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 dropsy.

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