
The editors (engineer-doctor in the pharmaceutical industry and doctor-experimental biologist in academia respectively) have brought together from 38 contributors (many well-known names), 24 interesting essays briefly grouped under origins, presentations, therapies and human investigation. Six chapters are ‘unusual’ as their subject matter is generally not covered in other books: biological rhythms (a fascinating insight into the chronobiology of ulcer disease); anti-oxidant ulcer therapy (a welcome glimpse into free-radical mucosal damage); ulcer disease, what is known and what questions remain (the latter aspect needs expanding); statistical methods in trials of anti-ulcer drug treatment (the theory seems so much simpler than practical!); meta-analysis (a growth industry); and an academic investigator’s perspective (a leading authority’s viewpoint). Three other chapters deal with the role of an investigator clinical research organisation in the development of new drugs, the industry’s perspective of human investigation and development of anti-ulcer drugs and the clinical investigation of anti-ulcer drugs in Japan. These restrict how close basic science, clinical investigation, the pharmaceutical industry, and the regulatory authorities have come together.

There are detailed up-to-date reviews on treatment with antacids, histamine H2 receptor antagonists, colloidal bismuth subcitrate, omeprazole, and prostaglandins. The remaining essays deal with pathophysiology (detailed); clinical presentation (somewhat misleading title); NSAID gastropathy (by two rheumatologists: good to see a non-gastroenterologist’s viewpoint!); haemorrhage from peptic ulcer (with particular emphasis on the role of drug therapy); endoscopic therapy of bleeding peptic ulcer (a ‘hot’ topic) and surgical treatment (concise; tightly written). All chapters have abundant references. Inevitably, there is some overlap but this does not detract.

It is hard to believe so much has happened in peptic ulcer disease in just 20 short-long years. Final verdict: a good book for beginners and old-hands alike; well done, editors and authors! (Pp 527; illustrated; £172.50.) perhaps the publishers want only well-off libraries to purchase this volume.

K D BARDHAN


Zachary Cope’s Early diagnosis of the acute abdomen now in its 18th edition, remains the definitive volume on the subject. No one in the 70 years since the first edition was published has matched (let alone exceeded) Zachary Cope’s comprehensive description of a lifetime of clinical practice and no one is better placed than William Silen to take on the daunting task of trying to revise the volume. All surgeons are familiar with Cope’s work and many can quote whole passages off by heart.

For this very reason one tends to be over critical on reading each new edition, just as one tend to judge each new interpretation of Wagner or Shakespeare by reference to its predecessors. Judged in this highly critical fashion, some stresses and strains do seem to have emerged in the new edition. Perhaps the problem is insoluble. Silen has cleverly and faithfully adopted the style and general approach of the original Cope material; and while it works very well in describing clinical experience, this approach is less appropriate when discussing modern developments such as imaging the appendix. Here, mere recitation of opinion is inappropriate, and there are some unhappy examples throughout the text where the narrative switches from sound clinical commonplace to high tech investigation and then back again.

This lends an almost ‘schizophrenic’ air to some sections of the book which is not helped by the use of the first person singular. Thus, when the author remarks ‘I suffered . . . an attack of acute gangrenous appendicitis in 1907’ it is clearly Zachary Cope talking but when in the same volume it gives the author’s personal opinion of ultrasound, computed tomography and magnetic resonance imaging, it is presumptuous Silen who remarks ‘I have encountered several situations.’

Certainly no one could have done more than William Silen to take the clinical wisdom of Zachary Cope forward into the present era of analytical and investigational medicine. As this edition stands, however, the end result is becoming just a little like da Vinci revised by Van Gogh: both men consume artists in their own right but the end result (Mona Lisa in a cornfield with crows) interesting, but not entirely satisfying.

F T DE DOMBAL


Drawing on his own vast experience, Dr Siegel has attempted a comprehensive reference work on ERCP for both trainees and experienced endoscopists. He has impeccable credentials for the task and 750 ERCPs, 500 sphincterotomies and 1000 biliary stents can’t be wrong. He is as successful with the word processor as he is with the duodenoscope.

Apart from a well balanced chapter on sphincter of Oddi dysfunction by Professor Delmont, this is a single author text with the expected advantages of uniformity of style and relative absence of duplication and contradiction. The book is divided into three sections — basic technique, diagnosis (including pathology) and therapeutic. It is comprehensive, and most important aspects of ERCP are covered. Approximately half of the 400 pages are devoted to high quality illustrations of every conceivable variant of duodenoscopy, pancreatography and endoscopy with legends providing clear explanations.

Perhaps inevitably for a single author work, it is a personal experience of ERCP and this is both the strength of the book and its weakness. Dr Siegel excels when discussing practical technique and he provides a superb account. I have only a few minor criticisms resulting from differences in UK practice. It is a pity, however, that he stops short and does not discuss minor variants or technical tricks that should be taught. When the going gets tough there is little guidance for the struggling inexperienced endoscopist. He is equally good on x ray interpretation and diagnosis, but has unusual idees about the classification of pancreatitis proposing that a ‘subclinical’ form is responsible for post ERCP pancreatitis. The results of therapeutic ERCP he cites are mainly from his own group and are sometimes compared with those obtained at other centres.

This then is an account of the practice of ERCP by one of the foremost exponents, but by the same token it falls short of being a comprehensive review. In common with most ERCP authors the book is not cheap at £200, but it is a useful and informative aid for endoscopists who carry out and enjoy therapeutic ERCP.


Two centuries ago, a meal had many courses prepared by many chefs: our Prince Regent’s dozen chefs served a dinner with 116 dishes. Today, almost every medical book is multi-authored and multidetailed. Large meals with many cooks and large books with many authors have some excellent dishes and chapters but you may end with indigestion and a muddled head.