

This book is of most value to research workers in the field but should also form a useful reference for general readers wishing to familiarise themselves with the latest techniques and results of specific aspects of hepatitis research. It is not aimed at the practising clinician.

G O RECORD

Computed body tomography, with MRI correlation. Edited by Joseph K T Lee, Stuart S Sagel and Robert J Stanley. (Pp. 1168; illustrated; \$175.) New York: Raven Press, 1989.

The second edition of what many regard as the standard reference text on extracranial computed tomography has been updated to give an integrated approach to both CT and MRI as well as covering new uses of CT including interventional. There are 27 new contributors and because of their writing skills and clever editorship the work appears seamless. I was not aware that this was a multi-author work.

Early chapters concisely explain the physics and instrumentation of CT and MRI, standard techniques for both of these examinations being elucidated in a systematic way. Imaging of the major organ systems commences with the neck and proceeds down to the pelvis, finally covering the musculoskeletal system, spine, paediatrics and radiation oncology. In each of these chapters the expert contributors from the Mallinckrodt Institute of Radiology and the University of Alabama at Birmingham detail the applications of CT and MRI to various diseases, stressing the practicality of procedures, their interpretation and the differential diagnoses. Computed tomography and MRI sections usually dovetail neatly together, it being sensible to devote less space and imaging to MRI.

I particularly liked the lucidity of this work, whether in describing normal abdominal and pelvic anatomy, the 'tiger territory' of the neck, or the large and expanded section on the gastro-intestinal tract. Perhaps the strongest section is the thorax and mediastinum, there being much new material on cardiac imaging. The chapter describing the peritoneal cavity and its recesses by Jay Heiken is a model of clarity.

The final chapter treads the murky waters of the economics and politics of CT and MRI and points out the MRI whilst certainly a diagnostic procedure for neuroradiology and some musculoskeletal applications, is still evolving in its application to body imaging. In discussing the dramatic explosion of CT since the 1970's the American authors have given generous praise to its British founder Sir Godfrey Hounsfield ('Mr Hounsfield').

Illustrations are of uniformly high quality and are

profuse. They are strategically placed within the text and where applicable correlate with other imaging techniques and with pathological findings. This excellent book is the Gideon's Bible of the scanner suite. Radiologists involved in imaging should have one available for self reference as well as demonstration to colleagues in gastroenterology and other clinical specialities.

ROBERT DICK

An illustrated guide to gastrointestinal motility. By D Kumar and S Gustavsson. (Pp. 470; illustrated; £65.) Chichester: Wiley, 1988.

As a longstanding enthusiast of the study of gastrointestinal motility I found this a most interesting book with its wide range of subject matter and authors. My problems with the illustrated guide relate to these wide ranges. The pattern of the guide comprises three chapters of basic structure, then 10 chapters of methodology, followed by seven chapters on normal findings, with abnormal findings in the last eight chapters. It is not surprising that much of the material is repeated. It is most difficult to write about one's findings without mentioning the methods used. It is also mandatory to mention ranges of normal when noting abnormal findings. Add to this the inevitable variability of approach when 39 authors are involved and a most uneven standard of presentation results. It is most interesting for someone familiar with the field to have a compendium of the evidence of these experts. I am not sure whether a neophyte would not be better served by a more succinct text and fewer illustrations. The illustrations are in the main clear apart from some of the radiographs and scintographs which can be difficult to follow.

The stated aim of the editors in their preface was to provide 'a practical approach to gastrointestinal motility problems' and 'to define areas where motility studies are of established value and those in which they still only have investigational merit'. It is not clear to me that they have been able to transmit their concepts to their contributors, in particular to indicate in what proportion of cases motility measurements have a decisive influence on therapy.

HERBERT DUTHIE

Alimentary, my dear doctor. Edited by C Hawkins. (Pp. 140; illustrated; £4.95.) Oxford: Radcliffe Medical Press, 1988.

Despite being listed as 'Medical anecdotes and humour', this is not just another Christmas stocking filler. It is an anthology of anecdotes, essays and verses from members of the General Practitioners Writers Association. It can be recommended as good light reading for almost anyone except gastro-

enterologists for whom it is, at best, gallows humour. We are only too aware that what others may regard as the lighter and windier side of gastroenterology is, like it or not, our staple diet. It is at least comforting to know that our practitioner colleagues share the same perceptions (astigmatic, myopic, or merely blinkered?) of abdominal dissatisfaction; the difference is that they see patients within their social context. One message of this book is that in these matters, consultants are no cleverer than GPs, but are merely folk who can occasionally take a fresh look at an old problem. Another message is that GPs' letters do not do justice to their latent literary talent. A final thought is that GPs may be having more fun than we are. Anyway, much of the book is funny, and none of it is dull. It is a much easier read than the preceding pages of this journal but, perhaps, no less useful.

DAVID WINGATE

Gastroesophageal reflux. By Glyn G Jamieson and Andre Duranceau. (Pp. 281; illustrated; £31.) Philadelphia: W B Saunders, 1988.

In general this book outlines fairly accurately the current position relating to the pathophysiology and management of gastro-oesophageal reflux disease. Although written largely by surgeons from two centres with an established reputation in the field, the medical aspects are adequately covered although the pharmacological treatment, particularly the limitations of H₂ receptor blockers in reflux disease and the clinical trials relating to the efficacy of these agents *versus* omeprazole, is rather sketchy.

Some of the chapters are excellent and reflect experience and accurate and mature interpretation of the reported literature. Others could have been grouped together as one substantive chapter relating to the complications of reflux. The account on the surgical treatment of gastro-oesophageal reflux disease whilst comprehensive and accurate in the descriptions of the various procedures, is rather overburdened with repeated accounts and tabulations of the reported data of various retrospective series without imparting a clear enough message, verdict or opinion. Perhaps I am biased in my belief that the results of antireflux surgery in the long term are not as good as surgeons generally believe. This aside, I would recommend the book for reading by medical and surgical postgraduates in gastroenterology.

A CUSCHĪRĪ

News

Sir Francis Avery Jones BSG Research Award 1990

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 1990 Award. A bibliography may also be submitted if desired. The Award consists of a medal and £100 prize. Entrants must be 40 years of less on 31 December 1990 but need not be a member of the BSG. All (or a substantial part) of the work must have been performed in the UK or Eire. The recipient will be required to deliver a 40 minute lecture at the Plenary Session of the Spring meeting of the Society at the University of Warwick in 1990. Applications (15 COPIES) should be made to: The Honorary Secretary, BSG, 3 St Andrew's Place, Regent's Park, London NW1 4LB, BY 1 DECEMBER 1989.

International Symposium on Esophageal Disease

To be held on 3–6 September, 1989 in Taormina, Sicily (Italy). Information from Prof Carmelo Scarpignato, Institute of Pharmacology, School of Medicine and Dentistry, Maggiore University Hospital, 43100 Parma, Italy. Tel: 39.521.290381-54641.

5th International Symposium of Digestive Surgery and Endoscopy

To be held in Rome from 11–14 October, 1989. Details from SC Studio Congressi srl, Via F Ferrara 40, 00191, Rome, Italy.

International Course of Abdominal Doppler Ultrasound and Workshop on Hepatic Hemodynamics

To be held on 11 and 12 September, 1989 in Bologna, Italy. Information from Dr Luigi Bolondi, Policlinico S Orsola, Via Massarenti, 9, 40138 Bologna, Italy. Tel: (51) 392 738.

Second European Meeting on Campylobacter Pylori and Gastroduodenal Pathology

To be held in Ulm, FRG on 11 and 12 October, 1989. Information from Dr P Malfertheiner, University of Ulm, Dept of Internal Medicine II, Rober-Koch-Str 8, 7900, Ulm, FRG. Tel: 0731-176-3742.

2nd International Conference on Gastrointestinal Cancer

To be held from 27 August to 1 September, 1989. Details may be obtained from The Secretariat, 2nd Int Conf on GI Cancer, PO Box 50066, Tel Aviv 61500, Israel.