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.14

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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. Resection 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.


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, or at least a possible alternative to an increasing number of unsatisfactory consultations. In this situation, explanation and advice in book form is a potential remedy, or at least a possible alternative to an increasing number of unsatisfactory consultations. In the case of irritable bowel syndrome, the author has tried to insulate 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 to a fair which divides disgruntled IBS sufferers from resentful physicians, Thompson is one of 'us', whilst Watts, as he reveals at the conclusion of his book, is not.

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