computer generated information. Clinical education is also less reliant on bedside teaching and intensive exposure to patients. Gitlin and Strauss have compiled an atlas of clinical, pathological, and radiological features of liver disease over many decades in their hope that this will provide a useful adjuvant to the study of hepatology. The extent to which it does so remains to be seen, but the need for such a book was never greater. The book is attractive and well produced. The layout in the main follows recognised disease categories, but it could possibly be improved by greater integration of the imaging chapter into the sections dealing with the relevant diseases. This would reduce the need for cross referencing and facilitate its use in a multimodality educational process.

The strength of this atlas lies very much in the arena of conventional hepatology, which is covered quite comprehensively. The paucity of text is an essential feature of this type of presentation, but the legends tend to be succinct and informative. The authors grappled with the changing terminology in some areas of hepatology, but in the area of chronic hepatitis they fell between two stools by describing the new terminology while continuing to use terms such as chronic active hepatitis, chronic persistent hepatitis, and piecemeal necrosis in the text. In that respect the book probably accurately reflects the position of most hepatologists. Many of the illustrations of end stage liver disease are extreme examples and hopefully will soon serve as a reminder of what was inevitable in the pre-transplant era. The illustration of the Budd-Chiari syndrome was especially good. Another highlight is the intriguing illustration of the imperfections of blind liver biopsies even when the liver is almost completely replaced by metastatic deposits.

Hepatology has been subjected to great change as a consequence of the impact of liver transplantation on the treatment of most liver diseases. This has also resulted in the new discipline of transplant hepatology, which has thrown up new diseases and different perspectives on established conditions. The section on liver transplantation is a token gesture, which recognises the procedure rather than attempts to deal with this expanding area with the same degree of authority as applies to the rest of the book.

J O'GRADY

Textbook on Interventional Radiology of the hepatobiliary system and gastrointestinal tract. Edited by A Adam, R N Gibson. (Pp 210; illustrated; $95). London: Edward Arnold, 1994. ISBN 0–340–551666.

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 transjugular liver biopsy, gastrointestinal fistulas, and strictures. These latter disorders may become more frequent as the number of complex abdominal surgical interventions increases. The potential of radiological management for 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 reference to patient selection, 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 stent seems evident. The angiographic section includes discussion of such techniques as TIPS, embolisation, treatment of Budd-Chiari syndrome, embolisation of vascular lesions and liver lesions as well as peripancreatic vascular 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 guideline 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.

R F DONDELINGER

Clinician's Manual on Helicobacter Pylori. Edited by J J Misiewicz, A Harris. (Pp 42; illustrated; £6.95). London: Science Press, 1995. ISBN 1–85873–063–5.

Helicobacter pylori is a troublesome spirochaete, which has turned much of gastroenterology on its head in the past decade. We can no 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 cause untold problems to the underlying mucosa. With foregut gastroenterology in the grip of helicomania, it is comforting to find a little book that provides an entirely sane and acceptable account of the role of helicobacter in upper gastrointestinal 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 handed, and comprehensible. It is elegantly produced, beautifully illustrated, and sparingly referenced. 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 concensus statement 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 vogue for using near-patient testing for helicobacter, principally in general practice, as an indicator for the empirical prescription of eradication therapy. Instead, the authors suggest that dyspeptic patients who are helicobacter positive are referred for endoscopy; this is at odds with a developing, although unevaluated, trend in primary care, and they would have done well to discuss the pros and cons of this strategy.

At £6.95, this book could usefully be purchased and distributed 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 breath 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 answer 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

Gastroenterology and Liver Disease. By P C Hayes, K J Simpson. (Pp 120; illustrated; £8.50). Edinburgh: Churchill Livingstone, 1995. ISBN 044–304–9556.

'What is the use of a book', thought Alice 'without pictures or conversation.'

Alice would have liked 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 primarily as an introductory white coat book for students, it succeeds admirably. The book is just short enough to be read and just cheap enough to be bought by the average student. However the more specialist reader will find the brevity of the text somewhat disconcerting. For example the treatment of hepatic encephalopathy is discussed in two lines, and the aetiology of inflammatory bowel disease in four, with no mention of the importance of genetic factors. The staging of colonic cancer was also neglected. Perhaps more surprisingly, considering the impact of HIV disease on the gastroenterologist's time and practice, there were only two cursory references to this disease. These omissions should not detract from the authors' and publishers' achievements. Both should be congratulated on the quality of the illustrations. In particular the prints of radiological abnormalities are clearer than in many more expensive specialist tomes. Gastroenterology certainly lends itself to this illustrated format and I would have no hesitation in recommending this book as an introductory guide. The best introductions will stimulate readers to explore further and deeper. Whether it is good enough to provoke Alice's celebrated response of 'curiouser and curiouser!', only time will tell.

S BRIDGER

Role of Gut Bacteria in Human Toxicology and Pharmacology. Edited by M J Hill. (Pp 286; illustrated; £49). London: Taylor and Francis, 1995. ISBN 0–7484–0110–5.

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

medical research, but their significance in successful therapeutics, and in an understanding of the aetiology of human disease, from peptic ulcer to colon cancer, is at last being recognised. This new book by Dr Michael Hill is an excellent primer in the field, with topics ranging from 'the normal gut microflora' to 'the role of fibre-derived dietary butyrate in manipulation of gene expression in the colon mucosa'.

Tropical sprue was one of the most offensive diseases, and often fatal to those who suffered this embarrassing, anti-social affliction. It often followed a bout of dysentery or diarrhoea, but its aetiology was unknown, although military medical services published several manuals on its causes and treatment, the latter being confined largely to variations of dietary ritual. With the advent of war in the tropics in the 1940s, and the introduction of sulphaguanidine and succinyl sulphathiazole for the treatment of dysentery, tropical sprue became pandemic in the Allied forces. Those in the forefront of relevant research at that time, at St Mary's Hospital Medical School, Dr Hill's alma mater, knew of the role of a microbial vitamin extract (containing folic acid) in maintaining the integrity of the intestinal villi and gut microflora, so it was only a short step to those of us facing these clinical problems, to use live yoghourt cultures and folate concentrates in the treatment of sprue. The dramatic success was overshadowed only by the miracle of penicillin, which came available about that time; tropical sprue is no longer with us, and liver yoghourt is now a 'best-seller' in the supermarkets. Colon cancer, however, is still a major cause of death, and is associated with high fat/low fibre diets. Decades of research have elucidated the role of gut microflora, of bile acids, and especially, of butyrate, in the aetiology of this disease, and have produced possible explanations for the dietary associations with fat and fibre. However, a successful treatment has yet to be found.

Another major medical problem of a half century ago was the high incidence of peptic ulcer/gastric cancer. With the discovery of the carcinogenicity of nitrosamines, their formation in the gut by nitrosation of dietary amines, and the subsequent identification of the role of *Helicobacter pylori,* this is a problem that may be potentially preventable. These successes in clinical medicine have followed on from the pioneering work of research gastroenterologists and microbiologists in elucidating the pathobiology of gut diseases, and in establishing new techniques for the study of the gut microflora, areas in which Dr Hill and his coauthors have been leading pioneers.

On yet another front of medical research, namely, drug metabolism, an American study, in the late 1950s, of the metabolic fate of the food additive coumarin, in rats, was found to be in direct conflict with a British study conducted at the same time. As the potential carcinogenicity of this widely used food chemical was in question, the conflict of results was considered to be of sufficient importance for the American team to repeat the study in the British laboratory with both UK and USA bred rats, and using both UK and USA rat diets. After extensive investigations in both countries, the variations in patterns of metabolism were attributed to differences in gut microflora, and the enterohepatic circulation of primary metabolites. Prior to these findings, the role of gut microflora and the enterohepatic circulation of drugs and their metabolites were largely ignored, but these early studies led to increased awareness and to important new developments in the studies of drug pharmacokinetics and toxicology.

This new treatise on gut bacteria is organised into some eight sections, with chapters on the nutritional/therapeutic properties of lactobaccili (probiotics), the bile acids, butyrate and colon cancer (fat metabolism, carbohydrate metabolism), nitrosamines and gastric cancer (nitrogen metabolism), drug metabolism and toxicity (biliary excretion), and many others, integrated to make a highly readable whole. The high number of chapters that are the work of the author himself, together with critical editing, give the book a continuity of theme and style, that is rare in multi-author works. With over 1000 references, with full titles, this is a valuable work of reference, as well as an enjoyable read into the technical realms of scientific medicine.

D V PARKE

The Practice of Liver Transplantation. By R Williams, B Portmann, K C Tan. (Pp 304; illustrated; £95). Edinburgh: Churchill Livingstone, 1995.

Roger Williams (the hepatologist), Bernard Portmann (the pathologist), and Kai-Chah Tan (the surgeon) have summarised in about 300 pages their very considerable experience in liver transplantation. The book is divided into 25 chapters, comprehensively covering all aspects of liver transplantation and in particular organisation of a liver transplant department, selection and preoperative management of transplant candidates, anaesthesia and surgical techniques, post-transplant care and immunosuppression, as well as longterm outcome. A final section includes four appendices that detail the antimicrobial policy, assessment of nutritional status, and determination of energy requirements as well as a description of various intensive care procedures currently in use at King's College Hospital, London.

The book indeed clearly focuses on the King's College experience; all the contributors are current or past members of its staff, which gives a coherent presentation of the chapters with very little overlap and clear cut descriptions of the management strategies developed by this group. However, alternative procedures such as the use of 'en-bloc harvesting' or transjugular biopsy, used in other institutions are too briefly considered.

The chapters are well organised so the reader will easily find his way through the book. They cover very comprehensively all aspects of liver transplantation (including for example pregnancy or sphincter of Oddi dysfunction in liver transplant recipients). What however the book does not include are experimental or physiological background findings to support the clinical statements made by the authors. The reader may also sometimes feel frustrated not to find references to the authors' statements. In addition, some controversial issues are tackled somewhat briefly such as the hepatopulmonary syndrome, the preoperative management of portal hypertension, intraoperative management of portosystemic collaterals or alternative procedures to transplantation. The use of cluster operations in patients with malignancies may be regarded as outdated.

Hepatologists, surgeons, anaesthesiologists, pathologists, and radiologists who are not completely familiar with liver transplantation will find in this book a huge amount of practical information. For the liver transplant specialist here is a welcome update of the experience and results of one of the pioneering liver transplant centres in the world. There are some superb chapters that make the book such a valuable tool particularly the indications for transplantation in patients with primary biliary cirrhosis (which includes a comprehensive description and critical analysis of the various prognostic models that have been developed to define the timing of transplantation), acute liver failure, major biliary tract and vascular complications, laboratory monitoring of drug levels, pathology of the liver graft or disease recurrence after liver transplantation.

Perhaps this book should be read by everyone in the field of liver transplantation.

H BISMUTH

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NOTES

The Royal Medical Benevolent Fund

This medical charity provides a nationwide support service for doctors in need, their wives, husbands, and children. Donations and enquiries to The Secretary, Royal Medical Benevolent Fund, 24 King's Road, Wimbledon, London SW19 8QN. Tel: 0181 540 9194; Fax: 0181 542 0494.

General surgery

The UCSF Postgraduate Course in General Surgery will be held on 25–27 April 1996 in San Francisco, California. Further information from Office of Continuing Medical Education, University of California, San Francisco, California, USA. Tel: 415 476 4251; Fax: 415 476 0318.

Laparoscopic surgery

The third session of the European course on Laparoscopic Surgery will be held on 7–10 May 1996 in Brussels and repeated on 19–22 November 1996. Further information from the Administrative Secretariat, Conference Services Sa, Avenue de l'Observatoire, 3 bte 17, B-1180 Brussels, Belgium. Tel: 32 2 375 16 48; Fax: 32 2 375 32 99.

Digestive endoscopy

The European Postgraduate Gastro-Surgical