biliary cirrhosis is usually preceded by the diagnosis of primary biliary cirrhosis (89%) and is not correlated with the duration or severity of liver disease.^{7*}

HIDETO AKAMA

Division of Rheumatology and Internal Medicine,
Keio University School of Medicine,
Tokyo 160, Japan

- 1 McMahon RFT, Babbs C, Warnes TW. Nodular regenerative hyperplasia of the liver, CREST syndrome and primary biliary cirrhosis: an overlap syndrome? *Gut* 1989; 30: 1430-3.
- 2 Cadranell JF, Grippon P, Gargot DE, Opolon P. CREST syndrome: nodular regenerative hyperplasia of the liver and primary biliary cirrhosis an overlap syndrome? *Gut* 1990; 31: 483-4.
- 3 McMahon RFT, Babbs C, Warnes TW. CREST syndrome: nodular regenerative hyperplasia of the liver and primary biliary cirrhosis an overlap syndrome? *Gut* 1990; 31: 484.
- 4 Ahrens EH Jr, Payne MA, Kunkel HG, Eisenmenger WJ, Blondheim SH. Primary biliary cirrhosis. *Medicine* 1950; 29: 299-364.
- 5 Sasaki H, Inoue K, Higuchi K, et al. Primary biliary cirrhosis in Japan: national survey by the subcommittee on autoimmune hepatitis. *Gastroenterol Jpn* 1985; 20: 476-85.
- 6 Russell ML, Kahn HJ. Nodular regenerative hyperplasia of the liver associated with progressive systemic sclerosis: a case report with ultrastructural observation. *J Rheumatol* 1983; 10: 748-52.
- 7 Alarcón-Segovia D, Díaz-Jouanen E, Fishbein E. Features of Sjögren's syndrome in primary biliary cirrhosis. *Ann Intern Med* 1973; 79: 31-6.
- 8 Culp KS, Fleming CR, Duffy J, Baldus WP, Dickson ER. Autoimmune associations in primary biliary cirrhosis. *Mayo Clin Proc* 1982; 57: 365-70.

BOOK REVIEWS

Reflux oesophagitis. By T P J Hennessey, A Cuschieri, and J R Bennett. (Pp 199; illustrated; £39.50.) Guildford, Surrey: Butterworth, 1989.

There is certainly no shortage of books about gastro-oesophageal reflux and it is reasonable to ask if we really need another one just now. I suppose it is at least better to have a lot of books about a common condition than about a rare one, but do we really want to read them all?

Gastro-oesophageal reflux is the commonest upper gastrointestinal disorder in most developed countries and there has been a pronounced improvement in our ability to make an accurate diagnosis and to treat what we find. The arrival of this latest offering from a very respectable stable is timely in the light of new pharmaceutical developments and many gastroenterologists will already have received a free copy. As one would expect from the authors the book is well written, balanced in outlook, and extremely well referenced. Controversy has not been glossed over and the opinions of the contributors come over clearly. I certainly do not agree with every statement that has been made, but therein lies the continuing interest of the subject and the justification for another book.

At £39.50 this is a good buy. If you got it for nothing I suspect you didn't read it. Get it off the shelf and have a look. It wasn't the usual useless freebie.

J BANCEWICZ

Cancer of the bile ducts and pancreas. By Paul E Preece, Alfred Cuschieri, and R David Rosin. (Pp 328; £52.) Philadelphia: W B Saunders, 1989.

This is a good compact book in which Dundee and London surgeons combine to edit a multiauthor review of the state of the slow progress in the very difficult fields of bile ducts and pancreatic cancer. Fifteen of the 17 chapters concentrate on title topics while two chapters are included in the medical and surgical approaches to endocrine tumours of the pancreas.

There are currently few aspects on the research or therapeutic approaches to these notorious tumours which can be a cause for greater hope for the future of those unfortunate enough to suffer from these diseases. A theme throughout the book is to refer these patients to regional or national experts to minimise suffering, maximise effective remaining life, and occasionally achieve cure. Limited encouragement is presented in the initial improved palliation of cholangiocarcinoma using the iridium wire techniques. More hard data on this important subject would be valuable. Alfred Cuschieri emphasises the potential role of laparoscopy in making accurate diagnosis and minimising the need for open laparotomy. Endoscopic and percutaneous stent placement in the management of obstructive jaundice, and the role of the specialist surgeon in resection are subjects well covered in an objective manner. Resectional surgery alone as a treatment for cancer of the pancreas is usually inadequate and there is emphasis on the potential value of adding either chemotherapy or radiotherapy or both to the management of these difficult problems.

Prospects for improved treatment through greater knowledge of steroid receptors of the common cancer of pancreas have not yet materialised but the reviews by Swedish workers provide a window into an intriguing new area.

The challenge to produce monoclonal antibody therapy is also fascinating, but the abiding problem of the late presentation of advanced cancer so dominates this field that the current advances represent only a glimmer of improvement from 40 to 60 watts in a cavern of darkness the size of a football stadium.

This reviewer was impressed by the helpful detail in the last chapter on pain control, and this crucial area calls for dedicated professionalism in techniques of nerve block and ablation. The failure to match hospice and hospital pain control at home in the terminal stages of the disease remains an important challenge.

C W IMRIE

Colon cancer cells. Edited by M P Moyer and G H Poste. (Pp 538+index; illustrated; \$175.00.) San Diego CA: Academic Press, 1990.

This is a collection of presentations on all aspects of the cell biology of colon carcinogenesis. It contains 21 chapters including an introduction of the key issues and a concluding chapter. The remaining 19 are divided into four sections; the first describes the basic cell biology of normal, preneoplastic, and neoplastic colonic epithelial cells; the second covers the regulation of cell growth; the third is concerned with the cell biology of metastasis; and the fourth covers immunological aspects. The chapters cover the full range of subjects

from basic research, such as cytogenetics to clinical aspects such as preclinical evaluation of chemotherapeutic agents. Teachers will welcome the wealth of material in the tables (90) and figures (114). Researchers entering the field of colon cell biology (or working in adjacent fields) will welcome the wealth of references (more than 1570).

In the preface the book is described as having been aimed at researchers, clinicians, and students. In my judgment the editors have succeeded admirably in this and have produced a textbook that represents a superb summation of the current state-of-the-art in an assimilable form in this rapidly developing field.

M HILL

Gut reactions: understanding symptoms of the digestive tract. By W Grant Thompson. (Pp 377; illustrated; \$22.95.) New York: Plenum Press, 1990.

Irritable bowel syndrome: a practical guide. By Geoff Watts. (Pp 211; £4.99.) London: Cedar Books, 1990.

Patients who suffer from 'functional' disorders may find it difficult or even impossible to get an intelligible explanation and constructive advice from their physicians. This is less than surprising, given that many if not most physicians are not temperamentally equipped to deal with patients who have symptoms suggestive of pathology that appears to be absent. In this situation, explanation and advice in book form is a potential remedy, potential because of the dearth of suitable books. Now we have two books which aim to fill the gap.

The scope of these books differs in two ways. Grant Thompson covers a broad spectrum of disorders from globus to proctalgia fugax. Some might quarrel with the mixture of ill understood problems - such as burbulence and irritable bowel - with syndromes of known pathophysiology such as gastro-oesophageal reflux disease. The author has tried to insure himself against such quibbles with an all-embracing title, but if non-ulcer dyspepsia is in, why is duodenal ulcer disease out? I suppose you have to draw a line somewhere. In contrast, Geoff Watts has confined his book to a single but common enough syndrome.

The second and major difference is in the training, orientation, and purpose of the authors. Grant Thompson is a physician who has made important contributions to our understanding of the field. His book is intended '... for patients, their relatives and those nurses, physicians, and allied health workers who may want to understand digestive symptoms better.' Geoff Watts is a scientist by training and communicator by profession; he will be known to many readers as the presenter of 'Medicine Now' on BBC Radio. His book is aimed at helping patients. Thus, in the gulf which divides disgruntled IBS sufferers from resentful physicians, Thompson is one of 'us,' while Watts, as he reveals at the conclusion of his book, is one of 'them.'

Grant Thompson guides the reader with considerable skill through the maze of conflicting data, speculation, and mythology; his advice on diagnosis and management is wise, restrained, and sensitive. There is no better manual available for doctors, nurses, and dietitians. But for patients? Well, one has to allow for a difference in the health (or illness) cultures of North America and Britain, but