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

balanced. In two of the contributions, however, the 10 000 odd words are unaccompanied by any tables or illustrations, which makes for a rather demanding read. Indeed, the book is generally somewhat dull and this is a shame because it occurs to me that the major justification nowadays for publishing series of 'advances' in book form is that they should give a coherent, topical, and broad perspective in a readable manner that review journals (such as *Current Opinion*) fail to do because of the intensely focused nature of their subject matter. There are honourable successes here but maybe the present format, which has barely changed over the years, is in need of a pretty substantial rethink.

I FORGACS

Indigestion. By H D Janowitz. (Pp 227; illustrated; £9.99.) Oxford: Oxford University Press, 1994. ISBN 0 19 508554-X.

Your Gut Feelings (revised ed). By H D Janowitz. (Pp 207; illustrated; £9.99.) Oxford: Oxford University Press, 1995. ISBN 0 19 508936-7.

These two booklets were produced originally in the United States of America for the interested patient. They deal in considerable detail with aspects of peptic ulcer disease, oesophagitis, inflammatory bowel disease, the irritable bowel syndrome, and colorectal cancer. The topics are dealt with in some depth and certainly can provide the type of information that is not generally available to patients in this country. The information that is provided is somewhat marred by the personal views of the author. On a number of occasions he discusses his approach to treatment, which has been developed over many years. Some of the approaches to investigation and treatment are rather different to those that would be routinely followed in the United Kingdom. These imperfections, however, do not remove the value of the book as an aid to those patients who want to enquire more deeply into the diagnosis and treatment of their disease.

We are clearly moving into an era when patients wish to know more and more about the cause, management, and treatment of their diseases. We as doctors are obligated to provide the information that our patients require. We have a duty to ensure that it is accurate and can be easily understood. Traditionally in Britain, much of the information we give to patients is brief and in a comparatively simple format. A number of clinicians have believed we should make available more detailed information. With the emergence of self help groups, the Patient's Charter, and a heightened awareness of the problems of medical care generated by the media, it is important that quality information on disease is available.

It is against this background that we need to assess the value of these two booklets. Undoubtedly they do provide a level of

information that is in general not available in this country for patients with intestinal diseases. The information, however, is slanted towards the American clinical scene. I also have some problems in the way that many conditions are brought together within each book. It is unlikely that somebody with inflammatory bowel disease is going to benefit from reading about polyps and carcinoma of the colon as well as diverticulosis and food allergies. Although there are interesting links for the clinician, I suspect that the bringing together of all of these conditions within one book may well increase anxiety in an inappropriate way. Clinicians have traditionally felt, however, that telling patients more about their disease will alarm them and so this comment of mine may be regarded as reactionary. My only other serious criticism of these two books is their cost. £10.00 will ensure many patients who could benefit from them will fail to make the purchase and perhaps as practising doctors we should develop libraries of such books that can be loaned to patients attending our clinics.

J F MAYBERRY

The Esophagus. 2nd ed. Edited by Donald O Castell. (Pp 812; illustrated; £198.99.) Boston: Little, John, 1995. ISBN 0-316158429.

The first edition of *The Esophagus* appeared in 1992. When the second edition appears only three years later, it may be presumed that the book has been considered a publishing success. The first edition was indeed an excellent textbook: this one is truly outstanding. Beginning with a chapter on functional anatomy and physiology, the 40 subsequent chapters written by around 50 authors, mostly American, deal with just about everything concerning the oesophagus that the clinician will wish to know. The orientation of the whole text is unequivocally towards the clinician while the subject matter is reviewed comprehensively and in depth. Like most book reviewers, I suppose, my own scrutiny has included looking up a number of rarities in the index, to see if they are mentioned and to see what is said, and looking at the major topics to make a very personal judgment of the way they are handled. This book passed all my tests with ease. It was particularly gratifying to find that with controversial issues, the authors have not ducked out of making clear, practical recommendations after sensible, realistic analysis of the information available. Sometimes this information is conflicting, or is otherwise inadequate for making well founded decisions, but in clinical practice, these decisions must nevertheless be made. The editor and authors have dealt with this difficulty admirably.

It is hard to find fault with this book. The only obvious defect, in my opinion, is the quality of the endoscopic illustrations which,

being derived from different centres, show variations of colour, brightness, and clarity that cause confusion. This is comparatively unimportant, however, as no-one is likely to use this book as an endoscopy atlas. Its merit lies in the integration of scientific information, analysis, and clinical wisdom, which is potentially helpful to anyone involved in the care of patients with oesophageal disease and will be of greatest value to physicians and surgeons in gastroenterological practice who sometimes seek an expert opinion on an oesophageal topic. Having this book available is like having 50 experts on immediate call.

We bought the first edition of *The Esophagus* for our departmental library. I think it may take me some time to decide whether my review copy of the second edition should join it there. Meanwhile it will just remain conveniently to hand for my personal use.

R C HEADING

NOTES

Subscriptions

The editor has limited funds available to offer free subscriptions of the journal for one year to libraries in Eastern Europe who would otherwise have great difficulty in obtaining access to the journal. Please send requests or suggestions, giving full addresses to: The Editor, Gut Editorial Office, BMJ Publishing Group, BMA House, Tavistock Square, London WC1H 9JR.

Cross Sectional Imaging

This five day seminar will be held in Hyatt Regency St John Resort, US Virgin Islands on 26 February-1 March 1996. Further information from: Janice Ford, Hospital of the University of Pennsylvania, 3400 Spruce Street, 1 Silverstein Building, Philadelphia, PA 19104. Tel: 215 662 7825; Fax 215 349 5925.

Pediatric Gastroenterology and Nutrition

The 5th Asian Pan Pacific Congress of Pediatric Gastroenterology and Nutrition will be held on 10-13 April 1997 in Taipei, Taiwan. Further information from: Professor Mei-Hwei Chang, MD, Department of Pediatrics, National Taiwan University Hospital, No 7, Chung-Shan S Road, Taipei, Taiwan. Fax: 886-2 3938871.