The same study reported that the patients who relapsed during the follow up period had a significantly shorter pre-inclusion duration of remission than those who subsequently remained in remission. It should be noted that this laboratory index, besides the limited number of patients, was not adjusted for other patient and disease characteristics like the duration of remission, disease topography, age, etc.

More recently, the Italian group investigated the predictive value of 10 biological variables.² For each variable various possible threshold values were tested with respect to predicting relapse at 18 months. To construct the prognostic index, they stated that 'all possible combinations of the most predictive laboratory test, dichotomised, were compared in terms of relapse prediction'. This methodology, although leading to nicely separated time to relapse curves, is based on the most discriminating combination of the most predictive variables. It suffers from the multiplicity of tests and the results are most probably an overfit of the data. Indeed, these biological variables would not provide such good results if applied to an independent data set. Also, no justification was provided for opting for this methodology instead of using a time to event analysis, for example, the Cox proportional hazards regression model.³ One also notices that the three variables that constituted their first model were also available in their second study but no attempt was made to validate the first prognostic model.

Finally, we do not think that the debate is closed with respect to the prognostic value of biological variables. Moreover, we are convinced that repeatedly collecting laboratory measures, for instance every three to six weeks during the course of the disease and using a repeated measures analysis technique, for example, Cox model with time dependent covariates, would be more suitable for investigating the prognostic importance of the different biological variables.

T SAHMOUD
R SYLVESTER
R MODIGLIANI
J-Y MARY
EORTC Data Center,
Av E Mourier 83/11,
1200 Brussels,
Belgium

- 1 Brignola C, Campieri M, Bazzocchi G, Farruggia P, Tragnone A, Lanfranchi GA. A laboratory index for predicting relapse in asymptomatic patients with Crohn's disease. *Gastroenterology* 1986; 91: 1490-94.
- 2 Brignola C, Iannone P, Belloli C, De Simone G, Bassein L, Gionchetti P, et al. Prediction of relapse in patients with Crohn's disease in remission: a simplified index using laboratory tests, enhanced by clinical characteristics. *European Journal of Gastroenterology and Hepatology* 1994; 6: 955-61.
- 3 Cox DR. Regression models and life-tables. *Journal of the Royal Statistical Society (B)* 1972; 34: 187-202.

BOOK REVIEWS

Clinical Surgery International 20. Colorectal Cancer. Edited by NS Williams. (Pp 187; illustrated; £49.50.) Edinburgh: Churchill Livingstone, 1996. ISBN 044-305-133X.

The smaller one's hospital, the more committees there are – even though they are all made up of the same few stalwarts wearing different hats. I am reminded of this phenomenon when studying the authorship of this book: permutations of roughly the same names and subjects have appeared in other multi-author volumes. But the CSI series almost always produces attractive, fresh compilations, usually from productively opinionated people, and Norman Williams' team in this volume on colorectal cancer is no exception.

Whether we like it or not, surgeons will need increasingly to be able to tell their ras from their ... hMSH2. Placed boldly in pole position in the chapter list, Phil Quirke and Lynn Cawkwell have produced a very digestible compendium on the molecular genetics of colorectal cancer. Although it will inevitably date quickly, this is highly recommended reading for the worried surgeon – no p53, no comment.

The screening chapter – from Nottingham, where else – opens with a beautifully simple and lucid explanation of the important parameters of screening – effectiveness and efficacy, etc. It also provides the most current review of the ever-maturing European FOBT trials, and a useful bibliography on all aspects of the field.

The comprehensive chapter on polyps reflects the burgeoning development of molecular genetics and the more discerning approach to recurring endoscopy in the adenoma bearer. The *de rigueur* 'Vogelgram' is there, of course; although this distorted eponym places highly appropriate credit where much is due, the basic drawing will always be a 'Morsogram'.

Chapters on staging often do no more than palely reflect the confusion and turgidity that can engulf this subject. However, Newland, Chapuis, and Dent have produced a coherent, historically balanced and very readable description of the evolution and utility of staging since Lockhart-Mummery and Dukes started it all in the late 1920s. The authors' preference for clinicopathological staging, though not accepted by many pathologists and even some surgeons, is well and persuasively defended.

A triad of chapters on surgical technique opens with one on sphincter saving from the editor, full of the sort of personal touches and comments that made Goligher so enjoyable. Next, transanal endoscopic microsurgery is described in detail by its originator, Gerhard Buess. The comparative infrequency of suitable cases in any one hospital is a problem with this approach. As Buess highlights, this is a technique for a few major centres; I suspect that if enough NHS Trusts were persuaded by enthusiastic specialists to buy the kit, there would be a considerable danger of over-application – and hence what a venerated former chief once called 'a triumph of technique over common sense'. Surely we must restrict this approach to a very few UK centres taking widespread referrals to allow authoritative assessment.

This led on naturally into the chapter covering laparoscopic colorectal cancer surgery. Steven Wexner can always be relied on to take a responsibly hesitant position in this difficult debate, and he has done so again here. However, I disagree with him that we may have a clear view of the efficacy of this approach in five years. The burden of proof within trials must be to show that the novel procedure – laparoscopic resection – is not sufficiently inferior in cancer outcome to

standard treatment – open resection – as to be unacceptable (whatever its other merits), an unusual aspiration for a new treatment. To show equivalence, or anything acceptably close to it, would require the very unlikely randomisation of large numbers of patients. So more power to the elbows of Wexner and his colleagues as they try to prevent the sort of premature small town stampede that heralded the birth of 'lap chole'.

David Rothenberger's chapter on aspects of obstruction and perforation catches well the less hectic and more diverse approach to treatment these days – a far cry from Wangenstein's 1929 warning at the beginning of the chapter that: 'Colic obstruction ... demands immediate surgical decompression (by transverse colostomy)'.

Widespread acceptance of adjuvant therapy occurred more rapidly in the United States than in the United Kingdom. Blanket delivery of chemotherapy, at least in stage C disease, and the ditching of important trials with 'no treatment' arms, ran worryingly ahead of the data a few years ago. A comprehensive piece on radiotherapy from Roger James, followed by a briefer contribution on chemotherapy and immunotherapy from David Kerr, provide a more realistic balance. David Kerr's final assertion – that '... a dialectical syncretism between scientists and clinicians beckons' left this clinician and his Apple Mac thesaurus bemused rather than beckoned. The Shorter Oxford indicated that syncretism is 'an attempted reconciliation of diverse or opposite tenets'. Perhaps, Professor.

This enjoyable and densely packed book ends with useful chapters on the old chestnut of follow up and the slightly newer one of aggressive management of liver metastases from Lars Pahlman and Glenn Steele respectively. This book is not cheap at £49.50, but I advise the investment nevertheless.

JOHN NORTHOVER

CT sonography of the acute abdomen. 2nd ed. By R Brooke Jeffrey, Philip W Ralls, with contributing author Faye C Laing. (Pp 377; illustrated; £103.50.) Philadelphia: Lippincott-Raven, 1995. ISBN 0-7817-0287-9.

This is an excellent text book covering a wide range of conditions, which a large hospital would expect to see in patients that present with an acute abdomen disorder. It is well laid out along fairly predictable lines with chapters on the liver, biliary system, spleen, pancreas, kidney/adrenal, gastrointestinal tract, pelvis, and retroperitoneum. At the start there is philosophical overview about the investigation of the acute abdomen and an explanation of the techniques used.

Perhaps the illustrations are the most impressive feature. Certainly one could glean quite a lot about the contents just by going through them all. For reasons of economy the excellent colour Doppler images are kept separate in a centrefold of all the colour prints. This causes minor difficulties when the colour image is not at hand at the relevant point in the text. Just occasionally the legend is not quite appropriate (viz 5.71, 6.9, 7.53) and a few of the cases are repeated in different chapters, but on the whole the standard of editing is very high.

The text is well referenced throughout with a reasonable mix of the original CT/US references of the early 1980s as well as the modern

literature that followed the introduction of modern equipment. Inevitably most of the references come from the USA but some key European ones are included. Similarly, the contents illustrate some of the differences in practice between various countries. For example, here there is a greater emphasis on investigating appendicitis than is practised in many European centres. Of course this is an area where Brooke Jeffrey has immense personal expertise and makes very good reading. Every now and then I was surprised that certain topics such as typhilitis were given pretty short shrift.

Most of the major areas were covered very well. In particular, pancreatitis and its complications were beautifully explained. The book will prove a great help to all radiologists who are faced with complex and unfamiliar abdominal emergencies. It will make a useful benchbook in radiology departments. Whether it will be as attractive to the average gastrointestinal physician or surgeon is less clear – they might care to flick through the pages while in the library. Compared with other books of similar size and quality it constitutes reasonable value for money.

ADRIAN K DIXON

NOTES

Sir Francis Avery Jones BSG Research Award 1997

Applications are invited by the Education Committee of the British Society of

Gastroenterology who will recommend to Council the recipient of the 1997 Diamond Jubilee Award. Applications (**twenty copies**) should include:

(1) A manuscript (2 A4 pages *only*) describing the work conducted.

(2) A bibliography of relevant personal publications.

(3) An outline of the proposed content of the lecture, including title.

(4) A written statement confirming that all or a substantial part of the work has been personally conducted in the UK or Eire.

Entrants must be 40 years or less on 31 December 1997 but need not be a member of the BSG. The recipient will be required to deliver a 40 minute lecture at the Diamond Jubilee meeting of the Society in March 1997. Applications (**twenty copies**) should be made to the Honorary Secretary, BSG, 3 St Andrews Place, London NW1 4LB, by 1 December 1996.

Gastrointestinal Function

The 45th Harden Conference on Gastrointestinal Function in Health and Disease will be held on 8–13 September 1996 at Wye College, Ashford, Kent. Further information from: Kelly Alderton, The Meetings Office, Biochemical Society, 59 Portland Place, London W1N 3AJ, email meetings@biochemsoc.org.uk. Tel: 0171-580 5530; fax: 0171-637 7626.

Liver diseases

The 2nd Annual Live Video ERCP and Liver Diseases Course will be held on 3–4

October 1996 in Chicago, USA. Further information from Karen Licke, course director, The University of Illinois at Chicago, College of Medicine, Section of Digestive and Liver Diseases (M/C 787), Department of Medicine, 840 South Wood Street, Room 722E, Chicago, Illinois 60612-7323, USA. Tel: (312) 996-0012; fax: (312) 996-5103.

Therapeutic endoscopy

The 11th International Workshop on Therapeutic Endoscopy will be held on 3–5 December 1996, in Hong Kong. Further information from: Professor Sydney Chung, Endoscopy Centre, The Chinese University of Hong Kong, Prince of Wales Hospital, Shatin, NT, Hong Kong. Tel: (852) 2632 2233; fax: (852) 2635 0075.

European Postgraduate Gastro-Surgical School

The EPGS are holding three congresses in 1996/7. **H pylori – A Comprehensive State of the Art** will be held on 26–27 September 1996. **Update on Hepatology** will be held on 20–21 January 1997. **Acute and Chronic Pancreatitis** will be held on 13–14 February 1997. All congresses will take place in Amsterdam, the Netherlands. Further information from: Helma Stockmann, managing director European Postgraduate Gastro-Surgical School, G-4-zuid, Academic Medical Centre, Meibergdreef 9, 1105 AZ Amsterdam, the Netherlands. Tel: (31) 20 5663926; fax: (31) 20 6914858.