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

Topics in gastroenterology Edited by D P Jewell and A Ireland. (Pp. 280; illustrated; £37.50.) Oxford: Blackwell, 1986.

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, anti-diarrhoeal 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

Gastric carcinoma Edited by M I Filipe and J R Jass. (Pp. 297; illustrated; £40.00.) Edinburgh: Churchill Livingstone, 1986.

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 Nagayo 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 Filipe 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 biocarbonate 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

Atlas of transintestinal ultrasonography By G N J Tytgat and T L Tio. (Pp. 440; illustrated; Dfl250.) Aalsmeer, The Netherlands: Mur Kostverloren, 1986.

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

a rapidly developing field. Virtually all of the ultrasound images are shown with the corresponding radiology and colour photographs of the lesion obtained at endoscopy. There are also many examples of the corresponding histological specimens and for radiologists and gastroenterologists embarking on the practice of endoscopic ultrasound this book will be of great value because the authors experiences are reflected in the very wide range of lesions shown. Conventional endoscopists will also have the added bonus of seeing what lies beneath the surface picture and perhaps think more in terms of the three dimensional anatomy.

My major criticism of the book would be that having seen many of the originals, the ultrasound images have reproduced poorly as have the radiographs. I am generally rather opposed to the atlas format which tends to be short on explanation and basic data but an atlas can be very useful in the early stages of a technique to assist the neophyte. This book will be very valuable reading for anybody actively doing endosonography of the upper or lower GI tract and will certainly be useful reading to all those considering entering what will be the major growth area in diagnostic ultrasonography in the next five years.

W R LEES

News

European Association for the Study of the Liver

The 22nd meeting of this association will take place in Turin on 3–5 September, 1987. Information may be obtained from Professor G Verne, Department of Gastroenterology, San Giovanni Battista Hospital, Turin, Italy.

5th International Symposium on Endoscopic Ultrasonography

This will take place in Munich, Germany on 10 and 11 July, 1987. Further details may be obtained from T Rösch, II Medizinische Klinik und Poliklinik der Techn. Universität München, Klinikum rechts der Isar, Ismaninger Str. 22, 8000 München 80, FRG.

First Wexner Symposium on Developmental Gastroenterology

This symposium will be held in Columbus, Ohio,

USA from 13–15 September, 1987. Further information may be obtained from Professor H R Sloan, Children's Hospital, 700 Columbus Drive, Columbus, Ohio 43205, USA.

XXVI World Congress of the International College of Surgeons

The First World Postgraduate Course in Surgery will be held in Milan, Italy from 3–9 July 1988. Details from Clinica Chirurgicala III, Università degli Studi, Via F Sforza 35, 20122, Milan, Italy.

Correction

We apologise for an error made by a previous printer in the article on p 106 of *Gut* 1986; 27 by Hamilton *et al*, where four lines from the bottom of column 2 have been transposed to the top. A correct version is printed below:

... duodenal ulcer were allocated by prior stratified randomisation to receive treatment with either TDB tablets (1 tablet tds half an hour before meals and 1 at night two hours after eating), or cimetidine (200 mg tds and 400 mg nocte) for six weeks. Treatment started within one week of endoscopic diagnosis. All patients who had been taking TDB, H₂-histamine receptor antagonists, or carbenoxolone in the three months before diagnosis, or in whom previous treatment with TDB or cimetidine had been unsuccessful, were excluded from the study, as were patients who previously had gastroduodenal surgery. All subjects recorded symptoms and antacid consumption daily on diary cards. Endoscopy was repeated during the final week of treatment to determine ulcer healing, which required complete duodenal re-epithelialisation. Those patients with superficial duodenal ulceration or erosions persisting after treatment were classed as treatment failures. Patients whose ulcers healed during treatment were not offered maintenance therapy, but were asked to return for clinical review three, six, and 12 months after completion of treatment, or at any intermediate stage if they developed recurrent symptoms. Endoscopy was repeated in all patients 12 months after the end of therapy, or at the earlier development of symptoms, regardless of severity. Some patients in each group attended early for their final clinical and endoscopic review because of...