enterologists, one a surgeon, the other a physician, and both with a special expertise of hepatology. Within its 105 pages there are short chapters on methods of investigation of liver disease, gall stones, jaundice, hepatitis, cirrhosis, alcoholic liver disease, cancer, etc, and there are more specialised sections on tropical liver disease, the complications of liver disease and liver transplantation. The style is uncomplicated, the information and advice given is sensible, and although many lay readers might have difficulty in following some parts of the text there are simple line drawings to help with the anatomy and a series of black and white photographs of various aspects of clinical liver disease. One or two of the latter might have a salutary effect on any intending alcoholics!

Whilst aimed at the educated lay reader, one cannot but help comment on how much factual information has been squeezed into such a small space, and that nurses and perhaps the occasional undergraduate medical student would also benefit from seeing this book. As an exercise in seeing what is expected with regard to good communication with patients it would be useful as there is no doubt that books such as this would not be required if the medical profession's ability to communicate were better.

I cannot see a great market for this small book, but one must congratulate the authors on achieving what they have. I note there is as yet no volume in the series on 'Stomach and intestines: the facts', but I cannot imagine this deficiency (if it is one) will persist for long.

ALAN E READ

Food allergy and intolerance Edited by J Brostoff and S J Challacombe. (Pp. 1032; illustrated; £75.) London: Baillière Tindall, 1987.

By its sheer bulk this book seems to be saying: 'Accept food reactions as a serious scientific discipline or else...' Indeed, when 83 respected authors write 61 well referenced chapters on a subject one must admit it has come of age. The authors are from a variety of disciplines and countries. Only a handful are gastroenterologists (including R Wright, P Asquith, J Walker-Smith, and J Hunter) and the section on gut diseases is relatively short. It covers comprehensively the expected diseases, however – gluten toxicity, IBS, IBD, and paediatric syndromes of vomiting and diarrhoea. The Cambridge group presents its good results with elimination diets in 77 patients with Crohn's disease (as already published) but Roy Shorter dismisses food allergy as playing no role in IBD. Gastroenterologists who are already familiar with the literature will be none the wiser for reading these chapters, at least in relation to manag-

ing their patients. If they browse through the rest of the book, however, they will learn much about basic mechanisms of gut immunology and food evoked reactions throughout the body. Full cover is given to gut associated lymphocytes and macrophages, to mucosal antibodies, to antigen handling by the gut and to mechanisms of damage to the gut (including non-immune mechanisms). There is also much to be learnt about food itself with big chapters on food families and rotation diets and on the new field of dietary lectins. Non-GI problems are extensively covered, including asthma, eczema, migraine, and the hyperkinetic syndrome. 'What tests should a clinician ask for?' sounded a promising chapter but it was not very helpful. The gold standard is said to be a double blind encapsulated food challenge but we are not told how to do it.

Intriguingly, a Polish professor diagnoses food allergy by dripping food extracts on to the gastric mucosa and watching it redden through an endoscope. Startlingly, he claims that gastric and duodenal ulcers heal with cromoglycate as often as with cimetidine. I was unconvinced, however, by the chapter on subcutaneous food extract injection therapy which is claimed by the American author to help IBS, Crohn's disease and ulcerative colitis. Has he not heard of placebo responses?

Like all big multi-author books this one has suffered from a long production time but it succeeds in its aim of providing encyclopaedic cover of an expanding if still contentious subject. The subject is plagued by pseudoscience (dramatically so in the Dallas 'Environmental Control Unit') but properly controlled trials are being done and, one day, its true place in medicine will become apparent.

K W HEATON

Viral hepatitis: clinics in tropical medicine and communicable diseases Edited by A J Zuckerman. (Pp. 461; illustrated; £17.50.) Philadelphia: W B Saunders, 1986.

The *Clinics Series* published by W B Saunders have for many years provided a ready source of up to date information on growing points in clinical medicine. The present new series, of which this volume on *Viral hepatitis* is the second issue, is directed towards physicians working in the tropics and all those faced with illness in immigrants and returning travellers. An outstanding international group of authors have been selected. The global importance of hepatitis B, its biology, treatment and relationship to hepatocellular carcinoma are fully covered. The chapter by H C Thomas and A M L Lever on treatment is particularly well done, although the use of such drugs as interferon is quite outside the scope of most

tropical centres and indeed, departments elsewhere, both on account of availability and costs. The best results depend on selecting patients with recently acquired disease.

As expected, A J Zuckerman covers immunisation against hepatitis B elegantly and in great detail. Safe vaccines are now available and the advent of the new, recombinant one will allay many of the mistaken fears of the old plasma derived vaccine. Similarly, in their chapter on hepatitis A, J Abb and F Deinhardt give the present position of killed and lived vaccines against hepatitis A.

R J Gerety and S V Iwarson give a detailed account of the mysterious non-A, non-B hepatitis and the efforts being made to identify it more exactly. They stress its importance as the major cause of post-transfusion hepatitis and also accounting for up to 40% of community acquired hepatitis in the United States.

This book is reasonably up to date as references covering 1985 and most of 1986 are included.

SHEILA SHERLOCK

Clinical imaging of the pancreas By G May and R Gardiner. (Pp. 180; illustrated; \$48.50.) New York: Raven Press, 1987.

Two North American radiologists have produced a concise review of pancreatic imaging, well related to the clinical setting. All imaging modalities are included, computed tomography and ultrasound naturally comprising the majority of figures.

Techniques of examination and the normal and abnormal findings are detailed for each imaging procedure. It is emphasised that non-invasive imaging has not only all but replaced pancreatic angiography, but that it continues to provide new knowledge about the natural history of pancreatic disease. Earlier diagnosis of malignancy may enhance the quality of life in many patients, although it may not lead to a longer survival.

Chapters cover congenital, inflammatory, neoplastic, and traumatic diseases. They are all succinct, clearly written and non-controversial. Interventional procedures are included, although the book contains no critical discussion on the merits of competitive techniques, such as the endoscopic *versus* percutaneous approaches to stenting of pancreatic cancer.

This book is attractive and well presented, with well grouped, uniformly excellent illustrations. The price, however, seems excessive for 158 pages of text and 197 relevant figures. Despite its clinical emphasis I feel the imaging content will be more useful for the young radiologist in bud than the physician or surgeon in bloom.

ROBERT DICK

News

BSG Research Award 1988

A three page summary of personal research work is invited by the Education Committee of the British Society of Gastroenterology who will recommend to Council the recipient of the 1988 Award. A bibliography may also be submitted if desired. The Award consists of a medal and £100 prize. Entrants must be 40 years or less on 31 December 1988 but need not be a member of the BSG. All (or a substantial part) of the work must have been done in the UK or Eire. The recipient will be required to deliver a 40 minute lecture at the Plenary Session of the Spring meeting in 1988. Applications (18 COPIES) should be made to: The Honorary Secretary, BSG, 3 St Andrew's Place, Regent's Park, London NW1 4LB, by 1 December 1987.

Reduced Subscription for Trainees

Gut is available at a reduced rate of £48 per annum to bona fide trainees in gastroenterology in the areas of basic science, medicine, surgery, pathology or radiology. The reduced subscription rate will be available for one year in the first instance and a fresh application will be needed for any subsequent year, up to a total of three years. The offer does not apply to members of the BSG. Trainees should be of registrar or senior registrar status, or equivalent. Application forms are available from The Subscription Dept, BMA House, Tavistock Square, London WC1H 9JR. (Please enclose a stamped addressed envelope.)

National Gall Stone Study Group

A new multicentre trial is being planned to study the prevention of recurrence after dissolution of gall bladder stones. A very simple protocol involving alternate month treatment with ursodeoxycholic acid 750 mg daily and six monthly ultrasonography follow up is projected. In the absence of any other proven method of preventing the 30 to 50% recurrence rate that may otherwise be expected, it is hoped that most patients in Britain whose gall stones have been dissolved would be suitable for entry. Even if only a few patients are entered by each gastroenterologist with appropriate patients, it should be possible to define the usefulness of this safe and easy treatment. Free supplies of ursodeoxycholic acid should be available for a two year period for each patient. The study will be coordinated by Dr Malcolm C Bateson, Consultant physician and gastroenterologist, General Hospital, Bishop Auckland, Co Durham DL14 6AD, from whom full particulars are available.