

ends on the table when he was working at his charts and manuscripts. He then practised more healthy pursuits of cycling, skiing, and 'go-go' dancing. In none was his approach ordinary – it has always been quite exceptional. He visited me once in Cambridge during his bicycle phase, cycling non-stop from London according to a strict time schedule. Arriving at a convention in Chicago with his co-workers, there was fairly prolonged discussion with a map as to which restaurant to choose for dinner, Starzl insisted on a restaurant which was way out in the suburbs and when he was asked why he wanted to go so far, he explained that this would give the best chance of a worthwhile bicycle ride. He carried his bicycle on to the plane on all his travels so as not to miss an opportunity for bicycling.

This is a puzzlement to many of us who work in transplantation – how patients' lives can be saved by transplantation and their attitude to life, their organs, and the donor whose family they usually do not know. These are important factors of transplantation which are considered in Starzl's book.

From my remarks in this review it will be clear that most surgical fellows have found working for Dr Starzl not easy but they have learned immensely, not only about transplantation but also how tough it is at the top.

SIR ROY CALNE

**Manual of gastrointestinal procedures.** Edited by D Drossman. (Pp 304; illustrated; \$44.) New York: Raven Press, 1992.

For those who are occasionally diverted from the path of true clinical rectitude by the cultivation of arcane research interests, it is often something of a shock to find that the fellow sages whose company we enjoy at abstruse symposia in distant places also lead double lives. Doug Drossman, with dual expertise in gastroenterology and psychiatry, has a towering reputation in the study of the psychosocial and epidemiological aspects of functional bowel disorders; as these are problems that make few demands on technical skills in gastroenterology, it is all the more surprising to find him as editor of a manual on practical procedures in gastroenterology. Knowing him, it is less surprising to find that this book is very well done indeed. The 40 chapters are grouped into five sections with the helpful titles of 'Tubes', 'Needles', 'Diagnostic Endoscopy', 'Therapeutic Endoscopy', and 'Procedures for Pediatric Patients' preceded by a chapter on 'The Procedure Unit'. The latter makes it clear that this is a transatlantic publication; advice that the allotted space 'should include the following: . . . Staff information space with lab information and computer terminals . . . Staff education room and library with video monitors . . . Conference room and lounge space with a refrigerator . . .' is the stuff of fantasy for most United Kingdom gastroenterologists. But, thereafter, the territory is more familiar, and the whole range of gastroenterological manipulative procedures are described succinctly but clearly, with appropriate advice on how to overcome difficulties, and, where appropriate (as in manometry) on the interpretation of results.

The book is paperback rather than pocket sized, but ring binding ensures that it stays open where you want it so that you could, if you had to, leave it open for easy reference while you insinuate scopes, tubes, and guide wires into appropriate orifices. It isn't a book that

needs to be carried around, but, in a gastroenterology unit, it would be an excellent resource which would be equally valued by trainee physicians, nursing and ancillary staff, and medical students. The fact that it is in its third edition is testimony both to its past popularity and the rapid advances that are made in this field. In his chapter on laparoscopy, Dr Lesesne remarks that 'Surgeons have recently expanded on the use of this technique by introducing laparoscopic cholecystectomy', but even within three months of publication, the last four words should be amended to ' . . . by the laparoscopic abolition of all elective abdominal surgery'. None the less, it is largely up to date, and should prove very useful.

D L WINGATE

**Handbook of total parenteral nutrition.** By John P Grant. (Pp 368; illustrated; £22.) Philadelphia: W B Saunders, 1992.

The development of nutrition as a clinical specialty continues steadily, fuelled by the increasing awareness of the potential for techniques of artificial nutritional support. The inauguration of the new British Association for Parenteral and Enteral Nutrition in December last year has highlighted the need for the multidisciplinary team approach, but which can be so difficult to achieve. This new addition of Grant's book, published some 10 years after the first, is therefore timely indeed.

After a short historical chapter, the second emphasises the team approach. American teams are bigger than their United Kingdom counterparts and the chapter might tempt us to question whether our all too modest expectations for staffing here are really in the patient's best interests. The third chapter on nutritional assessment by body compartment analysis appropriately deals mainly with anthropometric techniques widely available for use at the bedside but does not neglect the less available, more expensive research orientated approaches – though DEXA scanning and underwater weighing surprisingly do not feature. The effects of undernutrition on function, particularly of (respiratory) muscle, are discussed in the context of nutritional assessment in the next chapter. The section on nitrogen balance could have been fuller with advantage – and the clinical problems of its measurement could have been approached more practically. The next chapter on patient selection is a useful but inevitably selective guide to some of the published works though it quotes over 200 references.

Chapters 7–10 deal most usefully with the day to day organisation of total parenteral nutrition, the insertion of lines, maintenance of asepsis, the writing of prescriptions, and the compounding of solutions. Chapter 11 is on the management of the patient with special needs, liver and renal disease, the catabolic patient, and the blending of tailored support to abnormal metabolism. The use of insulin, growth hormone, glutamine, and other adjuncts are briefly, though not very satisfyingly, discussed.

Chapters on complications and deficiency syndromes lead appropriately to vitamin requirements. The book ends with sections on the use of peripheral intravenous feeding and home care.

All in all this is a good book, clearly written, attractively presented, and of a manageable length. It must rank among the best as a specialist introduction to the field. In concen-

trating on total parenteral nutrition it ignores enteral feeding and so runs the risk of erroneously giving the impression that most nutritional support is intravenous.

J POWELL-TUCK

**Cholecystokinin antagonists in gastroenterology.** By G Adler, C Beglinger, eds. (Pp 233; illustrated; DM 148.) Heidelberg: Springer-Verlag, 1991.

There are now several orally active antagonists of the cholecystokinin (CCK-A) and gastrin/cholecystokinin (CCK-B) receptors of the stomach, gut, and brain.

This small book is edited by two distinguished Swiss physicians who have particular interest in their effects in humans. The content, however, is comprehensive because the various chapters are each written by the appropriate expert, resulting in a source of information and references, which will be of value to scientists and medics with an interest in the area. There are several applications in the control of gastrointestinal and pancreaticobiliary secretion and motility. Also, interestingly, blockade of CCK-B receptors in the brain might be useful in the treatment of anxiety and panic.

There are four sections: (1) biology of CCK; biochemistry, distribution, receptors, effects, etc; (2) the development and chemistry of CCK receptor antagonists; (3) the physiological effects of these agents on animals and man; (4) potential clinical applications of CCK receptor antagonists.

Of course, publications of this sort vie with journals, 'Medline', etc, as sources of up to date information, and competition is keen when the action is fast: the CCK-A and -B receptors were cloned after the book was published. In practice these advances do not diminish the usefulness of the collection of first class reviews brought together here.

J CALAM

**Probiotics: the scientific basis.** By R Fuller, ed. (Pp 398; illustrated; £49.) London: Chapman and Hall, 1992.

We are familiar with the important role of antibiotics in the control of infection. We are also aware that there can be problems with the treatment of digestive tract infection and of the serious side effects that may follow attempts at such treatment (for example, pseudo-membranous colitis, candida overgrowth, *Staphylococcus enterocolitis*). These side effects result from the effect of the antibiotic on the colonisation resistance of the normal flora – the main mechanism for prevention of gut infection. With the growing trend towards preventive medicine, why not support this colonisation resistance by the use of probiotics – promoters of the natural defensive mechanisms in the gut?

Probiotics are widely used in animal husbandry but not in the prevention of human disease. This is partly because of the wealth of anecdotal, mystical or mythical data in circulation, which have given the subject a bad image. The title of this book admirably states its aims. The editor has a long and creditable experience in the field, and has assembled an impressive group of contributors to help him. The first nine chapters deal with the background, and the theoretical bases for believing that probiotics should help to prevent disease. The next