But even if you need Bockus, and you probably do, can you afford it? American gastroenterologists have been enriched, financially if not spiritually, by the introduction of endoscopy and other procedures into office (= private) practice; these volumes cost only a fraction of the annual malpractice premium for US physicians. Even in the clinics of continental Europe, gastroenterologists can gather riches entirely consistent with (even if not beyond) the dreams of avarice. For the impoverished British practitioner, the publishers will sell the volumes individually and they have placed the entire 106-page index for the whole set at the end of each volume; doubtless this will encourage you to expand your collection as you find that the entries you are seeking in the index do not happen to be in the volume that you have purchased. Even if this work is beyond the purse of most readers of Gut, it should be in every library, but, sadly, UK libraries are as relatively hard up as their clientele.

One final thought; how true is this work to the spirit of Bockus? The editors have retained, from the third edition, the lucid but erudite chapter by Bockus himself on the topic of abdominal pain, and appended a brief update to include such concepts as the gate theory of Melzack and Wall, prostaglandins and endorphins. Reading this chapter, I could not but wonder whether the master himself might not have preferred a compendium that, if not devoted to the frontiers of knowledge, might have described them with more enthusiasm. To quote another American master; it is sometimes better to fall flat on your face than to lean over too far backwards.

DAVID WINGATE


This book is largely in the form of a monograph with a ‘guest’ chapter: acute abdominal pain in the tropics and subtropics. The book is divided into two main sections, the first on acute abdominal pain and the second on recurrent abdominal pain.

In general layout I found the book confusing, there are a multitude of short chapters and while reading it I was conscious that things were missing in some chapters only to find they were dealt with subsequently in a chapter on their own. An example would be the inadequate discussion of appendicitis in young children in chapter 5, followed by a description of acute abdominal pain in children under 3 in chapter 6. Much material is presented more than once, for example Tables 1.2 and 1.4 are re-presented in chapter 10, as Tables 10.1 and 10.2.

There is a degree of contradiction within the book itself both actual and implied. For example on page 10 under ‘history’ the author states that all patients with gastroenteritis should have a rectal examination, implying that this would be in order not to miss pelvic appendicitis, while on page 12 under the heading ‘Rectal examination’ he states that in examination of a child with acute abdominal pain rectal examination is not always necessary. In the chapter on acute abdominal pain he promotes a policy of ‘active observation’ of which the main thrust is that the patients should be re-examined two–four hourly after admission, certainly a sound policy, but hardly a novel approach. Tables 1.3 and 1.4 are given as showing the benefit of this approach with a reduction, from 27% to 9% of histologically normal appendices removed. No data are presented as to whether this change in epidemiology of patients one to two decades apart is related to the policy of active observation, nor as to whether there were a larger number of appendix abscesses in the second series, although he does state elsewhere that he does not feel there has been such an increase.

The first half of the book contains a lot of interesting anecdotes and personal views and practices. I would agree that if a child can do three standing jumps (higher each time) that he is unlikely to have a complicated appendicitis (page 31). I accept that he considers that appendix colic does exist (page 33) but while accepting the logic that the appendix may become obstructed some further evidence would need to be presented to convince me that appendix colic does in fact exist.

The second half of the book which is on recurrent abdominal pain, and I found the way that he dealt with this subject quite extraordinarily ‘physicianly’ for a surgeon, showing a great deal of insight into children and their problems. He is clearly however, still a surgeon – while discussing what he describes as unnecessary appendicectomies on page 111, he states that he would not now even consider an appendicectomy in any but the most exceptional circumstances and yet on page 117, states that it seems sensible to remove appendix if the child is admitted on a third occasion with acute non-specific abdominal pain.

I would be concerned that there is insufficient emphasis on growth measurement in spite of the fact that he regards failure to thrive as the commonest presentation of Crohn’s disease, rather than recurrent abdominal pain, as is the more common experience.

In conclusion I found this book ‘an enjoyable read’ but do not feel I could recommend it as a text book.

JOHN H TRIPP