



Book Reviews

Current Surgical Diagnosis and Treatment. L.W. Way, editor. Appleton and Lange, Norwalk, 1988, 1,233 pp., \$34.50.

This concise surgical text is intended for students, residents, and practitioners who desire an inexpensive and up-to-date guide to modern surgical practice. Each chapter presents a condensed discussion of the subject matter together with a short list of frequently cited or current references for more in-depth reading. A generous number of well-conceived illustrations of uniform style is provided. The entire text is updated biennially and, in the current edition, 8 chapters have been extensively revised or rewritten. The book features a soft cover, a good quality of paper, and small but readable print and is available in 6 languages: Chinese, English, Polish, Portuguese, Serbo-Croatian, and Spanish.

The text is divided into 49 chapters, an appendix, and an index. Many of the 82 contributing authors are members of the faculty or were previously associated with the University of California at San Francisco (California, U.S.A.). The first 13 chapters review pre- and postoperative care, and topics of general interest such as wound healing, radiation therapy, and surgical intensive care. The remaining chapters are organized by organ system or surgical specialty. A chapter is devoted to all major surgical specialties including ophthalmology, otolaryngology, gynecology, hand surgery, oncology and cancer, chemotherapy, and organ transplantation. The chapters which have been extensively rewritten are those on nutrition, head and neck tumors, esophagus and diaphragm, portal hypertension, diseases of the arteries, urology, plastic surgery, and the section on hematologic disorders.

The editorial challenges in assembling a text such as this are to include sufficient scientific rationale and discussion on each topic while maintaining brevity, and to achieve a uniform standard of excellence in all chapters. With a few exceptions, these goals have been met. The chapters on the approach to the surgical patient (by the late J. Englebert Dunphy), legal medicine, radiation therapy, and medical problems in surgical patients—topics frequently omitted in surgical texts—provide a good introduction to these subjects. The discussions of nutrition, fluid and electrolytes, head and neck tumors, thyroid and parathyroid, breast, thorax, congenital heart disease, stomach and duodenum, biliary tract, pancreas, small and large intestine, and hand surgery are timely and especially strong.

Some of the chapters reviewing surgical specialties are essentially expanded outlines consisting of brief paragraphs on individual patient problems. The chapters on hernia and appendicitis are very brief and little information about extrarenal

organ transplantation is included. More emphasis of basic principles, and more information about physiologic monitoring and modern immunology and cell biology, where pertinent, would be welcome additions, especially for students and residents.

This book can be recommended as an excellent and concise overview of clinical surgery and as a convenient entrée to current literature. With each of the 8 revisions, this text has been significantly strengthened. Its modest price makes it feasible to purchase an update every 2 years. This intermediate-sized book fills the niche between a handbook and a major text in a most commendable fashion, and its continuing popularity is a tribute to Dr. Way and his colleagues.

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Treatment of End-Stage Coronary Artery Disease. P.J. Walter, editor. Karger, Basel, 1988, 305 pp., £85.90.

This 36th volume of the book series, "Advances in Cardiology," originates from an international symposium on the treatment of end-stage coronary artery disease held in Antwerp, Belgium in June, 1987. There are 41 presentations whose authors are principally from Europe, America, and Canada and they discuss the surgical treatment of end-stage coronary artery disease under 4 separate headings.

In the first section, 11 papers deal with the treatment of diffuse disease requiring coronary endarterectomy. Controversies regarding patient selection, operative technique, and the assessment of complete plaque removal have been clarified. The authors show that some patients considered inoperable because of the lack of a suitable target site for distal arterial anastomosis can achieve significant long-term symptomatic improvement with endarterectomy which might involve all 3 major coronary arteries combined with either saphenous vein or internal mammary artery bypass grafts. Although these results are achieved at a slightly higher risk of perioperative mortality and infarction and a higher rate of early graft occlusion, the results are clearly acceptable and afford long-term benefits comparable to those patients who do not require endarterectomy.

The second section contains 12 presentations and deals with reoperation for recurrent coronary artery disease. It is predictable that 7 of these papers come from the North American

continent where coronary artery surgery has been used for a longer period of time in a far greater number of patients. The 12 papers analyze the causative factors responsible for repeat operations, their frequency—which in some units represents 20% of the work load, and the reasons for an increased risk of perioperative mortality. Technical problems are analyzed and the means of avoiding these pitfalls are described. The benefits of using the internal mammary artery for the initial operation to reduce the incidence of subsequent reoperation is highlighted. The role of the internal mammary artery in reoperations is also defined. Of particular interest is a paper dealing with the pitfalls of reoperation in the patient with patent but diseased grafts.

Section 3 is devoted to the surgical treatment of evolving and completed myocardial infarction and contains 9 presentations. The role of thrombolytic therapy with or without percutaneous transluminal angioplasty and the time frame for urgent surgical intervention for optimal results are each discussed in detail; however, the precise indications for surgical reperfusion under these circumstances has not been convincingly defined in any of the reports.

The final section of this book relates to the role of cardiac transplantation and the management of coronary artery disease complicated by extensive myocardial damage resulting in progressive cardiac failure. Problems of donor scarcity and the consequent need to use mechanical circulatory assist devices, including the total artificial heart, as a bridge to successful transplantation are dealt with in detail. The short-term and intermediate survival results and the expected quality of life is discussed. Not all the papers confine themselves to transplantation or the consequences of coronary artery disease, and 1 paper on heart/lung transplantation is obviously included for completeness and for interest.

Most publications containing presentations of meetings tend to be quickly outdated and of limited interest. This book, however, is an exception and retains interest because of its subject—which is one of increasing importance to cardiac surgery. The book is also outstanding in that it maintains continuity and coherence by grouping papers pertaining to a specific aspect of the subject into sections and this makes detailed information on each particular aspect of coronary artery surgery readily available to the reader. The final presentation in each of these sections is a summary by one of the most distinguished participants who crystalizes the most valuable aspects of each presentation. Each of these authors is an internationally acclaimed authority on the subject. It is disappointing that only 1 presentation in the publication is from the United Kingdom and this is one of the summaries. Each of the presentations is followed by a substantial list of references and the editor has provided an excellent subject index. The book is well-presented and well-bound. It is good value and should be present in the medical library of all hospitals dealing surgically with coronary artery disease and it is recommended as a reference to all practicing cardiac surgeons and cardiologists.

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Iatrogenic Vascular Injuries. Sven-Erik Bergentz, David Bergqvist, editors. Springer-Verlag, Berlin, 1989, 195 pp., \$79.00.

Iatrogenic vascular injuries are increasing since there are more invasive diagnostic and therapeutic procedures performed. This is the first book dealing exclusively with this topic. The 14 chapters provide a complete overview of the different problems concerning vascular injuries with an extensive list of references at the end of each chapter. The introduction describes the main causes for vascular injuries, which include avoidable technical faults, insufficient knowledge of anatomy, and inappropriate operations. There are chapters on injuries from arterial puncture and catheterization, and venous puncture and angioplasty which discuss all aspects of the types of injuries, causes, incidence, symptoms, prevention, and management. While most problems are presented in thorough detail, the discussion of management after vascular injuries is not as extensive as the practicing vascular surgeon would like it to be.

Following a chapter on radiogenic injuries is a description of common and rare iatrogenic injuries as they occur in different surgical specialties such as orthopedic surgery, hip surgery, lumbar disc surgery, and general surgery. Although no clinical studies with large numbers are reported, the authors review the available literature and successfully summarize the common experience in this field and point out the crucial points in prevention and management. This book is well written and could help surgeons and radiologists avoid iatrogenic injuries or help them treat these injuries based on common experiences. This book should be in every surgeon's library.

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Operative Ultrasound of the Liver and Biliary Ducts. H. Bismuth, D. Castaing. Springer-Verlag, Berlin, 1987, 91 pp., \$39.00.

This book is divided into 4 parts: chapters 1 and 4 are brief and are devoted to the principles of ultrasound and intraoperative sonography for portal hypertension; chapter 2 occupies two-thirds of the book and describes intraoperative sonography for liver surgery; chapter 3 deals with the applications for biliary surgery. The information is presented clearly throughout all 4 chapters and the photographs are also good. The intraoperative sonograms are accompanied by schematic illustrations depicting the scanning planes. More extensive anatomical drawings both enhance the sonographic images and facilitate the use of this technique by beginners. The excellent illustrations are the high point of this book. The sonograms were obtained using linear-array, 5-MHz, real-time systems, and they demonstrate that the imaging provided by intraoperative ultrasonography is superior to the imaging provided by preoperative scanning. Higher frequency transducers are recommended for smaller

lesions, and other types of probes are proposed for exploration of the extrahepatic bile duct.

The chapter on liver surgery is excellent and contains information on exploratory techniques, anatomy, ultrasonic characteristics of liver tumors, and new hepatectomy procedures guided by ultrasound. Biopsy and other puncture techniques guided by intraoperative ultrasound are quite useful for hepatic surgeons.

The chapter on biliary surgery is brief and deals with anatomy and management of cholelithiasis and cholangiocarcinoma. The emphasis in this chapter is on comparing intraoperative ultrasonography with operative cholangiography. The authors conclude that cholangiography is superior to operative sonography for extrahepatic bile duct surveillance, and that operative sonography is superior for intrahepatic bile duct stones. This reviewer notes, however, that specialists in this field are not yet in agreement concerning the indications of operative sonography for extrahepatic bile duct exploration. Intrahepatic bile duct anatomy is a confusing topic, and the authors point out that conventional angiographic readings are incorrect. This reviewer also notes that, on pages 59 and 70, the right medial ducts are the right anterior (5, 8) segmental ducts and the right lateral ducts are the right posterior (6, 7) segmental ducts, which is contrary to this reviewer's experience.

Intraoperative ultrasonography is an indispensable operative tool used by hepatobiliary surgeons. This book is recommended for the beginner who is scanning the liver in the operating room. This book will also help general surgeons who are not familiar with ultrasound equipment, and it will assist hepatobiliary surgeons in keeping abreast of new technology.

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Surgery for Victims of War. D. Dufour, M. Owen-Smith, G.F. Stening, editors. International Committee of the Red Cross (ICRC), Geneva, 1988, 225 pp., \$19.00.

The Red Cross, as well as other humanitarian organizations, has been sending surgical teams into various parts of the world to take care of war victims. These teams, mostly made of peacetime civilian surgeons, soon realized that war surgical practice was different in many ways: unsophisticated hospital settings, mass casualty situations, long delay between injury and hospitalization, no or minimal primary care during transportation, a different pathology to deal with (such as polytrauma due to high velocity missiles, blast and crush injury, etc.), and, consequently, the need to provide a different type of surgical therapeutic response. Taking this into account, this book tries to address the following problems: mechanism of injury, first aid, triage, assessment and resuscitation, wound excision, delayed closure, infection, treatment of neglected and mismanaged wounds, wounds of limbs, chest, abdomen, urogenital tract, head and spinal cord, eye, ear, nose and throat, and burn and cold injuries.

In a military scenario, evacuations into various echelons of surgical treatment are part of the options offered to the "Trieurs." Red Cross field hospitals, on the contrary, serve both as hospitals of first contact and as a referral unit, combining primary, secondary, and basic reconstructive surgery. One chapter of this book is devoted to this latter aspect.

This book is not an update on military surgery. It is more a practical war surgery handbook, clearly presented and illustrated, focusing on classical, safe, technical procedures. Some aspects may be debatable, (excision of septic neglected wounds, for instance), but as a whole, there is no doubt that this book will fulfill its purpose in providing guidance to civilian surgeons turned war surgeons without any special preparation.

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