

rather than the authors' lack of ability. Readers will occasionally find themselves wanting more information about a particular subject. Also, one statement about the appearance of alpha-1 antitrypsin granules in the livers of patients with alcoholic liver disease was traced back to the original work and found to be supported by a personal observation. It is this reviewer's belief that a personal observation should remain just that until it can be supported by data subject to critical analysis and should not be given the apparent validity of a reference until that time.

Overall, *Topics in Gastroenterology* will be a good reference source for physicians who wish to update their knowledge.

JOHN L. PETRINI, M.D.

Department of Gastroenterology
The Cleveland Clinic Foundation

Surgical Gastroenterology, by T. V. Taylor, Oxford, Blackwell Scientific, 1985, 574 pp, price not given.

This book addresses surgical problems from the oral cavity to the anus. Additional chapters cover gastrointestinal bleeding, the acute abdomen, surgical sepsis, peritonitis, nutrition, obesity, upper gastrointestinal endoscopy, and stomas and are a unique addition to the primary topics covered in most texts of surgery of the alimentary tract.

In general, the text includes few illustrations and photographs. Although most areas of surgical gastroenterology are mentioned, some are discussed too briefly. The chapter dealing with the esophagus does not mention the use of the EEA stapling device for anastomoses. Endoscopic laser therapy for palliation of obstructing gastroesophageal cancers is not discussed. There is little mention of computed tomography or ultrasound-guided percutaneous drainage of intra-abdominal abscesses. The chapter about surgical diseases of the pancreas is generally good, however, the entity of pancreas divisum is not covered.

On the other hand, the discussion of peptic ulcer disease is thorough. The chapter dealing with the biliary tract contains an exceptionally good discussion with diagrams and radiographs. A good working classification of jaundice is proposed in the chapter about the liver. Crohn's disease and mucosal ulcerative colitis are covered in some detail. The chapter about carcinoma of the rectum discusses sphincter-saving operations, in addition to the standard abdominal perineal resection.

Medical students and junior surgical residents may benefit from this volume, although most of the discussions are not thorough enough for the senior resident or practicing surgeon.

DAVID P. VOGT, M.D.

Department of General Surgery
The Cleveland Clinic Foundation

Bile Pigments and Jaundice: Molecular, Metabolic, and Medical Aspects, vol 4 of the Liver: Normal Function and Disease series, ed by J. Donald Ostrow, New York, Marcel Dekker, 1986, 744 pp, \$99.75.

This book will undoubtedly be the definitive text on the subject of bilirubin, from the biophysical-chemical and metabolic perspective to topics of clinically marginal relevance, for some time. Research progress in this field has been extremely slow due to the highly labile nature of the bilirubin molecule, resulting from its extreme susceptibility to oxidation, especially when exposed to light. Accordingly, most experimental studies with bilirubin need to be carried out in the dark (which is discouraging to most investigators who more often than not find themselves in the dark anyway). However, this type of work has provided the basis of phototherapy of neonatal jaundice.

Although the book does cover clinical aspects of jaundice (i.e., hyperbilirubinemia), it is more a compendium, thus would be more valuable to the investigator with a basic science orientation rather than to the clinician. Of the 24 chapters, this reviewer found the treatment in chapter 4 of the physical chemistry of bile pigments and porphyrins, with particular reference to bile, to be the most erudite and analytically novel of the various sections.

Bile Pigments and Jaundice is current, well written, attractively bound, extremely well referenced, and generally well illustrated.

R. THOMAS HOLZBACH, M.D.

Department of Gastroenterology
The Cleveland Clinic Foundation

Mechanical Ventilation: Physiological and Clinical Applications, by Susan P. Pilbeam, Denver, Multi-Media Publishing, 1986, 376 pp, price not given.

This work outlines the clinical applications of mechanical ventilation. The first four chapters are a discussion of the physiological mechanisms leading to respiratory failure. Unfortunately, the author has not incorporated the pathophysiological discussion into the rest of the text. The section dealing with pathophysiological causes of hypoxemia does not list the six basic mechanisms (hypoventilation, ventilation-perfusion mismatching, shunt physiology, diffusion impairment, low inspired-oxygen concentration, and decreased cardiac output). In addition, there is virtually no discussion of the mechanisms of respiratory muscle fatigue. The absence of this discussion is particularly noticeable in chapter 10, which reviews the various techniques of weaning from mechanical ventilation. Also, the author does not stress the necessity to rehabilitate the ventilator-dependent patient so that, ultimately, mechanical ventilation can be discontinued.

In general, *Mechanical Ventilation* falls short of its intended goals. The absence of a good physiological discussion and lack of integration of reference sources