□**Book Review**

By Hikoo Shirakabe et al.

Atlas of X-Ray Diagnosis of Early Gastric Cancer

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The latest publication in a long line of comparisons between radiological and endoscopic examinations is *Atlas of X-ray Diagnosis of Early Gastric Cancer*. Like authors before them, Dr. Shirakabe and his group state that "the small lesion is the more difficult to demonstrate on a film." "...in this regard rigorous cooperation between endoscopy and radiology is strongly recommended for early gastric cancer detection." How true.

The Japanese have made tremendous strides in improving endoscopic instruments. Their instruments are introduced into the stomach easily and "blind spots," responsible for not seeing lesions in the early days of endoscopy, are greatly reduced. Not only are ulcers and neoplasms easily seen but they are photographed quickly.

Dr. Shirakabe and his colleagues analyze 84 lesions. "Among all lesions experienced in our clinic, 54 lesions of them in 44 patients are presented... and 16 more cases other than early gastric cancer are added for differential diagnosis." From each patient radiological patterns of a barium-filled stomach, of a compressed stomach, and of a double contrast view are correlated with gross and microscopic data and often with a view recorded by the gastric camera.

Lesions measuring 20 to 30 mm in diam are easy to demonstrate. Lesions less than 20 mm in diam are difficult to see. To the careful examiner this has long been obvious. The authors, aware of this situation, direct their efforts toward detecting and demonstrating lesions less than 20 mm in diam. It is in these very small lesions, often suspected but not proved at radiological examination, that the gastric camera and endoscopy assist. The authors state that some lesions which escape their attention at the routine radiological examination are found after endoscopy at a second radiological examination. This is the experience of other radiologists working with an enthusiastic group of endoscopists and, as the authors imply, it improves radiological techniques and stimulates radiologists and endoscopists to work as a team.

In going over the illustrations the reviewer wonders whether the criteria for microscopic diagnosis of early gastric cancer will be questioned because the low power pictures are not always accompanied by high power, *well focused* views of the histopathology that enable one to make a cytological diagnosis of cancer. For this reason can a "cancerous lesion whose infiltration is limited to the mucosa or submucosal layer of the stomach" always be identified as cancer?

Even though the reader is not sure that all examples labeled "mucosal cancer" are cancer, the Japanese are congratulated for their efforts to find gastric cancer before it spreads to the incurable stage, through the meticulous combination of radiology, endoscopy, and biopsy.

(from Book Review of Gastroenterology Vol. 54, No. 3, p. 494) 224 p., $28.00.

Published by IGAKU SHOIN