

human rights, whereas these rights can be respected through an emphasis on early diagnosis and better access to treatment. Cabrera and Gostin argue that 'human rights and tobacco control are mutually reinforcing pillars' whose connection needs to be strengthened 'both in litigation and in policy development'. Yamin argues on similar lines for the linkage between women's rights and health. Other chapters examine the health rights of prisoners, the right to nutrition, issues of access to expensive medical products and technologies, health and human rights during conflicts and emergencies, and the potential role of genomics in enhancing health rights. Bochenek provides a lengthy and thoughtful analysis highlighting the ubiquity of state-sponsored torture and ill-treatment, the wide range of ill-treatment practiced in addition to torture, and the unacceptability of legislation that compels complicity in ill-treatment such as requiring involuntary sterilization or placing unacceptable restrictions on abortion. I would have welcomed some discussion on the continuing difficulties in accessing healthcare that asylum seekers often experience after fleeing from torture and other ill-treatment.

In the concluding chapter (which could and should have been much longer) Grover, Citro and Mankad focus on the needs of vulnerable and marginalised groups, on the protection of health-related freedoms (such as privacy, confidentiality and informed consent) and on the need for, and potential of, public participation in enhancing the right to health.

Lawyers and public health doctors are not always the easiest of bedfellows. This book represents a useful collaboration between their disciplines. It is at its best when examining specific and practical examples of challenges to health rights and successful initiatives to enhance those rights. ■

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The stomach: a biography

By Jeremy Hugh Baron. North Charleston, SC: CreateSpace, 2013. 358 pp.

Hugh Baron has written what must be the definitive medical and social history of the stomach, and it moves steadily from Mesopotamia to present times.

It seems that acidity has been a symptom for the past 4,000 years, but the problem is that, for much of that time, there was no precision about anatomy, physiology or pathology. The reader is taken though the abdominal symptoms recorded in ancient Greece and Rome, the Middle Ages, the Renaissance and each century from the 1600s onwards.

Baron makes liberal reference to literally hundreds of references in each chapter. In most instances, the literature describes symptoms that relate to somewhere in the abdomen. Symptoms alone can be interesting: did you know that, although Shakespeare used 29,066 words and the word 'stomach' 50 times, none of his characters had stomach ache or pain, just indigestion. However, symptoms did not define pathology for most of those 3,800 years.

Some of the first hints of pathology being related to symptoms were when dyspeptic monarchs were subject to postmortem examination or embalming, a diagnostic benefit denied those who were executed, because their cause of death was known. It seems that post-mortems only became common during the 18th century and, for the first time, there was clear definition of gastric and duodenal ulceration. Indeed, gastric ulceration always arrived ahead of duodenal ulceration (a special research interest of Baron) and, in retrospect, this might have been because of the transient epidemic of *Helicobacter pylori*.

During the late 19th century, a few lucky, or perhaps unlucky, dyspeptic patients fell into the hands of surgeons, who performed a laparotomy to get a more precise diagnosis before they died, and to perhaps treat them. During the early 20th century (I am uncertain because this seems the only omission in this encyclopaedic volume), the introduction of barium meals began to add some diagnostic precision, but the invention of flexible fiberoptic endoscopy was the big advance. I was a house officer at the Hammersmith Hospital in 1970 when a visiting endoscopist (and I am pretty certain it was Baron himself) performed a few endoscopies each Saturday morning on selected patients, who were not only sedated but also blindfolded!

Endoscopy demonstrated that symptoms were an extremely poor guide to a precise diagnosis. Gradually, epidemiological studies of dyspeptic symptoms evolved into studies of defined diseases, and these are all documented in *The Stomach*. There then followed clinical trials and the proven benefits of surgery, followed by H₂ receptor antagonists, proton pump inhibitors, *H pylori* eradication, and the avoidance of non-steroid anti-inflammatory drugs. All are documented in this volume.

Baron must be congratulated: he has written what must be the definitive work encompassing the stomach. I know that it will be appreciated by not only gastric scholars, but also those after-dinner speakers needing an unlimited supply of quotations about dyspepsia. ■

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