Continuous Ambulatory Peritoneal Dialysis, edited by R. Gokal. Pp. x + 382, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1986. £60.

The technique of peritoneal dialysis was first used in the management of uraemia in humans in 1923, but continuous ambulatory peritoneal dialysis (CAPD) has been employed in the long-term management of renal failure only during the last decade. The first account of the technique by Moncrief, Popovich and colleagues was rejected for presentation at the American Society for Artificial Internal Organs Meeting in 1976. Nevertheless there has been an explosive increase in the use of CAPD, particularly in the United Kingdom, since then. The time is ripe therefore for the publication of this, the first definitive multi-author textbook of CAPD.

Many of the big names in the subject have contributed and all the main topics are covered. The editor himself discusses the history and likely future of CAPD in the first and last chapters respectively and between these the anatomy and microcirculation of the peritoneum, the transfer of solutes, water and drugs across the peritoneum, the various systems and solutions currently used, surgical, nutritional, endocrinological and haematological aspects, the organization of a CAPD programme and its integration into an overall renal replacement programme, and CAPD in diabetics and in children are described. Rehabilitation and quality of life are covered, as are the problems of loss of ultrafiltration and of peritonitis. This latter problem, which is excellently dealt with, is of course the Achilles' heel of the technique and its occurrence or otherwise the main determinant of outcome in CAPD.

The book is beautifully produced and there are many fine photographs and diagrams. The references are comprehensive and complete to the end of 1984; in some chapters, publications in 1985 and even 1986 are cited. My only criticism is that the book is full of spelling mistakes and odd English usages. Turning – not quite at random – to page 188, for example, one encounters “incipiens infection”, detectable sequellae”, “a poor exchange technique is often evoked. . .”, ‘computerized tomodensitometry may help identifying and localizing an abscess. . .’ and ‘to detect such exceptional causes of persistent peritonitis such as a calcified epiploic fringe. . .’. This is a relatively minor criticism when set against the many merits of this book. I am sure the authors will have the opportunity to proof-read revised chapters in future editions of a book which will be read with profit by all nephrologists, should be bought by university and hospital libraries and is a ‘must’ for every renal unit library.

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Diarrhoea and Malnutrition in Childhood, J.A. Walker-Smith and A.S. McNeish. Pp. xv + 249, illustrated. Butterworths, London, Boston, Durban, Singapore, Sydney, Toronto, Wellington, 1986. £25.00.

Diarrhoea-associated diseases remain a major cause of morbidity and mortality among children worldwide despite

the impact of oral rehydration therapy. This book represents the proceedings of a Commonwealth meeting of paediatric gastro-enterologists convened to promote collaboration between the industrialized nations and the economically deprived countries of the world. It documents authoritative accounts of the various facets of the pathophysiology of chronic diarrhoea and challenges the reader to develop new strategies for prevention and management. It is interdisciplinary and juxtaposes detailed reviews of different highly specialized fields with the object of examining what is actually known about such subjects as epithelial cell kinetics, small bowel colonization, pancreatic and bile salt metabolism, and mucosal immunity and food intolerance in relation to the generation of malnutrition and its consequences.

There are 23 chapters from 84 contributors. Thus there are many brief multi-author papers. Some describe experimental studies and others combine epidemiology and clinical findings in a tropical environment. Most, but not all, the sections are well and appropriately referenced. There is a comprehensive index. The book begins with an overview of concepts underlying the pathogenesis of mucosal abnormalities and malabsorption and moves on to discuss briefly nutritional status in relation to this. The sections covering specific infections are very selective and include giardia lamblia, cryptosporidium and trichuriasis. Subsequent chapters address the generation of chronic diarrhoea and its impact on nutrition; most, in fact, describe local clinical studies rather than mechanisms. The latter sections of the book move on to disturbances of systemic and local immunity. The multifactorial protective role of breast feeding is not examined in depth. The final section, described as management strategies, in essence illustrates possibilities by reporting studies from these groups of workers.

Although this book will particularly appeal to a specialist audience, it contains a wealth of resource information for a world problem.

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