Mammoth surgery text

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With advertisements for new surgical textbooks continually falling like autumn leaves on one's desk it is possible, and necessary, to be selective in the choice of such books to support one's daily practice. Well chosen titles are the first step in arousing a reader's interest in the content of a book, and most give a reasonable indication of what lies between the covers. Not so the whimsical title of this work. After two weeks of intermittent reading of these volumes I have ended up wondering whether the editors thought of the title "Mastery of Surgery" before or after they had assembled the contents. I have guessed the latter, for the contents do not readily fall under any one specialty, not even general surgery, and the coverage is not wide enough to allow for the all embracing title of "Surgery."

Reviewers of large works such as this have first to assess at whom they are aimed and then to decide how adequately the editors have fulfilled their intentions. In the preface to *Mastery of Surgery* the editors indicate that they consider the atlas approach to describing surgical technique, typified by Rob and Smith's *Operative Surgery*, is inadequate because such texts simply illustrate the steps of an operation. Their book, they claim, shows the reader how to improve performance of the procedures described by emphasising refinements of technique that were developed by the individual contributors and which have been found to work well. This statement, however, of what the contributors have been asked to produce is soon followed by an acknowledgment that this has not always been achieved. The editors admit to a lack of uniformity. Some chapters describe an entire procedure in detail, while others focus on the prevention of mistakes or give a guide to the "nuances" that save time and trauma for both patient and surgeon. These statements make it clear that this work is primarily intended for the senior registrar and the established consultant rather than the trainee.

To see how adequate they have been in achieving their aims it seemed sensible to begin my assessment by turning to a subject that I know well. The increasing incidence of Crohn's disease in the Western world means that most general surgeons are faced with its management at regular intervals. I have my own very firmly held views on how to handle strictures and fistulas in small bowel Crohn's disease, and I wondered how the contributor's views would compare with mine. So to pages 884-5 in volume 2 I turned, only to find that the writer considers Crohn's disease too complex a subject to be covered in its entirety in his chapter on the small intestine. Indeed, the subject is hardly covered at all, only some 270 words being allocated to the whole subject of small bowel Crohn's disease—pretty small beer in a work of 1540 pages with some 1200 words per page.

Disappointed but not disheartened by this inadequate start, I turned to seek advice on a topic on which I feel less certain. I am never quite sure when, and how, to operate on patients with chronic acalculous parotid sialadenitis. So I was hopeful that the 128 pages of text devoted to the head and neck might contain some guidance. Unhappily, there were even fewer words devoted to this problem (200), most of which told me how to diagnose the condition. The recommended surgical treatment was an operation called "near total parotidectomy preserving the facial nerve." Perhaps this latter comment was what the preface meant by a "nuance," but I question whether senior registrars and consultants need to be told to preserve the facial nerve when undertaking a parotidectomy for benign disease. The description of parotidectomy later in the chapter is impossible for anyone to follow if not already thoroughly familiar with the technique, and there is no definition of a near total parotidectomy.

Undoubtedly there are good chapters in these two volumes, with excellent descriptions, both textual and illustrated, of surgical techniques. The number of occasions, however, on which a series

of artists' drawings illustrating surgical procedures is accompanied by a caption stating "reprinted from . . ." and then quoting another textbook or journal where the whole topic has already been covered in detail is noteworthy. One chapter seemed particularly familiar, and when I cross checked it with a chapter in another textbook of operative surgery, published this year, I found that the same author had written virtually identical contributions in the two books.

When one examines these two volumes in detail it becomes obvious that there is something fundamentally wrong with the whole concept behind them. The answer lies in the list of contents. The work begins with a section on general principles, which covers the preoperative and postoperative care of the surgical patient, an acceptable way of beginning any surgical textbook. This is followed by a major section on the head and neck, which shows some of the inconsistencies that characterise the book. Thus the chapter entitled "Operations on the Lip" deals only with the management of squamous carcinoma and does not mention surgery for harelip or the management of injuries. One may argue that the surgery of harelip is specialised plastic surgery, but it is not greatly different from the surgery for lip cancer. The following three sections all deal with the thorax. There is an extensive section on the management of oesophageal disorders, and thymectomy and the excision of primary mediastinal masses are also described. Later on in the book the technique of thoracic aortic aneurysmectomy is described, as is management of trauma to the thoracic vessels including the coronary arteries. Yet, there is no mention of surgery to the lungs, the management of injuries to the rib cage, or the surgery of coronary artery occlusion.

Surgery of the genitalia

Surgical assaults upon the female genitalia are described in detail, with everything from routine dilatation and curettage through surgical construction of an artificial vagina to caesarean section. In contrast, the surgery of the male genitalia is not considered at all apart from the management of genital injury. In the section on urinary tract surgery operations on the kidney and ureters are described, but not prostatectomy. The books finish oddly, with two chapters on hand surgery dealing with infections and peripheral nerve injuries but nothing else.

This surgical textbook fails because the editors have attempted the impossible. I suppose that if they were quizzed on what they were supposed to be covering they would reply "general surgery," but one cannot pretend that caesarean section and coronary artery surgery are the province of today's general surgeon. This attempt to cover a bit of everything has led to bizarre results, such as a whole chapter on the construction of an artificial vagina and only 270 words on small bowel Crohn's disease.

When authors set out to write textbooks of surgery they must decide exactly at whom they are aiming their work. There appear to be three broad categories of surgical textbook. Firstly, there are those for the undergraduate. These of necessity will be relatively cheap, and this nowadays means that they will not be profusely illustrated. The contents will be designed to give an outline of the subject, with the major emphasis on diagnosis and the outcome of treatment rather than on surgical technique. Secondly, there are books for the surgical trainee. These will be bigger, more comprehensive textbooks containing many more illustrations and with some emphasis on technique without necessarily going into minute detail. Finally, there are books for established surgeons. These will be designed to act as reference books, giving sufficient detail to remind the surgeon of an operative technique that he has not undertaken for some time or to help him with unusual

manifestations and the management of rare problems. If these are to be of value they must be well illustrated, often including several pictures to explain a particular point. Maingot's *Abdominal Operations* has achieved this by limiting the book to problems arising within the abdominal cavity. Rob and Smith's *Operative Surgery* approaches the problem by issuing several volumes, each devoted to a specific area. For decades it has been accepted that the description of technical surgery in sufficient detail to be of value to the established surgeon is such an enormous task that it cannot be encompassed in one or even two volumes. The famous atlases of surgical technique, such as *Chirurgische Operationslehre* edited by Bier, Braun, and Kümmel in 1923, and *Tecnica Quirurgica* by the Finochietto in 1944, both ran into several volumes. If authors do not wish to embark on producing a comprehensive series of books

then they have to accept a restriction on the topics to be covered or a restriction on detail.

These two volumes fail to satisfy because the editors have not thought carefully about whose needs they aim to meet, and the resulting mixture does not meet the requirement of any one type of surgical specialist. Editors have to accept that the day of the comprehensive textbook covering all aspects of surgery in detail in one, two, or even three, volumes has gone. I regretfully conclude that librarians and surgeons with £182 to spare should look elsewhere for a vade mecum of surgical technique.

Mastery of Surgery. Ed L M Nyhus, R J Baker. (Pp 1598; figs, indexes; £182, 2 volume set.) Little, Brown and Company. 1984.

Examining pregnancy

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One of the most influential catchphrases—both for women and for doctors—which has gained currency in recent years is the slogan: "It's a woman's right to choose." Initially, it was coined by feminists in the United States in the campaign to legalise abortion, and, as catchphrases go, it is one of the most brilliant ever devised. It communicates a complex idea with clarity and simplicity; it is easily remembered; it makes a fundamental appeal to individual liberty and to justice; it contains within it a whole philosophy. And, although there are compelling arguments against social abortion at any stage in pregnancy, "the woman's right to choose" is extremely difficult to refute. I would suppose that in most liberal democracies today the phrase has been accepted by most doctors and that its implications have spread far beyond the question of the voluntary termination of pregnancy. It has penetrated the entire relationship between doctors and patients, and overturned what feminists call the patriarchal attitudes of traditional medics who believed that they, in their wisdom, should decide what is best for the patient. Nowadays, in cancer as in pregnancy, in hip replacement surgery as in childbirth itself, the modern doctor no longer says to his patient: "This is what is best for you, my dear." The modern doctor says: "These are the choices: *you* must decide what is best for you." It is the patient's right to choose. As Ann Oakley points out in this detailed and methodical book, consumerism has come to medicine. Choice is, of course, a cornerstone of consumerism—even of monetarism. An ironic political twist to this whole question is that feminism, which sees its own roots in Marxism and utopian socialism, has won a triumph that is deeply capitalistic: consumer choice.

The feminist philosophy concerning the woman's right to control and direct her own body, her right to be considered as a sentient and sensitive human being, is what underpins Ann Oakley's study of maternity care during the nineteenth and twentieth centuries. There is a consistent note of resentment towards men doctors and what they have done to "capture" women's reproductive systems as mere pathology to be "managed." In the past, and sometimes even in our own time, women have too seldom been consulted as to their desires, feelings, and inclinations. Even by 1965, the author writes, "the focus of attention of both the obstetrician and the nurse is on the captive womb and its mechanical appendages. The physical comfort or attitudes of pregnant women themselves are rarely referred to in the literature describing the development of induction technologies." In one study 81% of surveyed mothers wanted to be able to exercise choice about the medical management of their pregnancies and labours. Yet, too much of the literature has focused on what the obstetricians have wanted: it is they who have been consulted as to the general satisfaction of induction. Some weight is given to the possible psychological

motives of male gynaecologists, obstetricians, and fetologists. Are these men trying to compensate for a bad experience in their own childhood? Are they practising "womb-envy"? Above all, are they not just playing the old male trick of seeking to control women? In several Nordic languages—Finnish, Danish, Norwegian, Swedish—and Dutch the term for antenatal care employs the word "control," and this the author considers important. She interprets it as control by doctors and the state.

"Patriarchal" attitudes

There is, I think, some basis for this charge (and linguistic scholars would agree that using the word "control" in antenatal care is important). Many women would also have some personal experience of these "patriarchal" attitudes in the recent past. When I was pregnant with my eldest child in the summer of 1974 a *placenta praevia* was suspected after a slight bleed. The medical care taken—at London's Royal Free Hospital—was most impressive, and no expense was spared to bring me through the last eight weeks of pregnancy and the delivery of a healthy son. But the social attitudes could be patronising, "Don't worry, dear, we have it all under control." "Just relax, love, and concentrate on being a Mum—we will worry about the rest." This professionalism is understandable. It is in the nature of things—human nature, I mean—that doctors do not especially like smart-aleck patients. God forbid a patient should use a Latin term to describe her complaint. "Quite the little lady doctor, aren't we?" one consultant retorted to a woman of my acquaintance who made so bold.

And in reading earlier medical books or essays it is striking that the patient's desires—in such a personal matter as pregnancy—are scarcely mentioned. There was, it will be remembered, much discussion in the 1920s as to whether a mother with tuberculosis should be aborted or not. The Germans and Swiss tended to the view that the life of the mother would be prolonged if a pregnancy was terminated in these circumstances. The French, and certainly Catholic doctors in Britain, countered that the benefit to the woman was not worth the sacrifice of the child since the woman's life in advanced cases of tuberculosis was only marginally prolonged; they argued that the priority was to remove the baby, once born, from the infected atmosphere around the mother. What the mother herself wanted was simply not considered. Things have changed in this respect. Tuberculosis is of course no longer an indication for medical abortion, but its modern analogue, cancer, may be. Yet here gynaecologists today are much more likely to consider the woman's wishes and are more inclined to respect her ability to judge for herself and to balance the risks. The woman's right to choose, triumphant. Nevertheless, Ann Oakley concludes