The technical feasibility of small bowel transplantation was shown in 1959 by Lillehei in a dog model. Between 1964 and 1967, eight human small bowel transplants were performed with survival times ranging from 12 hours to 76 days. These were unsuccessful either for technical reasons or because of acute cellular rejection. The introduction of cyclosporin into clinical practice revived interest in small bowel transplantation at a time when the limitations of parenteral nutrition were becoming increasingly clear. During the 1980s a number of small bowel transplants were performed in several centres in Europe and America with isolated reports of success. The report of a long-term survivor after liver and small bowel transplant, from Grant and his colleagues in London, Ontario, coming after a series of successful experiments in pigs provided the impetus to Starzl and his colleagues at the University of Pittsburgh to start what has become the largest series of patients treated by intestinal transplantation. FK506 has been used extensively in Pittsburgh and is currently considered the most effective immunosuppressant for small bowel transplantation. The results of their first 53 cases are discussed in detail in this book. The problems that the Pittsburgh programme encountered have been briefly reviewed.

The Pittsburgh group presented their results in November 1993 at the 3rd International Small Bowel Transplant meeting and reported a one year patient survival of 89% and a patient survival of small bowel alone of 52% (22 transplants) and multivisceral transplantation (11 transplants) and 60% for combined liver and small bowel transplantation (26 transplants). Unlike liver transplantation significant graft versus host occurs later than one year and the graft and patient survival figures at two years are awaited with interest.

These early results although promising are overshadowed by the continuing problems relating to the level of immunosuppression. Getting the balance between too little immunosuppression resulting in acute rejection and too much resulting in sepsis and an increased likelihood of lymphoproliferative disease has proved difficult and remains the major obstacle to successful small bowel transplantation. About 30% of children undergoing small bowel transplantation in Pittsburgh have developed lymphoproliferative disease, as a consequence of high levels of immunosuppression and Epstein-Barr viral infection. The incidence is much less in the adult population.

The criticisms of this book are few. The inclusion of some clear line drawings and diagrams of the surgical procedures would have been helpful. The section on small bowel failure and definition of intestinal failure and treatment from the point of patients being accepted on to a parenteral nutrition programme. A fuller discussion of the current indications, assessment, and selection of patients for small bowel transplantation would have been useful for practising clinicians who may consider referring patients. The section on lymphomas, sepsis, and follow up of graft function, all important problems after small bowel transplantation, will need to be expanded in future editions.

All the chapters are comprehensively referenced, effectively displayed, and easy to read. This is an excellent book for anyone interested in the history and development of small bowel transplantation up to the present time.

N HEATON


While the incidence of inflammatory bowel disease in children is rising, it is still a condition rarely seen by general paediatricians. The interval between first symptoms and diagnosis is still a cause for concern. Even for paediatricians with an interest in gastroenterology and nutrition, it is probable that the number of children attending their service with one of the inflammatory bowel diseases is small. Only a small number of centres in any country treat a large number of patients, and quite rightly so. This restriction has implications on postgraduate training in paediatric gastroenterology as the inclusion of significant training in the treatment of children with inflammatory bowel disease may be difficult to organise in every training programme.

This book, which comes from an important paediatric inflammatory bowel disease clinic, is a valuable addition to published works. It is an unashamedly an exposition of the 'Bart's' way of doing things, and the book can be used by present or past members or associates of Professor Walker-Smith's clinical and scientific teams. It is the first for 1994 of the quarterly volumes published under the series title Baillière Tindall Gastroenterology, available on subscription or as individual volumes.

The book adopts a practice based approach to its organisation, with chapters on aetiology, pathology, and treatment of inflammatory bowel disease. The book is written by, or for, knowledge of the subject comes from the excellent chapter on growth and puberty in inflammatory bowel disease. The service run by the authors was among the first to introduce a paediatric enteroclinic into the treatment of the condition. The only weakness evident in the book is the lack of insight into the social and psychiatric aspect of the treatment of children with chronic gastrointestinal problems. This is something that the adult gastroenterologist, not familiar with the psychology of young patients, may desire. For the paediatrician who wants a comprehensive summary of the treatment of the condition, this book is more valuable than a textbook not specifically aimed at the paediatric age group. For the paediatrician in training who wishes to develop an interest in gastroenterology and nutrition, reading this book should be an essential part of the 'learning plan', which will be a central feature of all postgraduate medical education within the next few years.

This book contains a lot of basic science. This is not surprising as one of the coeditors is a laboratory based scientist. The weakness of many textbooks is that they are nearly out of date by the time they pass through the writing-editing-publishing-printing cycle.

The series, of which this is one volume, tries to keep the lead time to production short. This has been achieved in this case, with a liberal sprinkling of references to 1993 published works.

This volume has found its place in the marketplace. I expect to see it on the shelf in the office of many gastroenterologists who have adolescents with inflammatory bowel disease attending their clinic. I also expect to see it on the compulsory reading list of paediatric postgraduate training programmes in gastroenterology and nutrition, and perhaps also on the additional reading list of adult gastroenterological postgraduate training programmes.

S DEVANE


It is a pleasure to be asked to review the second edition of this important textbook of gastroenterology, not least because I shall be able to keep and use the two handsome volumes. It is, however, difficult to contemplate a blank page and wonder how I can do justice in a few words to a monument to British medical scholarship. It is incredible to think that the first edition was published as long ago as 1984, so that a second edition is very timely although its preparation must have had a very long gestation. In 1993, many of the numerous references scattered throughout the two volumes date from the 1980s and before, but an important minority were published in 1990/1991.

I have referred to it as a work of British scholarship because the four editors are distinguished British clinicians (including one surgeon) and most of the approximately 180 contributors (16 pages devoted to a list of contributors and titles) work in British hospitals and medical schools. There is a large minority, however, from North America and continental Europe and this should give the book an international appeal, which would otherwise be limited. It is also a second English edition, following the first in 1984 for a second English language edition. It has been a period of rapid access to large works of reference during my everyday practice, and because the essence of clinical practice does not change that fast.

The textbook covers alimentary diseases, including those of gall bladder, biliary tree, and pancreas, but excludes liver disease. Volume 1 considers the main parts of the alimentary tract in the familiar and inevitable descriptive order. The authors have consulted and relevant physiological science precedes descriptions of the major diseases. Biliary tract and pancreatic diseases are covered in the second volume alongside a number of less anatomically oriented sections such as ischaemia and bleeding, infection and infestations, inflammatory bowel diseases, functional disorders. Each author's contribution (and some are quite short) is followed by