

The chapter on ESWL is rather disappointing as it is written from a somewhat parochial perspective, comparing results obtained in Dublin with the 'gold standard' from Munich. Furthermore, the discussion of attempts to prevent primary, secondary, and tertiary stone formation is based on a speculative account of pathogenesis of recurrent stones, which again seems to be well beyond the scope of the chapter. Furthermore, speculation about a possible preventative role of NSAIDs is not helped by citing the wrong reference.

Elsewhere in the book we read of parochialism of a different sort – this time by American authors who state 'Only two bile salts . . . are approved . . .'. One suspects that they are talking about approval for the use of these bile salts in the United States, by the Food and Drug Administration. If so, the presumption that the FDA is right, or that approval of drugs by one national authority has any relevance to the rest of the world, is rather myopic.

A chapter on the use of 'Oral Agents' seems to get lost occasionally. Arguably, the effects of bile fistula, cholestyramine administration, glucocorticoids, and thyroid hormones on hepatic cholesterol and bile acid synthesis are 'off-target'. Moreover, as the formation (pathogenesis) of cholesterol stones has been fully discussed in chapter 1, it seems inappropriate to repeat this in chapter 5. Indeed, there are more than four pages of text before the author starts to address the title of the chapter 'Oral Agents'.

The range of treatments that has become available to treat gall stones is quite remarkable and is clearly a tribute to developments both in clinical science and in technology. It is a pity then, that this book does not consistently do justice to the magnitude of these achievements.

R HERMON DOWLING

Consultations in Gastroenterology. Edited by W J Snape. (Pp 949; illustrated; £92.) Philadelphia: W B Saunders, 1996. ISBN 0-7216-4670-0.

This book consists of a total of 125 chapters on various aspects of gastrointestinal and hepatobiliary disease. It is intended 'to provide therapeutic advice on the broad field of gastrointestinal diseases', and is designed to act as a manual for treatment by general physicians and 'to sit by the generalist's hand and provide guidance for the care of the patient'. The authors are mainly from the United States, and include many experts with an international reputation in their field.

It is a slightly uncomfortable concept to concentrate particularly on therapy, as it might well be quite difficult for a generalist to make some of the more obscure diagnoses in the first place. Some of the best chapters result from the escape of the author from the editorial edict, for example a very good chapter on 'A gastroenterologist's view of chest pain', which largely deals with problems of diagnosis rather than therapy. There are chapters on the treatment of bleeding oesophageal varices and fulminant hepatic failure, conditions that a generalist would deal with best by instantly ringing his friendly local gastroenterologist rather than attempting himself.

What is a generalist likely to look for in a book such as this? They will probably

turn first to the chapter on the treatment of duodenal ulcer disease to find out the latest way to eradicate *Helicobacter pylori*. By what I assume must have been an extraordinary oversight, there is no chapter on duodenal ulcer disease. This may be because the book is in a series of sections, and duodenal ulcer disease was not regarded as falling either within the section on stomach disorders or within that on diseases of the intestinal tract. Another surprising omission is that there is nothing on carcinoma of the colon or adenomatous polyps of the colon.

Apart from these few surprises, the whole range of gastrointestinal and hepatobiliary disease is reasonably well covered, with excellent chapters on a wide variety of topics. There are one or two minor areas of conflict, which really reflect the different approaches to gastrointestinal disease of different practitioners. Thus the chapter on oesophageal carcinoma contributed by two surgeons dismisses the use of oesophageal stents in a couple of sentences. This chapter is then immediately followed by a very good review on the use of oesophageal dilatation and stenting. There are two chapters on constipation, one on slow transit constipation and one on irritable bowel syndrome and constipation. The chapter on slow transit constipation is beautifully written, and wonderfully negative, reflecting, I imagine, that the authors feel that they have had much more than their share of 'heart sink' patients with this condition. The first treatment they recommend is a trial of a high fibre diet, the authors then saying 'This type of diet usually does not work in patients suffering from slow transit constipation or colonic inertia. In fact it makes symptoms even worse, and thus should be abandoned.'

I have doubts about the basic philosophy of this book. I think that many of its chapters would be appreciated much more by specialist gastroenterologists than by generalists. I doubt whether any generalist would wish to read chapters on how to treat eosinophilic gastroenteritis or chronic intestinal pseudo-obstruction in childhood. However there are plenty of individual chapters that make excellent reading and are both instructive and entertaining. Before reading this book I knew little of the dangers of unpeeled persimmon fruit or lupini beans, nor of the beneficial effects of Adolph's meat tenderiser. Can it really be true that there is a Goddess of Distension in India? She would find many disciples in my irritable bowel clinic.

The book is well produced and is well laid out, in sections that are easy to read. It contains a great deal of interest to gastroenterologists, but is probably one for the local library rather than for personal purchase. Generalists may well find it a useful book, although no substitute for a proper gastroenterological opinion.

R F HARVEY

Octreotide: From Basic Science to Clinical Medicine. Edited by C Scarpignato. (Pp 312; illustrated; US \$259.) Basel: S Karger, 1996. ISBN 3-8055-6055-9.

This book is the best available on octreotide from a combined basic science and clinical perspective. As it garners information from many disparate disciplines and fields of investigation, it is particularly recommended to those approaching an in depth study of

octreotide for the first time. It will also be of value to those with a research interest in a particular aspect of octreotide who might wish to gain a perspective in other areas of octreotide research, such as, for example, receptor pharmacologists who may wish to learn something about the role of radio-labelled octreotide in tumour detection and localisation. Finally, it is a useful reference work for clinicians wishing to gain an in depth knowledge of octreotide's mechanism of action and clinical applicability.

Despite the potential value of this book, one is left with a feeling of frustration and anticlimax throughout. This feeling stems not from work put into the book itself, but from the incompleteness of the clinical research involving octreotide.

Octreotide use is being advocated in the treatment of bleeding oesophageal varices, dumping syndrome, short bowel syndrome, diarrhoea due to hypersecretion of VIP, 5-HT and gastrin, diabetic diarrhoea, prevention of postpancreatic surgery complications, pancreatic fistulas, pancreatic pseudocysts, neuroendocrine tumours, and as an analgesic alternative to opioids. However in nearly all of these conditions, the role of octreotide has not been appraised in a clinically relevant double blind placebo controlled trial. Too much is advocated on the basis of unblinded trials, open studies, small series or case reports. Most of the areas of potential clinical use for octreotide have been known for at least the past six to eight years but top quality clinical trials are still awaited. For instance, in the treatment of bleeding oesophageal varices octreotide has been shown to be as effective as balloon tamponade or vasopressin and nitroglycerin for 48 hours and up to five days after the initial bleed. However, octreotide would seem to be of greatest benefit as a stop-gap treatment over a period of about eight to 18 hours before emergency sclerotherapy. Adjuvant use of octreotide to emergency sclerotherapy in this way has not been investigated to date.

Likewise, over 20 trials of octreotide in the treatment of acute non-variceal upper gastrointestinal bleeding have been reported so far without any consensus emerging. It is likely that octreotide may be of value in preventing recurrent upper gastrointestinal rebleeding in patients in whom there is a high risk of rebleeding. However, the trials considering this question either contained too few patients or else were contaminated by large numbers of patients with trivial bleeds in whom the chance of rebleeding was small.

Finally, in an age when it is possible to tap into a weekly updated version of Medline via the Internet, books of this nature invariably cannot compete in terms of communicating recent developments. This is particularly evident in the basic science section of the book where the 1995 references comprise only about 4% of the total. Investigators wishing to be in the vanguard of octreotide research should therefore not rely too heavily on this book.

L O'DONNELL

Portal Hypertension II. Edited by Robert De Franchis. (Pp 216; illustrated; £39.50.) Oxford: Blackwell Science, 1996. ISBN 0-8654-2614-7.

This book reports the proceedings of the Second Baveno International Consensus Workshop on Definitions, Methodology and