

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.

**Edward E. Tredget, MD, MSc,  
FRCSC**

Director  
Firefighters' Burn Treatment Unit  
& Skin Bank.  
Scholar  
Alberta Heritage Foundation for Medical  
Research  
University of Alberta  
Edmonton, Alta.

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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.

Who should read this book? Most certainly all trainees in surgery and in anatomic pathology. In addition, practising surgeons and pathologists would greatly benefit from the information this book contains and from its pragmatic common sense. All departmental libraries in surgery and pathology should have a copy.

**David Murray, MB ChB, FRCPath, FRCPC**

Pathologist-in-chief  
St. Michael's Hospital.  
Professor of pathology  
University of Toronto  
Toronto, Ont.

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**SURGICAL CRITICAL CARE.** John A. Weigelt and Frank R. Lewis, Jr. 453 pp. Illust. W.B. Saunders Company, Philadelphia; W.B. Saunders Canada, Toronto. 1996. \$138. ISBN 0-7216-3368-4

The intended readers of this book are surgeons interested in learning the basic principles of critical care, surgical intensivists who need brief updating but already have a broad basic knowledge, and housestaff doing an intensive care unit (ICU) rotation who need a concise, readable, up-to-date book on critical care.

The purpose of the book is to provide the reader with "a surgeon's perspective relative to critical care" issues. It is not meant to be a reference text, and it is far from comprehensive. However, what it lacks in volume and thoroughness, it more than makes up for in the excellent choice of topics, the concise readable format, the well-researched scientific treatment of many issues and the inclusion of often-neglected subjects such as statistics, severity of illness scores, pharmacokinetic alterations, endocrine

problems and decision-making strategies. The information provided is accurate, timely and extremely useful. The practical, clinical slant in many chapters is nicely balanced with the scientific rationale for their recommendations. Indeed, the science behind the information presented is married so well with the practical aspects of ICU care, that one finds oneself grasping issues with a depth of understanding not felt previously. All the major categories of disease are covered. My only criticism is that the descriptions are often too brief and concise. This may not really be a disadvantage at all given the book's intended purpose.

In summary, this excellent textbook uses a concise, readable format to cover the pertinent issues in surgical critical care. It will appeal to a wide range of junior and senior surgeons interested in this very important area of the care of surgical patients.

**Donna McRitchie, MD, MSc, FRCSC, FACS**

Assistant professor of surgery  
University of Toronto.  
Staff intensivist and general surgeon  
St. Michael's Hospital  
Toronto, Ont.

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**ATLAS OF SURGICAL TECHNIQUES.** Steven G. Economou and Tasia S. Economou. 683 pp. Illust. W.B. Saunders Company, Philadelphia; W.B. Saunders Canada, Toronto. 1996. \$253. ISBN 0-7216-1611-9

This atlas might be subtitled "a compilation of abdominal and head and neck elective procedures for the comprehensive general surgeon." It is a relatively complete, beautifully illustrated anthology of surgical techniques that provides 678 large pages

of three-dimensional drawings of the highest quality. The text is clear, simple and accompanies the diagrams themselves, a strategy that is very helpful in any anatomic text. The authors concentrate on elective operations and do not address such emergencies as perforated duodenal ulcer, bleeding ulcer, blunt and penetrating abdominal trauma, diverticulitis and arterial embolectomy. The omission of all venous surgery, including high ligation and stripping, is lamentable. These minor problems aside, this atlas is outstanding.

The artwork of Albert Teoli and colleagues focuses on three-dimensional black-and-white line drawings, which are very effective, and in some sections, such as head and neck, the technique of incorporating the surface anatomy simultaneously with the deep anatomy always retains perspective. In addition, frequent three-dimensional views in cross-section or sagittal section are extremely helpful to the young surgeon attempting to visualize in two and three dimensions at the same time. For some procedures — abdominoperineal resection, Whipple procedure, portacaval shunt, inguinal node dissection and amputations — the artwork reverts to a more anatomic, shaded technique in which the clarity and anatomic definition are lost. It is not clear why a different technique was used for these sections.

Some procedures are described with which, I believe, many surgeons would disagree: the choice of circumferential lower quadrant breast incisions for wide local excision rather than the more cosmetic radial incision; the approximation of deeper tissue in these incisions rather than leaving the breast space to fill in; the performance of a lower esophageal myotomy, which is "usually carried out if there is symptomatic reflux