

chapters do provide an up to date, authoritative and reasonably comprehensive account of the subjects covered – for instance, the chapters on haemochromatosis, on hepatitis B and C infection, and a number of others as well. There is also a useful account of the structure and function of the liver. But all this is available in a number of other textbooks on liver disease that have appeared during the past two years.

In conclusion I cannot see that this new volume represents a significant advance on books already published. One wonders indeed if the market in hepatic and hepatobiliary textbooks is not now more than saturated.

ROGER WILLIAMS

A History of Gastric Secretion and Digestion: Experimental Studies to 1975. By H W Davenport. (Pp 414; illustrated; £60.) New York: Oxford University Press, 1992.

There is no history of gastroenterology either for the whole field or the separate organs. Present and future gastroenterologists, especially exocrinologists, will forever be indebted to Horace Davenport for giving us this unique and masterly critical history. He covers HCl, pepsins, the gastric mucosal barrier, mucus and cell renewal, reflex and chemical control of gastric secretion, histamine, gastric blood flow, digestion, and absorption. As well as a name index and a subject index there are 1096 notes, each with one or more references. Oxford University Press (New York) are to be congratulated on their elegant production at a reasonable price, and for reproducing the illustrations exactly as in the original publications, and not redrawing them as can happen with other publishers, even OUP (Oxford). This reviewer rarely describes a book as 'essential', but does so now. Every gastroenterologist should have one.

Alas, the chronological scope creates problems. The first problem is understandable. 'I end in 1975 . . . for if I attempted to bring the account more nearly up-to-date, it would have degenerated into an indigestible review of current work': Clearly the next edition should cover the last quarter of this century to the same scholarly standard.

The second chronological problem is more fundamental. 'I limit my account by beginning with the period 1777 to 1833 when the pioneers of experimental gastroenterology, Edward Stevens, William Beaumont, Johann Eberle, and their contemporaries, began to gather experimental evidence.' Horace Davenport is William Beaumont Professor of Physiology Emeritus at the University of Michigan, but should his patriotism determine his starting point? With the greatest of respect I must plead that the history of gastric secretion should not begin with Beaumont. Patients with gastric fistulas were studied long before Beaumont. The reader needs to know for acid and for its ferment what Davenport provides for all the other chapters – that is, the origin of these concepts both chemically and medically from ancient times. One needs to know the various chemical and alchemical production of acid through the ages, followed by detailed accounts of the 16th and 17th century pioneers such as Paracelsus, van Helmont, Walaeus, and Viridet. In the 18th century we need to move from Reaumur's buzzards, by the human studies of Gosse and Reuss, to Spallanzani's crows from which Scopoli first proved that gastric acid was HCl. Two previous monographs on the history of gastric secretion, by

Leoper (1924) and by Robertson (1931) need citing.

What about the ferment? Davenport rightly devotes pages to the development of the concept of proteolysis and gives the credit for the crucial finding that led to the discovery of pepsin, to Eberle who in about 1832 showed that HCl in vitro does not digest, natural gastric juice does, as does an acidified extract of gastric mucosa. The experiment proved there must be a separate non-acid digestive component in gastric juice and 'that chymification is not a vital process but a chemical one', leading to Schwann's pepsin in 1836. Two centuries before, however, van Helmont had shown that various acids, unlike gastric juice, do not digest food so that gastric juice must contain an additional non-acid ferment.

Obsessional reviewers can always find errors. One is historical. Davenport rightly honours Franklin Hollander, but describes him as 'a rare bird amongst gastroenterologists, for he knew some chemistry'. I was taught by Hollander, who was not a gastroenterologist: he was a physical and organic chemist who became chief of the GI physiology research laboratory at Mount Sinai. The spelling of names is occasionally eccentric. Crean's first name is Gerard (not Gilbert) and Pearse's is Everson (not Egerson). By some bizarre fate I have become Barron, instead of . . .

J H BARON

Hepatobiliary MRI. By D G Mitchell, D D Stark. (Pp 304; illustrated; £84.) St Louis: Mosby Year Book, 1992.

These two North American magnetic resonance imaging (MRI) experts have produced a comprehensive atlas and text on diseases of the liver, bile ducts, and pancreas. It is a useful adjunct to larger textbooks, relating MRI to other diagnostic methods, especially computed tomography.

Early chapters discuss and summarise practical aspects of anatomy, and sensibly omit excessive discussion on physics, so concentrating upon techniques, including chemical shift, spectroscopy, and the use of hepatic contrast agents. The section on segmental anatomy is a model of clarity, while the comparison with computed tomography is beautifully presented, with much new information collated from several centres.

Focal hepatic disease, both benign and malignant, occupy the second section. On the evidence presented, readers would agree that although the spatial resolution of computed tomography remains superior, MRI has higher contrast resolution and is therefore able to characterise the nature of benign lesions more satisfactorily. The authors, like many readers, will have found that similar imaging features may be shared by both benign and malignant hepatocellular tumours.

Part three deals with diffuse liver disease. It is highly detailed and there is accurate and full pathological correlation. The authors do not make excessive claims for MRI in this area, and indicate that the future use of fast scan techniques will greatly improve assessment of hepatic texture and morphology. A good chapter on liver transplantation and 15 colour plates precede the final section on the biliary system and accessory organs, where computed tomography's superior spatial resolution give it pride of place over MRI.

Throughout, the writing is uncluttered and interspersed with a generous film atlas. The gastrointestinal radiologist will be the medico

most likely to benefit from this well informed work. I was surprised to find no mention of fibrolammellar cancer and felt the price of the book rather high. Nevertheless, it can be recommended as a solid reference book.

R DICK

Liver Disease and Gallstones: The Facts. By A G Johnson and D R Triger. (Pp 121; illustrated; £12.50.) Oxford: Oxford University Press, 1992.

This is an excellent book. Unfortunately I missed the first edition. The book is written for patients with liver or biliary disease and their relatives. It is one of a large series from the Oxford University Press explaining in non-technical language the facts for patients with conditions as diverse as pre-eclampsia and rabies.

Johnson and Triger's book is a slim volume but manages to cover the whole gamut of liver disease in adults and children and even what to expect if you need a liver transplant. It is clearly written and edited in language for the non-medical reader.

Who are the audience for this nice little book? For most lay readers only the chapter describing their or their relative's disease would be of interest. I imagine that the other chapters would be of only marginal interest except to would be doctors or the ghoulish. The problem, of course, is that we gastroenterologists are not yet up to the task of complementing our short specialist consultations with a 'handout' paper that explains our patient's disease as well and comprehensively as this book does. Until that happy time our patients will have to resort to a book such as this. The price seems as reasonable as you could expect these days. I am sure the price would not deter a patient pointed towards this book.

I have to conclude that this book should be held by every public library and, furthermore, that the title is the one that we should remember when our patients ask us where they can learn more of their hepatobiliary disease.

J A SUMMERFIELD

Atlas of Laparoscopic Surgery. Edited by E J Reddick. (Pp 116; illustrated; \$122.50.) New York: Raven Press, 1993.

The editor and his colleagues are well known throughout the world for training surgeons in laparoscopic techniques. Indeed, in the preface, they state they have taught over 25 000 surgeons: one therefore approaches this book with considerable anticipation because of their expertise in this rapidly expanding field.

I am afraid, however, I was disappointed. Although there is a sound section on laparoscopic cholecystectomy lasting 70 pages; laparoscopic appendectomy, management of peptic ulcer, left colon resection, and herniorrhaphy are all covered in 42 pages and are covered very superficially. If they are intended as reminders for those who have attended a course, then they may be satisfactory; but for someone approaching them for guidance and the details of the procedure, they are inadequate. It is interesting that the procedure of appendectomy is covered in less than a page and the illustrations all show appendixes that are not grossly inflamed and, in many cases, are 'lily white': problems and difficulties are not really discussed.