Book Reviews

This book is meant to provide information about the influence of heredity in gastro-enterological conditions; most digestive disorders in this field are mentioned here, except diseases of the teeth (because they are too numerous!). The problem with this condition is mostly whether heredity plays any appreciable part or not in their aetiology; the risk for a subsequent child being affected is always less than 1 in 10 and normally less than 1 in 40.
Stomach: The increased incidence of gastric cancer in the close relatives of these patients is due to polygenic inheritance. There is a strong tendency to develop pernicious anemia. Group A people are about 20% more liable to develop pernicious anemia than persons of the other blood groups.
Gastric ulcer occurs three times as frequently in the relatives of these patients as would be expected; the data are consistent with polygenic basis. The same is true for duodenal ulcer; there is conclusive evidence that the ABO groups and their secretor genes form part of the polygenic system, blood group 0 being 35% more liable than the other group.
Intestine: In Crohn’s disease and ulcerative colitis, there is an inherited susceptibility to environmental aetiological factors and there may be a hereditary influence on the lability to malignancy in ulcerative colitis.
Carcinoma of the colon is three times as common in the close relatives of patients compared with control subjects.
There is evidence of the existence of 10 genetically distinct varieties of gastrointestinal polyposis. In the colon, familial polyposis is often (2/3 of the cases) inherited in a dominant manner.
Pancreas: Pancreatitis is found in association with gall-stones and duct anomalies, in both of which there is evidence of some hereditary influence.
Fibrocystic disease in childhood is almost certainly a recessive disorder.
Diabetes mellitus has a strong hereditary basis which is certainly polygenic; it is not a single entity but a heterogenous collection of disorders of glucose metabolism.
Liver: Portal and biliary cirrhosis are rarely familial; but in haemochromatosis, a single gene of high penetrance is probably involved, and causes abnormally high body iron deposits.
We have emphasized here a few interesting points of “genetics in gastro-intestinal disorders” which are not “common knowledge” to specialists of the digestive tract. But we have not reviewed all the well-known hereditary diseases, which of course the author has not forgotten in his book; he discusses each case and gives all necessary references.
In this respect, McConnell’s treatise provides a perfect picture of what is known up to date in this difficult question. M. Demole, Geneva
Amongst the numerous contributions made by R.A. Gutmann to gastroenterology, his work on the early diagnosis of gastric cancer has rendered the greatest service to the patients, as their illness can be now discovered at the “useful” time, in other words at a period when it is possible to be cured by surgery.

The classical description of the gastric cancer should be forgotten by those who want to make a diagnosis during the early stage. G. described the small infiltrative cancer on the stomach, not recognizable at palpation by the surgeon during the operation, but that can be diagnosed on X-rays. He showed that it is generally possible to know whether a gastric crater is an ulceriform cancer or a cancerised ulcer or a benign lesion that does not need to be operated on. Beside that, the gastric cancer may develop over a number of years, remaining localized in the mucous membrane.

Is it necessary to recall these facts? Apparently, as they seem still so much misunderstood.

In the present book, G. wishes to deal with the problem as a whole, underlying the essential signs on the diagnosis of cancer at the start, but analyzing also the “classical” lesions, which are fraught with pitfalls! He insists on the unique value of radiology; and as the main subject of this book are X-rays, it is illustrated by 200 plates, when necessary accompanied by a diagram from the author.

The text, therefore, written in a brisk and flowing style, occupies less than 100 pages; it makes a diverting and stimulating reading, which each doctor should have perused.


This book gives a very full account of a conference in Los Angeles (Sept. 1964), which was attended by 18 scientists – including the British and Swedish groups -and presided by M. I. Grossman.

He has written a short and fascinating historical review as an introduction: Edkins “invented” gastrin rather than “discovered” it (1905) on the analogy of what has been held to be the mechanism at work in the secretion of pancreatic juice. Komarov (who died in March 1964) assumed that gastrin was a polypeptid like secretin and could be separated from histamine. But it was not until Gregory and Tracy took up the problem again that a fully reliable method for preparing the hormone became available (1961). On Christmas of next year, they separated another hormone, Gastrin II.

This book contains 13 chapters, each followed by a detailed account of the copious discussions which took place after each conference. And a “Review and Perspective” (by the chairman Grossman), full of stimulating statements, ended this meeting.

Finally the editors have taken the trouble to complete this volume by a references index of the principal works which have been printed between this conference and the date when the book was published, two years later.


The monograph, in a general and a special part, covers every aspect of the carcinoid history, frequency, distribution, clinical, picture, pathologic physiology, pathologic anatomy and biochemistry.

The book is written by an extraordinary expert in this field who knows not only the way to present special problems of the carcinoid but also, based on the multifocal
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clinical picture, how to guide the reader through a large part of internal medicine and pathologic physiology.
Knowledge, clear conception and diligence were necessary to write this book. This book is well presented by the editors and can be highly recommended to a surgeon, internist, pharmacologist and physiologist interested in this disease.
L. Demling, Erlangen
XII + 182 p., 27 fig. Price: DM 58,-.
The purpose of this monography is to introduce the assay of enzyme activities of the feces into the diagnosis of diseases of the pancreas – certainly a difficult task for the author. Unfortunately he has not succeeded to demonstrate that the measurement of enzyme activities of the feces can be a valuable contribution to diagnostic procedures in diseases of the pancreas. The main reason for this is the impossibility of obtaining always normal enzyme activity values when pancreatic function is normal. The comment of the author on page 82-84 is characteristic of this unsatisfying situation. Normal values exactly determined in healthy subjects are the basis of a valuable function diagnosis. These are missing however, because the pancreatic enzymes, on their passage through the intestine, are exposed to so many more unpredictable influences (e.g. catabolism by bacteria).
The author’s statement: “The assay of enzyme activities of the feces is a diagnostic aid which because of false positive and false negative results shall only be used in combination with the pancreozymin-secretin test”, reveals that this method is not an improvement of the difficult pancreas diagnosis. Therefore it can be assumed that this method of measuring enzyme activity of the feces is not suitable for controlling the course of pancreatitis indicating whether the organ function became normal or not. The statement of the author (page 29) that in idiopathic sprue intestinal passage generally is accelerated, is not true. In spite of those fundamental objections this monograph gives a comprehensive survey of modern methods concerning the diagnosis of the pancreas based on an exact and diligent examination of the patients.
For this reason this monograph merits its place in every gastroenterological library. L. Demling, Erlangen
NEWS
On January 27, 1968, a postgraduate course of the German Society for Gastroenterological Endoscopy was arranged by Professor Dr. H. Kalk (Bad Kissingen) and Dr. H. Lindner (Hamburg) in the form of a seminar on laparoscopy at the DRK-Krankenhaus in Hamburg. This was the first time that a direct colour-television transmission of the abdominal cavity by means of a 3-valve Plumbicon® television set and a Lumina® laparoscope took place in Germany. The two devices were linked up by a flexible glass fibre optic in such a way that the laparoscope could be moved freely in the abdominal cavity, making it possible to witness the entire endoscopy on the screen in colour and in every detail. Furthermore, there is a possibility to make a record of the examination in colour and with the comments on a magnetic tape for future use in teaching.