and I hope the editors will choose 50 more problems in their second edition, but next time, please will they ask a physician and a surgeon to comment on joint management.

M R B KEIGHLEY

Surgery of the liver. Edited by W V McDermott Jr. (Pp 560; illustrated; £95.) Cambridge, Mas, USA: Blackwell, 1989.

My heart sank when this book came on to my desk for review for there has been a recent explosion in the number of text books on medical and surgical aspects of liver disease and I understand more are in the pipeline. This, however, is not another surgical recipe book and the editor has tried hard to invent a new approach by including chapters on 'Hepatitis and the blood bank', 'Clinical laboratory evaluation of the liver' and 'Nutritional support in surgery of the liver'.

The editorial comments at the end of each chapter designed to highlight points which were of 'particular interest' to the editor are interesting but don't quite work. In many cases they are either apologies for duplication of data or for a major omission such as the lack of any discussion on echinococcal cysts.

A major part of the book is devoted to aspects of portal hypertension and 'the big names' are well represented presenting data and attempting to analyse it in a scientific fashion. Didactic statements with questionable scientific support still creep in.

As a presentation of the scientific background to clinical liver surgery, the book is good. But serious hepatological surgeons will find much of the data presented in greater detail in the currently available tomes on liver disease and the chapters here are undisguised abstracts from them. The occasional liver surgeon will probably prefer a book with more recipes! It does, however, have its highlights and no one will come away without having gleaned some useful titbits.

K E F HOBBS

European journal of gastroenterology and hepatology. Vol 1, no 1. Edited by J J Misiewicz. (Pp. 96; illustrated; £97.50 (personal) or £150.00 (institutional) for one year (six issues).) London: Current Science, 1989.

It might be tempting providence to draw the attention of our readers to the birth of a rival journal. It would be churlish, however and possibly short sighted, to ignore a publication edited by our own ex-editor. In his opening editorial, he argues that the growth of the European movement, and the rising standards and activity in European gastroenterology, require an appropriately European outlet. This may well be true; so far, of the various national gastrointestinal journals in Europe, only *Gut* is generally recognised to have achieved 'first line' status, an accomplishment due in no small part to George Misiewicz himself. A pan-European journal is therefore a logical development; as English is the universal scientific language, it is the inevitable choice for such a journal. Whether or not the continental Europeans will approve a pre-emptive strike by the UK, not notably Europe minded in many other matters, remains to be seen.

It might be questioned whether the proliferation of regional journals (there is already a journal covering the Pacific rim) is a

desirable development. Misiewicz claims that 'contributions from outside Europe will not be disadvantaged in any way, and this is reflected by co-opting eminent authorities from other parts of the world to the editorial board.' Certainly, like every other new gastrointestinal journal, the editorial board has a familiar look to it, reminiscent of the moment in the film 'Casablanca' when, after an incident, the police chief orders his men to 'Arrest the usual suspects!' On the face of it, the journal seems to be sitting on the fence and facing both ways; it is at once both European and global. It might be argued that as science knows no frontiers, it is science rather than geography that should dictate publishing policy; if more journals are needed, perhaps they should be created to serve subspecialty needs (pancreatology, alimentary pharmacology, and gastrointestinal motility are recent examples).

While there is clearly sufficient output to provide material for new journals, there are two more questions to be faced. Will this result in the publication of material rejected by 'first line' journals, that is dubiously valid and certainly ephemeral? Possibly, but probably only the Science Citation Index will tell us. More urgent is the problem of access to the newer journals. Who will subscribe to them? The evidence is that personal subscriptions will not keep a specialist journal afloat. There is also clear evidence that, at least in the UK, library funds are not expanding to meet the cost of new journals, while in Eastern Europe, the shortage of hard currency forbids the purchase of even the established journals. The solution of this conundrum probably requires financial subsidy on an international scale (?UNESCO), but publishers are out for profit, and it might be improper to allocate international funds to satisfy their appetites.

Nonetheless, the new journal has made a creditable start, and it contains useful innovations in the form of multi-author 'Review in depth' and a selected bibliography, both hallmarks of this publisher, as is the excellent standard of production. The dissemination of science is an honourable pursuit, and deserving of success.

DAVID WINGATE

Duodenal ulcer. Analyses of 293 randomized clinical trials. Edited by T Poynard, J P Pignon. (Pp 149; illustrated; \$30.) Montrouge, France: Libbey, 1989.

This unusual book is a logical extension of review articles analysing trial outcome. The authors have taken data obtained in 350 trials of acute duodenal ulcer treatment (333 references) and analysed this exhaustively to compare efficacy and adverse effects of drugs.

Successive chapters examine methods, the nature of the data and the natural history of disease and make comparisons between drug and placebo, and between individual remedies. Trials were identified from publications in French, English, Italian, Spanish and Portuguese and (for pirenzepine only) German. The exclusion of German language trials from general consideration is odd. The enthusiastic introduction by H O Conn suggests that they were included but the geographical table identifies only the 19 studies reported in English from W Germany, Austria and Switzerland (as compared with two from Spain, none from Portugal and 14 from central or South America). No individual country managed more than 17% of the total, the largest set being from Italy.

The data contain few surprises, but then the field is well tilled. Perhaps the most interesting piece of information is that showing that healing rates in placebo recipients are remarkably uniform within Europe though not elsewhere. By contrast, the ranking data for drug efficacy in the last chapter could be contested. Drug-placebo cross comparisons cannot really be used to contrast the efficacy of individual agents because placebo healing rate variations could have crucial influences upon the drug-drug comparisons.

This is an interesting and exhaustive statistical study. It is not essential reading but it is worth a look.

M J S LANGMAN

Current gastroenterology. Edited by G Gitnick. (Pp 359; illustrated; £52.50.) Chicago: Year Book Medical Publishers, 1989.

Volume 9, the 1989 version of this annual review of gastroenterological topics, is made up of nine chapters by 21 North American authors. The first five chapters deal with the tubal gut and exocrine pancreas, after which there are chapters reviewing gut hormones, gastrointestinal cancers, imaging of the abdomen and endoscopic advances.

The book 'attempts to compile the past year's most significant advances' – it does not. There are no references after 1987 and lots from 1986. The book is therefore at least 18 months out of date, and many of the references will have been brought to the attention of readers of *Current Opinion in Gastroenterology* a year or more ago. And that is really the main trouble with the book. It is out of date and boring. One does not realise how rapidly information about gastroenterological problems is changing until one encounters a book like the present one.

The book also seeks 'to build a bridge between clinical need and basic science'. Sometimes the attempt is successful – as in the chapters on oesophagus and colon. Sometimes the two aspects are quite separate, making the appropriate chapters look very odd.

I am afraid that I have to report that I am left with a taste of stodge.

K G WORMSLEY

Diseases of the gastrointestinal tract and liver. Edited by D J C Shearman, N Finlayson, and D C Carter. (Pp. 1356; illustrated; £95.) Edinburgh: Churchill Livingstone, 1989.

When the first edition of this textbook appeared seven years ago, I was much much impressed with the cohesion of a volume in which all but seven of the 49 chapters were the work of David Shearman and Niall Finlayson, all the more so because they live on opposite sides of the world. I was intrigued to find out whether its virtues would survive another edition. It is still much the same to look at, although a larger page size and type face make for easier reading, and paper more suitable for the reproduction of half tones have been used. There are, however, undeniable signs of middle age spread. David Carter has been promoted from contributor to surgical editor, but the surgery has been less that radical, as the size of the book has increased by about 350 pages. The roster of invited contributors has trebled from five to 15.

Obviously much has happened in the last few years; the expansion of the first four chapters on investigations and procedures from 86 to 145

pages is a fair reflection of an increasingly procedure orientated subject. Some chapters have been amalgamated ('liver' and 'clinical chemistry of the liver'), while new ones have budded; coeliac disease has declared UDI from 'absorption and its disorders'. Rather curiously, the anatomy and physiology of the stomach has melted into the chapter on 'peptic ulceration'.

The assimilation of new knowledge and practice is not altogether seamless. In the chapter on 'peptic ulceration', surgery is not discussed as an option for the management of duodenal ulcer disease; if the reader is therefore surprised to find that the next chapter is entitled 'Surgical treatment of peptic ulcer and its complications', he or she will be even more surprised to find that there is no mention of diminution in the volume of such surgery. There are some atavistic survivals in the book; surely the secretin/CCK test is no longer part of general clinical practice? And is it appropriate, on the verge of the '90s, to double the size of the chapter on hormone producing tumour so that it is now four times the length of the section on AIDS and the 'gay bowel syndrome'?

The book still has solid virtues, notably a unity of style and thoughtful referencing; it is a 'user friendly' book. But if a third edition looms, the editors will need to take a long and hard look at the balance of the contents, if they are to avoid the perils of literary droopy.

DAVID WINGATE

Difficult decisions in digestive diseases.

Edited by J S Barkin, A I Rogers. (Pp 575; illustrated; £49.) Chicago: Year Book Medical Publishers 1989.

This book contains 49 chapters written almost entirely by physicians or surgeons practising in North America (except Dame Sheila Sherlock), and covers the oesophagus (five sections), stomach and duodenum (six), pancreas (six), liver and biliary tract (seven), small intestine (five) and large intestine 13 plus seven on endoscopic therapy.

An immediate problem arises in deciding what is a difficult decision; difficult for lack of evidence on what works, or controversial because opinions differ, or difficult because there is no answer. Content can always be criticised, but the decision element is not always obvious from the titles; thus 'Hepato renal syndrome: what are the new concepts. (Not a matter of decision but one of knowledge). On the other hand the chapter on relief of chronic pancreatic pain gives a clear decision tree with a progressive set of management options.

The practising physician is likely to want a set of guiding rules for a wide variety of problems, and here Grant Thompson's chapter on the chronic abdomen is a model of clarity and brevity. Elsewhere there is too much flabby writing 'Enthusiasm for radionuclide scanning should be viewed in the context of practical consideration'. 'The patient who truly passes gas with excessive frequency (which I equate with excessive volume) presumably has some abnormality.' It is easy to snipe. This book contains much good practical advice that is not as easy to find as it should be. Shorter chapters with contrasted options considered would help greatly. Nevertheless, there are sections which repay reading and rereading, such as that on polyps in the colon. Briefer and more general coverage would have helped to convert a scholarly discursive treatise to the volume of practical help that readers probably would prefer.

M J S LANGMAN

Current hepatology. Vol 9. Edited by Gary Gitnick. (Pp 433, illustrated; £52.50.) Chicago, USA: Year Book Medical Publishers, 1989.

That this text is now nine volumes on is testimony to its value to the practising clinician, at which it is aimed. The purpose – to digest the past year's original papers and present important new findings in ways that carry clinical meaning – is, as usual, accomplished. The sections covering as they do the main areas of liver disease range from hepatitis to liver transplantation and hepatobiliary imaging. One addition this year, and a very worthwhile one, is a review of the Japanese literature by Kunio Okuda. There can be no better person to put into perspective the extraordinary amount of basic and clinical research work going on in Japan at present. The chapter on cirrhosis, written again by Preisig and Reichen, makes excellent reading, covering as it does the latest on oestrogen metabolism in a alcoholics, survival curves for compensated and decompensated cirrhosis, so needed with liver transplantation being increasingly applied in therapy. Hal Conn's chapter on the complications of portal hypertension – again the longest chapter in the book – includes a very critical evaluation of endoscopic sclerotherapy and other forms of treatment for oesophageal varices. Molecular biology of the liver by Sherman has a very useful section on the significance of HBV DNA measurement in serum as well as glimpses into the future of gene therapy as applied to correction of congenital metabolic liver disorders. It is appropriate that this volume should be dedicated to the late Bill Summerskill for he was really the first to show what could be achieved when basic scientists and clinical doctors get together in the study of human disease.

ROGER WILLIAMS

Campylobacter pylori in gastritis and peptic ulcer disease. Edited by Martin J Blaser. (Pp 264; illustrated; \$69.50.) New York: Igaku-Shoin Medical, 1989.

Gastroenterologists, and others interested in the potential importance of *H pylori* will find meaningful and easy reading with this book. The book has over 200 pages, in 15 chapters, plus a preface, foreword, introduction, and a summarising perspective.

The authors, predominately from the USA, were carefully selected to represent a broad spectrum of opinions, and there is a virtual absence of duplication in the presentations, a sign of careful editing.

One can go through the entire text without discomfort, and come away without being overburdened with facts, but with an understanding of why there is still no unanimity concerning the need to treat *H pylori*, nor how the organism is spread, about the need for biopsy, or even the relation of the infection to duodenal pathology. Also clear will be the present urgent need to develop cooperative therapeutic trial protocols, and to evaluate ways to maximise the use of combined diagnostic procedures.

As stated in the preface, 'the volume begins with historical and introductory details, then proceeds with information pertinent to the microbiology, epidemiology, and pathophysiology of *C pylori* infection. From these bases, the text continues with an examination of the methods used to diagnose the infection, the relevant treatment modalities and their

rationales, and information on more recently discovered gastric organisms.'

I particularly enjoyed the personal narrative of Barry Marshall, who describes how he pursued the leads that led ultimately to the culturing of *H pylori*, and the partially personal narratives concerning accidental and experimental human infections, by Arthur Morris and Gordon Nicholson. The pictures and graphic materials are of high quality, and the Tables may be easily adapted for teaching. The references, in keeping with a book concerning a rapidly developing field, are mostly of recent work, some from 1989.

The book is a well balanced and up to date review, useful as a background from which to plan diagnostic, clinical, and therapeutic decisions about *Helicobacter pylori*. Be aware, however, as you read the newest literature, that since mid-1989, the organism has been called *Helicobacter pylori*.

ROGER A FELDMAN

Handbook of gastrointestinal drug therapy.

Edited by M V Van Ness, and M S Gurney. (Pp. 432; not illustrated; £16.95.) London: Churchill Livingstone, 1989.

Is there an ideal book for a gastroenterologist? If so, what qualities would it possess? Well, it would be both erudite and useful. Not easy, you might think; I agree. How about lightweight, pocket size, and relatively cheap into the bargain? Near to impossible.

And yet, here it is. This slim but tightly packed volume on the therapy of gastrointestinal disease comes to us from Bethesda Naval Hospital; possibly it is naval discipline that has enabled the two authors to marshal their 23 collaborators, mostly from the Uniformed Services University of the Health Sciences into providing a text that is consistent in excellence across the spectrum of gastrointestinal pharmacology. There are six main sections to the book, and these include not only the expected categories such as acid suppression and the inflamed bowel, but also acute infections and procedure related drugs. Within these sections each chapter deals with a drug or class of drugs, including not only a description of the pharmacology, mode of action, and indications, but also an annotated bibliography. It is also very much up to date; it encompasses newer drugs such as omeprazole, the two newitidines, and cisapride.

It might well become the equivalent, for the gastroenterologist, of the Guide Michelin for the traveller in France, except that unlike the latter, it is pocket sized (well, a large pocket, anyway, or perhaps even a handbag . . .). One can only hope that subsequent editions – which there will surely be – do not suffer from the progressive corpulence that afflicts popular books. Anyway, as they say in another context, don't leave home without it.

DAVID WINGATE

Paediatric hepatology. By Stuart Tanner. (Pp 363; illustrated; £29.50.) Edinburgh: Churchill Livingstone, 1989.

This is an excellent book. Our knowledge of paediatric liver disease has been rapidly expanding over the last decade, and with the development of liver transplantation has at last come of age. Dr Tanner has had a major clinical interest in the field for many years, and has himself made very significant contributions, particularly in the areas of Indian childhood