

the importance of the glucose:insulin ratio and continues with the energetics of exercise and diabetes mellitus; detailed descriptions of the relevant metabolic pathways come later. The introduction is sufficient, however, to support what is in effect a problem based approach, and this approach should enhance the reader's understanding and enjoyment of the essential intermediary metabolism rather than just presenting it as a topic to be assimilated without any leavening of relevance.

The chapter on vitamins begins with folate, on the basis that deficiency is common and the relation between the functions of folate and the manifestations of deficiency are well understood. Thereafter, the order is based on functional relations, rather than being alphabetical or related to water or lipid solubility, so that, for example, folate, B12, and biotin are considered together on the basis of being involved in single carbon transfers. The reader who has been brought up with conventional textbooks may, in common with this reviewer, find Brody's novel approach to his subject matter difficult to appreciate at first, but increasing familiarity led to my finding it refreshing and stimulating.

Key points in the text are illustrated by aptly chosen experimental studies. Numerous 'exercises' (essentially questions and problems that the reader is invited to consider) should test understanding and could form the basis for tutorial discussions.

The book suffers, however, from some important topics being given inadequate coverage. Although the author claims that techniques for assessing nutritional requirements and deficiencies are given especial prominence in the book (nitrogen balance being singled out in this context), the assessment of nitrogen balance occupies less than one page. Given the considerable clinical importance of this topic, this is disappointing, as is the complete omission of any reference to the biochemistry of artificial nutritional support.

Nevertheless, this is an original, well researched, and comprehensively referenced book, which should be of considerable value to students of nutrition and provide a useful source of material for anyone who teaches the subject.

W J MARSHALL

Cancer: A Molecular Approach. Edited by N Lemoine, J Neoptolemos, and T Cooke. (Pp 383; illustrated; £75). Oxford: Blackwell Scientific, 1994.

Not so long ago a wise, kindly, and highly experienced editor invited me to contribute a chapter on molecular genetics to a 'Recent Advances' series in gastroenterology. As the deadline approached (and, I guess, in common with 99% of the readership of *Gut*, modern life for me is just a series of deadlines), I became acutely conscious of a problem that must have faced generations of authors before me: my recent advances might not seem quite so recent by the time the finished product hit the bookshelves. My particular concern was that such a rapidly evolving field as molecular genetics, where I had no problem in fulfilling the editor's request to be up to the minute, might have missed out on significant advances during the incubation period from manuscript to printed page. Over the telephone, my editor was unfazed by my anxieties and said that he would permit a postscript if the cure for cancer was found while the book was in press.

Because of the pace at which one discovery follows another, a lot of recent work in molecular biology can seem dated, but does this threaten to undermine the place of such books as the present one under consideration? In this case, the answer is an emphatic 'no'. As Sir Walter Bodmer recognises in the foreword, while some aspects of the book may indeed be out of date during its gestation, this would also be true of any research field that was stagnating, and no one could say that of cancer biology. Not only should all gastroenterologists who see and treat patients with cancer have a working knowledge of basic cancer science, they should also be aware of, and indeed be receptive to, developments that find their way from the research bench to the bedside. We should all be working to develop informed awareness of the potential of genetic modification as a tool for cancer treatment. There can be few readers of this journal who would not be enriched by reading the first and last 70 pages of this book, which deal with the cellular and molecular basis of cancer with specific chapters on oncogenes and immunosuppressor genes as well as outlining the scientific basis for the revelations of the molecular genetics of inherited cancer. The last three chapters relate to the molecular basis behind cytotoxic drug treatment and radiotherapy, and the book closes with an excellent chapter on cytokines in cancer from Monson and Guillou.

Perhaps, not surprisingly, given the background of two of the editors, this book has a distinctly surgical emphasis, but many of the chapters are coauthored with colleagues from basic science, which really gives rather a nice balance. The book is largely, but not exclusively, concerned with gastrointestinal cancer and, given the fact that there are 33 authors who doubtless had to be gently (or otherwise) cajoled into producing their manuscripts fast, the book seems impressively up to date – certainly, late 1992 and, occasionally, early 1993. If you feel you can live with a book published in 1994 that is not quite at the cutting edge of, for example, colorectal cancer genetics but gives a highly readable account of the fundamentals of the molecular basis of malignancy, I would urge this book upon you.

IAN FORGACS

Consensus in Clinical Nutrition. Edited by R V Heatley, J H Green, M S Losowsky. (Pp 506; illustrated; £70.) Cambridge: Cambridge University Press, 1994.

Clinical nutrition is, par excellence, an integrative discipline – an area where, in these days of super-specialisation, a student of medicine, young or old, can be encouraged to take a whole patient approach to disease: a field in which the generalist can happily roam. Gastroenterology has maintained, more than most medical specialties, its links with general medicine – few gastroenterologists are pure specialists. For the gastroenterologist nutrition encompasses especially the digestion and absorption of food including the closely related secretory and motility responses of the intestine to nutrients.

Increasingly, however, the specialty is researching less obviously gastroenterological areas like satiety/hunger, which govern the clinically all important food intake; furthermore it needs to understand metabolic responses to food and disease if it is to take part in the provision of nutritional support therapy. The specialty is well placed to do this: endoscopic skills are often needed for

tube and gastrostomy placement, the liver and intestine are the dominant nutritional organs, the patient with the failing intestine needs artificial feeding. The gastroenterologist who ignores the effects of undernutrition can be likened to the paediatrician who ignores growth failure or the cardiologist who fails to take an interest in breathlessness. But, uncomfortably for the super-specialists, the effects of over and undernutrition impinge on every organ and system in the body and have enormous political and economic import through their effect on productivity, mortality, morbidity, and quality of life. Clinical nutrition, the subject, then must include the effects of food and nutrients on cancer and coronary heart disease epidemiology, not least the fascinating story that is emerging of the effects of mild maternal malnutrition on population diabetes, hypertension, and coronary heart disease. Add obesity and a *souçon* of alcohol and the recipe for a subject emerges that must benefit from the coming together of many disciplines.

In their celebration of the tenth year of the influential Leeds Nutrition course, Heatley, Green, and Losowsky have shown this breadth of subject, while focusing appropriately on their own prime hepatogastroenterological bias. There are chapters on obesity, eating disorders and the effects of diet on blood pressure, lipids, and lipoproteins to supplement the expected diet of artificial feeding. A book such as this cannot and does not seek to be comprehensive but it would have been good to have seen chapters on prenatal nutrition and on food and cancer epidemiology. Nevertheless, it provides an entertaining *pot pourri* of valuable reviews from among the foremost contributors in clinical nutrition and as such can be thoroughly recommended. It is a pity that Cambridge University Press was not able to keep the price below a hefty £70.

J POWELL-TUCK

Atlas of Clinical Gastroenterology (2nd ed). Edited by J J Misiewicz, A Forbes, A B Price, P J Shorvon, D R Triger, G N J Tytgate. (Pp not numbered; illustrated; £80.) London: Wolfe Publishing, 1994.

Atlases do not always seem to produce the best in reviewers. Stand up the reader who has not come across the clichés – 'coffee table book . . . a picture is worth a thousand words' – when studying an appreciation (or otherwise) of a book primarily based on pictures. I wonder if any tendency to demean atlases comes from childhood experience where, surely, a sign of the maturing intellect is a progressive increase in the ratio of words to pictures in reading material.

Nevertheless, it would seem to me to be virtually impossible to study gastroenterology from books without a comprehensive visual aid. Osler once said that seeing patients without books is to sail an uncharted sea yet to study books without seeing patients is never to go to sea at all. At least with an atlas, you begin to approach 'virtual reality'. Perhaps all clinicians should have a volume containing illustrations such as the one so splendidly presented here. Many of us, of course, do not have such a book and one of the reasons may be that, in the United Kingdom, consultant gastroenterologists do not have to take any postgraduate examinations in their specialty. As the authors suggest in the preface, among this book's potential target readership are undergraduate medical students. As clinical