

diagnosis of the acutely painful abdomen that is all too often left to the most inexperienced at the most inconvenient times.

C G CLARK

**Atlas of gastrointestinal endoscopy** By Fred E Silverstein and Guido N J Tytgat. (12 chapters; illustrated; £79.95.) Edinburgh: Churchill Livingstone, 1987.

This Atlas comprises a foreword by Professor Kurt J Isselbacher, a preface, acknowledgements, 12 chapters, a bibliography, a list of suggested readings and an index. The pagination is by individual chapter, and (to me) a confusing convention. There is a lavish number of colour photographs of endoscopic appearances, usually of excellent quality but occasionally inaccurate in their colour rendering. Each photograph is accompanied by a descriptive text and often by clear, well labelled line drawings. There are, in addition, occasional diagrams – for example, to explain points of anatomy, some Tables to amplify textual points and a small number of radiographs and ultrasonographs. In addition, there is the running text of each chapter. The text is not referenced but the list of sources under suggested readings is up to date and useful.

The purpose and value of an atlas is in the mind and the eye of the user. How much background knowledge does the author expect of his readers? In this instance there is plenty for the novice and the expert. Should an atlas include much basic anatomy? I think too much has been included. Should technique be discussed and if so in how much detail? There are other excellent guides to the techniques of endoscopy. An atlas is not, in my opinion, the best vehicle. Are a list of causes of a disorder – for example, acute upper gastrointestinal bleeding, and a discussion on management, proper to an atlas? I feel the authors have included some superfluous matter in this respect. Does therapeutic endoscopy require special treatment in an atlas or should it merely be referred to en passant as appropriate? I would have welcomed greater emphasis being given to endoscopic therapy. How many radiographs and especially appearances at ERCP should properly be included? Some authors have attempted to present radiographic, endoscopic and histopathological appearances under the same covers. This is not always successful. I do feel, however, that there is a paucity of radiographs in this atlas.

It is my impression that Fred Silverstein and Guido Tytgat have spread the butter widely, but occasionally a little thinly. The core contents of the atlas, the endoscopic photographs, are however of high quality and in this respect the authors have achieved their stated objective '... to provide an organised series of

photographs documenting the appearance of gastrointestinal organs in health and disease'. There is an increasing number of atlases of endoscopy available and the requirements of readers will vary. All such atlases are expensive. Go to the bookshop, compare and contrast. But there ought to be at least one on your shelf and in your unit.

K F R SCHILLER

**Current gastroenterology** Edited by G Gitnick. (Pp. 429; illustrated; £55.00.) Edinburgh: Churchill Livingstone, 1987.

*Current Gastroenterology*, in the words of its editor, aims to distill from a vast body of information material that is practical and pertinent to the modern gastroenterologist. With over 20 contributors, the book contains seven chapters on the oesophagus, stomach, small intestine, colon, pancreas, gastrointestinal cancer and endoscopy. There is a final section derived from papers presented at a University of Chicago Symposium on Inflammatory Bowel Disease to honour and commemorate the contributions made by Dr Joseph B Kirsner.

The chapters on oesophagus and stomach review more than 300 references (predominantly of material published between 1985–6) which emphasise continuing preoccupations with the nature and treatment of gastrooesophageal reflux and ulcer disease. The pathogenesis of these common, and often troublesome, conditions is still not well understood. Despite such an extensive literature, it is a sobering thought that newer therapies are scarcely better than a good old dose of antacids, which is only just superior to placebo in effect. The role of the latest oral prostaglandin derivatives is also reviewed.

Coverage of the small intestine and colon extends to approximately 130 text pages, and encompasses almost 300 references. A considerable amount of text is devoted to Crohn's disease, its pathogenesis, diagnosis, and management. Levitt's amusing review of the immunological aspects of inflammatory bowel disease helped to maintain a balanced perspective, especially as papers on this aspect of colonic inflammatory disease have now reached pandemic proportions. I liked this chapter most because of its thorough critical approach, and its coverage of colon cancers, polyps and tumour markers was particularly welcome and effectively presented. Clearly all is not gas (or hot air) when Dr Levitt wields his pen. The succeeding chapters on gastrointestinal cancer and endoscopy provide compact overviews, although some material appeared in preceding chapters thus leading to repetitiveness.

Overall, this volume succeeds in providing an extremely wide, if somewhat superficial, coverage of the mainstream scope of gastroenterology. As the

most recent papers surveyed cover 1984–6, the volume is already rapidly becoming dated. The book would be ideal for those wanting to acquire a reasonably current view of progress in the areas described, but does not offer a comprehensive inventory of management or treatment. Its birds' eye approach will satisfy trainees, and even the enthusiastic student, eager for a quick overview on a particular topic, or for a promising line in research.

I thought the symposium proceedings were inappropriately placed in a volume of this kind. Furthermore some of the contributions were appallingly bad and most unsuitable for publication. It was, nevertheless, most enjoyable reading Dr Kirsner on himself and his life's work. His name will surely go down as one of the founding fathers of American gastroenterology and it is his outstanding contribution to gastroenterology, and to inflammatory bowel disease in particular, that we all salute.

MICHAEL N MARSH

**Whipple's disease** by William O. Dobbins III. (Pp. 242; illustrated; \$44.75.) Springfield, Illinois: Charles C Thomas, 1987.

There is a long tradition of gastrointestinal research at the University of Michigan in Ann Arbor, where gastroenterologists have made particular contributions to our understanding of malabsorption and disorders of the small intestine. It is therefore wholly appropriate that one of the University's faculty members, William O Dobbins III, Professor of Internal Medicine at the Veterans Administration Medical Center, should have produced a monograph on Whipple's disease. The author is particularly well placed to undertake this task. He has clearly been fascinated if not obsessed with the disease from his first encounter with a sufferer in 1962 and since that time he has published data on 21 personally observed patients. He has also accumulated unpublished data on 79 other patients, mainly by correspondence, and has studied the published reports of 617 patients in the literature. The book, which is dedicated to George Hoyt Whipple who first described the disease in 1907, represents a detailed analysis of these patients, 696 in all. There is an introduction and historical survey and the monograph continues with an interesting section on epidemiology. Aetiology, pathogenesis, immunology, and immunopathology are carefully considered, and there is a general description of the clinical and pathological features and the differential diagnosis. Those faced with the problem of treating an individual patient will find much to help them in the chapter on treatment and prognosis. It would be heartening to be able to report that this exhaustive analysis of patients with

Whipple's disease has led to new insights into the pathogenesis of the condition. Sadly that is not the case and we remain today as uncertain as to the nature of the organisms that are found in the intestinal mucosa, lymph nodes and elsewhere as when Whipple originally observed bacillary bodies down the microscope. Nevertheless, this monograph will be a valuable addition to the shelf of any practising gastroenterologist and it should be available in the libraries of Medical Schools and Postgraduate Medical Centres. At \$44.74 for little more than 150 pages of effective text, the book is not cheap. The illustrations, however, are excellent and there are more than 50 more pages of appendices and bibliography. Sadly, the proof reading is not up to the standard expected from a distinguished publishing house such as Charles C Thomas.

C C BOOTH

**Radiology of the liver, biliary tract, pancreas and spleen** Edited by Arnold C Friedman. (Pp. 1110; illustrated; £110.) Baltimore, London, Los Angeles, Sydney: Williams & Wilkins, 1987.

This excellent textbook of radiology forms one in the Golden Series of Diagnostic Radiology textbooks, John H Harris being the overall editor of the series. Arnold Friedman, who edits this volume, comes from Philadelphia. This textbook truly represents an authoritative source of information for all those who are interested in diagnosis in the liver, the biliary tract, pancreas and spleen. The book is divided into five separate sections. The first one deals comprehensively with all problems within the liver, ranging from congenital abnormalities to magnetic resonance imaging. There are included a wide variation of topics from the common to the rare, and indeed it is very comprehensive.

The second section describes disorders and abnormalities in the gall bladder and biliary tract, including a separate chapter at the end of interventional biliary radiology. Similarly, the next section describes the pancreas in great detail. There is a particularly long and helpful chapter on pancreatic neoplasms. The spleen in the next section is well covered. The final section deals with biopsy and drainage procedures in the upper abdomen, the chapter in this section being drainage of abscesses and fluid collection, whilst the second chapter deals with the important details about guided percutaneous biopsy in the upper abdomen.

The text is full, clear, and most of the illustrations are excellent. In particular, the ultrasound and CT are clear, well annotated and of very good quality. In contrast, angiography plays a relatively small role as far as illustrations are concerned. The references are