the gut brain. He has written much in a lifetime of research in this and related fields, but he has never written anything better.

DAVID WINGATE

Computed body tomography Edited by Joseph K T Lee, Stuart S Sagel, and Robert J Stanley. (Pp. 564; illustrated; $99.20.) New York: Raven Press, 1983.
Radiology as a diagnostic discipline is based almost entirely on defining normal anatomy, knowing the variations of normal, and thereby recognising the abnormal. Without the recognition of anatomical abnormalities it is impossible to even suggest any pathology. The merit of computed tomography lies in the anatomical detail it displays of the full range of body organs including the soft tissues of the abdomen and mediastinum, lungs, brain, and bone. The other imaging modalities have advantages in particular regions; ultrasound in obstetrics and cardiovascular anatomy, nuclear magnetic resonance in the brain, isotope studies in functional images but for versatility and total body displays, computed tomography cannot as yet be matched by any other single method. Hence the increasingly widespread use of computed tomography in clinical investigation in spite of the cost of both the apparatus and its revenue consequences.

In gastroenterology it is most useful in the solid organs, notably in the pancreas, liver, spleen, and in lymph node disease. Even in the gastrointestinal tract, however, visualising the thickness of the walls of hollow viscera can also be crucial. More importantly, computed tomography shows the size and position of abscesses, particularly those in and around the liver, and has become yet another stimulus to percutaneous cytology and abscess drainage, avoiding laparotomy in many cases.

It is therefore a pleasure to find a text on body computed tomography that clearly details and portrays the anatomical possibilities of the technique and relates so elegantly to the diagnostic potentials of the method. It has been realised largely by the efforts of the team at Mallinckrodt Institute of Radiology at St Louis who have had an extensive, combined experience. The format, the illustrations, and even the text with its inevitable Americanisms is of the highest order. Any criticisms that may be levelled at the biased historical appraisal or parochial emphasis would be, to say the least, irrelevant. In the final analysis this is a fine book, to be highly recommended and absolutely essential for radiologists and clinicians.

L KREEL

Dynamic radiology of the abdomen: normal and pathologic anatomy By M A Meyers. (Pp. 396; illustrated; $64.30.) Berlin: Springer Verlag, 1982.
This book is a worthy successor to the first edition (published in 1976). Its 396 pages contain 1006 superb illustrations (14 in full colour) and it is one of the most comprehensive and lucid books ever produced on the radiological anatomy of the abdomen. The book uses a variety of imaging techniques to show the anatomical relationships of abdominal structures including radiographs, contrast studies and ultrasound scans, CT scans, isotope scans, colour photographs of cadaver cross-sections, drawings, and diagrams.

As the word 'dynamic' in the title implies, this is not simply a work concerned with static anatomical relationships: not only do we learn about normal anatomy and normal variations, but how these patterns are altered by disease and how anatomical considerations determine the pathways flowed by spreading infection and malignancy in the abdomen. The author makes a particular point of explaining in detail those 'mystery' areas of the abdomen, which so many of us find a nightmare to visualise: the extraperitoneal spaces, the intraperitoneal reflections and recesses, the renointestinal relationships and the duodeno-colic relationships; anatomical features that are essential to understanding the pathways whereby disease spreads in the abdomen.

There are many who will benefit from this book: the general radiologist; those learning or with a special interest in ultrasound, isotope imaging, biliary, and renal work, CT scanning, NMR imaging, and abdominal angiography; the surgeon; the oncologist; the gastroenterologist; the medical student, and the anatomist.

The book is not perhaps one which every medical student or radiologist will be able to buy, it is required reading for every radiologist specialising in abdominal work, however, and is an indispensable reference work.

D J ALLISON

Drugs and peptic ulcer: volume 1 – Therapeutic agents for peptic ulcer disease. Volume 2 – Pathogenesis of ulcer induction revealed by studies in humans and animals Edited by C J Pfeiffer. (Pp. **1:** 209, **2:** 263; illustrated; **1:** $85, **2:** $95). Boca Raton, Florida: CRS Press, 1982.
These books are the first of a new series in gastrointestinal disease under the general editorship of C J Pfeiffer. This pair describes in volume 1 drugs which are used to treat ulcers, and in volume 2 those

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Notes