average vascular specialist in a life-time of practice. The text has, however, not limited itself to these but also discusses some disorders like mesenteric ischaemia, popliteal aneurysm and false aneurysms. Although regularly encountered in contemporary practice, these disorders perhaps suffer from a paucity of reliable data required to endorse best forms of management. It highlights the diversity in conditions treated and hence the difficulty often inherent in attempts to compare treatment outcomes for some of the rare conditions. This point is of obvious relevance in any freely available publication of surgical outcomes.

The value of the book is enhanced by the recognised expertise of the contributors to some of the chapters, for example, those dealing with thoracic outlet syndrome and mid-aortic syndrome. The chapter on anatomical variations relevant to vascular surgery is also highly recommended. The text is comprehensive in its selection and coverage of rare disorders even though, by definition, that might be a contradiction.

Although there is some diversity of style reflecting the numerous contributing authors, the basic structure of presentation is consistent throughout. Where appropriate, the history of the condition, clinical presentation and diagnostic work-up have been clearly presented in a readable format. Available literature including case series has been reviewed for most of the diseases. Suggestions on management have been supported by published evidence and, in most cases, by the principal author's personal experience. Each chapter ends with a summary of relevant key points. The text is richly illustrated with excellent clinical photographs and radiological images. Between chapters, illustrative short case reports have been included; these case vignettes are very instructive for the practising clinician.

In the next edition of this book, consideration should perhaps be given to putting together all illustrations in an accompanying CD-ROM. This is, nevertheless, a very well-written, practical textbook that should be owned by every practising vascular surgeon.

First Steps in Vesico-Vaginal Fistula Repair

BRIAN HANCOCK

EXTENT P/H	63 p, paperback
PRICE/ISBN	£19.95 1853156116
PUBLISHER	RSM (London), 2005
REVIEWER	Gordon Williams
STAR RATING	****

I first came across this outstanding book during a recent working visit to the Fistula Hospital in Addis Ababa in Ethiopia. The endorsement of this book by the surgeons at the Fistula Hospital and their purchase of 500 copies to give to doctors coming to the hospital to learn fistula surgery (and to take with them when they travel to other countries to teach the topic) is a far better commendation than I could give in this review.

Brian Hancock, a colorectal surgeon in Manchester, has spent a large part of his life working and teaching ways of repairing these devastating injuries in the non-industrialised world. This book is a true reflection of what he has achieved. The photographs and line drawings are clear and fully complement the text. However, it is not just closing the hole; women with fistulae invariably have numerous other problems (social, psychological and physical), all of which need attention. Stress urinary incontinence is an almost invariable sequence in those with severe fistulae associated with scarring. The recognition in this book of the recently described operation by Andrew Browning, using the divided ischiocavernosus muscle or a sling of fibrous tissue from the lateral pelvic wall, is a major advance and needs to be utilised and validated more widely.

Though urine bags are expensive in non-industrialised countries, efforts need to be made to have them more widely introduced. One cannot continue to condone an open system of urine drainage and increased requirement for powerful antibiotics. What about female catheters and leg bags? In the next edition, hopefully, we will hear about the use of urethral plugs and whether or not to blow up the balloon of the catheter post-repair.

I hope that reading this book will stimulate surgeons young and old to use their surgical skills and spend time in the non-industrialised world treating these young women. It is most unlikely in the near future that these injuries will be prevented.