primarily aimed at clinicians, the section on tumours and tumour-like conditions pays insufficient regard to clinical features, diagnosis, differential diagnosis and management. The section on intestinal biopsy does not really address clinicians’ problems of whether to biopsy, when to biopsy, how to biopsy and what may be the complications. A notable omission is that there is no section on management of nutritional problems.

I must conclude by saying that I regard this book as an overall success, offering great help to the clinician confronted with problems involving disorders of the small intestine.

M S LOSOWSKY


A small book produced by an academic group as a ‘comprehensive treatise’ on flexible sigmoidoscopy, aimed primarily at the general practitioner/primary care physician. The result is a slightly schizophrenic mix of heavily referenced reviews (flexible vs rigid sigmoidoscopes, short vs long fibrescopes, methods of colon cancer screening etc), practical handbook (50 pages) and compressed compendium of colonic gastroenterology (14 pages). The book design and illustrations are adequate, if not inspired, but it is well written and transmits very usefully the authors evident practical understanding of the technique and its problems.

If it stimulates generalists (in or outside hospital) to take up flexible sigmoidoscopy this book will have succeeded in one important aim. By then, in another edition, it would benefit by losing its present editorial sections concentrating on issues and instruments of the moment, in favour of practical aspects and the quantity and quality of its clinical/colour atlas section. In the meantime it will be a valuable compendium of facts and opinions for non-specialists purchasing flexible sigmoidoscopes – all too few in the UK, I suspect.

C B WILLIAMS


This book is another in a series designed for senior medical students and young doctors to teach them clinical gastroenterology. It competes with a number of other books of the same size and price range, all of which try to be a comprehensive but short and easily understandable text for young doctors. In the main it does its job very well. It is extremely readable and some of the helpful witticisms about clinical practice obviously stem from one of the senior authors. Initially I found it difficult to follow in that the symptoms and signs are sometimes divorced from the actual disease. An example would be that dysphagia is dealt with under symptoms but then the details of the disease itself are 100 or so pages later under diseases of the oesophagus. This does, however, mean that symptoms, signs and investigations of gastrointestinal and liver disease are all together and if one is therefore using this as a comprehensive text, it is a useful way of learning. The Tables are good and most of the Figures very helpful, although a few have some minor discrepancies. I was disappointed in a few points, for example hiatus hernia was listed as a cause of dysphagia, something that I thought had been dispelled forever. I can find no mention of tuberculosis as a definite entity and the index was not always as useful as it might be. The sections dealing with the liver were very patchy; they were easily understandable but often lacked details.

I think this book compares very favourably with its competitors in this field. It is difficult to know which of the many small books are the best, but this certainly should be available for the medical student to take home and glean useful information. It has the advantage of being concise, small and easy to carry.

M L CLARK


Double contrast radiology of the gut began in the colon and later proved equally useful in stomach and duodenum. Now the oesophagus! The author of this atlas, an enthusiast, has set out to show what can be done with the new technique and has succeeded brilliantly.

The book starts with a well illustrated nine page account of how to perform the examination. The favoured method uses a two way barium cup attached to a mechanical insufflator. An alternative is to inject air manually by syringe through a naso-oesophageal tube while the patient drinks barium. In either case a relaxant is used. The technique produces excellent visualisation of the air distended oesophagus in standard radiographic projections.

The author believes that double contrast radiology of the oesophagus offers as powerful a means of diagnosis as the endoscope. ‘If (it) can allow us to identify structures as small as gastric areolae, why should it not be able to reveal erosions, small ulcers or small polyps?’ In approximately 250 illustrations that follow, the reader has ample opportunity to form his own opinion of the potential of the