sample provided by the Course Organizer is about as meaningful as the curate’s assessment of his egg.

On the assumption that the anticipated profit margins are the same as for books, it would be much better if the usual convention had been followed that the complete series be submitted for review. It is not customary to be expected to comment on the value or readability of a whole book on the basis of submission of one or two carefully chosen chapters.

The quality of the Multiple Choice Questions is, regrettably, only mediocre, and it is very doubtful that the authors and Course Organizer have themselves conscientiously attempted their own MCQs. The most serious criticism is that there are innumerable spelling mistakes and misprints, and it is no exaggeration to say that these occur in every second question, and if this is the case in a sample book chosen by the authors, then it bodes ill for any expectation that the quality of the whole course is better. Incidentally, there are no answers provided for the MCQs, and the questions are poor in comparison with the ‘Pastest’ multiple choice books or the MCQ book by Pankaj Joshi.

According to the promotional 15-min video cassette, all the main systems are covered, and the authors seem to be young, articulate and enthusiastic, mainly London based, clinicians. Individual doctors in the sample tape did come over well, and they certainly seemed to be attuned to the Membership style of questioning. Regrettably each sample lecture was much too brief to judge the quality of the whole. Even in the sample tape the visual presentation is technically amateurish, particularly the poor reproduction of graphs and diagrams.

It is inconceivable that any individual will wish to purchase this series, although one could visualize that some of the large postgraduate centres or teaching hospital libraries might be persuaded to buy the series, especially if prospective candidates are unable to attend Dr Davies’ London courses. The main market for the series is likely to be the increasing number of overseas centres where the M.R.C.P. Part I may now be taken, and certainly the video series would be useful for foreign graduates in terms of familiarizing them with British medical phraseology and pronunciation. The absence of answers or discussion to the MCQs is a severe limitation to their usefulness for overseas graduates.

I. J. T. Davies,
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Letter to the Editor

March 14th, 1984

Spontaneous rupture of distal oesophagus (Boerhaave’s syndrome) with unusual clinical presentation of pneumoperitoneum

Sir,

This clinical report of pneumoperitoneum following a rupture of the oesophagus is of interest. We had one case which presented similarly clinically, but at surgery no pneumoperitoneum was found.

However, the point I wish to stress is the continued incorrect use of the word ‘spontaneous’. Invariably, a detailed history-taking will uncover a cause—almost always vomiting (as recorded in this case). I use Thompson’s (Silbert, 1978; Thompson, Ern st and Fry, 1967) designation of the emetogenic syndrome for the whole spectrum of cases of oesophageal trauma following vomiting. This is a far more meaningful term and I once again make a plea that the term ‘spontaneous rupture’ be discarded from the literature.

As far as therapy is concerned, my treatment for cases presenting late is conservative, with excellent results.

Yours faithfully,

W. Silber

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References

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