In summary, as with so many that have a specialised audience, this book does have value on an international basis. However, readers do need to be highly selective in what they take note of since so much of it is directly applicable to the FDA and the American process of achieving licence for the use of devices. It is useful as a reference book for those involved in the development of clinical trials but is of little value when applied to the UK regulatory system.

Genaral Surgical Operations (5th edn)
RM KIRK

This is the fifth edition of a well-known and popular operative text. This edition has contributions from 55 authors, mainly consultants working in London teaching hospitals. However, there is also input from specialists around the world.

This text is not written with the aim of helping a student to pass an examination but to enable a surgeon to perform an operation when required. Thus, although it is useful for a trainee learning about the operations for the first time, it is also a very useful reference for a trained surgeon who is about to carry out an infrequently performed procedure perhaps in emergency conditions.

In this era of super-specialisation, it is nice to have a practical manual that covers all surgical specialties. There are chapters dealing with orthopaedics, plastics and even neurosurgery among others. The author accepts that these days in the British Isles, it is unlikely that a surgeon is called on to cover this broad range of operations but he suggests with the prospect of natural disasters, terrorist activities and war being a possibility, wherever you are in the world a surgeon should be equipped to cover any emergency.

Having said this, it would be a particularly useful operative text for any surgeon working in the developing world, especially with a chapter on anaesthesia-related techniques clearly illustrating several regional blocks as well as tracheal intubation and ventilation of a patient.

This new edition is cheaper than the previous one. Nevertheless, despite having almost 200 fewer pages and removal of chapters on pre- and postoperative assessment, it uses colour to highlight the important points in each operation and is easier to read. It is printed on quality paper which appears durable enough to allow rapid access when this text is to be relied upon in an emergency.

The book is clearly illustrated with simple diagrams of the important anatomy involved in each operation. Nevertheless, these diagrams are relatively few in number and the explanation of each operation can be rather long. This may be an advantage as the text is laid out in an easy-to-read format with subheadings such as ‘Appraise’, ‘Access’, ‘Assess’, ‘Action’ and ‘Complications’. These are the same for each operation with minimal cross referencing to avoid confusion. Most helpfully, the anatomical structures that must be avoided are clearly highlighted in a red ‘key points’ box along with the pitfalls that may be encountered and guidance on recognising, avoiding and managing complications or unexpected findings.

Despite providing information on such a broad range of operations, this text is still able to provide useful, up-to-date information necessary for a general surgical SpR working towards the intercollegiate specialty examination as it covers recent developments in each subspecialty and operations currently being evaluated, such as the endovascular aortic aneurism repair and issues in laparoscopic colorectal surgery. There are lists of suggested further reading at the end of each chapter as well as many references to the evidence base behind many of the procedures. The operations are described with the preference of the consultant surgeons writing them but there are comments about possible alternatives when relevant.

At only £99.99, this is a must for the bookshelf of every true general surgeon.

Intraoperative Neurophysiological Monitoring (2nd edn)
AAGE MØLLER

This book is an updated amalgamation of the first edition of the same name and the author’s Evoked Potentials in Intraoperative Monitoring. It is a comprehensive and authoritative handbook that deals with the basic science and practical application of neurophysiological monitoring.

There are six sections. The first considers the general principles of intra-operative monitoring: the basis of monitoring, the various forms of electrical activity that can be recorded and practical aspects of recording evoked potentials from nerves, nuclei and muscles. There follows a section on sensory systems describing the relevant anatomy and physiology, monitoring of the auditory, somatosensory...
and visual systems. Section 3 focuses on the motor systems, again considering the anatomy, physiology and practical aspects of spinal motor and brainstem motor systems. Section 4 deals with the peripheral nerves.

While in no way diminishing the wealth of information laid out in these sections, which perhaps has greater appeal to the physiologist, it is the last two that will be of greatest interest to the practising neurosurgeon in the UK. Section 5 considers how intra-operative recordings may assist the surgeon during the operation. Invaluable advice is offered on the localisation of displaced cranial motor nerves, mapping of sensory nerves, spinal cord, floor of the fourth ventricle and how to identify the central sulcus. Professor Møller’s considerable experience with microvascular decompression of the facial nerve in hemifacial spasm makes absorbing reading. The final section considers the very practical aspects of electrophysiological recording in the operating theatre and concludes with a very honest objective evaluation of its benefits.

The book is well written and nicely laid out, supported by clear line drawings, a helpful bibliography and comprehensive index. It is a book to dip into rather than read from cover to cover and information is easy to find within.

The dearth of neurophysiologists and small number of neurosurgeons in the UK mean that both specialists tend to remain absorbed in their own workload and woefully ignorant of each other’s knowledge and abilities. This book seeks to remedy this, encouraging a closer union from which will flow the common goal: safer surgery and better results.

At present, only a small proportion of neurosurgical procedures involve intra-operative monitoring and in proportion this book will have limited appeal, mainly to the minority of surgeons with a particular interest in functional, skull base and scoliosis surgery. Nevertheless, it is a stimulating read and there should be a copy in every neurosurgical unit in the land.

**Learning Surgery: The Surgery Clerkship Manual**

*STEPHEN LOWRY*

**Extent/P/H**: 798 p, hardback  
**Price/ISBN**: £33.00 0387225838  
**Publisher**: Springer (Berlin), 2005  
**Reviewer**: Brian Rees  
**Star Rating**: **

This is a well-presented volume. There is a very good presentation of each chapter with objectives at the beginning and a clear summary at the end. It is nice that there are case presentations at the beginning of each chapter to introduce the chapter topic – a useful method that keeps the reader interested. There is frequent use of diagrams and flow charts to convey management plans. There were several interesting chapters, particularly one on bioethical principles and survival skills of doctors, which is interesting and a welcome break from all the theory.

However, there were points which would not appeal to the British trainee surgeon: first, American abbreviations and different units for blood results, making it difficult and tedious to follow at times. Second, there was not enough information on the management of surgical pathology compared to the background given for each disease.

It is my opinion that, despite its layout, it is very American in its approach and I do not think it will have a large market within the UK. It is a book to be referred to and not one that would be necessary as a part of the surgical bookshelf.

**e-Letters – new additions**

*doi 10.1308/003588407X183283*

Since the last issue of the Annals, the following letters have been published on our website (<http://www.rcseng.ac.uk/publications/eletters/>):

Teaching and assessing surgical competence – 2 responses

Prospective analysis of scrotal pathology referrals - are referrals appropriate and accurate? – 1 response