test for exocrine pancreatic insufficiency, percutaneous endoscopic gastrostomy placement, Grüntzig balloon dilatation of strictures, and the placement of nasobiliary catheters) have been added, reflecting the rapid growth of the specialty.

A risk of a text such as this is that the naive might consider it a suitable "cookbook" for learning to do procedures that can only be taught by formal instruction. While few would be likely to attempt endoscopic retrograde cholangiography in such a manner, some might be tempted to try other techniques, such as colonscopy, without adequate instruction. In the preface, the editor warns against this, and each author has been careful to indicate procedures that require formal training.

Techniques, of course, can vary from one GI unit to another. For example, esophageal dilatation (by any of the four methods discussed) is avoided by the authors for ten to 14 days following any biopsy of the esophagus to reduce the risk of perforation. At the Cleveland Clinic, we do not follow this protocol, and have found no apparent risk to the patient. It would be difficult to prove that one approach is better than another. Perhaps more significantly, it is recommended that fluoroscopic equipment be available for all methods of esophageal dilatation. This is expensive. The Cleveland Clinic has a dedicated GI fluoroscopy unit, but we almost never use it for dilatation by bougies or over a wire.

The chapter dealing with small bowel mucosal biopsy seems a little old fashioned and may be modified in future editions. The book faithfully describes the use of perorally passed suction tubes guided by fluoroscopy to obtain tissue for examination of mucosal disease such as nontropical sprue. However, there are now several reports indicating that tissue of comparable quality can be obtained faster, without x-ray exposure, and with greater patient comfort by proper orientation of endoscopically obtained biopsy specimens. This is an example of how rapidly the field of gastroenterology is evolving.

A short reference list is supplied with each chapter and is generally up to date.

Manual of Gastroenterologic Procedures will be valuable for all trainees in gastroenterology, as well as their mentors. Intensive care units (medical and surgical) might benefit from it. Most groups of practicing gastroenterologists will want one for office or lab. There are enough relevant chapters that the general internist and the internal medicine resident may be tempted to obtain a copy as well.

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COMPREHENSIVE GYNECOLOGY

by William Droegemueller, Arthur L. Herbst, Daniel R. Mishell, Jr., and Morton A. Stenchever
C. V. Mosby

Four distinguished chairmen of departments of obstetrics and gynecology have written an up-to-date 40-chapter textbook primarily for residents in gynecology. The volume facilitates comprehensive understanding of gynecologic pathophysiology and provides current insights into the psychosocial aspects of gynecologic practice, which the clinical practitioner will find helpful.

The book is divided into five parts. The first is basic science dealing with embryology, genetics, anatomy, and reproductive endocrinology. The second part includes four chapters that discuss topics such as counseling and significant symptoms and signs in different age groups. Current information relating to infections make up two chapters in the third section, written predominantly by Droegemueller and Stenchever. In fourth and fifth parts, Herbst discusses gynecologic oncology and Mishell writes about reproductive endocrinology and infertility.

A unique feature of this book is the list of key terms and definitions at the beginning of each chapter, allowing readers to rapidly become familiar with the subject. Each chapter concludes with a synopsis of important facts. Also, each chapter is written by one author and then critically reviewed and revised by the other three; thus, the reader is given a comprehensive overview from established teachers with diversified backgrounds and interests.

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