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# Book Reviews

## Critiques de livres

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**ATLAS OF GENERAL THORACIC SURGERY.** Larry R. Kaiser. 221 pp. Illust. Mosby-Year Book, Inc., St. Louis. 1997. Can\$145. ISBN 0-8016-6380-6

This atlas of general thoracic surgical procedures, prepared by one of the authorities in the field, Dr. Larry Kaiser of the University of Pennsylvania, contains 251 magnificent hand-drawn illustrations that depict almost all of the essential thoracic procedures. The atlas is divided into 9 parts, each part being devoted to a specific category such as diagnostic procedures, therapeutic procedures, thoracic incisions and thoracic procedures pertaining to the esophagus. There are 42 chapters, each of which covers a particular surgical procedure accompanied by a brief practical description of the operation and, where applicable, discussion of potential problems and how to avoid them. Most chapters contain a short list of references.

The atlas is organized in a logical manner, the first 4 chapters being devoted to commonly performed diagnostic procedures such as cervical mediastinoscopy and anterior mediastinotomy. The technique of rigid bronchoscopy is well described and particularly useful for the operator who performs this procedure only occasionally. The following 5 chapters are devoted to therapeutic procedures such as tube thoracostomy, subxyphoid pericardial window and tracheostomy. The chapter on general techniques of videothoracoscopy details a standardized approach of the author (and also of other authorities in this field) in minimally invasive thoracic surgery. No descriptions of the few commonly performed videothoracoscopic procedures (blebectomy and pleurectomy for spontaneous pneumothorax,

wedge resection for indeterminate lung nodules) are offered since they were thought to be redundant in relation to the open procedures. The chapter on thoracic incision is complete. The chapters on pulmonary resections are appropriately detailed and contain many practical hints for avoiding problems. This part of the book provides a very useful reference for thoracic surgical trainees and junior attending surgeons before embarking on a pulmonary resection, especially for the procedures less frequently performed, such as segmentectomy. In the description of chest wall procedures there is no mention of the transcervical-thoracic approach for superior sulcus tumour as described by Darteville and associates (*J Thorac Cardiovasc Surg* 1993;105:1025-34). Transcervical thymectomy is well presented, yet the author omits to describe trans-sternal thymectomy.

The atlas is quite up to date. The author outlines lung volume reduction for emphysema as well as donor and recipient operations of pulmonary transplantation. The section on tracheal surgery is disappointingly short, describing only cervical tracheal resection and omitting other tracheal surgical procedures such as suprahyoid laryngeal release, trans-thoracic tracheal resection, hilar release procedure to allow greater mobilization of the thoracic trachea, operations for acquired tracheoesophageal fistula or tracheoinnominate artery fistula. The section on esophageal surgery emphasizes esophagogastrectomy for malignant disease and provides descriptions of only 2 procedures for benign disease — for Zenker's diverticulum and for achalasia of the esophagus. Surgical approaches for gastroesophageal reflux

such as the Nissen or Belsey fundoplication procedures are omitted.

Overall, this is a beautifully illustrated and professionally presented atlas that contains much relevant practical and technical information. I strongly recommend it for all trainees in cardiothoracic surgery and for practising surgeons performing thoracic procedures. All medical libraries should have a copy of this atlas so that students of surgery at all levels can benefit from the knowledge of an experienced thoracic surgeon.

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**ESSENTIAL PAEDIATRIC SURGERY.** Spencer W. Beasley, John M. Hutson and Alex W. Auld. 194 pp. Illust. Oxford University Press Inc., New York. 1966. ISBN 0-340-560177

The authors are experienced pediatric surgeons from Melbourne, Australia, who are known world wide for their publications. They wrote this book mainly for general surgeons practising in rural areas, to define which conditions such surgeons can appropriately manage and for which conditions the patient should be transferred to a tertiary centre where pediatric surgeons are available.

The text is divided into 5 parts: neonatal emergencies; abdominal procedures; inguinoscrotal and genital procedures; the head and neck;

and trauma. Each chapter covers either a specific diagnosis, such as appendicitis, or a subject, such as neonatal bowel obstruction. The chapters are well written, and the tables and illustrations complement the text extremely well. Chapters such as those on pyloric stenosis, appendicitis and inguinal hernia contain all the information required by rural general surgeons to feel comfortable in treating those conditions. There is a good discussion of differential diagnoses, tips on the physical examination, common problems with diagnosis, preoperative management and details of the operative techniques and pitfalls in management. The chapters dealing with neonatal emergencies explain how to confirm the diagnosis, when and how to transfer a patient, and give enough information on how the defect will be managed in the tertiary pediatric centre to allow the referring physician to transmit the correct information to parents. For other conditions that can be managed locally, the authors indicate which subgroup of patients need the expertise of a pediatric surgeon; for example, those with an impalpable testis or a first branchial cleft remnant.

I was pleasantly surprised to note that pediatric surgery is much the same on the other side of the globe as it is here and that residents in surgery or pediatrics are given much the same tips as Canadian residents. A good example is that rectal examination is not required in a child with a clear diagnosis of appendicitis. The book is very clinically oriented and sometimes fails to discuss the use and misuse of diagnostic tests. For example, transillumination of thyroglossal duct cysts is discussed at length, whereas nothing is mentioned about the futility of nuclear thyroid scanning and the usefulness of ultrasonography. Ultrasonography is also

ignored in the evaluation of intussusception or abdominal pain in adolescent girls. Sometimes I thought the authors omitted useful tips that could ensure safer transport or facilitate management. Some examples are the inspiratory pressure limits for newborns with congenital diaphragmatic hernia and the fact that a pneumothorax will usually occur on the contralateral side in such cases; the rate of intravenous fluids to be given to a newborn with gastroschisis; the fact that a rectal examination may completely relieve the abdominal distension of neonates with Hirschsprung disease, which may lead to a delay in diagnosis but can be used as a temporizing measure before transfer to a tertiary pediatric centre. I also thought that the section on trauma should have emphasized the usefulness of Histoacryl glue and fine resorbable sutures (6-0 plain catgut) for minor lacerations of the face and scalp in children. On the other hand, the authors managed to keep the discussion short and to the point, leaving some details to be added by the pediatric surgeon after appropriate telephone consultation.

Overall, the book is well written, clear and easy to read. It will be appreciated by general surgeons practising in nontertiary centres and residents who plan such a career. Pediatricians would also benefit from this book to better understand why, when and how many of the common procedures are done.

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**POSITIONING IN ANESTHESIA AND SURGERY.**  
 3rd edition. Edited by John T. Martin and Mark A. Warner. 345 pp. Illust. W.B. Saunders Company, Philadelphia. Harcourt Brace & Company, Toronto. 1997. Can\$109. ISBN 0-7216-6674-4

At the time I was asked to review this book, positioning was a subject that, I suspect, like many of my colleagues, excited me nearly as much as muscle relaxants. Furthermore, I assumed that positioning was a matter of common sense, and I was always happy to let operating-room nurses take the lead with their enthusiasm for padding elbows and heels. However, I am aware that the anesthetized patient cannot complain when stretched on the rack of the operating table and that the various positions that surgeons aggressively demand have the potential to harm the victim.

One of this book's functions is to educate us about the derangements in physiologic function that can occur with each operating position. For example, we learn that the Trendelenburg (shock) position is contraindicated in shock, may cause a fall in blood pressure and cardiac output, may cause pulmonary edema or myocardial ischemia, reduces organ perfusion and perfusion of elevated limbs, and should therefore only be used when absolutely needed to provide adequate surgical exposure. This book includes chapters that deal with supine, prone, lateral and lithotomy positions and describes how to establish each patient position, complications of each position and ways to avoid complications. Other chapters include positioning for new surgical procedures (e.g., lithotripsy); positioning of the head and neck and extremities; problems associated with obesity, pregnancy, pediatric and geriatric sur-

and trauma. Each chapter covers either a specific diagnosis, such as appendicitis, or a subject, such as neonatal bowel obstruction. The chapters are well written, and the tables and illustrations complement the text extremely well. Chapters such as those on pyloric stenosis, appendicitis and inguinal hernia contain all the information required by rural general surgeons to feel comfortable in treating those conditions. There is a good discussion of differential diagnoses, tips on the physical examination, common problems with diagnosis, preoperative management and details of the operative techniques and pitfalls in management. The chapters dealing with neonatal emergencies explain how to confirm the diagnosis, when and how to transfer a patient, and give enough information on how the defect will be managed in the tertiary pediatric centre to allow the referring physician to transmit the correct information to parents. For other conditions that can be managed locally, the authors indicate which subgroup of patients need the expertise of a pediatric surgeon; for example, those with an impalpable testis or a first branchial cleft remnant.

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gery; and medicolegal considerations. Also included is a comprehensive chapter on location, cause and pathophysiology of peripheral nerve injuries, the most common cause of legal liability. Information is derived from the combined experience of the authors, who include 10 full professors of anesthesiology. The editors have collated all the recent literature on the subject into a single reference text. One of the strengths of the book is the quality of its illustrations. On every second page are high-quality drawings of patients on the operating table and every conceivable position is covered. Anatomic drawings include the courses of nerves and areas of nerve injury to limbs, pelvis and shoulder.

Surgical and anesthesia residents often receive little or no formal training in patient positioning, a subject that is often overlooked. Drs. Martin and Warner are to be congratulated for producing such an interesting,

comprehensive, well-written and well-illustrated textbook.

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**MANAGEMENT OF PERIOPERATIVE COMPLICATIONS IN GYNECOLOGY.** Vicki V. Baker and Gunter Deppe. 263 pp. Illust. W.B. Saunders Company, Philadelphia. 1997. Can\$109. ISBN 0-7216-5881-4

This book covers all the complications that occur in gynecologic surgery. It is written by recognized authorities in gynecologic oncology and other appropriate disciplines. Most chapters are presented in an easily readable style. Each one reviews the pathophysiology, risk fac-

tors, diagnostic procedures and management of the different complications and provides many useful tips for those who are learning and practising gynecologic surgery. There is a wealth of helpful information on surgical technique and advice about the management of difficult surgical problems (e.g., the retroperitoneal mass).

Several texts on operative complications in gynecology have recently been published. I believe that the authors of this text have achieved their goal of helping students of gynecologic surgery "to avoid, recognise and manage perioperative complications."

This is an excellent book for both residents and practitioners in gynecology.

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