

Dr. Tomás Salerno, was an early pioneer of this technique.

The 26 chapters in this book deal with the technical and conceptual aspects of warm heart surgery. The first three chapters provide a historical perspective on myocardial protection and discuss the theoretical framework leading to the reintroduction of normothermic cardioplegia. Chapter four is an in-depth review of nuclear magnetic resonance spectroscopy and its role in the investigation of alternative cardioplegic strategies. The next 12 chapters deal with the technical aspects of delivering warm blood cardioplegia either antegrade through the aortic root or retrograde through the coronary sinus. There is some redundancy in this part of the book because each chapter begins with a concise review of myocardial protection, which is already fully discussed in the first four chapters. However, each chapter provides a detailed description of the results of warm heart surgery in a wide variety of clinical situations, ranging from redo coronary bypass surgery to mitral valve surgery, congenital heart surgery and transplantation.

Eight chapters cover the extracardiac sequelae of warm heart surgery. The apparent myocardial benefit of normothermic perfusion prompted many investigators to employ normothermic systemic perfusion. There is a concern that systemic normothermia may result in a greater frequency of postoperative neurologic complications. A prospective randomized trial conducted at Emory University in Atlanta suggested that warm heart surgery was associated with myocardial benefit but normothermic systemic perfusion produced a neurologic threat. This trial was not discussed in this book in detail, leaving the reader with a slightly bi-

ased impression of the clinical results of normothermic perfusion.

The final chapter is a summary of the role of warm heart surgery in contemporary cardiac surgery. Written by Dr. Gerald Buckberg, a recognized authority on myocardial protection, this chapter provides a balanced argument for the selective use of normothermic cardioplegia, based on a variety of clinical scenarios.

The book is generally well written and easy to read. However, the text would have been enhanced by more illustrations. There is a suitable balance between the presentation of basic science research and the clinical implementation of normothermic cardioplegia. Therefore, this book will be of value to both clinicians and basic science investigators who have an interest in the results of warm heart surgery.

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**TOTAL BURN CARE.** Edited by D.N. Herndon. 597 pp. Illust. W.B. Saunders Company Ltd., London, UK; W.B. Saunders Canada, Toronto. 1996. \$163. ISBN 0-7020-1827-9

This text is a comprehensive assemblage of 60 chapters from 82 authors. It describes in detail the management of the thermally injured patient from the prehospital and emergency room phases to the critical care unit and the operating room, and fi-

nally the rehabilitation and psychological recovery of the patient.

The contributions are from experts in burn care not only from the United States but also from Japan, Australia and Europe; thus, the book presents a worldwide perspective. Twelve of the authors are past presidents of the American Burn Association. The editor is chief of staff at the Shriners' Burn Institute in Galveston, Tex.

Consistent with modern burn care, the opening chapter deals with the teamwork for total and comprehensive management of the burn patient, a recurring theme within the text.

Important, yet often-neglected aspects of prehospital care, disaster management and epidemiology and demographics are discussed in the subsequent early chapters, before wound pathogenesis and fluid resuscitation. In a broad unbiased discussion, the current range of regimens for fluid resuscitation is simplified and clearly defined (including the author's preferred approach), making this chapter very informative for the inexperienced and specialist alike.

The strong research program of the Shriners' Burn Institute in Galveston is apparent in the well-written, practical discussion of three chapters that cover pathophysiology, diagnosis, treatment and respiratory care of inhalation injuries. Similarly, the expertise of this institution is exploited for well-written, concise chapters that discuss the metabolic response to injury, pathophysiology of the systemic inflammatory response syndrome, and modulation of the wound healing and postburn response. In these chapters are discussed the understanding of the metabolic response to burn injury, through the use of stable isotopes, and the current basis and status of hormonal and growth-factor modulation of the wound healing response.

An important discussion of renal

failure in burn patients is included. This is of great practical importance for patient management, yet has not been covered in pre-existing texts of burn care. This topic is also touched upon in a very useful section dealing with intensive-care requirements and in descriptions of critical-care complications in subsequent chapters.

The range of burn care includes burn nursing, specialized approaches to the pediatric and geriatric burn patient, a comprehensive section dealing with frostbite, electrical injuries, chemical and radiation injuries as well as exfoliative disorders. There is an authoritative discussion of alternatives to wound coverings for patients lacking donor sites for autografts, with an algorithm for decision making with respect to the indications for emerging technologies. Realistic suggestions for the use of cultured epithelial autografts are outlined, on the basis of the clinical experience to date, and there is a timely discussion of the conceptual and practical use of dermal replacements that is nicely illustrated by colour photographs.

Also in the text are a series of chapters on burn reconstruction, including the overall approach and specific anatomic areas, such as the head and neck, scalp, hand and foot. Finally, experienced practitioners are aware of the importance of rehabilitation, including the physical and psychological components, for the burn patient, all of which are discussed in chapters ranging from pain management, psychiatric disorders, abuse by burning, reintegration into society and ethical decision making for burn patients.

Overall, I agree with the assessment of the text in the foreword by Dr. Basil Pruitt, Jr., himself the author of most authoritative chapters in burn care to date, that this text is highly recommended for every medical school and burn centre library and for

all members of the team caring for burned patients.

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**PATHOLOGY FOR THE SURGEON.** Peter M. Banks and William G. Kraybill. 392 pp. Illust. W.B. Saunders Company, Philadelphia; W.B. Saunders Canada, Toronto. 1996. \$99.50. ISBN 0-7216-5288-3

This book addresses itself to diagnostic surgical pathology rather than to the basic mechanisms of disease or other laboratory disciplines. The stated purposes of the book are to assist the surgeon in the successful utilization of pathology as a resource for patient management and to improve communication among surgeons and pathologists. These are laudable aims, particularly at a time when pathology is sometimes regarded, erroneously, as a separate activity, somewhat esoteric and detached from direct patient care. Perhaps this is why, with health care re-engineering, some in authority think that pathology services can be supplied from a distance. This book emphasizes the proper place of pathology, at the centre of clinical decision making.

Organized into 21 chapters, with 40 contributors including the two editors, this book reads like a Who's Who of North American authorities in surgery and pathology. For most

chapters, a surgeon and a pathologist are joint authors.

In their introductory chapter the editors set the tone in discussing surgical problem cases whose solutions are aided by pathology. This is followed by two chapters on special techniques, including fine-needle aspiration biopsy. Next are chapters on the surgical pathology of the various organ systems, including eye, skin, breast and musculoskeletal system. In addition there are chapters on special areas, such as obstetric and gynecologic, transplantation and pediatric pathology.

The chapters are not exhaustive (or exhausting) treatises on detailed pathology but highlight the pragmatic aspects of diagnosis and the interaction between surgeon and pathologist, including the uses and abuses of the frozen section. A particularly valuable feature of each chapter is the description of pitfalls for the surgeon and the pathologist, indicating how they may be avoided.

Throughout the text there are black-and-white illustrations, mainly of histopathologic features. These will not make experts of the reader but adequately amplify the text. The numerous tables are useful and informative. The language is lucid and the book easy to read.

Does this book achieve its purposes? I believe it does.

Are there any failings of the book? Not really. There are minor annoyances, such as the liberal use of capitalized abbreviations in some chapters. I have never been convinced that the space saved by the use of abbreviations compensates for the annoyance of having to search through the text for their definitions. If authors feel compelled to use abbreviations, they should document them at the beginning of the chapter. However, this is a minor criticism of a splendid effort.