Clinical Gastroenterology CD-ROM version
By J J Misiewicz, A Forbes, A B Price, P T Trigg

The CD-ROM disk is no longer a mere source of high quality music or of interminable lists of references confined to libraries. Even if gastroenterologists do not feel ready for the multimedia revolution to hit their desk top they can always borrow their child’s computer to dip into one of the new age textbooks. One of the first in the field is CD-ROM version of Wolf’s reputed Atlas of Gastroenterology. Why should any one, who is not totally computer obsessed, choose the CD-ROM format over the more traditional glossy paper version?

In terms of content the authors present a comprehensive series of annotated illustrations of the gastrointestinal tract in health and disease from the oesophagus to the anus via biliary tree with radiological, histological, and pictorial examples of all the common and most of the uncommon disorders found. As such the contents of the atlas is the same as that in the paper version, which has been reviewed recently (Gut 1995; 37; 665). The quality of the images available to the user depends in part on the computer equipment available to them. My attempts to install a CD-ROM drive in my PC to conduct this review has resulted in me buying a new machine. A myriad of current generation of computers sporting SVG A (super video graphics adaptor) screens, however, are appearing in offices in all parts of most hospitals – your manager will have one if you don’t. I would rather reserve the quality of the computer images of the endoscopic pictures.

On the enlarged full screen images each broken optical fibre on the originating endoscope could be clearly identified, the main limitation in the quality of the images presented is the quality of the original photograph some of which are museum pieces.

To help identify lesions that may not be obvious, the click of a mouse button will overlay labels and arrows on the image or increase the size of the image to permit closer inspection. Each page of the book is represented by a screen divided in four sections. To the right a column of text, left a picture and below it the relevant legend. At the top of the page are 16 boxes to click with the mouse to allow access to various facilities offered by the package. As in a book there is an index, a book mark may be left at a page of interest, and the reader may leave their own comments appended to a page of the book with a computerised paper clip. Thumbing through a CD is not as straightforward or as fast as rifling through the pages of a book. I have a different method for navigating the pages: first I call up the random page of the book. Finding an illustration is, however, merely a question of point and click.

After reading a chapter it is possible to call up a predefined text but this is of limited value unless the chapter has been read first because the image quality is not as good.

Although these functions are very useful they are not my main criticism of the computerised utility, the majority of computerised utilities are not really tailor made for the task. Many of the programs available are not designed for the specific needs of gastroenterologists. I feel that those who have access to CD-ROM’s in their practice and are not planning to purchase a computerised atlas as an accessory computer should be wary. Many programs are not designed for the specific needs of gastroenterologists.


This pocket sized book of gastroenterology describes itself as a companion but it is not clear whether it is intended as a companion to the large text book edited by Dr Spirito or to the trainee gastroenterologist. It is certainly worth a look for the large text book is quite small and it is one of those books that irritatingly snaps shut whenever it is put down. I prefer several volumes saying much the same thing but at greater length. There is something rather depressing about seeing one’s whole life’s work condensed into something the size of a Jilly Cooper novel.

There is precious little jodhpur ripping here but there are many facts and opinions. Factually there are few complaints. The whole of the gastrointestinal tract is covered apart from the oropharynx and each section on the organs of interest is complete with some physiology and a synopsis of pathology, diagnosis, and treatment of relevant diseases. The most current, as the title implies, deals with clinical management and this is aided by a few algorithms. Reading it from the point of view of a jobbing gastroenterologist I was reassured to find that I knew and agreed with much of what was said but there are some moderately surprising omissions.

No mention is made of oesophageal aplexy as a cause of chest pain although oesophageal rupture, which in my experience is less common, does receive attention. Surgery for rolling hiatus hernias is not recommended until torsion occurs, which is rather too late. The d-xylene test is described as being made of the various better permeability tests that have achieved a routine place in the diagnosis of malabsorption. In the treatment of peptic ulcer there is only a fukewarm acceptance of bile therapy while the role of antacids and H2 antagonists is not considered. The attendance of patients with duodenal ulcer receive surprisingly generous coverage. There is nothing on the role of elemental diets in the treatment of Collon’s disease. You can also take issue with some of the opinions. It is not my experience that angina-like pain relieved by belching is usually oesophageal nor that patients with coeliac disease are rarer taller than 5’6”.

For many gastroenterologists proximal constipation is an important management problem in patients with ulcerative colitis and this receives scant attention here. Perhaps the problem is less in the United States because of lactose intolerance, which receives much mention although I guess this is of only limited interest to most British gastroenterologists. Salazopyrin is still seen to be the top dog among the 5-ASA compounds despite its occasional fatal side effects and there is no discussion of the current, mainly American, enthusiasm, for increasingly larger
doses of other 5-ASA compounds in ulcerative colitis.

The American origins of this book do not stand out and generally it is well written. There are some oddities though. The advice that good results in irritable bowel syndrome are more likely to be obtained by direct authorship of some of its rival books. At the end of each chapter there are a few key references usually to review articles as well as reference to a relevant chapter of the parent book Clinical Gastroenterology. Training in gastroenterology is no longer the longest journey in clinical medicine but if you want a single small companion for the trip you could not do much better this.

R J DICKINSON


Correctly titled An Atlas of Angiography and Cholangiography this is a book of outstanding illustrations of paediatric liver disease. It represents the cumulative experience of three distinguished French radiologists who have contributed greatly to the development and acceptance of vascular and biliary radiology in childhood. Many of the conditions described are rarities encountered by few, and diagnosed by less in a lifetime of paediatrics. The range of diseases discussed is complete from developmental disorders of the biliary tree (congenital biliary atresia, primary liver tumours, portal hypertension, and finally transplantation.

The descriptions of the pathophysiology, aetiology, and natural history of these disorders is brief and basic, thereby of limited value to the expert hepatologist, hepatobiliary surgeon or radiologist working in a unit of equivalent national standing for whom there are established texts with less, although as informative, illustrations. Equally a reader wishing to gain understanding of rational investigation of liver disease in childhood needs an overall view of how these techniques, which are technically demanding, link with other modalities. In practice they have to be seen in the light as an adjunct to the non-invasive methods of ultrasound, computed tomography, and magnetic resonance, which have pathognomonic features in many of these conditions and have been of equal importance in advancing diagnostic acumen. Included is a chapter on technique. Despite the clear description of the steps, an addendum stating that such methods are not those for the uninitiated’ might be appropriate. Nevertheless, such criticisms should not detract from the illustrative quality and uniqueness of this atlas. The quality of the cases and their reproduction is superb and a testament to the expertise of its authors. For the radiologist, it provides a potential library source for referral to classic appearances of common structural liver disorders. In this role it has no competitors, but perhaps in combination with broader

radio logical and more in depth clinical aspects it would be a landmark text with multidisciplinary appeal.

J KARANI


This work is from an acknowledged master in the field, and is well timed with a revival of interest in endoscopic ultrasound (EUS). The reasons for this are diverse. On the technical side there has been considerable improvement in instrumentation, the development of linear probes with biopsy and colour Doppler facilities, and also mininprobes that may be passed down the biopsy channel. Clinically there has always been an interest in the detection of early cancer, but the possibility of endoscopic therapeutic intervention has added new impetus to the value of endosonographic staging. Endoscopists are aware that endosonography is a powerful tool to supplement routine examination, though for many the cost of the specialised equipment required remains prohibitive for comparatively limited utilisation.

The text is a fairly brief review of TNM staging, with many technical, practical, and interpretation. Each section finishes with a comment, in the form of an overview of the cancer and the relevance of EUS to this, which is quite helpful. The value of the case reports that follow is not obvious. Only one is illustrated, so that there is little to be learnt from this except to appreciate the successful role of EUS in the cases described. There is a comparatively short reference and bibliography section. The rest of the book is composed of 71 figures, illustrating a wide range of cases, many with histological, endoscopic or radiological correlation. The historical illustrations are particularly good. The quality of the endoscopic prints is adequate, though not exceptional.

The impression on reading the text is that this is a modern staging, simpler and more accurate than any other technique, and that all that is required for this treatment is a 'T' staging. (depth of penetration of the tumour). Endosonography is currently the only method sufficiently sensitive to determine early TNM stages, though it may fall short of endpoints in magnet resonance imaging challenges this position. The difficulties of 'N' (lymph node) staging are understated. It is possible to quote studies showing quite good results for N staging, given the usual care years, and calling results that are not positive, but this does not mean that EUS is particularly accurate in assessing nodal involvement. As several in vitro studies have shown, EUS is poor in differentiating normal from involved or reactive nodes. The problem of micrometastases is not tackled. The need for other examinations, such as computed tomography, for 'M' staging may have been assumed, but apart for a mention how to use other modalities in 'M' staging, and integrate the findings into EUS staging is left out. Altogether the totality of EUS seems to be rather taken for granted.

The main competition in this field is Gastroenterologic Endosonography, edited by Rösch and Classen. This gives the novice a more detailed view of the normal anatomy, with useful supplementary diagrams of the gastroduodenal region where the anatomy is particularly difficult, and a broader perspective on the problems of EUS staging, its limitations, and the development of other imaging modalities. I would have to recommend this in favour of Gastrointestinal TNM Cancer Staging by Endosonography.

C I BARTRAM


If medical research is the process of chipping away at the barrier between what is known and what is not known, then an advance can be described as a breach in that barrier. Of course, research findings can so often lead to new layers of complexity that, in themselves, produce new barriers – and so the process continues. This can lead to the apparent paradox that the more knowledge we gain, understanding may diminish. For just 10 years, Roy Pounder has been putting together teams of experts to offer us reviews of 'recent' – a vague term this – work in our specialty. The aim must be to be successful provides a review article: ‘clinical guidelines to ensure that contributors of review articles have two particular qualities: they write well and they write systematically. For some years, purists have been heavily criticising review articles for their lack of both balance and scope. The most severe offence seems to be partial citation of the literature, which can lead the author (and the reader) to become 'spine doctors' – leading opinion rather than just laying out all the prevailing factual material to allow the reader to come to their own conclusion. Such criticism seems fine, and even noble, but can we define the qualities of a potential writer of reviews?

The writer must have a near-pathological obsession in collecting all the relevant data – not just their own recall supplemented by searching indices in libraries, but by recours to the obscure journals (remember Mendel) as well as trawls to find the unpublished – that dump of non-tarial data that just can’t get into print. They will then embark on a journey to get the relevant merit of each piece of research so as not to emphasise the poor quality data at the expense of the excellent. They will possess the knowledge and experience that comes with 24 years of experience in the field (exceptional of expertise yet must they adjust their position to rise some distance above the subject. (Does anyone else share my distaste of the arrogance implied by the term ‘overview’?). It may be an acknowledges a 'Virtually no one has the time, to construct a prose adequate to reflect the topic."

I doubt that the editor of the present volume will have set such severe standards for his 24 authors of the 14 chapters and indeed, I am sure that the contributors would not be offended to learn that not one of them achieves Superman status (Zarathustra’s ideal? (too Marvelious) the various chapters are up to date and tolerably well

Gut: first published as 10.1136/gut.37.6.850-a on 1 December 1995. Downloaded from http://gut.bmj.com/ on September 15, 2023 by guest. Protected by copyright.