BOOK REVIEW

Principles of clinical gastroenterology


Principles of clinical gastroenterology is a companion to the Textbook of gastroenterology, both of which are edited by Tadataka Yamada. The latter was first published 20 years ago and, as Tadataka Yamada explains in his preface to the present book, aimed to be an encyclopaedic discussion of gastrointestinal and liver disorders.

Textbook of gastroenterology contains sections on the symptoms and signs and the approach a clinician should take in clinical management. These parts of that book proved to be very popular and so Professor Yamada and his colleagues expanded and developed these sections into a second book, Principles of clinical gastroenterology. What has resulted is a book with 662 pages costing £85. While hardly portable, this is considerably smaller than the mighty Textbook of gastroenterology which has 3712 pages and costs almost £300.

Principles of clinical gastroenterology is structured differently from the Textbook of gastroenterology which is centred on disease, and works outwards towards symptoms, signs and investigation. In contrast, Principles of clinical gastroenterology is centred on common symptoms and signs, and works inwards towards diseases and pathophysiology. Each chapter focuses on a set of symptoms; for example, dyspepsia, abdominal pain, diarrhoea, and so on. Chapters usually start with a clinical description of symptoms and signs, a discussion of the underlying pathophysiology and recommendations for investigation and treatment. Principles of clinical gastroenterology is definitely not a dumbed-down version of the Textbook of gastroenterology as most chapters have more than 200 references with detailed discussion of recent literature.

This symptom-centred approach has benefits. Some important topics are covered in detail not found in more conventional disease-centred gastroenterology textbooks. I would particularly highlight the chapters on unintentional weight loss and occult gastrointestinal bleeding as having a far more detailed approach than they might receive in other textbooks.

While the Principles of gastroenterology is perhaps not as encyclopaedic as the Textbook of gastroenterology it is nonetheless a very substantial book. It is unlikely to be taken on a ward round or to a clinic. The style is very verbose and a reader would soon become frustrated if using this book to quickly look up a symptom while sitting at the bedside. Readers will get most out of it if they read a whole chapter at a sitting.

Some of the chapters take a very intellectual approach, which clinicians in training are likely to find rather forbidding. For example, the first chapter is about “Clinical decision making” and includes a detailed discussion of pretest and post-test probability. I am a professor so realise these concepts are the deep foundations of how clinicians think about diagnosis. However, such ideas will simply mystify most medical students.

This book certainly fills a niche in its detailed discussion of symptoms and signs and their underlying pathophysiology. The diagrams are excellent although there are many pages without illustrations or tables. I think anyone committed to gastroenterology and hepatology will find something useful in this book, but it’s definitely for the library shelves and not the white coat pocket!

A J M Watson

CORRECTION

doi:10.1136/gut.2008.174516corr1

K Hirano, M Tada, N Sasahira, et al. Are all pancreatic lesions responsive to steroid therapy in autoimmune pancreatitis? Gut 2009; 58:1031–2. The correct title of this letter is “Are all pancreatic lesions responsive to steroid therapy autoimmune pancreatitis?”