
Most one author textbooks eventually succumb to multi-author fare, Spiro’s excellent exception 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 has treatment options for 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 boxed photographs, four to a page by Pier Luigi Marigiani will 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 phrases.

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 of pyloric antral G-cell hyperplasia in our own unit. The causes and treatment of peptic ulcer disease and pernicious anaemia are predicated on a clear understanding of physiology, while the third is so fundamental that its essence was (and remains) in the chapter on insulin-acinar cell physiology.

Section II on experimental models (85 pages) is excellently produced – I am still waiting for a more basic and clinical aspects. But the opportunity is wasted! There is little or no reference here to experimental alcoholics, 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, and is it possible that this experimental pancreatitis or even pancreatic cancer, depending upon subtle differences in experimental protocol; or, why do ‘pancreatic hepatocytes’ evolve when animals are reared on some carcinogenic regimen; or, why are the acinar changes associated with frusamide, tetracycline, alkyl alcohol, and certain nitriles so similar?

As the editors justify the need for this second edition by the ‘rapid, long overdue’ steps 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 tumours or pancreatic cancers 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 A, are critically important, and whether this gospel of ‘pancreatic autodigestion’ should really be elbowed out of the picture as 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 medical regimens for chronic pancreatitis, the treatment of severe acute pancreatitis or pancreatic fistula? What tangible improvement has there been in the treatment and prevention of the illness? The book is disappointing is arguably the commonest ‘cause’ of chronic pancreatitis, judging by pancreatic histology, what lessons are there with regard to ‘nature/nurture’ connections? As the editors say 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 pancreaticitis!