increase. This is particularly true with strong sclerosants like alcohol. These two technical points have relevance to the observations of Bhargava et al who found only deep oesophageal wall ulcers (76-4%) and no oesophageal mucosal (varices) ulcers. It is generally accepted that 90-95% of post sclerotherapy ulcers are mucosal, they heal spontaneously, and are benign.\(^\text{5,6}\)

No details of the patients, such as age, severity of liver disease, grade of varices and time of endoscopy (elective or emergency) have been provided by Bhargava et al. The results seem to be somewhat predetermined, as the end point of sclerotherapy was either achievement of variceal obliteration or development of complications. No other study on sclerotherapy has used the later criteria as an end point.

In a recent review of endoscopic therapy of upper gastrointestinal bleeding alcohol has been mentioned as one of the three main sclerosants used in USA for endoscopic sclerotherapy; the other two being sodium morrhuate and sodium tetradecyl sulphate.\(^\text{5}\)

As well as our centre, others in India and Japan have been using alcohol for sclerotherapy. Dilawari et al carried out sclerotherapy with either absolute alcohol, or sodium tetradecyl sulphate (STD) in 52 patients with variceal bleeding.\(^\text{7}\) Obliteration of varices was achieved with alcohol in 58% and with STD in 69%, with a mean of 4.8±1.4 and 5.6±2.6 sclerotherapy sessions respectively. Overall complications with alcohol were observed in 14/93 (15%) sessions while with STD in 21/121 (17.4%) sessions. They concluded that absolute alcohol was as safe and effective as STD, with a higher cost benefit ratio. Kimura et al in Chiba, Japan, have successfully used absolute alcohol for both variceal sclerotherapy and for transhepatic embolisation of varices in more than 300 patients without significant complications (personal communication). Based on our data and the experience of other groups, we recommend regular, but disciplined, use of absolute alcohol as a sclerosant for emergency and elective sclerotherapy.

S K SARIN, G K SACHDEV AND B S ANAND

Department of Gastroenterology,
G B Pant Hospital,
New Delhi, India.

References


* This reply was delayed owing to postal difficulties.

Books


This is an extremely comprehensive book compiled by many different authors, covering all aspects of liver and biliary cancer. It is authoritative and up-to-date and timely, because new methods of treatment such as transplantation are now providing for a few selected patients excellent treatment. It is very well illustrated and beautifully produced with appropriate references. I feel it should in the libraries of general surgical departments and would be essential reading for surgeons, especially those interested in liver and biliary cancer.

To cover all aspects of hepatic and biliary cancer the editors have contributions from 43 authors and inevitably the style of writing varies. Part I consists of a major section on primary liver cancer, including epidemiology, diagnostic techniques, the relevant anatomy, surgical procedures, chemo- and radiotherapy. Part II is concerned with the extrahepatic bile ducts. Again, all aspects are covered and part III deals with cancer of the gall bladder. The last part has interesting chapters on special considerations in liver and biliary cancer, what to do with a patient who presents with liver metastases, technical considerations in hepatic resection and a very important chapter on transplantation for primary liver cancer. The longest survivors after surgical treatment of liver cancer have been after transplantation. Clearly, this operation removes the whole of the hepatic tumour and as there are many examples of multifocal lesions, potentially precancerous liver tissue is also removed. The converse of these two points is apparent in
lobectomy in the treatment of liver cancer and even more so in sublobar segmental resection. There are commonly anomalies of intrahepatic vascular anatomy which may be difficult to ascertain before surgery, but at present, when liver transplantation is not generally available, partial resection may be the only option.

ROY CALNE


This is the latest volume in the series arising from the postgraduate course in gastroenterology held annually in Oxford. Its mainly British contributors in January 1986 covered aspects of coeliac disease (biochemistry, genetics, pathogenesis, lymphoma), gall stones (epidemiology, radiology, pathogenesis, medical, and endoscopic treatment), Crohn's disease (risk factors, infective agents, the macrophage, radiology, diet, medical treatment, perianal disease, prognosis) and clinical pharmacology (adverse effects of drugs on gut and liver, antiemetics, antidiarrhoeal agents). Publications of this sort are often criticised for duplication of information available elsewhere. This volume, however, contrasts with some of its annual rivals in being highly readable, perhaps because it is derived originally from oral presentations and is not intended to be a comprehensive reference work. The chapters are short, clearly laid out, appropriately illustrated and almost uniformly well written; most provide a genuinely critical review of their topic rather than the all too common recitation of recent publications. The book is aimed at both specialists and non-specialists, and only experts in the fields reviewed are likely to find them unrewarding. For the clinician, the chapters on dissolution therapy for gall stones and on diet and treatment in Crohn's disease are particularly well presented. There are a few minor but irritating defects: omission of the titles of the papers referenced at the end of each chapter, at least a dozen misprints and a misleadingly incomplete index. These, however, should not prevent the book's acquisition by the hospital or departmental library: it will give the borrower an excellent evening's browse if not, at 13p a page, representing a good buy for the individual reader.

D S RAMPTON


This text, in the Current problems in tumour pathology series has 22 authors with a bias towards those in countries in which there is a high incidence of gastric cancer (four Finn's, three Japanese and three Hungarians). The strength of the volume, not surprisingly, is a central series of chapters on the pathology of the disease.

Thus, the histopathology of gastric dysplasia is well described and illustrated by Nagay who gives a good account of clinical relevance and enables comparisons between classifications to be made; this is followed by an excellent account of gastric polyps by Kozuka. Precancerous lesions are dealt with by Sipponen et al (there is some reiteration here) and a pictorially explicit and first class account of early gastric cancer is given by Williams. Ming then deals with classification in a critical way – this chapter should be compulsory reading for clinician and pathologist alike – I liked classification being described as ‘an attempt to create order out of the chaotic pathological presentations'.

Thompson's valuable account of the role of cytology in this disease will be helpful to many, and there is a clear account of the view of Filipie and Jass on intestinal metaplasia subtypes and cancer risk. The electron microscopy of the disease is not a great help in histogenesis and a good chapter on the mucus bicarbonate barrier is rather out of place (there is a confusing repetition of text on page 268 in this account).

Early epidemiological chapters are brief and not very informative. The account of experimental carcinogenesis given by Saito is comprehensive but a cross species synthesis of lesion and pathogenesis is unconvincing and unnecessary.

An attempt by the editors to draw the text together fails in not paying adequate attention to contrasting views on histogenesis and in a very speculative account of possible steps in the genesis of human gastric carcinoma. The value of the volume is in the authoritative accounts of important histopathological entities, beautifully presented.

C L BERRY


The use of invasive ultrasound techniques in examining the GI tract and contiguous organs has been developing over the past five years since its first description by Di Magno in 1982. This technique is now widely practised in Europe and Japan and the evidence is rapidly accumulating to illustrate its value in diagnosis and staging of GI tract neoplasia and disease of the pancreas and biliary system.

The two authors have the largest experience outside Japan of endoscopic ultrasonography of the GI tract itself and this book is a timely contribution to