If you deal with digestive diseases, you need a textbook to which you can refer. How can a reviewer offer guidance to the prospective buyer? Faced with 67 chapters, there is little point in embarking on a piecemeal critique ('... I enjoyed Smith's chapter on stool contour, but was disappointed by Brown's piece on the epidemiology of nausea, and his failure to cite my seminal paper on this topic ...'). I have already indicated the general approach of the editors, but when it comes to forking out your hard earned cash, a test read in a bookshop or library is an essential preliminary. In the end, it must be a matter for personal choice, modulated by your own knowledge of the specialty; there is, after all, little point in spending money on buying what you already know. As might be expected from this publisher, the book is well made but is not cheap. Nevertheless, if it is what you want, it is worth the money.

Finally, in this BSG 50th Anniversary year, the reflection in print of the explosive growth of British gastroenterology deserves comment. It is not so very long since the bible of British gastroenterology was the (relatively) slim volume by Avery Jones and Gummer, in several ways the forerunner of the new book. Within the last five years, Finlayson, Shearman, Bouchier, Allan, Hodgson, Keighley, Misiewicz, Pounder and Venables, have between them added a further 3786 pages to the corpus of general textbooks. As publishing and philanthropy are not synonymous, one can only assume that a market exists, in itself a sign of vitality. More encouraging is the number of individuals prepared to undertake the labour of authorship for rewards that are usually derisory. People write about gastroenterology because they are doing it; good books reflect good practice. Despite shrinking clinical and academic resources, we seem to have something to celebrate, and this book more than meets the occasion.

DAVID WINGATE

Current therapy in gastroenterology and liver disease – 2 By T M Bayless. (Pp. 473; illustrated; £52.50.) St Louis: C V Mosby, 1986.

This book follows rapidly on the heels of the first edition which was only published in 1985. The basic format remains unchanged with a large number of separately authored chapters offering a broad coverage of gastrointestinal, hepatic, biliary, and pancreatic disease. The authorship has been drawn predominantly from American institutions. Each chapter tends to cover the evaluation and treatment of a disease and is sometimes preceded by an outline of its epidemiology and presentation.

The apparent aim of this text and the previous edition has been to bridge the therapeutic gap

between standard texts and the recent literature. There have not been enough recent advances, however, to justify the present update. Therefore to give it a presentable face the authorship of every chapter has been changed, although the basic gist remains similar with inherited problems from the first edition. The main one arises from the multiple authorship with the standard of the chapters being quite variable. Some offer a balanced discussion which is satisfactorily referenced. Too many others, however, are opinionated and dogmatic with no literature backup.

For use outside of North America this book presents other difficulties. One is that little consideration is given to different therapeutic practices of other countries. Another is the oscillation between generic and American proprietary names, with American dosages. Thus, beyond America this book could not be recommended to junior staff, but is more suited to the specialist with the inclination to understand American practice.

P J PRICHARD

Computed tomography of the gastrointestinal tract Edited by Alec J Megibow and Emil J Balthazar. (Pp. 463; illustrated; £55.50.) St Louis: C V Mosby, 1986. Abdominal computed tomography (CT) was first applied to the solid organs, and only later used to demonstrate the fascial planes of retroperitoneum, the various peritoneal cavities and recesses, and the mesentery and omentum. It has recently become obvious that with special patient preparation and a scrupulous technique, CT can provide much information about the oesophagus, stomach, small bowel, and colon. Not only may tumours such as leiomyoma, lymphoma, and carcinoma be elegantly demonstrated, but CT is also very useful in showing inflammatory disease of both small and large bowel, and its complications.

This handsome volume, written by Professors of radiology at the New York University Medical Centre, will be difficult to displace as the standard reference work on CT of the gastrointestinal tract. Let me state at the outset that this is a book for the shelf rather than the work bench. The authors indicate that considerable efforts must be made if search for pathology in the hollow organs is to be fruitful. For example, the use of cleansing enemas before CT, air or carbon dioxide insufflation, multiple changes of patient position with repeat scanning etc, whilst producing attractive images at the end of the session (literally) must be balanced by the practical difficulty of devoting much time to each individual problem. With a busy mixed CT list, as occurs in a district general hospital or teaching hospital in the UK it may simply be impractical to search for