BOOK REVIEWS


This is a delightful, easy to read, little mono-
graph from the Lahey Clinic in Massachusetts.
The Clinic has a long tradition of interest and
experience in the management of diverticular
disease. Twenty years ago in 1971 Dr Bentley
Colcock, towards the end of his distinguished
career, published a monograph also entitled
Diverticular disease of the colon. As the natural
successor to Bentley Colcock the senior author,
Dr Veidenheimer, has continued an interest in
diverticular disease with the combined
attributes of a wise physician and a thoughtful
and skilful surgeon. One hopes that the junior
author is already planning another book of the
same name to be published in 2011.

Even by then it is unlikely that we will know
all the answers about the management of
decomplicated diverticular disease, nor are we
likely to have achieved the eradication of the
underlying tendency to form diverticula in the
colon. The authors state ‘with advances in
medical treatment and technology, including
broader spectrum antibiotics, new imaging tech-
niques, and better pre-operation and post
operative care, the treatment of patients with
diverticulitis has improved over the years.’
This may be true at the Lahey Clinic but for
many surgeons this is still a difficult to manage,
dangerous malady.

It is a quaintly old fashioned book; it looks as
if it was lovingly created, typeset, and published
in either Cambridge in New England or Oxford
in Old England. The quality of the illustrations
throughout the book is good but even the
admirable line drawings, mostly by Francis E
Stockel, are more in the style of the 1970s than
of today. Inconsistencies are mostly ancillary
and seem more to be from before the late 1970s
than since. Their advice is conservative and reiter-
ation of their views on investigation and manage-
ment would guarantee success in higher
examinations in surgery. The logical arguments
of the presentation of results is clear and easy
to read. The reader does not have to struggle
to follow the arguments. It is a book that the
enthusiast can pick up and read from end to
end with hardly a stop which is more than can
be said for most monographs these days.

J ALEXANDER-WILLIAMS


The oesophagus has done well for books in recent years and one might question the need for another. Dr Castell has, however, produced an excellent and useful tome that fills a gap in the market. It is also reasonably priced by today’s standards.

There are 40 chapters by acknowledged experts who provide comprehensive coverage of pathophysiology, diagnosis, and treatment of oesophageal disease. Most of the chapters are excellent and several are outstanding. An example of the latter is the chapter on anatomy and physiology. This is usually put in to make a book look complete, but in this case it is well worth a read. Also worth a read are the chapters on oesophagitis in the immunocompromised, patient and on cutaneous diseases and the oesophagus. It is rather unfair to individual contributors to pick favours in this way, but this is a book with wide appeal and I am sure that most who open it will find something of interest.

Inevitably, not all is perfect. Some of the contributors seem reluctant to express their own opinions on controversial matters and some sections are short on detail. These are minor criticisms, however, of a book that should stand the test of time. This book should be on the shelves of all clinicians with a serious interest in the oesophagus. It should also be available for reference in every oesophageal laboratory. I have just placed my order for a second copy.

The declared aim in the preface of this book is to provide the reader with an analysis of the many gastrointestinal emergencies which may confront gastroenterologists or surgeons. The body of the book is divided into the chapters on gastrointestinal emergencies. There are two parts. The first part is devoted to the many and various subjects are out of date by the time of printing. Although this is to some extent true in this book, it is a good and comprehensive baseline of the pathophysiology and acute management of gastrointestinal emergencies. This is, however, Occasionally uneven. Each chapter is well referenced but not all actually deal with gastrointestinal emergencies. Nevertheless, all are relevant and of interest to the gastro-
enterologist. An example of this is the chapter on therapeutic biliary endoscopy, which is certainly of interest, but does not fall into the strict definition of gastrointestinal emergency.

Along the same lines, it would have been of
value to have a chapter on laparoscopic cholecystectomy and its problems. Of particular interest is the section on complications of procedures such as upper gastro-
intestinal endoscopy and the treatment of NPCP and its therapeutic applications, sclerotherapy, liver biopsy, and percutaneous endoscopic gastrostomy. These are of value and are well written but if percutaneous endoscopic gastro-
scopy is just as a chapter that is crowded with significant complications, so must intravenous nutrition and enteral nutrition, which are nowadays essential facets of gastrointestinal practice. The complications of these other forms of nutritional support are not dealt with in the book. The section on pregnancy – acute abdomen, liver disease, and radiation problems – is unusual and of interest, as is also the chapter on familial and other complications of bone marrow transplantation.

It is somewhat curious to have all the colour
plates near the start of the book and identical
to those in black and white within the text; cross
referencing, however, is adequate. Overall,
although slightly uneven in its subject matter,
chapters are generally well written, well
referenced, and provide good pathogenetic and
therapeutic information for those working at
the sharp end of gastroenterology. It is a
daunting task to have brought together authors
writing on such a wide range of clinical problems within this difficult area and Mark Taylor is to be congratulated on this complex and difficult problems. Departments of Gastroenterology and Surgery will surely benefit by having this volume.

J BANCEWICZ


Alimentary pharmacology used to be simple. Until 15 years ago there were fewer treatments available, their mode of action was straight forward, and gastroenterology was not over-
whelmed by papers on the pharmacology of new drugs and their clinical comparisons.

Since then there has been a therapeutic revolu-

This book attempts to draw the facts together
into a pharmacopoeia of gastroenterology and it
tends to an extent. An introductory chapter
on basic pathophysiology in each therapeutic
area is followed by chapters on the individual compounds. These have the standard format
covering clinical pharmacology, pharmacokinetics, and clinical pharmacology, etc with generous
detail and comprehensive references which just reach into 1990. It has multiple authors but most are from Milan, the pharmacological capital of Italy.

The coverage of specifically gastrointestinal
drugs is extensive but corticosteroids, immuno-
suppressants, interferon, and similar agents are
not included. Ulcer healing, market dominating
drugs take up half the book whereas inflam-
matory bowel disease has one chapter on 5-Aminosalicylic acid, perhaps reflecting the
importance of the pharmacologist rather than the gastroenterologist. Antidiarrhoeals and
laxatives are briefer than expected.

The topics covered are done well and provide


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1460 pages of text, exclusive of appendices and a
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It is a comprehensive text on the liver in
health and disease containing information
extending well beyond the boundaries of

R H TAYLOR

Oxford textbook of clinical hepatology. Edited by Neil McIntyre, Jean-Pierre Ben-
hamou, Johannes Bircher, Mario Rizzato, and Juan Rodes. (Pp 1550; illustrated; £195.)

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R I RUSSELL