapter which was then peer reviewed to ensure excellence. However, there is often duplication between chapters, and this may be missed by the reader relying only on the index. The endoscopy chapter describes many topics already covered in one or more earlier chapters, such as Barrett's metaplasia and sclerotherapy (oesophagus), gastric haemorrhage (stomach), screening for colon cancer and polyps (colon, colon cancer), intervention for chronic pancreatitis and pseudocysts (pancreas).

Perhaps future editions could save space by eliminating such overlap and then encourage adequate coverage of common and important diseases which receive only short shrift. Thus *Helicobacter* (still called here *Campylobacter*) *pylori* has only three pages and the irritable bowel syndrome, which we are told affects 17% of the population, is given just one page. Authors could also be reminded that the plural of diverticulum is diverticula not diverticulæ, and be requested to provide citations for new items mentioned, especially treatment, such as balsalazide for ulcerative colitis, and mepacrine for collagenous colitis.

I had often thought, but now I know, that I work in an underdeveloped country. Cass and Vennes from Minneapolis are appalled that 21% of GI units in the UK have waiting lists over five weeks for routine upper endoscopy: 'The British units appear understaffed and overworked.' Yes.

J H BARON

Baillière's clinical gastroenterology. Vol 4 No 3: virus infections of the gut and liver. Edited by M J G Farthing. (Pp 195; illustrated; £22.50.) London: Baillière Tindall, 1990.

Accepting the current estimate that probably more than half of the annual 5 million preschool child deaths from diarrhoeal disease are due to virus infection, the prevailing ignorance among gastroenterologists of viral illness of the gut might seem almost complacent. But it is hardly surprising, given the fact that there was little progress in understanding viral illness before the comparatively recent advent of molecular biology, of which virology has been

the outstanding beneficiary. Few attempts have been made to summarise the present state of knowledge for the non-specialist, and therefore this slim volume of essays, edited by Michael Farthing is – in principle – welcome. The first half is devoted to gut viruses, and the second to hepatitis, each being prefaced by a chapter on the pathogenesis of infection and followed by chapters devoted to specific families of viruses. This structure is consistent with the highly focused interests of the contributors, and thus each chapter is essentially a summary of what is known in each of the selected topics.

So far, so good, and for the most part very good indeed. But this isn't an easy book for the uninitiated, particularly for those unfamiliar with the language and techniques of molecular biology. The series title of 'Clinical Gastroenterology' might be thought to promise something for the clinician, but although there is much of clinical relevance in this book, the information is scattered within different chapters. Most of the authors have not attempted to summarise their contributions, although where this has been done, it is helpful, nor has the information been assembled within an editorial structure. Light editing seems to be a consistent feature of this series; while this makes life easier for editors, it does result in books which seem to consist of experts talking to each other, or even to themselves, rather than to a clinical readership. When the topics and technologies are familiar, this is not a disadvantage, but when, as here, the reader is faced with a daunting array of acronyms and genetic jargon, it does not make for an easy read. This book is a valuable source of information that is not otherwise easily found, but distinctly for the library shelf rather than the clinical or domestic bedside.

DAVID WINGATE

Therapeutic endoscopy and radiology of the gut. 2nd ed. Edited by J R Bennett and R H Hunt. (Pp 386; illustrated; £60.) London: Chapman and Hall, 1990.

In this era of minimally invasive surgery the second edition of this book provides an admirable update on standard procedures as well as developing areas of diagnosis and treatment in gastrointestinal endoscopy and radiology. The editors have drawn from their own experience and that of an internationally recognised group of experts to provide a comprehensive and detailed manual which will appeal to the learner and skilled practitioner alike, incorporating as it does a good 'Which?' guide to the various techniques described and combining this with a common sense 'Highway Code' type approach.

The generally consistent style of writing complemented by appropriate illustrations and tables makes the book delightfully easy to read and only occasionally is this pattern lost with the introduction of detail on physiology and scientific concepts which might more comfortably be placed in a more general book on gastroenterology.

The complementary nature of endoscopy and radiology is emphasised and the range of options described takes cognisance of the fact that not all units have all the necessary equipment or skills but rather allow the reader to choose 'a best buy.' Guidance is provided on preparation of the patient, but the need for explanation and reassurance to the patient is emphasised and 'is often of more value than 10 mgs of diazepam.' Sedation is one area where the individual practitioner will have to develop

his own methodology but the book excels in providing a balance on the indications for a particular procedure and when indeed it might be unnecessary. The equipment used is well described and it is often helpful to be informed of the supplier.

This edition provides a timely recognition of the expansion of day case procedures and how they can be performed to the best advantage. It is a must as a reference for the novice and the expert alike.

N KRASNER

Clinical investigation of gastric function (Frontiers of Gastrointestinal Research, Vol 17). Edited by C Scarpignato and G Bianchi Porro. (Pp XIV+378; illustrated; £116.60.) Basle: Karger, 1990.

Gut has at last lifted its ban on reviews of books derived from conferences, so that the thousands of *Gut* readers are no longer denied information in such useful gastroenterological volumes as this fin-de-siècle appraisal of gastric function tests. Scarpignato and Bianchi Porro are to be congratulated on mounting the 1988 symposium in delectable Sirmione and for choosing the international team of experts. There are two authors for most topics, one for methodology and the other for clinical significance. Part I of the book covers secretion of acid, pepsins, intrinsic factors, mucus, and hormones, as well as pH and blood flow. Part II describes motility (emptying, manometry, electroencephalography, electromyography, and motilin) with a final chapter on morphology.

For the last 500 years there have been two schools of investigations of the function of the stomach. The atrochemists such as Paracelsus, van Helmont, and Sylvius considered physiological processes, diseases, and drugs as chemical changes: digestion was the chemical effects of acid and a ferment. The iatrophysicists, iatromechanics, or iatromathematicians explained life and disease by the laws of physics: to Borelli digestion was a mechanical process from the force of contraction of the stomach. The last 40 years has seen the zenith of the chemical approach to the stomach. Measurements of maximal acid output have elucidated the hypersecretory situation of duodenal ulcer disease and its medical and surgical treatment. Almost every peptic ulcer can now be healed and kept healed by the pharmacological triumphs of the pharmaceutical industry. Perhaps the 1990s will be equally productive in our understanding of the pathophysiology and treatment of the motor disorders of the stomach?

J H BARON

The ban on the publication of symposium proceedings mentioned by Dr Baron has not been lifted for the sufficient reason that it never existed. The fact is that although many such proceedings are published, there are few which merit the attention of readers of *Gut* by achieving acceptable standards of literacy, informed comment, and presentation.—*Book Editor*.

All titles reviewed here are available from the BMJ Bookshop, PO Box 295, London WC1H 9TE. Prices include postage in the UK and for members of the British Forces Overseas, but overseas customers should add £2 per item for postage and packing. Payment can be made by cheque in sterling drawn on a UK bank, or by credit card (Mastercard, Visa, or American Express), stating card number, expiry date, and full name.

NOTES

FASEB Conference: Gastrointestinal Tract. Development and Repair – Cellular and Molecular Aspects

The FASEB conference on the Gastrointestinal Tract will be held at Copper Mountain, Colorado on 4–9 August 1991. Further details from: Conference Office, FASEB, 9650 Rockville Pike, Bethesda, Maryland 20814, USA.

Mayo-European Course in Gastroenterology

A postgraduate course cosponsored by the Mayo Foundation and the Vienna Medical Education Office will be held in Vienna, Austria (18–21 August), Budapest, Hungary (22, 23 August), and Prague, Czechoslovakia (24 August, optional). For information contact: Siegfried Meryn, MD, Mondial Congress, Faulmannsgasse 4, A-1040 Vienna, Austria; tel: 0222-588040; fax: 0222-5871268. S F Phillips, MD, Gastroenterology Unit, Mayo Clinic, Rochester MN 55905.

Pancreatic meeting: progress and prospects

The Pancreatic Meeting: progress and prospects will be held at The University of Southampton, 5–6 September 1991. Further details from: Mrs June Daniels, Unit Administrative Secretary, University Surgical Unit, F Level, Centre Block, Southampton General Hospital, Tremona Road, Southampton SO1 6HU. Tel: 0703 777222, ext 4308.

Sir Francis Avery Jones BSG Research Award 1991

Applications are invited by the Education Committee of the British Society of Gastroenterology, who will recommend to Council the recipient of the 1992 award. Applications should include:

- (1) A manuscript (2 A4 pages only) describing the work conducted.
- (2) A bibliography of relevant personal publications.
- (3) An outline of the proposed content of the lecture, including title.
- (4) A written statement confirming that all or a substantial part of the work has been personally conducted in the United Kingdom or Eire.

The award consists of a medal and a £100 prize. Entrants must be 40 years of age or less on 31 December 1992 but need not be a member of the BSG. The recipient will be required to deliver a 40 minute lecture at the Spring Meeting of the Society in 1992. Applications (15 copies) should be made to: The Honorary Secretary, BSG, 3 St Andrew's Place, Regent's Park, London NW1 4LB by 1 December 1991.