
The hearts of many previously secure teachers are sinking under the threat of new curricula and new methods of learning and teaching. Lowry’s masterful Learning Surgery should go a long way to alleviating the panic. The book is ostensibly aimed at senior undergraduates during their surgical clerkship (there is even a chapter on how to survive your surgical block as a medical student!), but could profitably be used by registrars as well.

It has been meticulously designed, exploiting all the strengths of learning theory; each chapter is ‘case-based’, designed around patient scenarios. Learning objectives are clearly listed, key concepts are printed in bold type, and the numerous summary boxes aid rapid revision or review. Algorithms for diagnosis as well as management are ubiquitous. They have been carefully designed, though perhaps not all are as clear as Dudley’s classic ‘flow-chart’ text of almost 30 years ago. The chapter headings make it clear that the focus is on clinical presentations and scenarios rather than organ systems or diseases (‘gastrointestinal bleeding’; ‘the swollen leg’, etc.), another important shift in emphasis.

It is particularly gratifying to see the extent of the commitment to evidence-based practice, since surgeons have been notorious in their resistance to evidence. Throughout, levels of evidence are listed, sources quoted, and the basis of an approach defended and supported. The editor claims (quite justifiably) that ‘… the contributors … set the standard for documenting the evidence-based practice of surgery’. In addition, the basic science and the anatomy and physiology relevant to surgical disease are clearly set out – a useful revision for any ‘spiral’ curriculum.

This is clearly a first edition, and a few slips escaped the subs. One X-ray (21.1) is upside down, and another (25.6) back to front; for an African reader, it would have been important to know of the risk of plasmodial infection after splenectomy, and not merely of OPSI; and (in the context of chronic venous insufficiency) American readers should be reminded that a ‘gator’ is quite a different beast from a ‘gaiter’. Strange (presumably trans-Atlantic) acronyms are simply obscurantist; abbreviations are the bane of bed-letters and conversation, and their abolition is not helped by their ungracious, unnecessary and repetitive use. Even Fahrenheit makes an intermittent appearance.

Nevertheless, this is a remarkable text: thorough, lucid, balanced, up to date, and founded as firmly as possible on hard scientific evidence. It will be read with profit by students as well as their teachers (if only to get ideas for MCQs or clinical scenarios), and I certainly intend to propose its addition to our Recommended Reading list (despite the inexplicable omission of rectal prolapse and faecal incontinence).

G. J. Oettle


This slim little book was published as a supplement to the journal Tropical Doctor. It is a triumph of clarity, conciseness and practical compassion that should be on every hospital’s shelf, not least as a shining example of how to write a good textbook.

Vesico-vaginal fistula (VVF) is a problem afflicting millions of women in Africa, turning them into miserable rejected outcasts. Some fistulas are complex, and will tax the most experienced of surgeons, but many of the simpler variety can be repaired with few facilities or instruments, without the need for long-distance referrals. The book is directed at these cases.

It is well illustrated, with superb photographs, although a few more line diagrams would have helped with understanding. The book is full of ‘low-tech’ tricks – for example, why buy expensive urine bags that can pull out catastrophically, if you can have a nearly fail-safe, cheap solution with ‘open drainage’ using a plastic tube attached to the catheter and draining into a basin under the bed? The descriptions of operative technique are clear and logical, and should encourage all to undertake repair of simple fistulas.

One of the gratifying aspects of the book is its references to the unsung heroes of African surgery – men and women who have dedicated their lives and skills to the relief of misery. The pioneers include Reg and Catherine Hamlin, who founded the Addis Ababa Fistula Hospital; Mamitu Gashe, the patient turned surgeon; the
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author himself, and Kees Waaldijk, whose personal series of over 13 000 repairs must be unparalleled.

This booklet is a masterpiece. The Royal Society of Medicine and Tropical Doctor are to be congratulated on its publication.

G. J. Oettle


This small hardcover book contains numerous figures to illustrate various techniques for the surgical treatment of diseases of the breast. There is a very brief historical overview of breast surgery followed by a chapter describing the physiology and anatomy of the breast and the location of primary and metastatic cancers. Chapter 3 contains photographs of various biopsy needles and diagnostic techniques. Chapter 4 illustrates the methods used in the surgical management of a few benign disorders including gynaecomastia. The authors’ choice of incisions for biopsy procedures and cancer surgery are given in chapter 5, which includes a fleeting reference to intraoperative radiation.

Chapter 6, ‘Surgery for Breast Carcinoma’, is nicely illustrated with stylised black and white drawings of the breast. Mastectomy is discussed briefly for the surgical treatment of breast cancer. The illustration of axillary dissection is disappointing. This chapter includes an account of sentinel node biopsy and venous access for chemotherapy. No references are given for statements made and in the section on internal mammary node biopsy it appears that isotope uptake is mistaken for histological positivity.

One-third of the atlas is devoted to plastic and reconstructive surgery, with glossy drawings of expanders, latissimus dorsi and TRAM flaps, nipple reconstruction, reduction and augmentation mammoplastics and ptosis correction. The diagrams are clear and simple. This section will appeal to the plastic surgery trainee although it is not sufficiently detailed for a ‘DIY’ approach.

It is difficult to know where this book is aimed. It would serve as a pictorial introduction to breast surgery for junior medical staff: for the specialist surgeon the text is limited and too frequently consists of the unsupported opinions of the authors.

Aybwn Mannell


This is one of the first volumes in the Springer Specialist Surgical Series. It covers the upper gastrointestinal tract (GIT) and spleen but not the liver, biliary tract and pancreas, which will constitute a separate textbook.

GIT surgery is increasingly being divided by super-specialisation (upper GIT, hepatico-pancreatico-biliary and colorectal). The lines between medical and surgical gastroenterology change with increasing complexity and invasiveness of endoscopic techniques. Transvical endoscopic surgery is now considered the new frontier of minimal-access surgery. Surgeons skilled in advanced laparoscopy are often acting once again as general surgeons in the abdomen.

What does this text offer? It has multiple authors, mainly from the UK. However there are contributions from the USA, Germany, Japan, Australia and Egypt. It is 396 pages long (including the index). In my opinion it does not have that much more information on upper GIT surgery than a standard text such as that by Sabiston. It is too large to carry in a pocket, so why not buy the full textbook?

I am not sure who will benefit from the text. It has some excellent chapters such as that covering extended lymphadectomy for oesophageal cancer by the Munich Group that is suitable for consultants active in the field. Other chapters are at final-year medical student and others at registrar level. Referencing is not standardised.

Each chapter starts with a statement of aims and ends with a list of questions, presumably that can be answered after reading the relevant chapter. The aims are frequently glossed over, and subsequently the aim of the text remains unclear, and this results in a book with chapters of varying quality and an uncertain audience.

Damon Bizos