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 Starr 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 immunosuppression of choice 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 survival of 40% for related small bowel transplants (22 transplants) and multi-visceral transplantation (11 transplants) and 60% for combined liver and small bowel transplantation (26 transplants). Unlike liver transplants, significant graft failure 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 overlaid 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 virus 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 for 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 any training programme.

This book, which comes from an important paediatric inflammatory bowel disease clinic is a valuable addition to published works. It is unashamedly an exposition of the "Barr's" way of doing things, with the book written 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 Bailliere's Clinical Gastroenterology, available on subscription or as individual volumes.

The book adopts a practice based approach to its organisation, with chapters on aetiology, pathology, and clinical features, medical management, and surgical management. The coeditors present the book as being useful to the adult gastroenterologist, and to the paediatrician. For the first, the important addition of this book is that 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 endocrinologist 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 gastroenterology. However, it is somewhat harder to agree 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.

The purpose of this book 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. I doubt 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 those with acknowledgments) 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 be welcomed by the many well known American rivals but it is the largest and most comprehensive of the many current British gastroenterological texts.

Some have claimed that textbooks are dinosaurs and should be allowed to become extinct in an era of rapidly developing, highly sophisticated information technology, especially when dealing with a science that is rapidly changing. I disagree, because I enjoy browsing through books and much of the knowledge I have gained is from this 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 I considers the main parts of the alimentary tract in the familiar and inevitable descriptive manner first, and then in turn. Relevant 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...

This is a book that will sit well on the coffee table especially in spring as the cover is colourful and eye catching. Unfortunately, the contents are not quite so interesting. It sets out to cover what is now called ‘minimal access surgery’ in gastrointestinal cancer. It does not keep entirely to its brief, however, as there is a chapter on ‘Physiological Responses and Advantages of Minimally Invasive Surgery’, which could be found in any minimal access surgical textbook and has nothing really to do with gastrointestinal cancer. Likewise, the following chapter on ‘Instruments’, is probably unnecessary in such a specialised textbook. Everyone should know what instruments to use if they are going to embark upon what is really a super specialised part of minimal access surgery.

The layout in double columns at first looks quite pleasing but is actually difficult to digest and I am sure will make readers cross eyed should they wish to read this book for long periods. The illustrations in the main, however, are excellent and in those chapters that have colour photographs, these are good apart from the rather blue ones on the chapter on liver surgery.

I enjoyed immensely the opening chapter, which sets the scene for this textbook. Unfortunately, the textbook then strays somewhat until the sensible chapter by Philippe Mouret on ‘General Diagnostic Aspects’.

There are one or two excellent chapters, especially part one on liver cancer ‘Assessment of Liver Tumours’ by Frederick Greene and the very clear part one of the chapter on pancreatic cancer ‘Assessment of Pancreatic Cancers’ by John and Garden.

As with all multiple author books, there is obviously some repetition though the editors have done well to keep this to a minimum. The best chapter in the book for its clarity, excellent illustrations, and the fact that they have actually put in full results is the chapter on ‘Endo-Rectal Surgery for Early Rectal Cancer’ by Said and Bussel.

I wondered why there were comments about instruments for hernia repair and discussion about using the USDA for dissecting the gall bladder. I have never seen a malignant hernia and gall bladder cancer is rare. Usually this is unrecognised until the gall bladder has been removed. While discussing this, it is interesting that there is little made about extraction devices and the use of bags. I would have thought that this deserved a full chapter. The other glaring omission is that there is no chapter on port site recurrences or indeed local recurrences. The effect of carbon dioxide, the laser plume, and diathermy for the spread of malignant cells should have been considered in such a specialised textbook.

I think this chapter is misplaced as by the time this specialised book is read, surgeons should be fully trained and if they are not, this could be extremely dangerous. The chapter on the future is interesting but probably more should be made of the role of minimally invasive surgery for targeted chemotherapy and other forms of cancer treatment.

The book ought to be in surgical libraries for reference but I am unsure as to its real place. It is neither an operative manual nor a reference manual with little in the way of results. In my opinion there is certainly there and I think the second edition may be greatly improved in this new developing type of surgery within the surgical oncological scene.

R D Rosin

NOTES

Perspectives in Clinical Trials

The Second European Conference on Medicines Research will be held in Brussels on 5–6 December 1994. Further information from Janie Wardle, PO Box 806, Cambridge CB4 4RT. Tel: +44 (0) 954 252516; fax: +44 (0) 954 252517.

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