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**SI UNITS** All measurements except blood pressure are expressed in SI units. In tables, and illustrations values are given in SI units, but a conversion factor must be supplied. For general guidance on the International System of Units and some useful conversion factors, see *The SI for Health Professions* (WHO, 1977). **NB: Such conversion is the responsibility of the author.**

**REFERENCES** These follow the Vancouver system - that is, references numbered consecutively in the text and listed numerically with titles abbreviated in the style of *Index Medicus, Standard journal article* - (list all authors when six or less; when seven or more, list first three and add *et al*): James A, Joyce B, Harvey T. Effect of longterm cimetidine. *Gut* 1979; 20: 123-4. **NB: Accurate punctuation is essential.**

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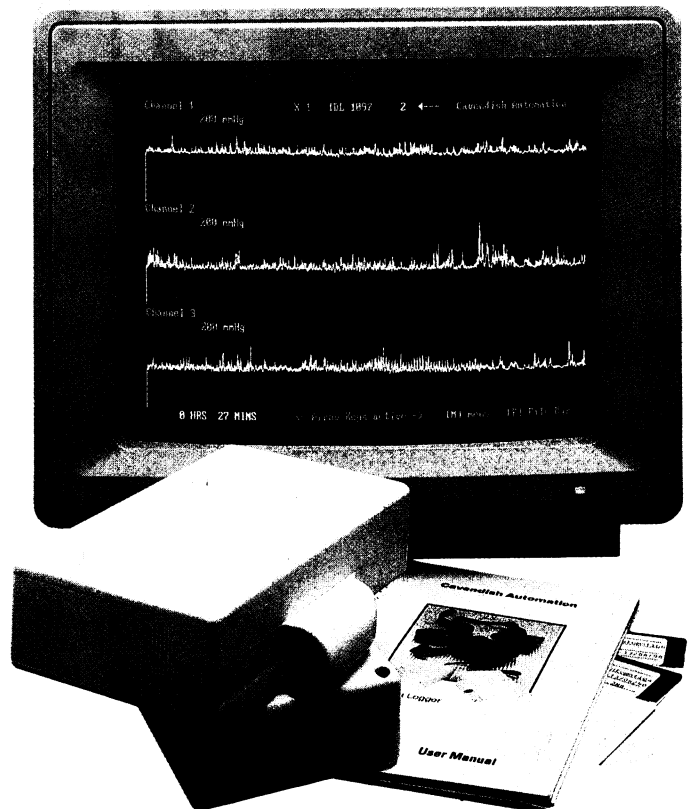
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brevity and lack of references compared with the remainder of the chapter. Subsequent chapters provide a comprehensive review of current thinking with regard to aetiology, diagnosis, and management of inflammatory bowel disease. Most chapters are reviews of particular areas and include genetics, aspects special to children (largely growth failure), diagnostic imaging, medical and surgical treatment, and the psyche. There are indications from this latter chapter of the importance of ideas relating to the interaction of the nervous and immune systems. Four of the chapters devoted to inflammatory bowel disease describe investigations of particular areas, endoscopy, lymphocyte subsets, testicular toxicity of sulphasalazine, and factors influencing post-operative recurrence of Crohn's disease. New material is presented on the T cell receptor and a subset of children with a high proportion of  $\gamma/\delta$  receptors described.

By comparison with the comprehensive section on inflammatory bowel disease, that on coeliac disease is modest and somewhat idiosyncratic. There are four chapters devoted to management, the immunogenicity and toxicity of grain prolamines, HLA class II molecules, and the diagnostic importance of gliadin and endomysium antibodies. The first of these has an interesting section on intraepithelial lymphocytes and the possible diagnostic importance of the  $\gamma/\delta$  T cell receptor. The last describes the diagnostic use of circulating antibodies to gliadin and endomysium but like many other studies using this approach the lack of appropriate disease controls throws doubt on its utility. Of interest is the fact that the authors of this chapter are divided in their use of the ESPGAN criteria for the diagnosis of coeliac disease with the advent of such tests – three for, two against.

In their concluding remarks the editors draw parallels between Crohn's colitis and coeliac disease and suggest that they are different expressions of a genetically determined inflammatory bowel disease. At present, however, there is only a modicum of evidence to support this view. In summary, this volume provides a useful summary of the field for those not working in it.

P J MILLA

**Textbook of liver and biliary surgery.** By W C Meyers and R Scott Jones. (Pp 512; illustrated; \$99.50.) Philadelphia: J B Lippincott, 1990.

The classical monograph in gastroenterological surgery is *Goligher's Surgery of the Anus, Rectum and Colon* – authoritative, eminently readable, beautifully illustrated, and written by an author unafraid to give his own personal opinion. We can search in vain for a similar classic text in surgery of the liver and biliary tract. Some books are largely medical with less than half the contribution being devoted to surgery. Others are hefty, multi-author texts presented in two volumes. I was therefore intrigued at being invited to review this, a slim, 500 page book on hepatobiliary surgery written by two authors. How could all hepatobiliary surgery be contained in such a slim volume when the discipline appears to require two world/international societies? Perhaps it could represent the rump of hepatobiliary surgery after the medical gastroenterologists and interventionist radiologists had taken their sizable bites from the subject, but this book hardly recognises their depredations.

There was a hint that the book may be authoritative, for it lists a total of 6000 references as well as having a selected reading list at the end of each chapter. It may be thought that this would provide a concise source of references, but, unfortunately, only a few of the 6000 references are actually quoted in the text. There are much less expensive ways of obtaining references in hepatobiliary surgery.

A remarkably high proportion of the illustrations are taken from other books and articles, but unfortunately their reproduction is not of high quality. The publishers have let the authors down in this respect.

What about the text itself? Details of the operative techniques and treatment are sketchy. For example, although a chapter is given over to hepatic resection, little is said about the use of intraoperative ultrasound in segmental resection. It is difficult to know for whom this book was written. The student, or indeed the trainee in general surgery, is an unlikely reader of a 500 page text on one branch of general surgery (with the pancreas missing). The text is not authoritative enough for the hepatobiliary specialist. The expectation must be that the general surgeon, faced with a problem, will seek out this book to aid him or her in solving a difficult problem, but unfortunately the answers are not sufficiently detailed to be of help. For example, the general surgeon faced with a high bile duct tumour will find very little to help in the way of planning treatment. Little is said about useful biliary-enteric anastomoses such as Roux-en-Y loop of jejunum to the left hepatic duct or duct to segment III. If a surgeon is attracted by the challenge of laparoscopic cholecystectomy (with or without laser) there is nothing in this text to be of help.

Nevertheless, the book makes a useful general read and is interesting to browse through. Probably the best available text in hepatobiliary surgery is the two volume magnum opus edited by Leslie Blumgart, but these are expensive and, in certain chapters, the editor has allowed his contributors to indulge themselves too much. The classic text on hepatobiliary surgery remains to be written. There is certainly no equivalent to *Goligher*.

R SHIELDS

**Adenomatous polyps of the colon: pathobiological and clinical features.** By R Lev. (Pp 136; illustrated; DM 146.) New York: Springer-Verlag, 1990.

Adenomas and the 'adenoma-carcinoma sequence' are of great current interest – to the patient as one of the few areas where cancer may be preventable, and to the health care provider because of the logistics involved in screening and surveillance programmes. We understand a great deal of the mechanisms involved in adenocarcinogenesis and something of the epidemiology. The jigsaw is, however, tantalisingly incomplete, even though geneticists seem poised soon to piece together the critical explanations of the genetic mechanisms involved.

Robert Lev is a pathologist deeply immersed in the subject, with a clear writing style and crisp approach in his little book reviewing and carefully referencing the current 'state of play' for adenomas. He has judged the matter nicely, covering all the relevant topics in a balanced manner (including experimental, genetic, epi-

demiological, clinical, and endoscopic aspects). He does so more comprehensively than would be possible in either a journal or a textbook of gastroenterology, but without becoming too immersed in detail. His commentary flows well and the book is a pleasure to read or to dip into.

The topic is serious and the black and white reproductions of histological sections, the tables, and few other illustrations also give a superficial impression of seriousness to the book. However, it should be a 'good read' for the wide range of people who have, or should have, an understanding of the facts of 'the polyp problem.' It is also a valuable reference for further reading on particular aspects of the subject. Dr Lev's book can be warmly recommended for purchase by both individuals and librarians, and he should be encouraged to produce further editions when the expanding literature on the topic justifies a rewrite.

C B WILLIAMS

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## BOOKS RECEIVED

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**The exocrine pancreas. Proceedings of the tenth BSG SK&F International Workshop 1989.** Edited by R Maynard Case. (Pp 64; illustrated; no charge.) Welwyn Garden City: Smith Kline & French Laboratories, 1990.

**New trends in gastric cancer.** Edited by P I Reed, M Carboni, B J Johnston, and S Guadagni. (Pp 192; illustrated; £35.) London: Kluwer Academic, 1990.

**Progress in assessment of morbidity due to *Schistosoma haematobium* infection. A review of recent literature.** Edited by M G Chen and E Mott. (Pp 155; illustrated; Sw fr 20.) Geneva: WHO Publications, 1989.

**Biomembranes et nutrition.** Edited by C L Leger and G Bereziat. (Pp 575; illustrated; no price stated.) Paris: Les Edition INSERM, 1989.

**The duodenum. Selected topics.** Edited by G Bertaccini, R Cheli, G Dobrilla, A Gad, and A Giacosa. (Pp 303; illustrated; Lira 90 000.) Verona: Cortina International, 1988.

**Irritable bowel syndrome: one disease, several or none?** Edited by G Bianchi Porro and N W Read. (Pp 79; illustrated; Lira 38 000.) Verona: Cortina International, 1990.

**Treatment of digestive disease with succalfate.** Edited by G Bianchi Porro and D Hollander. (Pp 91; illustrated; Lira 60 000.) Verona: Cortina International, 1989.

**Gastrointestinal endocrinology.** Edited by J C Thompson. (Pp 519; illustrated; \$45.) San Diego: Academic Press, 1990.

**The Pathology of organ transplantation.** Edited by G E Sale. (Pp 327; illustrated; £58.) Boston: Butterworth Scientific, 1990.

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## NOTES

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### Drugs and the liver: high risk patients and transplantation

An international symposium will take place at the Hotel Executive, Milan, Italy, on 3–5 July 1991. Further information is available from the Organising Secretary, Fondazione Giovanni Lorenzini, Via Monte Napoleone 23, 20121 Milan, Italy (tel 39276 002267 – 783868, fax 392781511).

### Mayo-European course in gastroenterology, 18–24 August 1991

This postgraduate course is co-sponsored by the Mayo Foundation and the Vienna Medical Education Office. It will be held in Vienna, Austria (18–21 August 1991); Budapest, Hungary (22, 23 August 1991); and Prague, Czechoslovakia (24 August 1991, optional). For further information contact Dr Siegfried Meryn, Congress Office, Mondial Congress, Faulmannngasse 4, A-1040 Vienna, Austria (tel

0222 588040, telex 0222 111668, fax 0222 5871268) or Dr S F Phillips, Gastroenterology Unit, Mayo Clinic, Rochester, MN 55905, USA.

### European Association for the Study of the Liver (EASL)

The 26th meeting of EASL will take place on 11–14 September 1991 at Palma de Mallorca, Spain. Further information is available from the EASL Secretary, Professor J Reichen, Department of Pharmacology, Murtenstrasse 35, CH-3010-Berne (tel 41 31 643570, fax 41 31 254713).

### European digestive disease week, 1991

The European digestive disease week 1991 will be held in Amsterdam from 21–26 October, 1991 as a PanEuropean forum for clinicians and researchers in hepatology and gastroenterology.

Enquiries and registration forms are available from QLT/Congrex, Keizersgracht 782, 1017 EC Amsterdam, The Netherlands (tel 31 (0)20 261372, fax 31 (0)20 259574).

### Safer sclerotherapy – luer lock

Doctors David Clements and Paul Smith of Llandough Hospital, South Glamorgan, suggest a simple change in practice that would improve the safety of endoscopy for staff. They commend the use of a luer lock syringe for the sclerosant when injecting varices.<sup>1</sup> In the six months since adopting this practice they have avoided the hazard of being sprayed with sclerosant on occasions when the syringe detaches from the needle during injection.

Luer lock syringes are readily available and only marginally more expensive.

<sup>1</sup> Herlithy KJ, Bozymski EM. Sclerotherapists eye. *Gastrointest Endosc* 1982; 28: 42–3.

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### Correction

In vitro anticolon antibody production by mucosal or peripheral blood lymphocytes from patients with ulcerative colitis by T Hibi *et al*, December 1990; 31: 1371–6. In this paper in Figure 3 (colour plate) parts *a* and *b* were inverted and parts *c* and *d* were inverted; thus in the legend *a* describes plate *b*, *b* describes *a*, *c* describes *d* and *d* describes *c*.