of the sigmoid colon. Biopsy showed Crohn’s disease with granulomas. Both patients are white. Their marriage is non-consanguineous. The female partner’s aunt is also a known case of Crohn’s disease. The couple are therefore similar to the cases described by Comes et al in that symptoms of Crohn’s disease developed in both after marriage.

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BOOK REVIEWS


‘It is intended that this volume may be read in its entirety or as individual chapters detailing specific subjects. The book is intended for healthcare professionals who are developing an interest in clinical nutrition, will use the textbook as a sole source of information.’... So says the preface to this well produced, 37 chapter, 577 author book. How much do nutritionalists want or need this book? Can they glean enough about nutritional support from the pages of Gut? Inspection of the index for the past three volumes of this journal suggests that they cannot. The section on ‘nutritional support’, ‘parenteral nutrition’, ‘enteral nutrition’, and ‘enteral feeding’ indicate some abstracts, but very few main articles on how and why to use artificial nutritional support in humans, although the development of techniques for nutritional support has been one of the important therapeutic advances in the past two decades. Moreover this is a field in which the untutored amateur does well: instead he is very likely to kill patients and waste substantial amounts of money.

I would not advise anyone developing an interest in this area to buy this book. However, if the index is well used, this book will be a rich source of material for clinical nutritionists, be this in hospital departments, primary care or the individual patient’s illness. The index is comprehensive and well cross referenced, however, it is easy to find the topic on which you want to read. The place to start chapter 7, by S Allison, on ‘Malnutrition in hospital patients, and assessment of nutritional support’. Allison makes the vital distinction between malnutrition, which is an inevitable consequence of terminal disease, and malnutrition, which is a preventable and remediable component of the patient’s illness.

In the last case (but not the first) nutritional support may be very valuable. If the clinician who is a tyro as ‘clinical nutrition’ reads this chapter, and notes that some of his patients suffer from important and remediable malnutrition, then should he read the rest of the book, or else ensure that he can call on the services of a nutrition support team with the necessary expertise.


The product of two Canadian pathologists of considerable experience and standing in gastrointestinal pathology, this is an excellent synopsis of the subject. The text is organised in a standardised way, covering the whole of the alimentary tract, from mouth to anus. The format is simple, with lucid and to the point discussion of pathological conditions encountered in practice. The book is a comprehensive and well illustrated review of gastrointestinal pathology, useful for both clinical gastroenterologists and pathologists. With the very comprehensive index and the clear style of the text, I am impressed with how easy it is to quickly find information that might be more difficult to locate elsewhere (for example, the distance of the landmarks in the oesophagus from the incisor teeth, or a brief biographical sketch about Harold Hirschsprung). There are important messages for clinical diagnosis and treatment. For example, with regard to tumours of the ampulla of Vater, the authors are quite right to state that ‘superficial biopsies may reveal only an adenoma and miss the more deeply located malignancy. The presence of jaundice favors a diagnosis of malignancy’.

The reference lists at the end of each section are short and references are not cited in the text. The emphasis is on some of the classic papers rather than the more recent advances. The topics covered by the book are arranged into site specific chapters, with the exception of one on ‘Diseases of Lymphoid Tissue’, ‘Stromal Lesions’, and ‘Neoplasms’ and a further chapter entitled ‘Diseases That May Affect Multiple Organs’. This includes graft v host disease, eosinophilic gastroenteritis, ischaemia, vasculitis, Kaposi’s sarcoma, etc. These are the least successful parts of the book. The section on lymphomas, particularly, is somewhat lacking in clarity.

Paradoxically, in a book, which calls itself an atlas, the weakest part is in the illustrations. Their small size and number and quality compare unfavourably with many extant standard textbooks with no pretensions to be atlases. The choice of topics illustrated is sometimes questionable. For example, six figures illustrate acute appendicitis, a condition surely familiar to every reader, while adenocarcinoma of the appendix, duodenal myxoma, peri toneal, much more difficult diagnostic problems, are each given only one figure, of indifferent quality. The illustrations of dysplasia in inflammatory bowel disease are inadequate.

Inflammatory bowel disease in married couples

EDITOR—We read with interest the article about inflammatory bowel disease in married couples by Comes et al (Gut 1994; 35: 1316–18). We have under our care a married couple who both developed Crohn’s disease after marriage.

The female partner (now 32 years) presented in 1988, one year after her marriage, with abdominal pain and arthropathy and was found to have multiple small bowel strictures on a barium follow through. A duodenal biopsy confirmed Crohn’s disease.

The male partner (now 48 years) was found to have sarcoidosis 24 years ago with a positive lung biopsy. He presented one year ago, five years after his marriage, with colitis

haemolysis) when used for ductal stones compared with its use for gall bladder stones. However, Takacs et al used MTBE in much lower concentrations and reported only mild toxic side effects.

Furthermore, there are two important caveats concerning the efficacy of topical dissolution therapy for bile duct stones. Firstly, the bile duct stone may result in clearance of stones by its mechanical effect; stones are flushed from the bile duct into the duodenum. This is true especially for those cases in which a sphincterotomy has been performed. Stone clearance may therefore result from spontaneous migration of stones or mechanical effect of infusion of solvents, or both, instead of true chemical dissolution. Secondly, fragmentation of bile duct stones (as reported in 50% of patients treated by Takacs et al) may also result from frictional forces between stones and the naso-biliary catheter as reported after treatment of bile duct stones with biliary endoscopic stenting. This is a drawback of the use of DMSO in combination with other solvents like MTBE may be considered.

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