problem, such as a palpable abdominal mass, jaundice, a swelling in the thyroid gland, etc. Of course, though much of the content of this book is concerned with gastroenterological topics, it deals with the whole spectrum of disorders which still present to those providing a general surgical service, and it is primarily aimed at undergraduate medical students undergoing the clinical part of their course. However, there is much in this book which would be of real assistance to the post-graduate surgeon in training, and the more senior doctor. It is a very 'browsable' book.

The illustrations are explicit and well chosen, and the style of writing has the delightful merit of reflecting the endearing personal style of the single author, thus giving a feeling of continuity throughout the book.

This is a most refreshing addition to the host of surgical textbooks, and it deserves to be widely used.

I. E. GILLESPIE

Cope's Early Diagnosis of the Acute Abdomen Revised by William Silen. (Pp. 280. Illustrated. £3.50.) Oxford University Press: Oxford. 1979.

Publishers have a difficult task in deciding when to let a book die, particularly a treatise that is as useful and successful as *Cope's Early Diagnosis of the Acute Abdomen*. This monograph is essentially a personal experience of the subject; the author's involvement comes across throughout the book and the date when that involvement was greatest is immediately apparent. For another author to take over and revise a personal treatise is a near impossible task; such a task can perhaps only be done by a person who knew the author well. Unfortunately, Professor Silen does not have the same style as Zachary Cope, and even Professor Silen's talents are stretched by the task with several passages jarring the reader. The occasional use of 'we' instead of 'I', the reference to the saving of millions of dollars, and the contrast of Sampson Handley and ultrasound on the same page spoil the image of Zachary Cope's treatise. Added to these criticisms are the poor diagrams and radiographic reproductions, some of which are uninterpretable.

I am afraid that this book should not have been resurrected; it should have died honourably and naturally. As a reference book on the early diagnosis of

the acute abdomen by clinical acumen it should have been left on the bookshelves, but in an unrevised form, perhaps alongside a modern text as a contrast.

CHRISTOPHER RUSSELL

Endoscopic Retrograde Cholangio-Pancreatography Edited by T. Takemoto and T. Kasugai. (Pp. 328. Illustrated. 178 dutch guilders.) Igaku-shoin: Tokyo. 1979.

The preface correctly states that this is 'the first text in the English language authored enthusiastically by Japanese experts in endoscopy of the pancreas and bile ducts, with special emphasis on endoscopic retrograde cholangio-pancreatography (ERCP)'. Professors Takemoto and Kasugai have assembled 22 distinguished Japanese contributors, including such well-known names as Harada, Kawai, Kobayashi, Ogoshi, Oi, and Tanaka, who have together produced a real monument to Japanese work in this field. There are chapters on historical aspects, equipment and techniques, complications, pancreatic juice and cytology, sphincterotomy, operative and transduodenal choledochoscopy, radiological appearances in the biliary tree and pancreas. Kozu provides new data concerning the correlation between pancreatography and exocrine function studies.

Most contributions are descriptive rather than analytical. The section on technique describes the macroscopic appearances of the duodenum and papilla in detail, but rather lacks practical advice on how to get there. The pull-back technique now used by most Western authorities is ignored; the radiographs virtually all show the 'long route', which has many disadvantages. There are no radiologists among the authors, and little instruction about radiographic technique, which is crucial to maximum diagnostic potential. My main criticism of this book is that it mainly looks backwards, and does not really face up to the main question facing ERCP as it enters its second decade—that of clinical relevance. The chapter on indications is only one page in length, and there is no real discussion about the relative roles of ERCP, percutaneous cholangiography, and new scanning methods such as ultrasonography and computed tomography. This is disappointing when most of the authors are professors in clinical departments. There is some unnecessary overlap

between certain chapters, and a hint of competition between authors in developing fields, such as peroral cholangioscopy.

Several other books related to ERCP have appeared recently, with different slants. This book is well produced and departments using the techniques routinely (and attempting to teach them) will certainly wish to add it to their reference libraries.

P. B. COTTON

Techniques of Vagotomy By A. G. Johnson and K. W. Reynolds. (Pp. 85. Illustrated. £5.95.) Edward Arnold: London. 1979.

This short book is an excellent guide to the different vagotomy procedures for the surgeon in training. The text is brief and contains many of the author's ideas and details of technique.

The illustrations are clear and drawn from the surgeon's view.

The three main vagotomy techniques and gastric drainage operations are described; the problems and main points of each procedure are highlighted. Intra-operative tests for completeness of vagotomy are also discussed.

Books received

The Quality of Life: the Peckham Approach to Human Ethology By Innes H. Pearse. (Pp. 194. Illustrated. £6.50). Scottish Academic Press: Edinburgh. 1979.

Laboratory Investigation of Endocrine Disorders By M. R. Wills, C. W. H. Harvard, and P. J. Roylance. (Pp. 96. Figures. £3.25). Butterworths: London. 1979.

Recent Advances in Clinical Immunology: No. 1. Edited by R. A. Thompson. (pp. 299; illustrated; £11). Churchill Livingstone: Harlow, Essex. 1977.

Non-cirrhotic Portal Fibrosis with Portal Hypertension By A. K. Basu and B. N. Guharay. (Pp. 310. Illustrated. Price not stated). National Academy of Medical Sciences: New Delhi.