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.

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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.

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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