
*Helicobacter pylori* is a troublesome spirochaete, which has turned much of gastroenterology on its head in the past decade. We cannot any longer adhere to Schwartz's dictum 'no acid, no ulcer' when we recognise that these organisms themselves adhere to the submucous regions of the gastric antrum and duodenum, with the underlying ulceration of the gastric or duodenal mucosa. With the forethought gastroenterology in the grip of helicocnemia, it is comforting to find a little book that provides an entirely sane and acceptable account of the role of helicobacter in the pathogenesis of the ulcer disease, and describes, with great clarity, the methods available to identify and treat the organism.

This is an unusual publication. It is small, cheap, clearly written, authoritative, even handsomely produced, and clearly reference. It also contains a number of tables and illustrations which, copyright law permitting, would form the basis of an extremely serviceable lecture on the place and management of helicobacter in upper gastrointestinal disease. Not only does it provide concise information for generalists, including general practitioners, but is also likely to represent a useful starting point for gastroenterologists. Moving from pathophysiology, through diagnosis to treatment and the indications for eradication therapy, the authors hardly put a foot wrong. My only concern is that they do not address the current and controversial aspect of enteric infection. Indeed, the authors suggest that dyspeptic patients who are helicobacter positive are referred for endoscopy; this is at odds with a developing, although unexplained, trend in primary care, and they have done well to discuss the pros and cons of this strategy.

At £6.95, this book could be useful for purchase and distribution by Family Health Service Authorities or Health Commissions as a state of the art guide to the helicobacter problem. The authors emphasise the importance of using effective eradication therapy, almost certainly using three drugs, rather than the more commonly used dual therapy, although their recommendations for follow up testing to confirm eradication may not be justified on either clinical or cost-effectiveness grounds.

This publication raises a number of more fundamental questions about the links between research evidence and clinical practice, and the best way of communicating new data to practitioners. On the one hand, by the time this book is in wide circulation, it may be out of date. On the other, there is a clear mismatch between current practice and publication in peer reviewed journals. The authors might be to provide the information contained in this book in electronic form, which can be updated at intervals, and recommendations for treatment modified in the light of new evidence and accepted practice. If we are to embrace the concept of evidence based medicine, we are probably looking for solutions that transcend both the paper publication of primary research data and the subsequent publication of review material of this kind.

R JONES


This practical guide has been written by 10 experts in the field of interventional radiology and describes both the basic procedures as well as the more specialised interventions. The general chapters cover percutaneous biopsy and cytology and aspiration of fluid collections while specific chapters deal with techniques for sphincterotomy, gastrointestinal stents, and strictures. These latter disorders may become more frequent as the number of complex abdominal surgical interventions increases. The potential of radiological management of these indications should be widely known as there are guidewires and catheters now available that permit the treatment of the most complex situations. Treatment of oesophageal strictures is described in a separate chapter but concentrates mainly on balloon dilatation. The interventional radiology in the biliary tree is the cornerstone of the book. Percutaneous drainage techniques, stent placement in malignant and benign conditions, and percutaneous approach to the gall bladder are extensively described, with emphasis on complications, and their prevention and management. Percutaneous extraction of residual gall stones is detailed in one chapter. Plastic stents are still abundantly mentioned although the superiority of metal stents is evident. The angiographic section includes discussion of such techniques as TIPS, embolisation, treatment of Budd-Chiari syndrome, embolisation of vascular lesions and percutaneous vascular lesions and interventions. This chapter seems to summarise the potential of vascular interventional radiology but does not focus on the detail of specific techniques.

This book is a practical guide to those who want to use interventional radiological procedures, particularly residents in radiology. The illustrations and drawings are outstanding and technique is emphasised throughout the book.

J OGRADY


*What is the use of a book*, thought Alice 'without pictures or conversation'? The best Alice would have been to discard this book. The pictures are excellent. A series of colour prints with a brief accompanying text guide the reader through the wonderful world of gastroenterology and hepatology. Designed for undergraduates and general practitioners, particularly residents, this book is clearly written, authoritative, even beautifully illustrated, and sparingly referenced. It also contains a number of tables and illustrations which, copyright law permitting, would form the basis of a comprehensive serviceable lecture on the place and management of helicobacter in upper gastrointestinal disease. Not only does it provide concise information for generalists, including general practitioners, but is also likely to represent a useful starting point for gastroenterologists. Moving from pathophysi-ology through diagnosis to treatment and the indications for eradication therapy, the authors hardly put a foot wrong. My only concern is that they do not address the current and controversial aspect of enteric infection. Indeed, the authors suggest that dyspeptic patients who are helicobacter positive are referred for endoscopy; this is at odds with a developing, although unexplained, trend in primary care, and they have done well to discuss the pros and cons of this strategy.

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S BRIDGER


The roles of gut microflora on the pharmacology and toxicology of drugs and environmental chemicals are among the cinderellas of...