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 recurr. 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 substandard 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

accurate. Broelsch is somewhat dogmatic, and in places out of date (for example the death rate of 7–15% for right hepatectomy, obstructive jaundice as a contraindication to resection, and the use of a prophylactic chest drain). Unfortunately he has shunned the modern accounts of hepatic anatomy, and the use of the now widely accepted segmental numbering would have permitted more concise descriptions. He has his own nomenclature for the main hepatic veins, which could be confusing to the inexperienced reader (Cameron uses the conventional terminology), There are many ways to divide the liver, and it is not the reviewer's place to argue over the choice of method (though I have several points of disagreement). However, Broelsch chooses to describe only one method, the 'mosquito clamp and fracture', but unfortunately does not really describe or illustrate this well. Although justified by a statement in his preface, failure to describe at any point the use of the ultrasonic surgical aspirator, which is now very widely used throughout the world, is surely an important omission. There are several other important omissions: there is no account of individual segmental resections, no mention of the treatment of hydatid disease in the section on cysts, no mention of the caudate lobe in relation to cholangiocarcinoma, and unaccountably no description of the extended left hepatectomy, probably the most difficult of the hepatic resections. In contrast there is a wealth of detail on liver transplantation, on removal of the left lateral segments of the liver both for tumour and for transplantation, and on the excision of segments of inferior vena cava for tumours. This selectivity clearly reflects Broelsch's own interests and practice.

Cameron's book has many contrasts with Broelsch's. It has an altogether different look and feel, not least because of the illustrations by Leon Schlossberg. These have a somewhat 'antique' look, and follow a long tradition of such surgical illustration, but are none the less extremely rich in detail. Cameron's text is much deeper, and his introduction to each section is a concise and lucid account of the procedures and their indications. Each could stand alone as a brief, masterly summary: his short description of the indications for open or laparoscopic cholecystectomy, for example, could hardly be bettered. Similarly his discussion of alternatives within each operative procedure are sensible and balanced, and he has not avoided mentioning controversies.

As befits his own special interest, the account of resection for hilar cholangiocarcinoma is much more realistic than Broelsch's, which is somewhat simplistic. Cameron does mention the importance of resection of the caudate lobe, but unfortunately does not actually describe it in the operative account; ideally you need a combination of the two books to get a clear concept of the whole procedure.

Just as Broelsch becomes expansive on the surgery of the left lateral segment of the liver, Cameron expends many words and illustrations on the use of transhepatic tubes, on which his firmly held views are well known. There is even a detailed account of percutaneous transhepatic biliary drainage and ductal dilatation, which would not be out of place in a text on interventional radiology. Not all would agree with Cameron's dogmatism on the use of preoperative tubes, which may facilitate the procedures but are not mandatory, and in particular his recommendation for permanent transhepatic tubes for tumours takes no account of the many alternatives, including stents of various types and the use of access loops.

The books have achieved their objective in allowing master surgeons to give an account of their own work, and there is therefore much of value in each. It is hard to define the precise place of these volumes in a surgeon's library, and in many ways a combination of the two into one work with removal of some of the repetition would have produced the best result, though this would run counter to the series editor's philosophy. The books certainly repay careful reading by any surgeon with an interest in these fields.

I S BENJAMIN

NOTE

Sir Francis Avery Jones BSG Research Award 1996

Applications are invited by the Education Committee of the British Society of Gastroenterology who will recommend to Council the recipient of the 1996 Award. Applications **(eighteen copies)** should include:

(1) A manuscript (2 A4 pages *only*) describing the work conducted.

(2) A bibliography of relevant personal publications.

(3) An outline of the proposed content of the lecture, including title.

(4) A written statement confirming that all or a substantial part of the work has been personally conducted in the UK or Eire.

Entrants must be 40 years or less on 31 December 1996 but need not be a member of the BSG. The recipient will be required to deliver a 40 minute lecture at the Spring meeting of the Society in 1996. Applications **(eighteen copies)** should be made to: The Honorary Secretary, BSG, 3 St Andrews Place, London NW1 4LB by 1 December 1995.