ever-expanding subject which, from early student days, often seems to be clouded by mystique.

The layout and concise style are excellent and the content provides a refreshing insight into hepatology, with accepted dogma tempered throughout by the reality of every-day clinical experience. There is a generally critical approach to the more controversial areas of management, such as chronic active hepatitis, primary biliary cirrhosis, and portal hypertension. The chapter on immunology in liver disease is commendably concise and all that is needed by most clinicians.

No mention is made of nutritional aspects such as the new field of branch chain amino-acid therapy, or the role of ultrasound in diagnostic and therapeutic aspiration of liver abscesses. Also the advice concerning 'appropriate' antibiotics for liver abscesses is inadequate and Child's classification could have been properly described. The book is surprisingly up to date and overall is a valuable complementary addition of the tradition excellent large British texts on liver disease. I can recommend it wholeheartedly.

B J M JONES

Books received


Corrections

Ileal dysfunction in Crohn's disease assessed by the postprandial serum bile acid response by F J Suchy and W F Balistreri, *Gut* 1981; 22:948–52. In the legends of Figs 2 and 3, the units should read $\mu$mol/l, not mmol/l. In the last paragraph of the Results section, the integrated area under the meal response curve should be $\mu$mol/l.h and not $\mu$mol/l/h.

Gastric mucosal histamine and histamine methyltransferase in patients with duodenal ulcer by N R Peden, Helen Callachan, D M Shepherd, and K G Wormsley, *Gut* 1982; 23:58–62. All the signs indicating the $P$ values in this article were printed as greater than and should have indicated less than the appropriate value, except for $0.1>P>0.05$ on page 59.