

Szabo Sandar. (Pp 527; illustrated; \$172.50.) New York: Marcelle Dekkar, 1991.

The editors (engineer-doctor in the pharmaceutical industry and doctor-experimental biologist in academia respectively) have brought together from 38 contributors (many well-known names), 24 interesting essays broadly grouped under origins, presentations, therapies and human investigation. Six chapters are 'unusual' as their subject matter is generally not covered in other books: biological rhythms (a fascinating insight into the chronobiology of peptic ulcer disease); anti-oxidant ulcer therapy (a welcome glimpse into free-radical mucosal damage); ulcer disease, what is known and what questions remain (the latter aspect needs expanding); statistical methods in trials of anti-ulcer drug treatment (the theory seems so much simpler than practice!); meta-analysis (a growth industry); and an academic investigator's perspective (a leading authority's viewpoint). Three other chapters deal with the role of an independent clinical research organisation in the development of new drugs, the industry's perspective of human investigation and development of anti-ulcer drugs and the clinical investigation of anti-ulcer drugs in Japan. These reflect how close basic science, clinical investigation, the pharmaceutical industry, and the regulatory authorities have come together.

There are detailed up to date reviews on treatment with antacids, histamine H₂ receptor antagonists, colloidal bismuth subcitrate, omeprazole, and prostaglandins. The remaining essays deal with physiopathology (detailed); clinical presentation (somewhat misleading title); NSAID gastropathy (by two rheumatologists: good to see a non-gastroenterologist's viewpoint!); haemorrhage from peptic ulcer (with particular emphasis on the role of drug therapy); endoscopic therapy of bleeding peptic ulcer (a 'hot' topic) and surgical treatment (concise; tightly written). All chapters have abundant references. Inevitably, there is some overlap but this does not detract.

It is hard to believe so much has happened in peptic ulcer disease in just 20 short-long years. Final verdict: a good book for beginners and old-hands alike; well done, editors and authors! But at \$172.50 (surely a rip-off?), perhaps the publishers want only well-off libraries to purchase this volume.

K D BARDHAN

Cope's Early diagnosis of the acute abdomen. Revised by William Silen. (Pp 301; illustrated; £15.00.) New York: Oxford University Press, 1991.

Zachary Cope's *Early diagnosis of the acute abdomen* now in its 18th edition, remains the definitive volume on the subject. No one in the 70 years since the first edition was published has matched (let alone exceeded) Zachary Cope's comprehensive description of a lifetime of clinical practice and no one is better placed than William Silen to take on the daunting task of trying to revise the volume. All surgeons are familiar with the book and many can quote whole passages off by heart.

For this very reason one tends to be over critical on reading each new edition, just as one tends to judge each new interpretation of Wagner or Shakespeare by reference to its predecessors. Judged in this highly critical fashion, some stresses and strains do seem to

have emerged in the new edition. Perhaps the problem is insoluble. Silen has cleverly and faithfully adopted the style and general approach of the original Cope material; and while it works very well in describing clinical experience, this approach is less appropriate when discussing modern developments such as imaging the appendix. Here, mere recitation of opinion is less appropriate, and there are some unhappy examples throughout the text where the narrative switches from sound clinical commonsense to high tech investigation and then back again.

This lends an almost 'schizophrenic' air to some sections of the book which is not helped by the use of the first person singular. Thus, when the author remarks 'I suffered . . . an attack of acute gangrenous appendicitis in 1907' it is clearly Zachary Cope talking but when in the same volume it gives the author's personal opinion of ultrasound, computed tomography and magnetic resonance imaging, it is presumably Silen who remarks 'I have encountered several situations. . . .'

Certainly no one could have done more than William Silen to take the clinical wisdom of Zachary Cope forward into the present era of analytical and investigational medicine. As edition succeeds edition, however, the end result is becoming just a little like da Vinci revised by Van Gogh: both men consummate artists in their own right but the end result (Mona Lisa in a cornfield with crows) interesting, but not entirely satisfying.

F T de DOMBAL

Surgical treatment of anal incontinence. By Charles V Mann, Richard E Glass. (Pp 160; illustrated; DM 290.) Berlin: Springer-Verlag, 1991.

A beautifully illustrated monograph. There are many good examples of the value of line drawings in black and white with a single red colour overlay to depict muscles. This technique is particularly effective in illustrating the muscle complexes of the pelvic floor.

The book is essentially a record of 'How I do it' rather than 'Should it be done?' It is questionable whether, in the present stage of its development, the gracilis muscle sling procedure to restore anal incontinence should be described in such graphical technical detail so as to encourage general or even specialist surgeons to undertake it. The description of the gracilis sling is preceded by the statement that very few colorectal surgeons have more than minimal experience with this procedure. Then it continues by stating the reasons for their reluctance, followed by five good reasons why this still must be regarded as an experimental procedure to be performed only by those with particular experience and as part of a research programme.

Why do the authors describe operations that would never feature in a 'Best buy' list. The book contains one of the clearest descriptions of abdominal rectopexy using the Ivalon (polyvinyl) alcohol sponge implant. This is a technique that has such an incidence of potentially serious infective complications which have made it unacceptable on both sides of the Atlantic ocean. The fact that some people continue to use the technique is not a good enough reason for illustrating it so beautifully and so tempting others to try it. More authoritative guidance about which operation should be used would make this into a 'How I advise

you to do it' monograph rather than 'How some people still do it!'

Despite these important reservations, this is a book to which the experienced colorectal surgeon is likely to turn for technical details, even if many are of outdated procedures.

J ALEXANDER-WILLIAMS

Endoscopic retrograde cholangio-pancreatography. Technique, diagnosis, and therapy. By J H Siegel. (Pp 442; illustrated; \$199.) New York: Raven Press, 1991.)

Drawing on his own vast experience, Dr Siegel has attempted a comprehensive state of the art reference work on ERCP for both trainees and experienced endoscopists. He has impeccable credentials for the task and 7500 ERCPs, 5000 sphincterotomies and 1000 biliary stents can't be wrong. Is he as successful with the word processor as he is with the duodenoscope?

Apart from a well balanced chapter on sphincter of Oddi dysfunction by Professor Delmont, this is a single author text with the expected advantages of uniformity of style and relative absence of duplication and contradiction. The book is divided into three sections – basic technique, diagnosis (including pathology) and therapeutic endoscopy. It is indeed comprehensive, and most important aspects of ERCP are covered. Approximately half of the 400 pages are devoted to high quality illustrations of every conceivable variant of duodenoscopy, pancreatography and cholangiography with legends providing clear explanations.

Perhaps inevitably for a single author work, it is a personal experience of ERCP and this is both the strength of the book and its weakness. Dr Siegel excels when discussing practical technique and he provides a superb account. I have only a few minor criticisms resulting from differences in UK practice. It is a pity, however, that he stops short and does not divulge more hints or tricks of the trade. When the going gets tough there is little guidance for the struggling inexperienced endoscopist. He is equally good on x ray interpretation and diagnosis, but has unusual ideas about the classification of pancreatitis proposing that a 'subclinical' form is responsible for post ERCP pancreatitis. The results of therapeutic ERCP he cites are mainly from his own group and are second to none, but there are few comparisons with those obtained at other centres.

This then is an account of the practice of ERCP by one of the foremost exponents, but by the same token it falls short of being a comprehensive review. In common with most ERCP accessories the book is not cheap at \$200, but it is a useful and informative aid for endoscopists who carry out and enjoy therapeutic ERCP.

C AINLEY

The stomach. Edited by S Gustavsson, D Kumar, D Y Graham. (Pp 464; illustrated; £75.) Edinburgh: Churchill Livingstone, 1991.

Two centuries ago, a meal had many courses prepared by many chefs: our Prince Regent's dozen chefs served a dinner with 116 dishes. Today, almost every medical book is multi-authored and multiedited. Large meals with many cooks and large books with many authors have some excellent dishes and chapters but you may end with indigestion and a muddled head.

Do not be misled by the title. Buy this book and you will be updated not only on the stomach but also cephalad to gastro-oesophageal reflux disease and caudad to the duodenum. This range and grouping is sensible: perhaps the next edition could borrow my 1981 neologism 'Foregut'.

Of the 36 authors, 26 come from the three countries of the editors – Sweden (5), Britain (10), and the USA (11). The others are from Finland, Germany, Italy, Canada and The Netherlands. But even a Scottish publisher should know that Ulm is in Germany, not Sweden.

The seven scientific chapters are excellent, polished from similar reviews elsewhere. But I had problems with many of the clinical chapters. The preface claims, boldly and I believe correctly, three major advances in stomach disorders – the major cause of gastritis is *Helicobacter pylori* whose eradication prevents ulcer recurrence and 'cures' the disease; endoscopic haemostasis is effective; the proton pump inhibitor has for the first time made achlorhydria available as a practical therapy. Alas, not all the authors, or even the editors, accept these theses. The reader suffers from overlap with repetition, contradiction, omission or inadequate advice on how to eradicate *H pylori*, how to stop bleeding endoscopically, and how to use omeprazole in gastro-oesophageal reflux disease and ulcers.

Perhaps publishers of such books should choose one editor who writes none of the chapters but selects authors for their wisdom not their nationality and ensures the reader is educated into a better informed decision maker.

JH BARON

Pocket consultant. Gastroenterology. By S P L Travis, R H Taylor, J J Misiewicz. (Pp 425; illustrated; £14.95.) Oxford: Blackwell Scientific, 1991.

This splendid little book aims to provide a practical background in gastroenterology for junior hospital staff on the wards, in clinics, and for family doctors in their surgeries. The aims are very well met, although better met for hospital staff than for family doctors I fancy.

It is not so little at that. There are 369 pages with 13 chapters including separate chapters on alimentary emergencies, inflammatory bowel disease, irritable bowel syndrome, nutrition, procedures and investigations, as well as standard chapters on organ oriented disease. There are 16 pages of useful information (addresses and telephone numbers of drug information services throughout the UK, hospice information services, and patient support groups, etc), a reading list and even a prototype record sheet for patients with IBD. Each chapter is well laid out, user friendly and well endowed with tables, algorithms, illustrative x rays with explanatory line drawings and diagrams.

Topics are presented in a robust, distinctive fashion with commendable emphasis on decision making. The approach to each major

problem includes clinical diagnosis (how patients present, what to look for, what to ask), how diagnosis can be confirmed (what investigations are required, in what order and what information they may provide), management principles including medical and surgical options, drug treatments (which drug, how much, for how long, expected benefits, and possible side effects), what clinical events to expect or look out for, and what outcomes to be expected; factual background information is provided to help in 'explaining' a disease to the patient or relatives. The advice throughout is clear, helpful, and unambiguous, and though perforce dogmatic, reflects generally accepted opinions.

There are some unimportant nits to pick. The book was in press before omeprazole was licensed for long term use, so that its importance in the long term management of gastro-oesophageal reflux disease is not credited; there is no reference that I can see to the effects of sulphasalazine on male fertility, and pancreatic insufficiency appears to be credited as the commonest cause of steatorrhea (surely not?).

More importantly, the value of psychiatry/psychotherapy or even plain counselling in the management of functional gastrointestinal disorders gets little attention. But this is a very good buy, a vade-mecum, and valuable support resource for our juniors. Every unit should have a copy, and membership candidates would do well to use it for revision. Family doctors will find it helpful, for occasional reference.

G P CREAN

All titles reviewed here are available from the BMJ Bookshop, PO Box 295, London WC1H 9TE. Prices include postage in the UK and for members of the British Forces Overseas, but overseas customers should add 15% to the value of the order for postage and packing. Payment can be made by cheque in sterling drawn on a UK bank, or by credit card (Mastercard, Visa, or American Express), stating card number, expiry date, and full name.

NOTES

Sir Francis Avery Jones BSG Research Award 1993

Applications are invited by the Education Committee of the British Society of Gastroenterology who will recommend to Council the recipient of the 1993 Award. Applications (15 copies) should include:

- (1) A manuscript (2 A4 pages *only*) describing the work conducted.
- (2) A bibliography of relevant personal publications.

(3) An outline of the proposed content of the lecture, including title.

(4) A written statement confirming that all or a substantial part of the work has been personally conducted in the United Kingdom or Eire.

The award consists of a medal and a £100 prize. Entrants must be 40 years or less on 31 December 1993 but need not be a member of the BSG. The recipient will be required to deliver a 40 minute lecture at the Spring Meeting of the Society in 1993. Applications (15 copies) should be made to: The Honorary Secretary, BSG, 3 St Andrew's Place, London NW1 4LB by 1 December 1992.

American Association for the study of Liver Diseases postgraduate course

The Annual Postgraduate Course, Newer Aspects on Alcohol, Nutrition and Hepatic Encephalopathy, will be held at the Marriott Hotel in Chicago, Illinois from 31 October – 1 November 1992. The postgraduate course will be followed by the 43rd Annual Meeting of the American Association for the Study of Liver Diseases on 2–3 November 1992. Further information from the Registration Manager, SLACK Incorporated, 6900 Grove Road, Thorofare, New Jersey 08086–9447, USA (Tel: 609–848–1000).

Postgraduate Gastroenterology Course 1993

The 1993 Oxford Postgraduate Course in Gastroenterology will be held from 3–6 January 1993. Further information from Dr D P Jewell, Radcliffe Infirmary, Oxford OX2 6HE (Tel: 0865 224829).

International Organisation for Statistical Studies on Diseases of the Oesophagus

The 4th International Congress will be held in Paris from 1–3 September 1993. Further information from Michèle Liegeon, 2 boulevard du Montparnasse, 75015 Paris (Tel: 331 45 66 91 15; fax: 331 45 66 50 72).

World Association of HPB Surgery

The 1st European Congress on Hepato-Pancreato-Biliary Surgery will take place at la Cité des Sciences et de l'Industrie in Paris from 8–11 June 1993. Further information can be obtained from EHPBS Congress Secretariat, Congress House, 65 West Drive, Cheam, Sutton, Surrey SM2 7NB.

II United European Gastroenterology Week

This will take place from 19 to 24 July 1993 in Barcelona, Spain. Further information and abstract forms from Prof J R Malagelada, c/o UNICONGRESS, Calle Calvet 55–57 (4th floor), 08021 Barcelona, Spain (Tel: 34 3 414 03 22; fax: 34 3 414 02 51).