

PIONEERS IN SURGICAL GASTROENTEROLOGY. W. Gillison and H. Buchwald, editors. Shrewsbury, Shropshire (UK): TFM Publishing Ltd; 2007. 336 pages. US \$85. ISBN 1903378354

Surgical gastroenterology is not a discipline familiar to Canadian readers. Gastroenterology in this country generally refers to the medical branch of gastrointestinal (GI) diseases. Given the current blurring of boundaries between medical and surgical delivery of GI care (and the slight tensions arising), the title does seem a little provocative. Referring to the origin of the term “gastroenterology” I was reassured that perhaps no provocation was intended—it simply means, in one sense, the study of GI diseases without implying one, or another, branch of the discipline. The occasional nonsurgeon creeps in, but the focus is firmly on those who “use their hands” to cure.

The book focuses on pioneers in the field and does not attempt to provide a comprehensive review of surgical contributions. There is quite an array of pioneers too, with 114 profiled, some in greater depth than others. They range from Hippocrates (460–370 BC) to the contemporary Dr. Morio Kasai. Apparently there are no female pioneers in surgery; no women make the cut for inclusion. Given the importance of role models in medical students’ career choice, this seems, at the very least non-strategic. The book also has a distinctly European and North American bias. Perhaps that is how surgery has evolved, or perhaps it is only a reflection of the authors’ views.

Having been sensitized by the title and the coverage bias, the initial dip into the text provided further cause for concern. The very first chapter on the early origins of anatomy presents the following startling paragraph: “The ban on dissection of the human body . . . inhibited progress.” Fair enough, but what about the statement that, “Fortunately there were some exceptions . . . around 300 BC Herophilus of Calcedon . . . was permitted to dissect living criminals.” Hardly fortunate from the criminals’ perspective, nor would I like to run that sentiment past any ethics committee. Almost as disturbing are the stories of the

animals on whom the initial surgeries were performed.

The pioneers are grouped into the areas in which they made their greatest contribution. The chapters are topic-rather than person-oriented and, within that context, the contributions of “the greats” are outlined. There are 16 chapters in total, covering topics from early origins to each section of the gut, with additional chapters on cancer and pediatric GI surgery. There are 21 contributors in all. Although the quality varies, the reviews are generally well-written and take the reader through the evolution in thinking and practice.

The book is rich in irony; I am not sure if this is intended, and I suspect not. For example, one tale concerns the appendicitis of soon-to-be King Edward VIII. The prince apparently had a fear (for reasons that become apparent) of surgeons. Frederick Treves, who had a special interest in appendicitis, was summoned. When the future king insisted that he had to go ahead with the coronation and had to “go to the Abbey” the good Mr. Treves informed his patient “then Sir you will go as a corpse.” I can sympathize with the prince; perhaps his fear of surgeons was understandable.

The irony continues. Fowler (of position) died of appendicitis, Dr. Zollinger died of pancreatic cancer and Dr. Ellison died of diabetes. The book is rich in anecdotes. Who would have known that Johannes Brahms had his piles removed by Billroth! You might ask, who needs to know? I would argue that we all do. We are heirs to a rich heritage of genius, serendipity and blundering. It is a shame not to appreciate the rich legacy of human activity in tackling GI diseases. With stories like these, it should be possible to hold a dinner party spellbound for most of the evening. A second invitation to dinner might not be so certain, of course.

But this is unkind. The book is a fascinating read for anyone with any interest in how surgical and medical GI has arrived to where it is now. It is lavishly illustrated with photographs of the pioneers attached to the procedures and practices that they introduced. Even for people familiar with one of the topics, there is new knowledge. In the section on Crohn’s disease, for example, my understanding of the initial reports of Crohn’s has had to be revised a few hun-

dred years. Some conditions, whose treatment we take more or less for granted, such as intestinal obstruction or appendicitis, had an astonishing mortality in the early years. It is a sobering experience to see how far GI surgery has come and, given the *Helicobacter pylori* experience, how far we likely have to go.

This book should be kept well away from the house staff and reserved for attendings who can display their erudition with a quick read of the subject at hand. My only real regret is that it does not come in paperback for reading on the plane. This book is more interesting than most novels. A must for the coffee table, or at least for the office.

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CURRENT SURGICAL DIAGNOSIS & TREATMENT, 12TH EDITION. G.M. Doherty and L.W. Way, editors. New York: Lange Medical Books/McGraw-Hill; 2005. 1453 pages. CDN \$79.95. ISBN 007142315X

Given the increasing subspecialization currently occurring in surgical practice, and the apparent exponential growth of knowledge, it might seem foolish to publish a textbook that attempts to cover all aspects of surgical diagnosis and treatment. Somehow, Doherty and Way manage to collate this extensive body of knowledge into a coherent and practical summary in the 12th edition of *Current surgical diagnosis & treatment*. What is truly remarkable is that they are able to do so in paperback format!

The Lange textbook has long been a favourite of medical students and residents in need of a succinct and accurate overview of a surgical topic. This book delivers just that: it is the perfect source to review the etiology, pathophysiology, diagnosis, treatment and prognosis of a wide range of surgical problems. The text begins with an introduction to the principles of surgery, including pre- and post-operative care, wound healing and inflammation. The remaining chapters are

organized by body systems and organs. All surgical specialties are represented, although the 30- to 40-page chapters offer only superficial coverage of the topics. Changes to this edition include an update of all material and 2 new chapters: "Oncology" and "Power Sources in the Operating Room."

The biggest strength of this textbook is its simple organizational structure. Opening the book to any page will reveal many levels of headings to keep the reader focused. There is an extensive index for easy reference to any topic. Finally, there is an impressive number of tables and figures, particularly given the space limitations of the book. While practising surgeons will likely find the material not sufficiently comprehensive, students and residents will appreciate the brevity and perhaps will appreciate even more the reasonable price that the brevity allows.

The text's greatest weakness is one that plagues most reference books, particularly in surgical specialties: the paucity of evidence presented relative to the recommendations. Despite the recent advancement of evidence-based surgery and the increasing publication of high-quality surgical trials and systematic reviews, most references presented in this text are narrative review articles and case series. Thus, most of the recommendations provided are based primarily on the authors' experiences, with little evidence to support them. This textbook would have been strengthened had it included a chapter dedicated to the practice and conduct of evidence-based surgery.

In summary, the 12th edition of *Current surgical diagnosis & treatment* is marginally improved from the popular 11th edition. It remains an excellent source of

topic overviews, primarily directed at medical students and surgical residents. Hopefully, future editions of this and other classic surgical textbooks will incorporate more systematic, peer-reviewed evidence to allow surgeons to grade the strength of the recommendations.

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CURRENT CONSULT SURGERY, 1ST EDITION. G.M. Doherty, editor. New York: Lange Medical Books/McGraw-Hill; 2006. 765 pages. CDN \$79.95. ISBN 0071423133

This book is designed to be a quick reference guide when time to seek out results is limited. It has a novel approach, dividing the book into 3 separate sections: 1) diagnostic index, which groups disease topics by signs, symptoms, and patient presentations; 2) diagnosis and treatment, an alphabetically organized 2-page review of disease topics and conditions; and 3) cancer staging tables, which display American Joint Committee on Cancer (AJCC) staging information tables on topics discussed in the book.

The book is a straightforward read and covers most topics relevant to senior medical students and surgical residents. Although brief, the 2-page reviews of each topic include salient points and provide current references for more complete reading, if needed. The AJCC staging tables are a useful adjunct to help prepare for the ambulatory setting and

academic rounds. The book's content is reasonably comprehensive but not fully up-to-date, as demonstrated in the rectal carcinoma section, which has no mention of neoadjuvant chemoradiotherapy. There was significant repetition, with topics, such as carcinoid tumours, being discussed more than once, and the book lacks in operative detail, with no discussion of intraoperative controversies or decisions. A discussion of these details would help surgical residents with the challenge to collate and synthesize information and assess clinical relevance.

Regarding format, the first section comprises lists of what appear to be endless signs or symptoms, with little clinical relevance.

In summary, the text has a unique concept for providing information in a systematic and organized fashion. If it is being marketed as a textbook, it is lacking in detail and does not provide adequate discussion of intraoperative or operative detail. Its format is best suited to a handbook, where it could be used as a quick reference for some brief detail. Unfortunately, because of its large size and lack of portability, it is not functional as a quick reference handbook. In conclusion, this book is best designed for senior medical students and surgical interns. It is not an ideal text for senior residents preparing for examinations, unless it's used as an adjunct to more formal texts and readings.

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