reference book for anatomists and medical students. I would also strongly recommend it to those studying for the MRCS and the intercollegiate FRCS, as the ability to interpret images is an important part of the viva component of the examination. It will be consulted frequently by anyone who wishes to enhance his or her appreciation of cross-sectional anatomy. It is a veritable gem.

Handbook of Venous Disorders, 3rd edn

HAROLD ELLIS, BARI M LOGAN, ADRIAN K DIXON

EXTENT P/H 744 pages, Hardback
PRICE/ISBN £ 120.00, 9780340938805
PUBLISHER Hodder Arnold (London), 2009
REVIEWER Linda de Cossart
STAR RATING *****

The third edition of the *Handbook of Venous Disorders* is an essential resource for all who have an interest in venous disease. The first edition in this series was published in 1996 and was the first of its kind for venous disorders. The commitment of the editors of this third edition to continue to collate the evidence base for such diseases and their treatment is to be commended. The book is elegantly printed and its A4 size lends itself well to good production of charts, pictures and scans.

The book is in seven sections, each edited by an expert who has drawn together a series of chapters written by a multidisciplinary range of authors. The sections cover the basic considerations of venous disorders: diagnostic evaluations and venous imaging studies, management of acute thrombosis, management of chronic venous disorders, special venous problems, lymphoedema and issues in venous disease. The first section should be mandatory reading for all medical students.

All of the chapters featured in previous editions have been updated and there are 12 new ones. An excellent new feature is the final chapter, headed 'Summary of Guidelines of the American Venous Forum'. Here, the authors, all past presidents of the forum, have collated and critiqued published papers on venous disease and its treatment and created from their review a guide of 'recommended' or 'suggested' treatments, each backed by the level of evidence currently available to support them. I have found myself dipping into this on a regular basis and, while I recognise that these guides are not set in tablets of stone, they are the most up-to-date currently in press. It is now hard to imagine practice without this resource in the office.

In the last 20 years, the advance in understanding of venous disease has developed in depth and breadth. The many unanswered questions about aetiology and treatment of venous disease will continue to challenge the multidisciplinary team for

some time to come. The subject is a rich research area for 21st-century surgeons and physicians and the final section in this book offers a chapter highlighting some of these challenges. This timely edition brings together, therefore, the current knowledge and provides a perfect resource for those embarking on research as well as for clinicians in everyday practice around the world. I cannot recommend this text too highly.

War Surgery, vol 1

C GIANNOU, M BALDAN

EXTENT P/H 353 pages, Paperback and CD
PRICE/ISBN CHF 35.00, ref 0973/002 (no ISBN)
PUBLISHER International Committee of the Red Cross (Geneva), 2009
REVIEWER David Rew
STAR RATING *****

Since 1988, the ICRC has sought to capture the experience of surgeons working in war zones in the evolving textbook, *Surgery for victims of war*, to which a number of eminent British surgeons, including Mike Owen-Smith, Robin Gray and Robin Coupland, have contributed. This book is the latest incarnation of the multi-author series.

War Surgery drags surgeons from the mindset of unlimited resources in a modern civilian hospital to a dark place where operations are done by candle and torchlight, under canvas and moonlight, and where those casualties lucky enough to find a trained doctor may arrive after journeys of unimaginable torment. This book is an interesting hybrid, which is best understood as a manual for surgeons entering the ICRC or non-governmental organisation environment, needing to cross the boundary from the modern to a more primitive and disturbing world. In this world, treatment priorities are determined as much by the venom with which you are threatened by the Kalashnikov-armed, testosterone, adrenalin and ganja-fuelled child soldier as by high moral principles and where survival is a matter of negotiation. However, the lessons and principles described find much more general application and there are circumstances in which any surgeon or trauma team may need to apply them.

In 18 chapters, the book describes the special characteristics of healthcare provision in times of conflict. It provides a wealth of detail on humanitarian law; on mechanisms and epidemiology of conflict wounding; on the Red Cross wound score and wound classification systems; on the working of the casualty evacuation chain from the point of wounding; on hospital triage of mass casualties; on first aid and on ATLS® and emergency room care. It discusses the principles of the management of neglected, mismanaged and infected wounds; of retained bullets and fragments; of burn and cold injuries; and the principles of anaesthesia and

analgesia for such cases. These chapters are richly illustrated with photographs and clear diagrams.

There is a chapter on modern understanding of the pathophysiology of trauma and the need to address hypoxia, hypothermia, hypoperfusion and hypocoagulability. Any modern surgeon, who is serious about his or her craft and about dealing with the unwanted and unexpected, would do well to learn the lessons and wisdom encompassed in this latest rewriting of an excellent textbook.

Trauma Rules 2 Incorporating Military Trauma Rules

TIM HODGETTS, LEE TURNER

EXTENT P/H	145 pages, Paperback
PRICE/ISBN	£19.99, 0727916491
PUBLISHER	Oxford (Blackwell), 2006
REVIEWER	Jim Ryan
STAR RATING	****

This short, but important, text provides a succinct and systematic approach to management of the seriously injured patient. It takes a novel approach, as stated in the first edition published in 1997. In the preface, the editors write: 'Learning should be fun, and this book is designed to be fun to read'. The editors have most certainly succeeded in this ambition.

The text is unusual in layout and style. The editors and authors make use of short and imperative sentences, perhaps exposing the military background of the principal authors! The editors and authors are highly experienced and are accepted experts in their field. This gives the work an authoritative edge. The 70 rules are presented in an engaging and easily readable style. An evidence base is presented for each rule, where such evidence exists. The new edition includes rules for managing military trauma – so appropriate in the current world climate. For example, rules 2 and 3 describe the unique pathophysiology and austerity associated with military injury and will better inform civilian colleagues managing terrorist injury at home or when they deploy with humanitarian aid agencies to conflict environments.

The work is divided into sections laid out chronologically, covering the period before patient arrival, the general approach to the trauma patient, initial assessment and resuscitation, and concluding with rules covering investigation and definitive care. A common approach for each rule is used and each rule is numbered. The reason for the rule is succinctly described; there follows a list of exceptions, if any exist. Diagrams, tables and clinical photographs are used to reinforce rules where appropriate. The work is short and easy to read. The entire work could be read in full

at one sitting but can be delved into piecemeal on a case-by-case basis.

A very small bit of nitpicking: rule 54 states 'a tension pneumothorax cannot be diagnosed on a chest X-ray'. Perhaps that should read 'a tension pneumothorax should not be diagnosed on a chest X-ray – the diagnosis is clinical'.

This book succeeds in its stated aims. It provides a useful book for the pocket of those working in emergency rooms or in the field setting of a war or natural disaster.

The Life and Times of Allen Oldfather Whipple. The Missionary and the Surgeon

JOHN M HOWARD

EXTENT P/H	1242 pages, Hardback, 2 volumes
PRICE/ISBN	\$200.00, 9780979205804
PUBLISHER	Communica Inc. (Toledo, USA), 2007
REVIEWER	Colin Johnson
STAR RATING	****

Almost the first task before me when I took on my present duties was to allocate the books sent in for review. It was a delight to me to be able to claim *droit de seigneur* on this scholarly chronicle, describing the antecedents and activities of one of the founders of pancreatic surgery and written by one of the greats of the last century.

The author traces ten generations of the Whipple family to Essex, whence Matthew Whipple emigrated in 1638. The man behind the mask is made human and his origins in a missionary family living in Persia (now Iran) are described in detail. The man who made pancreaticoduodenectomy an accepted surgical treatment was 8 years old when he first saw an electric light and 20 years when the motor car was invented. He grew up in an isolated, but close-knit, family before returning to his homeland to study medicine in the mid 1900s.

There are chapters describing Whipple's progress through the First World War, his early academic career and several significant surgical developments of the early 20th century. Of course, the development of the operation that now bears Whipples's name is described in detail. Codovilla and Kausch, the Italian and German originators of the procedure, are acknowledged but progress to reliable surgery depended on animal experimentation to develop reliable anastomotic techniques and development of measures to counter the coagulation deficits.

This book is much more than a simple historical record. It is full of illuminating vignettes and personal tributes from those who worked with Whipple. The later chapters describe his considerable efforts after retirement from surgery to establish a medical centre in Iran and his training of NATO surgeons during the Cold War. The reader gets to know not only the life and times but also the man.