doses of other 5-ASA compounds in ulcerative colitis.

The American origins of this book do not stand out and generally it is well written. There are some oddities though. The advice that good results in irritable bowel syndrome are best obtained by a direct authoritarian approach would raise some eyebrows, and even some hackles, among irritable bowel syndrome clientele and I have no idea what 'getting worked up in the outpatient clinic to a fare-the-well' means – perhaps Jilly Cooper does.

I enjoyed reading this book and while I didn't learn a lot from it I think a trainee might. It is well presented and well indexed and avoids the irritating lecture notes format of some of its rivals. At the end of each chapter there are a few key references usually to review articles as well as reference to a relevant chapter of the parent text book *Clinical Gastroenterology*. Training in gastroenterology is no longer the longest journey in clinical medicine but if you want a single small companion for the trip you could not do much better than this.

R J DICKINSON

Liver Disease in Children. An Atlas of Angiography and Cholangiography. Edited by F Brunelle, D Pariente, P Chaumont. (Pp 145; illustrated; DM228.) London: Springer-Verlag, 1994.

Correctly titled *An Atlas of Angiography and Cholangiography* this is a book of outstanding illustrations of paediatric liver disease. It represents the cumulative experience of three distinguished French radiologists who have contributed greatly to the development and acceptance of invasive hepatobiliary radiology in childhood. Many of the conditions described are rarities encountered by few, and diagnosed by less in a lifetime of paediatrics. The range of diseases discussed is complete from developmental disorders of the biliary tree to primary liver tumours, portal hypertension, and finally transplantation. The descriptions of the pathophysiology, aetiology, and natural history of these disorders is brief and basic, thereby of limited value to the expert hepatologist, hepatobiliary surgeon or radiologist working in a unit of equivalent national standing for whom there are established texts with less, although as informative, illustrations. Equally a reader wishing to gain understanding of rational investigation of liver disease in childhood needs an overall view of how these techniques, which are technically demanding, link with other modalities. In practice they have to be judged as an adjunct to the non-invasive methods of ultrasound, computed tomography, and magnetic resonance, which have pathognomonic features in many of these conditions and have been of equal importance in enhancing diagnostic acumen. Included is a chapter on technique. Despite the clear description of the steps, an addendum stating that such methods are not those for the untrained or 'faint-hearted' might be appropriate. Nevertheless, such criticisms should not detract from the illustrative quality and uniqueness of this atlas. The quality of the cases and their reproduction is superb and a testament to the skills and experience of the authors. For the radiologist, it provides a potential library source for referral to classic appearances of common structural liver disorders. In this role it has no competitors, but perhaps in combination with broader

radiological and more in depth clinical aspects it would be a landmark text with multidisciplinary appeal.

J KARANI

Gastrointestinal TNM Cancer Staging by Endosonography. By T Lok Tio. (Pp 198; illustrated; £125.) New York: Igaku-Shoin, 1995. ISBN 0-89640-267-3.

This work is from an acknowledged master in the field, and is well timed with a revival of interest in endoscopic ultrasound (EUS). The reasons for this are diverse. On the technical side there has been considerable improvement in image quality, the development of linear probes with biopsy and colour Doppler facilities, and also miniprobe that may be passed down the biopsy channel. Clinically there has always been an interest in the detection of early cancer, but the possibility of endoscopic therapeutic intervention has added new impetus to the value of endosonographic staging. Endoscopists are aware that endosonography is a powerful tool to supplement routine examination, though for many the cost of the specialised equipment required remains prohibitive for comparatively limited utilisation.

The text is a fairly brief review of TNM staging, endosonographic techniques, and interpretation. Each section finishes with a comment, in the form of an overview of the cancer and the relevance of EUS to this, which is quite helpful. The value of the case reports that follow is not obvious. Only one is illustrated, so that there is little to be learnt from this except to appreciate the successful role of EUS in the cases described. There is a comparatively short reference and bibliography section. The rest of the book is composed of 71 figures, illustrating a wide range of cases, many with histological, endoscopic or radiological correlation. The histological illustrations are particularly good. The quality of the endoscopic prints is adequate, though not exceptional.

The impression on reading the text is the endosonographic staging is simple, more accurate than any other technique, and all that is required for 'clinical' cancer treatment. You can forgive an expert for feeling this way about 'T' staging (depth of penetration of the tumour). Endosonography is currently the only method sufficiently sensitive to determine early T stages, though it may not be long before endocoils in magnetic resonance imaging challenges this position. The difficulties of 'N' (lymph node) staging are understated. It is possible to quote studies showing quite good results for N staging, given the usual case mix and calling any node visualised positive, but this does not mean that EUS is particularly accurate in assessing nodal involvement. As several *in vitro* studies have shown, EUS is poor in differentiating normal from involved or reactive nodes. The problem of micrometastases is not tackled. The need for other examinations, such as computed tomography, for 'M' staging may have been assumed, but apart for a mention on page 8 that computed tomography is more accurate than EUS for detecting liver metastases, and on page 11 for transabdominal ultrasound to look at the right lobe of the liver in cases of gastric cancer, the entire problem of how to use other modalities in 'M' staging, and integrate the findings into EUS staging is left out. Altogether the totality of EUS seems to be rather taken for granted.

The main competition in this field is *Gastroenterologic Endosonography*, edited by

Rösch and Classen. This gives the novice a more detailed view of the normal anatomy, with useful supplementary diagrams of the gastroduodenal region where the anatomy is particularly difficult, and a broader perspective on the problems of EUS staging, its limitations, and integration with other imaging modalities. I would have to recommend this in favour of *Gastrointestinal TNM Cancer Staging by Endosonography*.

C I BARTRAM

Recent Advances in Gastroenterology (Vol 10). Edited by R E Pounder. (Pp 322; illustrated; £50.) Edinburgh: Longman Group, 1994. ISBN 044 305 021X.

If medical research is the process of chipping away at the barrier between what is known and what is not known, then an advance can be described as a breach in that barrier. Of course, research findings can so often lead to new layers of complexity that, in themselves, produce new barriers – and so the process continues. This can lead to the apparent paradox that while knowledge increases, understanding may diminish. For just on 10 years, Roy Pounder has been putting together teams of experts to offer us reviews of 'recent' – a vague term this – work in our specialty.

To be really successful, an editor should ensure that contributors of review articles have two particular qualities: they write well and they write systematically. For some years, purists have been heavily criticising review articles for their lack of both balance and scope. The most severe offence seems to be partial citation of the literature, which can lead the author (and the reader) into selective bias towards a particular point of view in a controversial area. The accusation is that reviewers become 'spin doctors' – leading opinion rather than just laying out all the prevailing factual material to allow the reader to come to their own conclusion. Such criticism seems fine, and even noble, but can we define the qualities of a potential writer of reviews?

The writer must have a near-pathological obsession in collecting all the relevant data – not just their own recall supplemented by searches through the obvious literature, but by recourse to the obscure journals (remember Mendel) as well as trawls to find the unpublished – that sump of negative trial data that just can't get into print. They will then require Solomon's wisdom in judging the relevant merit of each piece of research so as not to emphasise the poor quality data at the expense of the excellent. They will possess the knowledge and experience that comes with spending years in their respective fields of expertise yet they must adjust their position to rise some distance above the subject. (Does anyone else share my distaste of the arrogance implied by the term 'overview'?). It may be an advantage (though not a necessity) to be able to construct prose should the author wish to attract readers rather than mere prestige. In essence, a systematic reviewer should possess a Nietzschean capacity to rise above the restrictions on other mortals but, transcending time, must scrupulously avoid any tendency to Machiavellian duplicity.

I doubt that the editor of the present volume will have set such severe standards for the 24 authors of the 14 chapters and indeed I am sure that the contributors would not be offended to learn that not one of them achieves Superman status (Zarathustra's ideals and not Marvel comics). The various chapters are up to date and tolerably well