Clinical Gastroenterology. 4th edition. By H M Spiro. (Pp 1297; illustrated; £110.00.) New York: McGraw-Hill, 1993.

Most one author textbooks eventually succumb to multiauthorship. Spiro's first edition was in 1970. His fourth edition is now half written by his colleagues. Their names (Atterbury, Barwick, Gorelick, Gryboski, Kapadia, Reuben, Sundaram, Traube, and Zeman) appear opposite the title page. Spiro retains final responsibility for the contents and has even changed their words or recommendations.

The book is still aimed at the practitioner who is reminded that 80% of all patients' complaints are psychosocial in origin. A six page introduction ('let patients tell in their own words what is going on') is followed by 57 chapters from oesophagus to liver as well as 112 beautiful colour photographs, four to a page by Pier Luigi Marignani: would their omission reduce the cost and increase the sales? The other changes are an expansion of physiology, updating of references, and use of non-sexist plurals.

Of course I have not read the whole of this book, any more than I have my dozen other gastroenterology textbooks, but I did test what Spiro has to say on topics discussed recently in our meetings. The causes and treatment of pneumatosis cystoides intestinalis and indications for colonic polypectomy and subsequent follow up were clear. The description of haemangioma of the liver was also clear but goes on to say 'obviously liver biopsy is ordinarily contra-indicated although several brave physicians have reported using a Chiba needle for such purposes'. This is despite the Brown University group having shown the safety of image guided liver biopsy in 38 such patients.

I also looked at two parts (peptic ulcer and inflammatory bowel disease), which Spiro has not assigned to colleagues. His chapter on duodenal ulcer exemplifies the virtues and faults of the book. Yes, this wise clinician and profound humanist emphasises that patients with duodenal ulcers should be treated by physicians as human beings. Yes, he hints at the current scientific model that both acid and *Helicobacter pylori* are needed for duodenal ulceration. Then he abandons his therapeutic logic, devotes almost all of 20 columns of medical treatment to combating acid, and only one column to *H. pylori* eradication, for which the only remedy recommended, grudgingly, is triple therapy to which he gives four lines. No doubt, only a few American gastroenterologists currently treat, and prevent recurrence of, duodenal ulcers in their patients by eradication therapy. Should a textbook recommend the empirical practices of the past or the rational achievements of the present?

Similarly, for ulcerative colitis. Yes, Spiro emphasises 'the relationship between physician and patient plays a powerful role in the recovery of some patients', but then undermines this message by dissembling: 'physicians no longer like to regard themselves as therapeutic agents'. I do so regard myself and I suspect so does Dr Spiro. Yet when the reader looks for clear therapeutic advice he is told to stop sulphasalazine maintenance treatment in asymptomatic patients even though 'the drug will probably have to be reinstituted during the next six months because of relapse in about 50 to 70 per cent of patients', and that 'many physicians advise some patients to keep on taking sulphasalazine prophylactically for many years'. Surely, clinicians deserve a clearer message of maintenance therapy for

colitis indefinitely? And when he does give clear dictats I am sometimes unconvinced. Thus, Spiro tells us that 'colectomy with ileo-anal anastomosis is preferable to immunosuppressant drugs', and he dismisses radionuclide scans in seven lines as 'misleading'.

This one man textbook was a triumphal portrayal of the theories and practices of a distinguished clinical gastroenterologist. I am sure he was right in his fourth edition to ask colleagues to write sections of the book, which he then edited to his satisfaction. Perhaps in the next, fifth, edition Spiro will repay the compliment and permit his colleagues to edit his sections to their satisfaction.

J H BARON

Practical Alimentary Tract Radiology. Edited by A R Margulis and H J Burhenne. (Pp 512; illustrated; £81.00.) St Louis, Missouri, Mosby Year Book, 1993.

This is a shortened version of the well known standard reference text 'Alimentary Tract Radiology', regarded by many as the 'bible' of gastrointestinal radiology, – its size meaning that it is usually found only in libraries and specialist gastrointestinal units. This version is accessible to anyone interested in the use and interpretation of gastrointestinal tract imaging.

The entire gastrointestinal tract is considered in 18 chapters produced by 83 contributors. There are specific chapters on the acute abdomen, infectious diseases, postoperative and paediatric radiology as well as on special procedures, interventional radiology, and gastrointestinal physiology.

There are inevitably some areas of duplication, for example in the section on angiography and interventional radiology and within the separate chapters. These do not, however, detract from the work as a whole and permit each chapter to stand alone.

The image quality throughout the book is high and there is liberal use of line diagrams and many very useful tables. The price of £81 is reasonable for such a well illustrated book.

A HEMINGWAY

The Pancreas: Biology, Pathobiology and Disease. 2nd edition. By V L W Go, E P DiMaggio, J D Gardner, E Lebenthal, H A Reber, G A Scheele. (Pp 1176; illustrated; \$287.50.) New York: Raven Press, 1993.

Where does one start when asked to review this elephantine book: 1176 pages; 56 chapters by 83 authors, all but 20 from the USA; more than 3 kg in weight; and dimensions 11"×9"×2"? It was not designed for reading in a favourite armchair. The glossy paper strains the eye in artificial light; pages of uninterrupted print in double column format will tax the most resolute; the numbering by alphabet system is irritating; and it is disconcerting – not just for the neophyte – to be forewarned that anxieties may be generated in the reader because 'redundancies and conflicts . . . were intentionally not edited out'. So, first impressions are unfavourable. But, what about the substance?

The opening section on biology has the lion's share of the book (488 pages) and it is, on the whole, breathtakingly scintillating. It encompasses futuristic chapters on differentiation/development, transgenic analysis, and regulation of gene expression; topical articles on mucins, lithostathine, and the extracellular

matrix; and explicit reviews on cellular receptors, electrophysiology, and signal transduction. The lack of reference to nitric oxide, reactive oxygen species, cytokine-protease-oxidant interaction in inflammation, and drug metabolising enzymes is surely short sighted – considering that a breakdown in signal transduction in the acinar cell seems to be the seminal event in pancreatitis, that the inflammatory process tends to go berserk in this condition, which is almost always aseptic at the outset, and the range and diversity of drugs/chemicals that have been implicated in pancreatic injury. The extra space could have been gained by reducing to one chapter the three (77 pages) on gross control of the exocrine pancreas, retained from the first edition! And, I also fail to see why the three highly relevant chapters on exocrine-endocrine interaction from that edition have now been lifted out so that they sit uneasily two sections downstream, with additional chapters on normal islet function, transplantation, and microvasculature. All three are admirably succinct but the first two are not germane to exocrine pancreatology while the third is so fundamental that its essence was (and remains) in the chapter on insular-acinar relation.

Section II on experimental models (85 pages) is perfectly poised to serve as a bridge between basic and clinical aspects. But the opportunity is wasted! There is little or no reference here to experimental alcoholic injury, the useful isolated perfused pancreas preparation, animal models of cystic fibrosis or nutritional or toxicological injury. The aspiring scientist will thus not find answers to such intriguing questions as: why does combined methionine/choline deficiency induce acute pancreatitis, chronic pancreatitis, cystic fibrosis like lesions or even pancreatic cancer, depending upon subtle differences in experimental protocol; or, why do 'pancreatic hepatocytes' evolve when animals are reared on some carcinogenic regimens; or, why are the acinar changes associated with frusemide, tetracycline, allyl alcohol, and certain nitriles so similar?

As the editors justify the need for this second edition by the 'rapid, long and important leaps forward in knowledge of the pancreas', clinicians will look eagerly at the sections on pancreatic disease (402 pages) but will come away disappointed. They will be confused at the emphasis on the taxonomy of pancreatitis when active episodes of 'acute' and 'chronic' disease are clinically indistinguishable. They will question advice to 'rest the pancreas' when failure of exocytosis seems to be the pivotal problem in experimental pancreatitis. They will wonder why ARDS is not unique to pancreatitis if active pancreatic elastase and phospholipase A₂ are critically important, and whether this gospel of 'pancreatic autodigestion' should really be debunked as cryptically suggested in a statement in the biology section. Does a pancreatic pseudocyst always imply a disrupted pancreatic duct and, if so, why do 40% resolve spontaneously? Are standard intralipid solutions permissible in the treatment of severe acute pancreatitis or pancreatic fistulae? What tangible improvement has there been in the treatment and prevention of the acquired pancreatic diseases? As cystic fibrosis is arguably the commonest 'cause' of chronic pancreatitis, judging by pancreatic histology, what lessons are there with regard to 'nature-nurture' connections? As the clinical sections stand, apart from two excellent chapters on the management of post-pancreatitis fluid collections, the rest is 'old hat' – with some 25 computed tomographic images of acute pancreatitis!