affect the origins of the visceral and renal arteries, which must be reimplanted into the graft during repair of the aneurysm. Mortality from repair of thoracoabdominal aneurysms is significantly higher than that for infrarenal surgery.

Peripheral aneurysms

Popliteal aneurysms comprise 80% of all peripheral aneurysms and usually exceed 20 mm in diameter. They are associated with aortic aneurysms (40% of cases), and are frequently bilateral (50%). In contrast to abdominal aortic aneurysms, patients with popliteal aneurysms usually present with acute limb ischaemia secondary to aneurysm thrombosis or distal embolisation. A diagnosis of popliteal aneurysms is suggested by easily palpable popliteal pulses and confirmed by duplex ultrasonography.

Patients who develop acute limb ischaemia due to popliteal thrombosis or embolism have a relatively poor prognosis (15% amputation rate) because of occlusion of the run off vessels. In these cases patients should have saphenous vein bypass and ligation of the popliteal aneurysm with clearance of the crural vessels by balloon thrombectomy or thrombolysis. The indications for elective surgery for asymptomatic popliteal aneurysms are based on suggestive evidence only, with most clinicians opting for surgical treatment when the aneurysm exceeds 25 mm in diameter. Results of bypass of asymptomatic popliteal aneurysms are excellent, with five year graft patency of 80% and limb salvage of 98%.

Femoral artery aneurysms are the second commonest peripheral aneurysm. Patients present with local pressure symptoms, thrombosis, or distal embolisation. Surgical treatment of true femoral aneurysms relies on the principles of excluding the aneurysm and restoration of blood flow in the limb.

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The ABC of arterial and venous disease is edited by Richard Donnelly, professor of vascular medicine, University of Nottingham and Southern Derbyshire Acute Hospitals NHS Trust (richard.donnelly@nottingham.ac.uk) and Nick J M London, professor of surgery, University of Leicester, Leicester (sms16@leicester.ac.uk). It will be published as a book later this year.

Arteriogram of patient with popliteal artery aneurysm showing typical spiralling appearance of the superficial femoral and popliteal arteries

Key references

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A memorable anaesthetic

"Shouldn't we do something about the fire?"

Can this have happened only about 40 years ago? It would be unthinkable now, for many reasons. What makes it memorable is the aspect of saving life; we all, in our disillusioned moments, make cynical jokes about saving life, but on this occasion I may actually have saved several lives all in one go. I was a second year clinical student, doing part of my obstetric attachment in January in one of the colder parts of Britain.

Late one evening, the obstetric registrar asked me if I would like to accompany him on a flying squad call; a parturient in a remote farmhouse some 18 miles away had a retained placenta. We set off in a taxi. The driver had only a vague idea of where we were going, and needed to stop frequently at pubs to ask directions. After every stop his driving seemed to get more erratic. We eventually arrived at the house, where the farmer's wife lay unconcerned in bed, while the infant slept peacefully in a cot. An open fire burned merrily in the huge fireplace.

The GP, smart in tweed jacket and plus fours, radiated an air of confidence and competence, though he must have known there was little he could do. I don't remember seeing the farmer, but the presence of the husband in the delivery room was not then usually accepted. It was decided that the placenta should be

manually removed in the bed, under open ether anaesthesia. While preparations were being made for this, I had uneasy memories of accidents involving ether and flames in the chemistry laboratory at school.

Eventually, I plucked up courage to say, "Shouldn't we do something about the fire?" This was agreed to be sensible, and we carried out the blazing logs in buckets to a safe part of the frost bound farmyard. The ether was poured by the GP and the placenta was delivered without loss of life and farmhouse.

The journey back to the hospital seemed shorter than the outward journey; the pubs were closed by then. All had gone well, but I wonder what the Confidential Inquiry into Maternal Mortality would have said if we had all gone up in flames.

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We welcome articles of up to 600 words on topics such as *A memorable patient, A paper that changed my practice, My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to.