Books


A decade in the life of a new medical technology is a long time and computed tomography has now had just more than its first decade. Neuroradiology has been utterly changed. Even gastroenterology, with the support of double contrast barium studies, fibreoptic endoscopy, and the Crosby capsule, has found a use for this new imaging system. The particular need was for the definition of abnormalities in the solid organs; to some degree this need has been met by ultrasonography, which, unfortunately, has certain limitations—notably by being impermeable to gas and bone. The limitations of computed tomography, however, would appear to be only that of cost compared with other diagnostic methods.

The authors present what must be among the best images yet available with computed tomography and show particularly the value of contrast enhancement to demonstrate both the vascular and parenchymal phases. The book covers the major organs and major pathologies giving examples of annotated images with a limited text referring almost exclusively to technical details.

The book succeeds admirably in presenting the features of ‘mass’ lesions in the abdomen. Unfortunately, it does not deal with abscess drainage or needle cytology using computed tomography control. But even with these limitations, as an atlas of computed tomography it succeeds admirably.

L KREEL


This interesting and very readable book has been produced by two American authors, both recognised as experts in the area of gastrointestinal endoscopy.

It is essentially an introduction to endoscopy containing many useful hints on technique, as well as careful discussion of the value and clinical context of these techniques. There are 10 chapters, beginning with the history of fibreoptic endoscopy, the physics involved, and a detailed description of instruments available. The technique of, and the findings at, upper gastrointestinal endoscopy are described and illustrated in colour. ERCP and colonoscopy are dealt with at some length, and there are four short chapters on upper gastrointestinal haemorrhage, therapeutic endoscopy, paediatric endoscopy, and other techniques—for example, cholecystoscopy.

Too little attention is given, I believe, to the care and sterilisation of endoscopic instruments. This is disappointing, as, to the physician endeavouring to set up an endoscopic service, the dangers both clinical and legal of using infected instruments need to be stressed. Less than a page of text is devoted to cleaning and disinfection of endoscopes, and the novice could be forgiven for believing this to be not a very important topic. One other minor point concerns the use of radiographs to illustrate techniques in upper gastrointestinal endoscopy, such as the ‘J manoeuvre’. Radiology is not used in this context, and the use of visual aids such as transparent gastric models would have been more appropriate.

These deficiencies do not detract from the overall clarity and conciseness of the book, and I am sure that it will be enjoyed by anyone who reads it. I do not recommend it, however, to the beginner. As a practical manual, I found it not sufficiently practical or technically helpful, and in this context there is a better and cheaper alternative available.

A G VALLON

News

Radiology of the Small Intestine

This course will be held on 4 June 1982 at the John Radcliffe Hospital, Oxford. Particular emphasis will be placed on duodenal intubation barium techniques. It is intended for consultants, senior registrars, and research workers in radiology and gastroenterology. Registration fee £25.00. Details from Dr D J Nolan, Department of Radiology, John Radcliffe Hospital, Oxford OX3 9DU. (Tel (0865) 817238.)

Seventh International Bile Acid Meeting

This meeting will be held in Basel from 12–18 October 1982. Details from Professor G Paumgartner, Department of Internal Medicine II, Klinikum Grosshadern, PO Box 701 260, D-8000 Munich 70, W Germany.