Book Reviews


The amount of time reserved for the study of anatomy in medical curricula has been shortened because other fields have taken precedence owing to the explosion of knowledge in those areas. There is no mistake in declaring that anatomy is the foundation for the study of clinical medicine; however, its apparent emphasis on detail is often burdensome for medical students. Recently, imaging modalities, such as ultrasonography, high-resolution computed tomography and magnetic resonance imaging have allowed us to view the human body with such accuracy and detail that a precise knowledge of anatomy has become a necessity.

With this in mind, the 5th edition of Wolf-Heidegger’s Atlas of Human Anatomy attempts to correlate what is seen in the anatomy laboratory during standard cadaver dissection with anatomical sections, standard radiographs, CT scans and MRI images. This atlas is in 2 volumes, divided into the locomotor apparatus and the viscera. There is a consistent attempt throughout the atlas to demonstrate the various ways in which the body can be viewed. For example, I found the section on the thoracic viscera extremely thorough and complete. In addition to the standard illustrations of the lungs and heart, there were whole anatomic sections of the thorax in transverse, sagittal and coronal planes correlated with the CT scans, MRI images and echocardiograms. This certainly adds clinical relevance to the subject matter. The illustrations and anatomic sections are, for the most part, in colour and of high quality. The potential drawback is that the student may be so overloaded with information that the salient features are lost. As a comparison, my atlas from medical school was published in 1982 and had far fewer illustrations and only the token radiograph inserted as a clinical correlate, but it was simple to follow.

As stated in the preface, this atlas is designed to allow the student to carry it around during the dissection course. The important issue is that any atlas is only a guide to anatomy. When I was in medical school, the anatomy professor liked to remind us that “anatomy is learned in the laboratory.” There is no substitute for individual discovery through patient dissection.

In summary, this is an extensive atlas that can serve the student and practising surgeons and physicians.

Kevin Lachapelle, M.D. Division of Cardiothoracic Surgery Royal Victoria Hospital Montreal, Que.

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This text is a clearly written, well-organized, updated version of Killey’s Fractures of the Middle Third of the Facial Skeleton and Fractures of the Mandible. As such, it does well as a primer for the medical student to junior resident level of training. It is also useful for emergency room officers and general practitioners who treat facial trauma in the community.

The text follows a logical progression from general principles to assessment and management of maxillo-mandibular and craniofacial trauma. Complications and complex injuries are dealt with last.

Description of the patterns of etiology, which have changed over the years, is both interesting and informative. For trauma specialists and medical students a review of trauma management is presented before the specific treatment of maxillofacial injury. The references are extensive, spanning over 20 years, but they are not exhaustive enough for the specialist. Inclusion of Jackson’s classification of orbitozygomatic complex fractures would have been helpful, as well as Manson’s classification of naso-orbital techniques. Greater focus on the use of CT as the current method for the diagnosis for facial fractures would have been valuable.

The tables and diagrams are clear and are used effectively to illustrate the authors’ points.

The sections on clinical diagnosis and assessment and on dental management are extremely valuable to practitioners who are not trained in the field. Unfortunately the authors’ point of view with respect to rigid internal fixation is overstated for those trained in the AO/ASIF school.

On balance, this book would be a good addition to a medical school library or as a personal reference handbook for the trainee in maxillofacial surgery.

Kenneth N. Dolynchuk, M.D., PhD Department of Surgery St. Boniface General Hospital Winnipeg, Man.

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