

HANDBOOK OF BREAST SURGERY. Adrian Shervington Ball and Peter M. Arnstein. 166 pp. Illust. Arnold, London, UK; Oxford University Press Canada, Toronto. 1999. Can\$56. ISBN 0-340-74161-9

This concise, clearly written handbook is useful as an overview of surgical procedures on the breast for the general surgical trainee or as a primer for those planning to specialize in diseases of the breast. It is also a useful reference for general practitioners who wish to discuss intelligently the possibilities their patients may face when referred to a breast specialist.

Topics include preoperative preparation and investigations, and the complete spectrum of standard surgical breast procedures, from fine-needle aspiration to radical mastectomy. All the standard plastic surgery reconstructive procedures are included. Each procedure is described with its indications, required preparation, technical details and potential complications where pertinent.

Mostly the illustrations enhance the text. However, in describing some of the complex reconstructive procedures there is a paucity of diagrams, and the few that are provided are simplified to the point of not being helpful. I find the authors somewhat dogmatic on the subject of "adequate margins," and they might acknowledge that this is a controversial topic. Minor criticisms include the following: some of the technical terminology is not explained (e.g., cytology — C3, C4); the use of glass slides for cytology as recommended by the authors leads to air drying. I prefer suspending the cells in 50% alcohol; the authors use drains very liberally and perhaps excessively; log sheets are provided throughout the book, but the purpose of these is unclear and the terminology on the sheets is not explained; the authors do not do bone scanning or liver ultrasonography as part of their preoperative work-up,

which I think may lead to unnecessary axillary dissections.

In spite of these minor disagreements, I thoroughly enjoyed reading this book. Written with British literary style, the book is clear, concise, comprehensive and very easy to read. Organized in a procedure-by-procedure manner, it is convenient to pick up and put down between doing other things. It was a useful review for me, and I would expect trainees and others to find it an excellent overview or introductory text. I give it two thumbs up!

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MANAGEMENT OF ABDOMINAL HERNIAS. 2nd edition. H. Brendan Devlin and Andrew Kingsnorth, with Patrick J. O'Dwyer and Karen Bloor. 324 pp. Illust. Chapman & Hall Medical, London, UK; Oxford University Press Canada, Toronto. 1998. Can\$216. ISBN 0-412-73820-1

The hernia community has lost a prolific author and practitioner with the recent passing of Hugh "Brendan" Devlin. His first edition of this book, which appeared in 1988, displayed broad scope, clarity and an engaging style. This new edition, with coauthor Andrew Kingsnorth, has the clear prose of its predecessor and larger type for readability. The volume is bound sturdily, with an attractive red hard cover.

The book is organized logically, starting with scientific principles, followed by descriptions of clinical conditions and specific operations. It is targeted to residents and qualified general surgeons interested in abdominal wall hernias. Since most general

surgeons repair hernias, this book has broad appeal.

Herniology has exploded since 1988, with new appreciation of anatomy, perioperative care, outcome measures, economics, laparoscopy and the acceptance of prosthetic mesh. The current edition has addressed these issues. New chapters are devoted to laparoscopic groin hernia repair and outcomes of inguinal hernia repair. Coverage of logistics and economics, has increased, and the section on anatomy contains added material on the space of Bogros and views from a laparoscopic perspective. Over 300 new references have been added, for a total of 1010 citations listed alphabetically at the end of the book.

In the preface to the first edition, Devlin stated that he did not want to write an exhaustive text: this edition of *Management of Abdominal Hernias* is by no means exhaustive. The book omits or covers superficially some important areas of clinical care, such as how to manage hernias during pregnancy, hernia repair concomitant with other operations, flank incisional hernias, groin hernia repair in women, antibiotic prophylaxis, postoperative analgesia and management of multiply recurrent groin hernias. In many parts, especially those covering logistics and economics, a United Kingdom perspective makes the discussion less relevant to North American readers.

The early chapters on the history of hernia repair, anatomy and etiology are the most valuable. Explanatory line drawings complement textual descriptions of the relevant anatomy; colour photographs are not used except for the section on laparoscopic procedures. Coverage of the indications and specific techniques of hernia repair must be criticized. The advocacy of some surgical techniques and methods of repair over others is variously arbitrary, confusing or unexplained. For example, the Shouldice repair is recommended for first-time

groin recurrences on page 158, but on page 197, the use of extraperitoneal prosthetic mesh is advocated for that indication. Important methods of primary groin and incisional hernia repairs have been omitted. Descriptions of some operative techniques are confusing, such as the Cooper's ligament transition stitch. Unsupported recommendations include the advocacy of drains, even in umbilical hernia repairs, with no mention of the increased infection rates associated with their use. Although the book generally is well edited, typographic errors can be found.

Despite its limitations, this text should be in medical libraries. It is rich in useful information. Devlin has achieved his goal of writing a "neat practical book" about hernias.

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MINIMAL ACCESS THORACIC SURGERY.

Edited by Klaus Manncke and R. David Rosin. 284 pp. Illust. Chapman & Hall, London, UK; Oxford University Press Canada, Toronto. 1998. Can\$176. ISBN 0-412-81600-8

Emerging technologies will change the way we practise surgery in the not-too-distant future. Minimal access thoracic surgery is an example of how technologic advances are making an impact on the performance of thoracic operations. Current editions of thoracic surgical textbooks contain little information on this emerging technology; often, journal reports are presented to show that a minimally invasive thoracic procedure is possible, but there is little discussion as to whether the procedure should be done by this technique.

This book is a well-written synthesis of current experience with new minimally invasive techniques in cardiothoracic surgery. Enough technical detail is included for an experienced thoracic surgeon to expand his repertoire of operations. I believe that the strength of this book, in addition to the technical detail, lies in the reasoned discussion of the context in which the procedures should be done. There is an admirable display of restraint, which is sometimes lacking in journal articles demonstrating a particular surgeon's success with and enthusiasm for a particular technique.

Although this text is primarily for thoracic surgeons, it will also be of interest to those who are curious about future options for treatment in thoracic surgery. It is also useful for decision-makers and health administrators, who will find the balanced discussions of this new technology, which has budgetary implications, quite helpful.

The 18 chapters making up the book are remarkably uniform in approach and quality despite having been written by 22 contributors from 7 countries. Following introductory chapters on history, anatomy, anesthesia and instrumentation, there are chapters on surgery of the esophagus, lung, mediastinum, pleura and heart. Other chapters cover sympathectomy and vagotomy, oncology, palliation, complications and future trends. The descriptions vary from the fairly standard apical resection for pneumothorax to esophagectomy and major lung resections and even cardiac valve replacement. Each chapter is written by surgeons with extensive experience in their areas.

I found the information generally useful and helpful in evaluating the potential for adopting certain procedures. Far from being esoteric, the material covered broadens the reader's appreciation of the possible applications of these techniques, from stag-

ing to minor thoracic procedures and to more complex operations.

On the negative side, the chapter on video-assisted surgery for pneumothorax was overly complicated and confusing. Pneumothorax in young, healthy people was not differentiated clearly from that occurring in elderly emphysematous patients. The suggested thoracoscopy under local anesthesia and computed tomography for uncomplicated pneumothorax is not a common practice and in my opinion is unnecessary.

I believe this book is valuable in that it covers a fast-breaking field in which thoughtful, reflective commentary is lacking, and it should be a welcome addition to any thoracic surgeon's book collection.

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SURGERY FOR ISCHAEMIC HEART DISEASE.

Edited by Ravi Pillai and John E.C. Wright. 296 pp. Illust. Oxford University Press, Oxford, UK; Oxford University Press Canada, Toronto. 1999. Can\$201.95. ISBN 0-19-262466-0

This interesting book about the medical and surgical aspects of coronary artery ischemia has been written for trainees and certified surgeons who are searching for a "refresher course" or a "summary" of the general aspects of investigations and therapeutic agents related to coronary artery disease. The format and writing style are convenient and smooth, making reading truly manageable.

The whole spectrum of coronary artery disease is debated in this book. Among the different topics reviewed by the editors, the overview on the investigation of ischemic heart disease is particularly clear and concise. All as-