

Book Reviews

Critiques de livres

INTERNAL DERANGEMENT OF JOINTS. EMPHASIS ON MR IMAGING. Donald Resnick and Heung Sik Kang. 951 pp. Illust. W.B. Saunders Company, Philadelphia; Harcourt Brace & Co. Canada, Ltd., Toronto. 1997. Can\$327. ISBN 0-7216-6760-0

The authors, who are recognized experts in the field of musculoskeletal radiology and especially magnetic resonance imaging (MRI), state that the purpose of this book is to explore the expanding role of MRI in the analysis of articular abnormalities. Because they believe that there is already an abundance of information regarding MRI of the spine, this text deals only with extraspinal sites.

The book is divided into 3 main parts. The first, which is quite brief, deals with techniques and protocols of MRI and explains the basic physics of this imaging technique and the differences between the various signals utilized, e.g., T_1 , T_2 , spin, and so on. The second part deals with general aspects of joints, including traumatic, inflammatory and metabolic disorders.

The third part, approximately 85% of the text, deals with disorders of specific joints, with a chapter dedicated to each of the major articulations of the body. Chapters are all organized in a similar fashion, dealing initially with anatomy, then imaging techniques, starting with routine radiographs and other modalities but stressing MRI aspects. Finally, for each joint, specific abnormalities are considered in detail and various imaging modalities are described, although again most of the information deals with MRI.

In my opinion, one of the best features of this book is the excellent colour plates of anatomical sections paralleled by the magnetic resonance images. Each figure is labelled, and there is excellent correlation between the anatomical structure visualized directly in the colour plate and the ap-

pearance on MRI. The authors have ever-thoughtfully included a small diagram accompanying each plate that schematically shows the orientation of the specimen and image. These sections have been chosen to correlate with those positions usually used for MRI.

In summary, this text is a wonderful reference resource for those with a strong interest in the musculoskeletal system. I believe it will be a useful addition to the libraries of people who are intimately involved in the care of patients with musculoskeletal problems and should be an essential component of every appropriate departmental reference library.

David J. Zukor, MD

Chief

Department of Orthopedic Surgery
Sir Mortimer B. Davis-Jewish General
Hospital
McGill University
Montreal, Que.

© 1998 Canadian Medical Association

PEDIATRIC CARDIOPULMONARY TRANSPLANTATION. Edited by Kenneth L. Franco. 397 pp. Illust. Futura Publishing Company, Inc., Armonk, NY. 1997. US\$89. ISBN 0-87993-397-6

I was impressed with both the design and content of this text, which I believe serves as a comprehensive reference and a useful resource tool for understanding the clinically important issues surrounding transplantation. The book is timely, given the burgeoning interest in almost all aspects of pediatric thoracic transplantation, which has been stimulated by advances in immunosuppressive therapy and an improved understanding of the basic immunologic mechanisms governing rejection and allograft function. The book also clearly addresses

advances in surgical management, providing a current update in regard to the status of new surgical techniques such as pulmonary lobar transplantation and infant cardiac transplantation for the hypoplastic left heart syndrome.

Kenneth Franco, who is an associate professor at Yale University School of Medicine, is the primary author. He has succeeded in bringing together leading experts representing the several disciplines that have an interest in the area of pediatric transplantation. There are 20 chapters in the book, each of which could be read and the information absorbed within 30 to 45 minutes by readers with a moderate level of experience in transplantation. Thus, the text could be used as a reference for those interested in gaining a broad perspective of the most up-to-date issues in transplantation.

For example, chapter 1, which deals with transplantation immunology and immunosuppression, provides an excellent review of the current understanding of the mechanisms of allograft rejection and is well supported by an excellent reference list. This chapter also includes sufficient information regarding the myriad immunosuppressive drugs currently in clinical use, including a well-written description of the mechanism of action, efficacy and relevant side effects. The information is presented in an interesting manner, challenging the reader rather than simply providing an uninteresting list of current immunosuppressive agents.

I highly recommend this text for people in all surgical and medical disciplines involved in pediatric cardiopulmonary transplantation, including transplant physicians and surgeons, and nursing and other allied health care personnel with a serious interest in clinical transplantation issues. I believe the text could also serve as a ref-

erence source for parents seeking to obtain a sophisticated understanding of transplantation medicine.

John G. Coles, MD
Division of Cardiovascular Surgery
The Hospital for Sick Children
University of Toronto
Toronto, Ont.

© 1998 Canadian Medical Association

RECONSTRUCTIVE UROLOGIC SURGERY. 3rd edition. Edited by John A. Libertino. 694 pp. Illust. Mosby-Year Book, Inc., Chicago, Ill.; Harcourt Brace and Co. Canada, Ltd., Toronto, 1998. Can\$240. ISBN 0-8016-7802-1

This handsome, multiauthored book belongs on the bookshelf of public hospital libraries and in private personal collections. Any urologist who needs to review a particular technique will find the descriptions here clear and succinct.

I looked up a few controversial subjects and found the coverage fair and up-to-date. For example, with respect to the repair of a vesicovaginal fistula, the authors advise the surgeon to proceed with the repair within the first 72 hours; after that the advice is to wait 10 to 16 weeks unless the surgeon has extensive experience with the problem in which case an earlier attempt at repair can be considered. That's good advice. Furthermore, almost every technique described is clearly illustrated. In the case of vesicovaginal fistula, there are clear illustrations on how omental length can be achieved when that is a problem, how to mobilize the Martius labial fat pad and how to dissect out the gracilis muscle for interposition.

The book is simply organized, proceeding from the surgery and reconstruction of the kidney and moving on to the ureter, bladder and genitalia, with

a chapter on urinary diversion in between. A chapter on basic principles is at the end, perhaps as an afterthought.

What I found disturbing in a book entitled *Reconstructive Urologic Surgery* was what the book did and did not cover. Why was it necessary to include chapters on the embryology and anatomy of the upper and lower urinary tract or to cover percutaneous removal of renal calculi but not to mention partial cystectomy or radical prostatectomy, which certainly involves reconstruction? Why does the chapter on the repair of ureteropelvic junction obstruction not include coverage of the posterior approach?

John A. Libertino, the editor of this book, must have decided what to include and what to exclude. The result is an uneven, nonencyclopedic coverage of what is done at the Institute of Urology, Lahey Hitchcock Medical Center, Burlington, Mass., and in other centres he selected. Different contributors have taken liberties with their task. Silber, for example, has authored a chapter entitled "Microsurgery of the male genitalia for infertility." Microsurgical vasectomy reversal and microsurgical vasoepididymostomy is fair coverage in a book on reconstructive surgery, but does microsurgical epididymal sperm aspiration for intracytoplasmic injection constitute reconstructive surgery? Still, I learned that full-term pregnancies become enhanced when more embryos are produced in the in-vitro technique, and that when in-vitro fertilization with the epididymal aspirates fails, intracytoplasmic injection of sperm obtained from within the testis or the epididymis can still be quite successful.

In summary, this text is not a substitute for the 3-volume *Campbell's Urology* but what it includes is described and illustrated very well.

Yosh Taguchi, MD, PhD
Program Director

Department of Urology
McGill University
Montreal, Que.

© 1998 Canadian Medical Association

TROPICAL SURGERY. Edited by Ricardo V. Cohen, Frederico Aun and David E. Uip. 337 pp. Illust. Karger Landes Systems, Basel, Switzerland. 1997. Price not available. ISBN 3-8055-6947-X

This is a compact paperback book comprising 47 chapters written by authors with experience in the surgical treatment of tropical diseases. The chapters are relatively short and easy to read. Each one begins with an outline of its content and ends with suggested readings. Unfortunately the illustrations are of very poor quality and are difficult to interpret.

The book seems to be a compilation of independent chapters concerning a given condition without any visible link. For example, there are 5 chapters on tuberculosis, which are scattered throughout the book. Four of these chapters (chapter 2 — central nervous system, chapter 12 — urogenital, chapter 24 — peritoneal, chapter 35 — intestinal tuberculosis) are site-specific; the fifth, placed at the end of the book (chapter 45), is on general tuberculosis. It would have been more appropriate to start with the chapter on general tuberculosis then follow with the site-specific chapters.

Duplication of information is common. For example, in 4 consecutive chapters on Chagas disease the etiology is repeated in 3 of them with only minimal variations. There is also considerable variability in the quality of the chapters: the one on upper gastrointestinal bleeding in schistosomiasis is excellent, whereas the chapter on Chagasic megacolon is poor.

Of note is that the authors assume

that their readers have access to imaging equipment for computed tomography and magnetic resonance imaging for the work-up and management of the conditions they cover. This might be true in a university setting. However, surgeons working with more limited resources without such equipment will find this book of limited use.

In summary, the information provided in this text is general and limited in detail. It might be helpful as a quick reference for students and residents.

Antoine Loutfi, MD
Associate Professor of Surgery
Department of Surgery
McGill University
Montreal, Que.

© 1998 Canadian Medical Association

THE YEAR BOOK OF VASCULAR SURGERY 1997.
Edited by John M. Porter. 534 pp. Illust.
Mosby-Year Book, Inc., Chicago; Harcourt
Brace & Co. Canada, Ltd., Toronto. 1997.
Can\$125. ISBN 0-8151-6800-4

This, the latest book in the series, continues to live up to its stated purpose. Five percent of publications in the field worldwide are selected for abstracting, analysis and comment. Therefore, the choice of editor and guest commentators is extremely important and plays a significant role in the effectiveness of the text.

John Porter and his colleagues have done an excellent job in dealing with each selected article, providing a succinct summary and comments that are sometimes quite sharp and to the point.

The contents are divided into 17 chapters covering the broad spectrum of vascular surgery. The introduction is a useful guide to the latest important contributions and is the editor's personal opinion of the role they play now and in the future.

The papers dealing with the latest technologic advances and the comments on their relative worth are very helpful to the surgeon having to answer difficult questions from patients

regarding such matters.

The chapters on basic considerations, the vascular laboratory and imaging are useful, because they give surgeons succinct information on areas that are not usually covered in detail in the current vascular journals.

The latest results and innovations in conventional surgery are well covered, and the comments are also useful.

This year book is a valuable addition to the bookshelf. The articles for abstracting are well chosen and the comments made by the editor and commentators are stimulating and informative. I would recommend this book highly for vascular surgeons, residents and fellows.

F. Michael Ameli, MB ChB
Chief
Division of Vascular Surgery
The Wellesley Hospital
University of Toronto
Toronto, Ont.

© 1998 Canadian Medical Association

Notices

Avis

Continued from page 168

Trauma and Critical Care '98

The Eastern states committees on trauma of the American College of Surgeons will sponsor a trauma a critical care symposium from June 8 to 10, 1998, at the Hilton in the Walt Disney World® Resort, Lake Buena Vista, Fla. The conference will offer an in-depth program consisting of general sessions with consensus panels, lectures, breakfast and luncheon panels and sessions that address the latest in techniques, controversies and difficult case management. Emphasis will be placed on pediatric trauma. Registration fees paid before May 1, 1998, are US\$495 for physicians. After

May 1, the fee is \$US565. Advance registration is recommended. For more information contact: Ms Carol Williams, Trauma Department, American College of Surgeons, 633 North Saint Clair St., Chicago IL 60611; tel 312 202-5342, email cwilliams@fac.org

Techniques in advanced laparoscopic and gynecologic surgery

The Mayo Clinic Scottsdale is sponsoring the 11th annual course on techniques in advanced laparoscopic and gynecologic surgery to be held at the Marriott's Camelback Inn Resort, Golf Club & Spar, 5402 East Lincoln Drive, Scottsdale, Ariz. from Oct. 29 to 31, 1998. Credit is available for

AMA Category 1. The course will provide an in-depth review of laparoscopic suturing techniques and pelvic anatomy, and the following laparoscopic procedures: paravaginal defect repair, Burch procedure, suburethral sling, dissection of ureteral tunnel, sacrospinous ligament fixation with enterocele repair, sacrocolpopexy, ureterolysis, supracervical hysterectomy, LAVH, complete hysterectomy, intramural myomectomy and dissection of parametrial and uterosacral ligaments. For further information contact: Kristin Eberhard, CME Department, Mayo Clinic Scottsdale, 13400 East Shea Blvd., Scottsdale AZ 85259; tel 602 301-7447, fax 602 301-8323