Updates in Coloproctology. By J-C Givel, G D Oates, J P S Thomson. (Pp 251; not illustrated; price not stated.) Heidelberg: Springer-Verlag, 1993.

The organisers of monospecialist international meetings are often keen to provide a book of papers to commemorate the meeting, to enhance the prestige of the host organisation and, possibly, their own CV. Many of us hope that they will not, in the future, be tempted to produce, in addition, an edited video of the meeting. Invited participants to the meeting are frequently daunted by the prospect of having to produce a manuscript in addition to delivering a paper. The production of a manuscript is an unwelcome extra chore for those who are good at verbal presentation and who never adhere to a written script. It will not be difficult for you to guess that this reviewer does not approve of the tripartite educational approach of – been to the course – read the book – seen the video. There are bound to be exceptions, however, to this dictum and this book qualifies as an exception on a number of grounds.

It must have been an interesting meeting in St Moritz in spring of 1990. The participants obviously took sufficient time off from skiing to present to each other 32 separate original papers, two round tables, and to view 12 posters. This permitted most of coloproctology to be covered and many of the current and interesting questions to be posed.

This is the sort of book that no one would consider reading from cover to cover. It is a book into which to dip to answer specific questions. I feel that the browser or dipper would be helped if all the chapters had a standard format with a 100 word summary of the paper at the beginning. Two of the excellent papers by the first editor and his colleagues from Lausanne on familial adenomatous polyposis and on perianal Crohn's disease are constructed logically, illustrated beautifully, and clearly summarised. These models should have been followed by the other authors.

There is an admirable account of a round table discussion on 'How is rectal cancer best managed?' This is obviously a crucial question that all coloproctologists would wish to know the answer. The report of the symposium is also full of questions that need to be answered such as 'How low dare we go?', 'Does local adjuvant therapy make sense?', 'Is there proof that adjuvant radiotherapy works?', 'How can the risk of small bowel complications be reduced?', 'What can be done in locally advanced rectal cancer?', 'What are the future research directions?' You would think that any book that gave definitive answers to these questions would be a worthwhile investment for any colorectal punter. Unfortunately the answers to some of these questions are 'perhaps' or 'maybe' and so the reader who buys the book may be left wondering whether it was money well spent. I think that, generally, it is.

The second round table on complex fistula in ano tries to answer vital questions such as how to classify, how to diagnose, and how to manage, what is the importance of microbiology, how to preserve the sphincter and is there a place for a colostomy? It is less well structured than the first round table and the panelist's own answers at the end of each of the posed questions were often cryptic and contradictory.

The individual papers have been carefully edited, well referenced and appropriately illus-

trated. The book is worthwhile in that it records the experience of over a dozen Swiss colorectal experts whose work does not appear often enough in English language journals.

It is clear that the British participants must have learnt a lot of coloproctology from the Swiss and not just how to execute parallel turns.

J ALEXANDER-WILLIAMS

Artificial Liver Support. Edited by G Brunner, M Mito. (Pp 450; illustrated; £60.) Berlin: Springer-Verlag, 1992.

This multi authored volume is edited by Brunner and Mito, one a physician and the other a surgeon both with a longterm interest in the field of artificial liver support. It is the second edition, the first being published in 1981 based on a symposium held at Celle in Germany the year before, and the second edition is largely based on a symposium held there some 10 years later. Since then there have been undoubted advances in our knowledge in certain areas relevant to artificial liver support. These include various liver cell growth factors in mechanisms of hepatic regeneration as reviewed by N Fausto and G K Michalopoulos, both leaders in this field, and the technology of hollow fibre dialysis and filtration systems together with lipid membrane detoxification, enzymatic and non-enzymatic detoxification of endogenous lipophilic toxins. The development of bioreactor systems based on hepatocyte culture and hollow fibre technology, is described in this volume by A A Demetriou, one of the pioneers in this field and hepatic cell transplantation. In each of these areas the researcher will find in the book a worthwhile review of available data on the present state of knowledge. There are also some other useful chapters, for instance on animal models of hepatic failure, which provide an up to date review as a background to further studies.

The clinical sections are rather limited – for instance, on aetiology, viral hepatitis as a cause of liver failure does not include all the new work on hepatitis C as a cause of liver failure, at least in Japan. There is considerable emphasis on the value of plasma exchange, but this is a form of treatment that has had limited adoption outside Japan. Overall the volume is a little disappointing, perhaps because there is no clear thread to the presentations and indeed no clear idea as to how artificial liver support is going to be successfully accomplished. An effective form of liver support has long been high on the list of priorities of those interested in liver disease, but progress has been slow, particularly during the last few years except in some of the experimental areas I have mentioned; indeed there are comparatively few clinical and experimental research groups in the world that have maintained an interest and active work in this area.

The volume also suffers by the inclusion of largely irrelevant areas: for instance chapters on liver transplantation are concerned with the wider aspects of transplantation in a whole variety of liver disease, rather than in the context of liver failure and its treatment. This reviewer would like to have seen a critical analysis of heterotopic or partial orthotopic transplantation as a form of temporary liver support and a critical analysis of the results of orthotopic transplantation in acute liver failure patients. There is even a chapter on endoscopic sclerotherapy, which is rarely a problem in liver failure and its connection with artificial

liver support is tenuous, as indeed is the chapter on resection of the cirrhotic liver and related experimental studies. The price (£60 plus) will limit this volume's appeal to the specialised reader.

ROGER WILLIAMS

NOTES

Sir Francis Avery Jones BSG Research Award 1994

Applications are invited by the Education Committee of the British Society of Gastroenterology who will recommend to Council the recipient of the 1994 Award. Applications (**Fifteen copies**) 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.

Entrants must be 40 years or less on 31 December 1994 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 1994. Applications (**Fifteen copies**) should be made to: The Honorary Secretary, BSG, 3 St Andrew's Place, London NW1 4LB by 1 December 1993.

Recommendations for endocarditis prophylaxis

The endocarditis working party of the British Society for Antimicrobial Chemotherapy has recently revised its recommendations for prophylaxis (Simmons *et al.*, 1992). A Table summarising them is presented here. Warning cards for susceptible patients, giving the recommendations, are available free of charge from the British Heart Foundation, 14 Fitzhardinge Street, London W1H 4DH.

Gastrointestinal procedures. Cover is suggested for patients with prosthetic valves or patients who have had a previous attack of endocarditis.

Recommendations for these patients are:

- (a) For patients not allergic to penicillin and who have not had penicillin more than once in the previous month: Adults: 1 g amoxycillin intravenously or 1 g amoxycillin in 2.5 ml 1% lignocaine hydrochloride intramuscularly plus 120 mg gentamicin intravenously or intramuscularly at the time of induction; then 500 mg amoxycillin orally 6 h later. Children 5–10 years: amoxycillin half adult dose; gentamicin 2 mg/kg body weight. Children under 5 years: amoxycillin,