

haemolysis) when used for ductal stones compared with its use for gall bladder stones.⁵ However, Takacs *et al*³ 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, infusion of any solvent into the bile duct 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*³) may also result from frictional forces between stones and the nasobiliary catheter as reported after treatment of bile duct stones with biliary endoprosthesis.⁶

We feel that the use of topical dissolution therapy for bile duct stones should be limited to expert centres and to those patients in whom endoscopy and surgery are unsuccessful or contraindicated and in whom longterm endoscopic stenting is considered inappropriate.⁷ In these selected cases the use of DMSO in combination with other solvents like MTBE may be considered.

J J G H M BERGMAN
Department of Gastroenterology,
University of Amsterdam,
Meibergdreef 9,
1105 AZ Amsterdam,
The Netherlands

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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**: 1316-8). 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 meal 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

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.

K SINGH
J H B SAUNDERS
R J E FOLEY
Bedford General Hospital,
Bedford

BOOK REVIEWS

Atlas of Gastrointestinal Pathology. By D A Owen, J K Kelly. (Pp 258; illustrated; £138.00.) Philadelphia: WB Saunders, 1994. ISBN 0 7216 6730 9.

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 hollow organ alimentary pathology but not liver or pancreas, under the headings 'Biology of Disease', 'Clinical Features', 'Gross Pathology', 'Microscopic Pathology', 'Special Diagnostic Techniques', and 'Differential diagnosis'. The result is an admirably succinct 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 Harald 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 chapters 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 and pseudomyxoma peritonei, much more difficult diagnostic problems, are each given only one figure, of indifferent quality. The illustrations of dysplasia in inflammatory bowel disease are inadequate.

Despite the last criticism, this is a beautifully organised quick reference source, particularly suitable for clinical gastroenterologists and pathologists in training, as well as experienced gastroenterologists who wish to see their patients in a clear light. I warmly recommend this book. Its high price means that it is more for departments to buy than for individuals to own.

I C TALBOT

Artificial Nutrition Support in Clinical Practice. Edited by J Payne-James, G Grimble, D Silk. (Pp 573; illustrated; £85.00.) London: Edward Arnold, 1994.

'It is intended that this volume may be read in its entirety or as individual chapters detailing specific subjects. We hope that any healthcare professional, who is 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, 60 author book. Do gastroenterologists want or need this book? Can they not glean enough about nutritional support from the pages of *Gut*? Inspection of the index for the past three volumes of this journal suggest that they cannot. The entries for 'nutrition', '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 not 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 'clinical nutrition' (here used as a synonym for 'artificial nutritional support') to start at the beginning of this book with a view to reading it straight through, if only because there are inevitably repetitious passages. For example methods for measuring energy expenditure are described on pp 43-47 ('Energy metabolism' by J Webber and I MacDonald), and then again on pp 138-141 ('Adult macronutrient requirements' by H P Sauerwein and J A Romijn). The index is comprehensive and well cross referenced, however, so it is easy to find the topic on which you want to read. The place to start is 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 an important 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 he should 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.

Chapters from 27 onward deal with the nutritional treatment of disease of liver, kidney, lungs, bowel, and of patients with HIV infection, cancer, and the elderly. Most authors have accepted a challenge to give 'future perspectives' in their field, and common themes recur. New substrates and drugs will be developed, the efficacy of nutritional support will be better tested by randomised controlled trials, and their colleagues will come to see the value of well trained multidisciplinary nutrition support teams. This is a very informative book, written by leading practitioners of the art, but I fear that clinicians who need it will outnumber clinicians who want it.

J GARROW

Endocrine Tumors of the Pancreas: Recent Advances in Research and Management. By M Mignon, R T Jensen. (Pp 482; illustrated; SFr 372.) Basel: S Karger AG, 1995.

Endocrine tumours of the gastrointestinal tract and pancreas are a fascinating group of somewhat rare tumours, often producing well defined clinical syndromes caused by the excessive release of hormones. Early diagnosis and detection is now common place in the study of these tumours and, hence, they are becoming apparently more frequent and part of the realm of practising gastroenterologists and pancreatologists. These tumours also produce an interesting human model showing the effects of the actions of circulating gastroenteropancreatic hormones, thereby permitting detailed understanding of their actions in health and disease. Very many books have been written on the subject, but this is an unusually pleasing book, as it covers all aspects, from the understanding of the biology of hormone producing cells to the most sophisticated and elegant methods for the early detection of these tumours and treatment. Undoubtedly, this book will be read by not only basic scientists interested in gastrointestinal-pancreatic hormones but also pathologists, clinicians, and oncologists dealing with these patients.

What I find difficult to understand is that many of the subjects are discussed, rather well I must say, by authors who have not been prominent figures in this particular subject. Having said so, each individual chapter is very well written, the subjects are covered fully, and the references are up to date. In particular, I like the foreword by Professor Serge Bonfils and also the contents book, which starts with the latest knowledge of the fundamental aspects of endocrine cells of the gut and pancreas and then goes on to describe their origin and ontogeny and the ways of analysing cell proliferation as a possible prognostic feature of these tumours. I should say that this is a very interesting, up and coming and difficult subject because we pathologists find it difficult to assess prognosis in these tumours. The subject is well covered by Professors Bordi and Viale (Italy) as well as later on by Professors Klöppel and Schröder (Brussels) and Heitz (Zurich). The description of the experimental models of endocrine tumours of the pancreas also makes a good chapter. The genetics of tumours belonging to the multiple endocrine neoplasia type I (MEN I) syndrome are described and this subject is also touched upon in the other subsection of 'Clinical Advances', under the treatment of islet cell tumours in patients with

MEN I. The book logically describes the different clinical syndromes but does not give the preponderance that other books have given, as much has been written on the subject and, so by selecting certain aspects of the recent advances made for some clinical syndromes in particular, this book provides a different balance. This part is headed 'Clinical Advances' and also includes ways of treating certain endocrine tumours, early localisation by modern techniques, including ultrasonography, imaging, and the most exciting, aspects of radiolabelled somatostatin. The surgical treatment of these tumours by modern techniques like operative ultrasound or pancreatoduodenectomy for gastrinomas is well covered. The use of radiolabelled somatostatin for localisation of the tumours and the use of somatostatin analogues in their treatment is nicely discussed. I found the last subheading, 'Treatment of Advanced Malignancies' very interesting and topical, including, as it does, cytoreductive hepatic surgery, systemic chemotherapy, vascular occlusive therapy, and interferon therapy.

J M POLAK

Physiology of the Gastrointestinal Tract (3rd ed). Edited by L R Johnson. (Pp 2326; illustrated; US \$435.) New York: Raven Press, 1994.

Curiously enough, one of George Bernard Shaw's most celebrated sayings – about England and America being two countries divided by a common tongue – cannot actually be found in any of his published works. This would trouble the academic searching for the reference but the attribution is almost certainly correct. I guess that on either side of the Atlantic, we recognise much that is shared among gastroenterologists yet we can also readily identify distinctions that extend far beyond the written or spoken word. In general, the quality of much medical writing in the English language is high – or so one is led to believe by multi-specialty publishers. There is really not a shred of doubt, however, that when it comes to the big blockbusters, the Americans really have the edge. It is not just a matter of style, it's a matter of substance. Whether we're talking about the major textbooks of the specialty in general (Bockus, Sleisenger, and Fordtran) or, as here, a sub-specialty, there is absolutely no doubt that the greatest textbooks of gastroenterology come from the USA.

It should always trouble a reviewer who finds it easy to criticise in 500 words what may have taken dozens of fellow humans countless hours to write. No such worries for the present writer who finds himself turning the pages of these two volumes with unrestrained enthusiasm for the quality of the contributions and the extraordinary detail that characterises each and every chapter. The first contribution on Gastrointestinal Hormones by John Walsh occupies the first 127 pages and contains 1878 references. Well I suppose a number of us may have contributed the odd chapter or two in our time but this is a very considerable effort which, in many ways, just typifies the whole of the book.

There are, in essence, four distinct sections: Regulation and Growth; Motility; Salivary, Gastric and Pancreatic Secretion; Digestion and Absorption. The first and last are the longest. It is rather difficult to judge quite where physiology begins and ends.

Physiology is the study of function but our definition of its compass has moved on a good deal from Claude Bernard's time. Yet an understanding of function – more than for any other discipline of basic science – is so crucial for unravelling the features of disease. Increasingly, mucosal immunology seems appropriately based within a physiology text. This book contains very substantial contributions on cytokines and immune mediators (Elson and Beagley), the intestinal immune system (Shanahan) as well as chapters on IgA. Castro and Powell review the physiology of the immune response. In this section, as elsewhere, there is the occasional repetition and while, sure enough, this can indicate poor editing, it seems obvious that few if any readers are going to attempt this book from cover to cover so one can allow the editor to exercise judgement as to where helpful reiteration (not careless repetition) is permitted.

The selection of authors is exactly spot on. Here we have the numero uno top bananas in their respective fields sharing a lifetime of enthusiasm for their subjects. So, for example, Travis Solomon waxes lyrical about the exocrine pancreas and Alan Hofmann shares with us his very considerable thoughts on bile acid physiology and the enterohepatic circulation. I do not believe there is a sub-standard chapter to be found in these two volumes. Many of the chapter titles obviously select themselves in such a book but there are several surprises. Chapter 12 describes the story of model systems for studying cell fate specification and differentiation in gut epithelium – read this to find out what the morphogenesis of *Caenorhabditis elegans* tells us about the molecular mechanisms underlying cell lineage. Maybe, ontogeny of the small intestinal mucosa and regulation of cell growth might not be regarded as classic physiology – but these chapters are models of clarity of thoughtful exposition and reflect very clearly the interrelation between structure (now at a cellular and sub-cellular level) and function that have characterised the best writings on physiology – of which this is another very fine example.

IAN FORACS

Atlas of Biliary Tract Surgery. Edited by J L Cameron. (Pp 234; illustrated; £125.00.) London, Churchill Livingstone, 1993.

Atlas of Liver Surgery. Edited by C E Broelsch. (Pp 248; illustrated; £120.00.) London, Churchill Livingstone, 1993.

There have been many recent books covering a wide field in hepatobiliary surgery, but these two volumes in the series 'Surgical Practice Illustrated' cover two very specific areas. The series aims to allow 'master surgeons' to give a personal account of their craft. This objective predicates both the strength and weakness of this interesting pair of books. Each of the authors has made his mark in the specialty in a specific area – Broelsch in the development of segmental liver transplantation including transplantation from living related donors, and Cameron in the treatment of hilar cholangiocarcinomas, and particularly in the use of biliary intubation. In each of these areas the respective authors have produced an account that is rich in detail if somewhat idiosyncratic.

The text in Broelsch's book is rather sketchy but this is compensated by Todd Buck's illustrations, which are clear and