How good is it? With over 200 contributors, the one thing that the reviewer can state with absolute certainty is that it's uneven, and in its 5th edition it shows the Forth Bridge-type characteristics that anything under constant repair develops. Some of the initial overview chapters on signs and symptoms show their age, with mannered prose reminding that this book was first published nearly 50 years ago. Another section boldly states in footnote 'many of the references pertaining to this section are not recent . . . most findings of investigators during [1960s and 1970s] are still valid' – which really is editor-speak for 'this section should have been revised'. Some areas of 'small-print' gastroenterology – and actually, week to week, that is what people use reference textbooks for – seem to have got rather brief treatment: you won't find all you want to know about Menetrier's for example. However, each item that one can find to criticise is balanced by a state of the art chapter of superlative quality. If the trainee finds the clinical introductory chapters hard going, there's ample compensation in the overview chapters on plain abdominal radiology of the abdomen and on computed tomography. For the reviewer who tries to catch the text out, by checking for recent advances – identification of the Whipple's bacillus, molecular biology of cystic fibrosis (24 deletions tabled) or hepatitis E, treatment for chronic hepatitis C, or the latest on *Helicobacter pylori* and the pathophysiology of gastric acid secretion in ulcer disease – it is clear that when section editors and contributors recognise that they are in a fast-moving field, they've tried very hard to keep up to date. Quoting May 1993 abstracts in a textbook published in the first few months of 1995 is pretty commendable.

But of course it is striking, as the above examples show, how rapidly gastroenterology is moving as a science, and some important contributions are too late for this edition; the MALT lymphoma/*H. pylori* story isn't there for example – an association first made in 1991. In many respects, for any reference text, the best is always the most recent!

The traditional criticism of predominantly US based textbooks is that they are too theoretical, include too much pathophysiology, and lose the clinical touch that – after all – is what the specialty is all about. Avoiding that lack of balance has indeed been the main philosophy behind the British texts mentioned in this review. In comparison with its US bedmates, I think this book comes much nearer to holding the balance right, and of those US based texts this is much more of a clinician's book than its rivals. So, for the period that it remains the most up to date available, it is a marvellous resource for the deep-pocketed; whether it will age with grace depends on how rapidly scientists and clinicians can advance our subject.

H J F HODGSON

Clinical Gastroenterology CD-ROM version. By J J Misiewicz, A Forbes, A B Price, P J Shorvon, D R Triger, G N J Tytgat. (£80+VAT.) London: Mosby, Times Mirror International, 1995.

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 for *Gut* (1994; 35: 1775–6). 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 SVGA (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 was surprised at 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 to the left a picture and below it the relevant legend. At the top 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 straight forward or as fast as rifling through the pages of a book: browsing takes a different form from the idle turn of the page to the random click of the mouse. Finding an illustration from the index 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, in terms of quality or speed of use, vastly superior to those obtainable from a book, indeed many would prefer to do their reading in a chair or in bed rather than sitting at a computer screen. It is the facility to take images from the atlas and construct slide shows or to print them or to integrate them into other software systems that makes this format so useful to anyone who has to teach, write or talk but who is always preparing their material at the last moment. In less than a minute an image can be transferred into a word processed document or printed on overhead projection film. In addition no book, certainly not a comprehensive atlas, is as thin as a CD in terms of storage space.

Those who hope that this disk will allow a legitimate opportunity to play animated multimedia games in the interest of learning will be a little disappointed by the lack of moving

images. Those wanting an easy to use desk top atlas will be more than satisfied.

C J TIBBS

Clinical Gastroenterology Companion Handbook. 4th ed. Edited by B Rigas, H M Spiro. (Pp 665; illustrated; £27.50.) New York: McGraw-Hill, 1995. ISBN 0-070-03341-2.

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 Spiro or to the trainee gastroenterologist. It is certainly not a book for the middle aged. The print is 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 and disorders. The main content, 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 apoplexy 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-xylose test is described but no mention is 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 lukewarm acceptance of triple therapy while the role of antacids and H_2 antagonists in maintenance of patients with duodenal ulcer receive surprisingly generous coverage. There is nothing on the role of elemental diets in the treatment of Crohn'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 rarely taller than 5'6". I guess not many in this country would agree that you have to have 'the proverbial back against the wall' to prescribe azathioprine in Crohn's disease. The greatest surprise is the claim that anti-diarrhoeals should be regularly prescribed in ulcerative colitis and that strong laxatives should never be given. 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 passing 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 best obtained by a direct authoritarian approach would raise some eyebrows, and even some hackles, among irritable bowel syndrome clientele and I have no idea what 'getting worked up in the outpatient clinic to a fare-the-well' means – perhaps Jilly Cooper does.

I enjoyed reading this book and while I didn't learn a lot from it I think a trainee might. It is well presented and well indexed and avoids the irritating lecture notes format of some of its rivals. 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 text 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 than this.

R J DICKINSON

Liver Disease in Children. An Atlas of Angiography and Cholangiography. Edited by F Brunelle, D Pariente, P Chaumont. (Pp 145; illustrated; DM228.) London: Springer-Verlag, 1994.

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 invasive hepatobiliary 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 to 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 judged 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 enhancing 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 untrained or 'faint-hearted' 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 skills and experience of the 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

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

J KARANI

Gastrointestinal TNM Cancer Staging by Endosonography. By T Lok Tio. (Pp 198; illustrated; £125.) New York: Igaku-Shoin, 1995. ISBN 0-89640-267-3.

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 image quality, the development of linear probes with biopsy and colour Doppler facilities, and also miniprobe 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, endosonographic techniques, 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 histological illustrations are particularly good. The quality of the endoscopic prints is adequate, though not exceptional.

The impression on reading the text is the endosonographic staging is simple, more accurate than any other technique, and all that is required for 'clinical' cancer treatment. You can forgive an expert for feeling this way about 'T' staging (depth of penetration of the tumour). Endosonography is currently the only method sufficiently sensitive to determine early T stages, though it may not be long before endocoils in magnetic 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 case mix and calling any node visualised 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 on page 8 that computed tomography is more accurate than EUS for detecting liver metastases, and on page 11 for transabdominal ultrasound to look at the right lobe of the liver in cases of gastric cancer, the entire problem of 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 integration with other imaging modalities. I would have to recommend this in favour of *Gastrointestinal TNM Cancer Staging by Endosonography*.

C I BARTRAM

Recent Advances in Gastroenterology (Vol 10). Edited by R E Pounder. (Pp 322; illustrated; £50.) Edinburgh: Longman Group, 1994. ISBN 044 305 021X.

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 while knowledge increases, understanding may diminish. For just on 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.

To be really successful, an editor should 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) into selective bias towards a particular point of view in a controversial area. The accusation is that reviewers become 'spin 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 searches through the obvious literature, but by recourse to the obscure journals (remember Mendel) as well as trawls to find the unpublished – that sump of negative trial data that just can't get into print. They will then require Solomon's wisdom in judging 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 spending years in their respective fields of expertise yet they must 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 advantage (though not a necessity) to be able to construct prose should the author wish to attract readers rather than mere prestige. In essence, a systematic reviewer should possess a Nietzschean capacity to rise above the restrictions on other mortals but, transcending time, must scrupulously avoid any tendency to Machiavellian duplicity.

I doubt that the editor of the present volume will have set such severe standards for the 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 ideals and not Marvel comics). The various chapters are up to date and tolerably well