
Book Reviews

Critiques de livres

CRITICAL CARE OF THE SURGICAL NEWBORN.

Edited by Don K. Makayama, Carl L. Bose, Nancy C. Chescheir and Robert D. Valley. 610 pp. Illust. Futura Publishing Company, Inc., Armonk, NY. 1997. US\$150. ISBN 0-87993-653-3

Anyone who has been challenged with the care of the critically ill surgical newborn recognizes the importance of a team approach. This text draws on the knowledge and experience of 15 authors from the University of North Carolina at Chapel Hill and illustrates the importance of the multidisciplinary approach to the care of these infants. The book's major strength lies in the extent of the field it covers, yet this is also its major weakness. It cannot do each topic full justice. However, its intended audience is not the super-specialist practising in the quaternary care centre, but the generalist, occasionally confronted with caring for these critically ill infants. In this regard it succeeds admirably.

Part I deals with the general approach to treatment and touches on prenatal diagnosis, obstetrical sonography, and various aspects of physiology, nutrition and anesthesia. What these chapters lack in depth they certainly cover in breadth. But it is surprising, especially in an era in which the trends in mechanical ventilation have been to limit ventilator-induced lung injury, that neither the chapter on extracorporeal membrane oxygenation nor that on respiratory physiology and management of respiratory disorders addresses ventilator-induced lung injury adequately. The section concludes with a practical, common-sense approach to some of the many ethical dilemmas faced by the neonatal surgical care team.

Part II, on general pediatric surgery, begins with the paradigm of critical care management of surgical

newborns — diaphragmatic hernias — and discusses this in great depth. Although I am not in the position to comment on the adequacy or depth of the description of surgical techniques, the discussions on difficulties and complications peculiar to each surgical diagnosis presented in this section can only enhance the overall care of these infants.

Parts III and IV address neurologic and urologic surgery, with comprehensive discussion not only on surgical approaches but also on the general management of infants with disorders peculiar to these systems.

Although this book is neither a true critical care text written for intensivists nor a surgical manuscript written for specialist neonatal surgeons, it is “a comprehensive guide to common and unusual presentations of surgical conditions that affect newborn infants.” *Critical Care of the Surgical Newborn* is a useful addition to the library of those who deal with the perioperative management of this challenging group of patients.

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CRUCIAL CONTROVERSIES IN SURGERY 1997. PERSPECTIVES ON 15 MAJOR CONTROVERSIAL TOPICS IN GENERAL SURGERY. Edited by Moshe Schein and Leslie Wise. 304 pp. Illust. Karger Landes Systems, Basel, Switzerland. 1997. US\$98. ISBN 3-8055-6615-8

A large body of practical surgical knowledge might be classified as “conventional wisdom”; that is, we do what our teachers did and what seems

right for the patient, often with no confirmatory scientific evidence. Even worse, too seldom do we, in an organized fashion, review and criticize our own results so that personal behavioural change can take place. Hopefully, the current trend toward evidence-based medicine and surgery will stimulate an evolution in surgical practice that will be based on science in addition to art.

Crucial Controversies in Surgery 1997 is an attempt to examine issues we constantly fight about in morbidity and mortality rounds, bringing light to controversies by assessing available knowledge in the surgical literature. Schein and Wise have assembled an international cast of surgeons who have reviewed subjects as diverse as managed care, bile duct emergencies, infected pancreatic necrosis and peritonitis. They have resurrected the type of book, first edited over 20 years ago by Varco and Delaney, that became a “surgical best seller.”

I found this book an easy and enjoyable read, and as well-written and researched as one could expect with no fewer than 65 authors. My interest was held by subjects that consistently stimulate discussion in corridors and classrooms, and which may be only partially clarified by this publication.

As in many multiauthored books, the format is inconsistent. Some authors have obviously stuck to a rigid structure as prescribed by the editors; others have presented their views in a more rambling style. However, all have addressed problems with which we are familiar and have done so with authoritative arguments and appropriate bibliographies.

A reviewer must always contemplate the target audience for any text. This edition, because of its appeal in areas frequently under discussion, is recommended to senior residents in

general surgery, consultant surgeons who wish to practise evidence-based medicine and, a few minutes before morbidity rounds, to those who want to make a quick impression on colleagues!

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ON CALL SURGERY. Gregg A. Adams and Stephen D. Bresnick. 513 pp. Illust. W.B. Saunders Company, Philadelphia; Harcourt Brace & Co. Canada, Ltd., Toronto. 1997. Can\$28.95. ISBN 0-7216-6432-6

THE MONT REID SURGICAL HANDBOOK. Fourth edition. The University of Cincinnati Residents; Editor-in-Chief: Scott M. Berry. 920 pp. Illust. Mosby-Year Book Inc., St. Louis; Harcourt Brace & Co. Canada Ltd., Toronto. 1997. Can\$50.95. ISBN 0-8151-1007-3

All students and residents now carry a small reference textbook in the pocket of their white coat. Of the many small texts now available, some are more practically oriented for the doctor on call, whereas others are succinct summaries of the current knowledge and practice of surgery.

Two such examples are *On Call Surgery*, which is one of a series of on-call notebooks covering different specialties, and *The Mont Reid Surgical Handbook*.

On Call Surgery is similar to *On Call: Principles and Protocols* (the third edition of which is written by Marshall and Ruedy as a practical guide for junior physicians on a med-

ical service) and contains many chapters covering the same topics (e.g., the management of chest pain, headache and shortness of breath). *On Call Surgery* is not a reference book or a text to be read for more information about a disease, nor does it provide information that will prepare the student for surgery planned for the following day. Instead it is designed to help clinical clerks or junior residents through some of the most common clinical problems they may encounter while on call on the hospital's surgical service. The format is directed to the management of a particular presenting clinical problem that the on-call physician may have to manage at night, according to 6 major headings. They include: the initial assessment of the patient's status and urgency of the problem, based on the phone call from the nurse; the physician's thoughts ("elevator thoughts") during travel to the patient's bedside; assessment of the patient as to whether the condition is life threatening; a quick evaluation of the patient's condition followed by a more detailed assessment according to the chart, history and physical findings. There are some brief suggestions about management, but the book primarily covers the first approach to the presenting patient and is limited in its subsequent discussions about management.

This text will be helpful to the clinical clerk or junior resident on a surgical service in providing guidance for the initial assessment, but it is not a substitute for a reference textbook in surgery.

The Mont Reid Surgical Handbook was first published in 1987 by the Department of Surgery at the University of Cincinnati College of Medicine. This edition was written by surgery residents as a compilation of the approach taken at the University of Cincinnati in their residency program.

This fourth edition, edited by the current 6 chief residents at the University of Cincinnati College of Medicine, is a pocket-sized handbook that packs information into a well-organized format. It is up to date, with new chapters on videoscopic surgery and gynecologic problems encountered by general surgeons. The book contains an initial section on perioperative care, followed by chapters on specialized protocols in surgery and detailed chapters on surgical procedures. At the end of the book is a useful formulary on currently used drugs in surgery and tables of reference data. The approach taken to clinical diseases is useful, and there are chapters that include approaches to neurosurgical, orthopedic and urologic emergencies. The compressed note format summarizes the major points, similar to those that could be extracted from any of the major surgical texts. Although the book is no substitute for wider reading (and there is little basic science), it would be useful to the general surgery resident needing an instant reference on a topic. The chapters on procedures are more detailed and advanced than those in *On Call Surgery*.

I lent these 2 books to some students. They all liked to have a pocket-sized reference handbook of practical value to carry around with them. *The Mont Reid Surgical Handbook* is written at a level that would be useful to the general surgery resident during training. *On Call Surgery* has a more limited role in being a useful, friendly guide for students or junior housestaff faced with clinical problems on the ward.

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THE YEAR BOOK OF ORTHOPAEDICS 1996.

Edited by Clement E. Sledge and Robert Poss. 572 pp. Illust. Mosby-Year Book Inc., Chicago; Harcourt Brace & Co. Canada, Ltd., Toronto. 1996. Can\$116. ISBN 0-8151-7813-1

This year book provides the reader with a thorough review of a variety of topics in orthopedics. The "editorial board" surveyed over 1000 articles and chose from 57 journals, covering most of the "hot" topics in orthopedics today. The format of the book is similar to that of previous editions, and the text meets its stated objectives well.

The text is divided into 9 chapters each covering a major area of orthopedics. For each chapter the section editor has written an introduction to give the reader an overview of the topics covered and why they would be of interest. Every article is presented in abstract form, including the relevant tables and illustrations and is followed by an editorial comment on the merit and relevance of the article. This commentary is a valuable adjunct in helping to assess the value of the article.

The topics cover a diverse array of subjects, ranging from hip dysplasias and congenital scoliosis to musculoskeletal oncology, including various treatment modalities for osteoid osteoma. Other sections include hand, arthroplasty and trauma, including the use of percutaneous iliosacral screws in pelvic trauma. Notably absent are sports medicine and arthroscopy. There are only 4 articles on knee ligament injuries and 2 on meniscal injuries. Within the shoulder section, however, are a number of articles addressing the topic of labral tears and the arthroscopic management of anterior instability.

Overall, the book's greatest value lies in helping to keep the practising surgeon up to date with the latest developments in a wide variety of fields

that may not be a part of daily practice. Also it exposes readers to important articles from journals they may not have read. A disadvantage is that some of the research presented may already be dated by the time the reader picks up this book (most of the articles were published in 1995). In general, however, this text is a useful addition to the surgeon's personal or practice library.

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ORGAN AND TISSUE DONATION FOR TRANSPLANTATION.

Edited by Jeremy R. Chapman, Mark Deierhoi and Celia Wight. 474 pp. Illust. Arnold, London, UK, and Oxford University Press, New York; Oxford University Press Canada, Toronto. 1997. Can\$164.50. ISBN 0-340-61394-7

Contained in this book is a highly credible account of the factors impacting on the supply of donor organs and tissues for transplantation. As noted in the preface and introduction, transplantation has evolved over the past 30 years from experimental to standard medical therapy for many conditions and is now limited "more by the rate at which donors consent than the rate at which transplants fail." By examining the myriad factors that determine transplantation rates, this book appeals to a wide readership, including health care professionals involved in transplantation, medical ethicists, legislators and the general public.

The editors and contributors to this text are equally represented from Australia, North America and Europe, thus supplying the wide range of views ex-

pressed in the 25 chapters. The first chapter is a well-written introduction to the various rate-limiting steps and barriers to organ donation, although some of its figures contain data only up to 1992 to 1994. The remainder of the book has been organized into 3 sections, the first of which ("Organ and tissue donation in society") analyses religious views, public attitudes and ethical aspects of organ donation, including a provocative and well-written chapter on paid organ donation by Abdallah Daar. I was surprised that Arthur Caplan, who is probably the leading medical ethicist in the field of transplantation, was not a contributor to this section. Furthermore, the editors chose to avoid several ethical aspects of transplantation in section 1, including the thorny issue of retransplantation.

The second section ("The process of organ tissue donation") reviews such issues as the pathophysiology of brain death, different types of legislation world wide that have an impact on organ donation, organ recovery from cadavers as well as living donors and an excellent chapter by a professional counsellor and certified grief therapist on the donor family experience. The chapter on organ recovery from cadaveric (heart-beating) donors was weak. Its overview of donor management was too brief and it did not mention studies on the treatment of marginal donors with thyroid hormone and corticosteroids. Moreover, the chapter on lung donation indicated that "The usual range for pulmonary donors is up to age 45," whereas we have routinely used lung donors up to age 60 in our program. Similarly, the chapter on cardiac donation noted that the presence of coronary artery disease is one of the "exclusion criteria for recovery of the donor heart," whereas we and other centres have occasionally performed coronary artery bypass grafting at the

time of transplantation in otherwise suitable donor cardiac hearts that contained limited atherosclerotic disease.

The most practical section is the third one ("Methods of increasing organ and tissue donation"). This section contains a detailed review of informed versus presumed consent legislative models, in which the author places the legislative traditions of each country in a historical perspective and comes down clearly on the side of presumed consent. This section also includes an article on the Spanish experience with organ donation, listing the steps that the national transplant organization in that country has taken to increase the number of cadaveric donors from 14 per million population in 1989 to 27 per million population in 1995, along with an increase in the "percent multi-organ donor rate" from 30% to 83% during the

same period. The remainder of this section includes articles on donor hospital education programs in the United States and Europe, a review of educational programs in secondary schools on organ donation and transplantation and an excellent chapter on publicity and marketing strategies to enhance organ donation. The book ends with a chapter on xenotransplantation by David White from Cambridge, UK, which provides a brief overview of his ongoing experiments involving pigs transgenic for human complement regulators. This chapter is limited, however, by incorrect numbering of many of the quoted references and by the citing of outdated articles, the most recent being 1995. I anticipated a more up-to-date and precise chapter on this important topic from such a distinguished scientist as Dr. White.

In summary, this very readable text provides a comprehensive review of legislative, ethical and organizational issues associated with transplantation, together with practical clinical information not included in other recent texts. Although some chapters could have been better written and could have contained more current data, I recommend this book to all those involved in the effort to increase the supply of organ and tissue donors for transplantation.

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