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Book reviews, Notes

the liver utilises oxidative mechanisms. We have only to observe the symptomatic manifestations of patients with cirrhosis and extensive portal systemic anastomoses to realise the effect that the products of colonic metabolism might have on humen health.

Insight into colonic fermentation is restricted by access. Faecal incubations are limited by the non-survival of more fastidious bacteria, problems of dilution, and failure to maintain an appropriate colonic environment. Some insight has been gained from the rather macabre investigaton of sudden death victims but I wonder why direct puncture of the caecum or the use of patients with high colostomies or indeed the endoscopic fashioning of a caecostomy has not been used more often for this important work. Some insight may be gained from animal studies, as, unlike humans, most animals rely heavily on bacterial fermentation to obtain energy, but does the 40 gallon fermenter of the cow with its busy colonies of protozoa or indeed the unique fore and hind-gut fermenters of the rock hyrax carry messages that help us understand the human condition. The authors have chosen to study short chain fatty acid production because, presumably, this aspect of colonic fermentation is universal and the most easy to investigate. Neverthelss, I found that the messages that came from this book were more complex and less exciting as they might have appeared to be several years ago. For example, there now seems considerable doubt that short chain fatty acids have an important role in reducing blood sugar or reducing plasma cholesterol and their role in tumorigenesis and colonic inflammation seems to be also involved with the metabolism of sulphur amino acids, methynogenesis, and production of toxic metabolites. The notion that we might be able to treat colitis by faecal enemas from close friends or by infustions of butyrate seems to be 'on hold' for the moment. Is this just the cautious scientific antidote to clinical enthusiasm or are there really no simple messages?

This book will excite, stimulate, bore, and frustrate by turns depending on your particular interest. Do not attempt to read it from cover to cover; browse selectively. Only then will the metabolic products provide sufficient energy to stimulate interest and speculation. As a state of the art account of short chain fatty acids, this is the only good book of its kind and must be purchased by every self respecting centre of academic excellence in gastroenterology and gastrointestinal physiology.

N W READ

Surgery of the Esophagus, Stomach and Small intestine (5th ed). Edited by C Wastell, L M Nyhus, P E Donahue. (Pp 1009; illustrated; \$199). Boston: Little, Brown, 1995. ISBN 0-316-92442-3.

This is the fifth edition of this seminal text. As before it is extremely well laid out with clear illustrations to complement the text. As in previous editions the editors call on world authorities to write chapters, supplemented with commentaries of other experts. Each chapter is well referenced and is remarkably up to date. A major feature of this book is its ability to combine a thorough review of the subject with a comprehensive component of well illustrated operative surgery. Another

bonus are the superb chapters, which precede each section on the history of surgery. This is vital information for anyone lecturing on the subject. I also commend the chapters on anatomy and physiology so often missing in other clinical texts. These are produced in a 'clinical' rather than 'scientific' format designed to aid and inform rather than confuse. Of special interest are those chapters on oesophageal and small bowel motility and gastro-oesophageal reflux although alkaline reflux is rather scantily dealt with.

As mentioned, the edition is remarkably up to date, and in this regard I commend the chapter on minimal access surgery. Encompassing this in a separate chapter rather than piecemeal enables a broad overview to be given as well as sound cautionary advice. It is a pity that a similar overview chapter for helicobacter is not included. It is mentioned in several separate chapters on peptic ulcers and gastric cancer. It is a pity that the chapter on intubation of inoperable oesophageal cancer has not included data on the field of self expanding metal stents. These seem to be displacing both the conventional plastic tube and laser.

Chapters on cancer are a strong part of this book being extremely comprehensive. I should like to commend the excellent chapter on gastric cancer, which tackles extremely well the staging of the disease and the R1/2/3 concepts of surgery. The current controversies regarding Barrett's cancer are especially well presented. Preoperative staging of cancer by all modalities is discussed in separate chapters rather than as a single chapter. All the information for accurate preoperative assessment is there, however. It is a pity that the role of chemotherapy does not deserve a separate chapter as does radiotherapy.

If such a text book has a weakness, it lies in its concentration on surgery to the neglect of medical treatment, which for benign upper gastrointestinal conditions is the mainstay of management of the vast majority of patients. This is considered briefly in many chapters but a more thorough overview of the indications for and against medical and surgical treatment would round things off well.

In conclusion, this new edition maintains the prominent place of this book as a comprehensive, well written and referenced text on oesophageal, gastric, and small bowel surgery, the last section being frequently missed between the upper and lower gastrointestinal tracts. It manages to provide an excellent overview and be a good guide to operative techniques. It is a must for any upper gastrointestinal tract surgeon and physician.

R C MASON

### **NOTES**

## The Association of Gastrointerological Research Charities

Representatives of several charities, each of which supports research into some aspect of

gastroenterology have been meeting regularly since 1992 as a group called the Association of Gastroenterological Research Charities (AGRC). Members exchange ideas concerning research awards and literature for education of patients and the public.

The charities are the British Digestive Foundation, the British Liver Trust, the Children's Liver Disease Foundation, the Coeliac Society, Crohn's Disease in Childhood Research Association, the Ileostomy and Internal Pouch Support Group, and the National Association for Colitis & Crohn's Disease.

The Association has no constitution, but is a liaison group. Together these charities spend about £900 000 yearly on research and this total is likely to increase. The existence of the association and the financial contribution of its members to national administrators in the National Health Service, research funding bodies, and professional colleagues in gastroenterology.

All constituent members agree that the regular opportunity to exchange views about their work is most valuable. Enquiries about the association should be made to: Professor J E Lennard-Jones, British Digestive Foundation, 3 St Andrews Place, London NW1 4LB.

#### The Royal Medical Benevolent Fund

This medical charity provides a nationwide support service for doctors in need, their wives, husbands, and children. Donations and enquiries to The Secretary, Royal Medical Benevolent Fund, 24 King's Road, Wimbledon, London SW19 8QN. Tel: 0181 540 9194; Fax: 0181 542 0494.

#### Helicobacter pylori

A symposium on *Helicobacter pylori* and Gastric Cancer: State of the Art will be held in Ulm, Germany 23–24 February 1996. Further information from G Adler, G Bode, University of Ulm, Department of Internal Medicine I, Robert-Koch-Str 8, D-89081 Ulm, Germany. Tel: ++49-731-5024301; Fax: ++49-731-5024302.

#### Gastrointestinal hostility

The Fourth Symposium on Gastrointestinal Motility – Video demonstration, utilisation of manometry and problem oriented approach – will be held on 9-11 February 1996 in Sanibel Island, Florida, USA. Further information from Barbara S Lee, Assistant Education Coordinator, Department of Internal Medicine, University of Iowa, 200 Hawkins Dr, Iowa City, Iowa 52242-1081, USA. Fax: 319 356 7893.

#### Colorectal disease

A symposium on Colorectal Disease in 1996 will be held at Fort Lauderdale, Florida, USA on 15-17 February 1996. Further information from the Cleveland Clinic Florida, Department of Education, 3000 W Cypress Creek Road, Fort Lauderdale, Florida 33309-1743 USA. Fax: 305-978-5539.

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#### **REFEREES**

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