

tropical centres and indeed, departments elsewhere, both on account of availability and costs. The best results depend on selecting patients with recently acquired disease.

As expected, A J Zuckerman covers immunisation against hepatitis B elegantly and in great detail. Safe vaccines are now available and the advent of the new, recombinant one will allay many of the mistaken fears of the old plasma derived vaccine. Similarly, in their chapter on hepatitis A, J Abb and F Deinhardt give the present position of killed and lived vaccines against hepatitis A.

R J Gerety and S V Iwarson give a detailed account of the mysterious non-A, non-B hepatitis and the efforts being made to identify it more exactly. They stress its importance as the major cause of post-transfusion hepatitis and also accounting for up to 40% of community acquired hepatitis in the United States.

This book is reasonably up to date as references covering 1985 and most of 1986 are included.

SHEILA SHERLOCK

Clinical imaging of the pancreas By G May and R Gardiner. (Pp. 180; illustrated; \$48-50.) New York: Raven Press, 1987.

Two North American radiologists have produced a concise review of pancreatic imaging, well related to the clinical setting. All imaging modalities are included, computed tomography and ultrasound naturally comprising the majority of figures.

Techniques of examination and the normal and abnormal findings are detailed for each imaging procedure. It is emphasised that non-invasive imaging has not only all but replaced pancreatic angiography, but that it continues to provide new knowledge about the natural history of pancreatic disease. Earlier diagnosis of malignancy may enhance the quality of life in many patients, although it may not lead to a longer survival.

Chapters cover congenital, inflammatory, neoplastic, and traumatic diseases. They are all succinct, clearly written and non-controversial. Interventional procedures are included, although the book contains no critical discussion on the merits of competitive techniques, such as the endoscopic *versus* percutaneous approaches to stenting of pancreatic cancer.

This book is attractive and well presented, with well grouped, uniformly excellent illustrations. The price, however, seems excessive for 158 pages of text and 197 relevant figures. Despite its clinical emphasis I feel the imaging content will be more useful for the young radiologist in bud than the physician or surgeon in bloom.

ROBERT DICK

News

BSG Research Award 1988

A three page summary of personal research work is invited by the Education Committee of the British Society of Gastroenterology who will recommend to Council the recipient of the 1988 Award. A bibliography may also be submitted if desired. The Award consists of a medal and £100 prize. Entrants must be 40 years or less on 31 December 1988 but need not be a member of the BSG. All (or a substantial part) of the work must have been done in the UK or Eire. The recipient will be required to deliver a 40 minute lecture at the Plenary Session of the Spring meeting in 1988. Applications (18 COPIES) should be made to: The Honorary Secretary, BSG, 3 St Andrew's Place, Regent's Park, London NW1 4LB, by 1 December 1987.

Reduced Subscription for Trainees

Gut is available at a reduced rate of £48 per annum to bona fide trainees in gastroenterology in the areas of basic science, medicine, surgery, pathology or radiology. The reduced subscription rate will be available for one year in the first instance and a fresh application will be needed for any subsequent year, up to a total of three years. The offer does not apply to members of the BSG. Trainees should be of registrar or senior registrar status, or equivalent. Application forms are available from The Subscription Dept, BMA House, Tavistock Square, London WC1H 9JR. (Please enclose a stamped addressed envelope.)

National Gall Stone Study Group

A new multicentre trial is being planned to study the prevention of recurrence after dissolution of gall bladder stones. A very simple protocol involving alternate month treatment with ursodeoxycholic acid 750 mg daily and six monthly ultrasonography follow up is projected. In the absence of any other proven method of preventing the 30 to 50% recurrence rate that may otherwise be expected, it is hoped that most patients in Britain whose gall stones have been dissolved would be suitable for entry. Even if only a few patients are entered by each gastroenterologist with appropriate patients, it should be possible to define the usefulness of this safe and easy treatment. Free supplies of ursodeoxycholic acid should be available for a two year period for each patient. The study will be coordinated by Dr Malcolm C Bateson, Consultant physician and gastroenterologist, General Hospital, Bishop Auckland, Co Durham DL14 6AD, from whom full particulars are available.