radiologists or those in training. The material is compact, clearly presented, well documented and beautifully illustrated for a small book. It deserves a wide circulation.

M J TURNER

Diagnostic imaging methods in hepatology Edited by H Lutz and L Demling. (Pp. 167; illustrated; £45.) Lancaster: MTP Press Limited, 1984.

Medical fashions are said to change. Superficially this may appear so but in reality, practice changes with experience, the discovery of new drugs and new technologies among other factors. Liver and biliary disease is no exception. Shunt operations are less frequent and local transoesophageal variceal injections are now common, postcholecystectomy stones are removed with a Dormier basket and liver abscesses are drained percutaneously and not surgically. Diagnostic procedures have not only changed accordingly but have in many ways been the spearhead of these new treatments.

The expectations of clinicians have altered accordingly. Diagnostic tests must not only have an accuracy approaching 100% (and preferably even greater!) but must be rapid, hazard free, cheap, non-invasive and freely available. Furthermore the diagnostic test must also have a therapeutic potential particularly as a means of performing percutaneous aspiration and cytology procedures. Ultrasonography, while not quite meeting all these criteria, is at present the front runner. The major drawback is the difficulty clinicians have in interpreting the results and in assessing the validity of an individual examination. Isotope imaging is least successful as an overall diagnostic tool. If only computed tomography and magnetic resonance imaging were freely available and inexpensive; however, 'biliary' ERCP remains a technique for specialist centres.

With ultrasonography gall bladder and biliary disease can be diagnosed accurately, space occupying lesions can be located, abscesses can be drained, fatty livers diagnosed and needle cytology undertaken, but alas, gas and bone continue as insurmountable obstructions and 'tissue characterisation' remains unaccomplished.

While no doubt the symposium itself was interesting and informative, this volume does not entirely reflect the modern approach. It is heavily weighted towards isotope imaging, is persuasive for using intravenous cholangiography and has only one chapter on computed tomography. The sections on ultrasonography are, however, extremely interesting. On the whole, and with a few notable excep-

tions such as the chapter by Dr J Ell, this book is therefore more like a catalogue of methods available in liver and biliary imaging than a realistic guide to modern usage.

L KREEL

Peptic ulcer disease Edited by S Cohen and R D Soloway. (Pp. 331; illustrated; £49.00) Edinburgh: Churchill Livingstone, 1985.

The book seeks to provide insight into some important aspects of ulcer disease. Four chapters are devoted to clinical topics. The book starts with an analysis of the statistical basis for diagnostic decisions. Very interesting, but before application, the statistics need elaboration, for example, by mention of confidence limits. The technique should certainly not be used for 'blind' treatment, as advocated. The chapters on endoscopy and surgical treatment are all right, but are severely restricted in length, so that important aspects receive little or no mention. The chapter on medical treatment is regrettably out of date, with only 15 of 97 references since 1980 and none later than 1982. In a topic like the medical treatment of duodenal and gastric ulcers, that is out of touch.

The remainder of the book comprises five chapters devoted to pathophysiology and one each to pathology and the gastric circulation. Both of the latter chapters are short and the topics are, therefore, better reviewed elsewhere. It is particularly unfortunate that the chapter on pathology omits reference to the very important recent findings during experimental ulcer formation. The main bulk of the book (one third) is devoted to the guest editor's own chapter on the pathophysiology of ulcers, with 700 useful references. The expectedly competent chapter on the pathophysiological aspects of the secretion of acid satisfactorily emphasises the very important Scandinavian contributions to the topic but does not address the title of the chapter – that is, whether hydrochloric acid is, actually, an 'aggressive factor'. Dr Samloff's review of pepsin and its relationship to ulcer disease is masterly and is, in my opinion, the best chapter in the book. The topic of the 'mucus – bicarbonate barrier' has been reviewed and rereviewed frequently in the past few years, so that it is difficult to write anything that is new. Although the relevance of the subject to peptic ulceration is not at all obvious, however, this very readable chapter is a satisfactory summary of the current state of knowledge. The second of the chapters on 'resistance factors' is devoted to 'cellular resistance'. This chapter comprises in part repeat (albeit less satisfactory) of the