aneurysms of the ascending aorta (with and without involvement of the aortic valve or coronary ostia), the transverse aortic arch and brachiocephalic vessels, the descending thoracic and thoracoabdominal segments, and the infrarenal aorta and common iliac arteries. Because each of the superb 156 illustrations is worth at least a thousand words, the descriptive text is brief and emphasizes, above all else, that unnecessary dissection should be avoided before controlling the aneurysm and restoring arterial continuity with a Dacron graft constructed within the sac itself. In this respect, the author has convinced the rest of his field that hypothermic circulatory arrest $(20-24^{\circ} C)$ is indispensable for the treatment of transverse arch lesions and complex reoperations.

The virtue of minimum dissection is applied to suprarenal and conventional distal aortic aneurysms as well. For example, Cooley suggests that the phrenic nerve may be preserved by incomplete division of the left hemidiaphragm and the underlying aorta during thoracoabdominal replacement, and he attempts to preserve parasympathetic function by end-to-side iliac reconstruction in the pelvis. Several of the techniques used for revascularization of the renal and mesenteric arteries are innovative, but if they appear deceptively easy in the atlas, it probably is because the author made them seem that way in the operating room. It is safe to assume that patients will not be quite so schematic in Sheboygan (or in Cleveland, for that matter) as they are in Houston . . . and they will bleed more, especially if one does not recognize the persistent conversion error indicating that 1 mg of heparin is equivalent to 1,000 rather than 100 IU.

Surgical Treatment of Aortic Aneurysms has something to offer to cardiac and peripheral vascular surgeons, and since it presents conceptually complicated anatomy in such a straightforward fashion, it should be particularly attractive to those who are training in either of these specialties. For the resident who wants everything, it may also be read and understood in an evening or two.

> NORMAN R. HERTZER, M.D. Department of Vascular Surgery

The Cleveland Clinic Foundation

Return to Work after Coronary Artery Bypass Surgery, ed by P. J. Walter, New York, Springer-Verlag, 1985, 480 pp, \$35.00.

This interesting volume presents papers from an international meeting held in Germany in May 1984. Areas reviewed include the clinical and social factors separating individuals who continue to work from those who fail to return to employment, comparison of patients who have primary coronary versus primary valvular procedures, comparison of medical and surgical results relative to continued work, and work

status after coronary angioplasty. Success in returning patients with coronary and other types of cardiac difficulties to employment is shown to be a complex multifactorial problem. Pure medical factors such as the completeness of surgery, relief of pain, and the presence or absence of prior infarction and heart failure are shown to be subordinate to social factors such as the length of time away from work before surgery can be completed, general strength of the local economy (which permits or inhibits work by the spouse), and the economic input of work-related and/ or societal disability compensation. Two interesting items are mentioned: (1) Patients frequently receive either direct or indirect signals from their primary physicians suggesting that return to work should not be attempted despite a perfectly successful operation, and (2) formal rehabilitation programs have a positive impact on the return to work. Both facts suggest that reassurance and a sense of safety is needed before a patient with borderline social and economic incentives

will attempt to return to the workplace. The information in *Return to Work after Coronary Artery Bypass Surgery* is not new or surprising, but its concentration in one easily reviewed volume makes the basic concepts and conclusions easily accessible and increases their impact. The data are important to round out understanding by internists, cardiologists, and cardiac surgeons. The information is extremely important for those in charge of planning social programs which involve disability income, timely cardiac surgical intervention, and support of postsurgical rehabilitation programs.

> DONALD A. UNDERWOOD, M.D. Department of Cardiology The Cleveland Clinic Foundation

New Developments in Cardiac Assist Devices, vol 6 of the Surgical Science series, ed by Safuh Attar, New York, Praeger, 1985, 208 pp, \$30.00.

This 13-chapter book has only two sections with references to material as recent as 1984. Therefore, the explosion of information that has occurred since 1983 is not represented. All of the chapters dealing with mechanical support of the failing circulation are outdated. The centrifugal pump that is described is no longer commercially available. Also, the chapter about the Biomedicus pump presents concepts which are unsophisticated by 1987 standards.

Although chapters are written by many recognized experts, the quality of the text is inconsistent.

In addition, several sections are repetitious, and two of the chapters appeared previously in the *World Journal of Surgery*. Other extraneous information could have been deleted.

New Developments in Cardiac Assist Devices is an attempt to consolidate experts' views in 1984; yet the

work represents a viewpoint of past practices and has, at best, only historical interest.

ROBERT W. STEWART, M.D. Department of Cardiology The Cleveland Clinic Foundation

Current Therapy of Respiratory Disease—2, ed by Reuben M. Cherniak, St. Louis, CV Mosby, 1984, 332 pp, price not given.

This book provides current and detailed information regarding the management and therapy of pulmonary diseases. The volume is not intended to cover pathophysiology or differential diagnoses, although brief discussions of these topics are sometimes included if they have direct therapeutic implications.

This second edition appears only two years after the first and includes an almost completely new group of authors, thus providing a fresh perspective. The contributors are generally recognized as experts and convey reliable, although occasionally somewhat personalized, therapeutic approaches. Chapters new to this edition include those dealing with sleep apnea, sleep disordered breathing, diagnostic techniques, and eosinophilic pneumonitis. Also new to this edition is the inclusion of a short list of references following each chapter. This addition enhances the usefulness of the book, although the authors' use of this reading list is inconsistent. Whereas most contributors cite articles which deal with complex aspects of therapy (in keeping with the intended emphasis of this volume), other authors cite more general information.

Several different chapters discuss aspects of commonly used medications (e.g., corticosteroids, theophylline preparations). This causes some unnecessary repetition which might be prevented if future editions allocated separate chapters for the major and frequently utilized classes of pharmacologic agents used in respiratory medicine.

Overall, Current Therapy of Respiratory Medicine is an excellent reference source for residents or pulmonary fellows. Experienced practitioners will have less need to consult this book, but will find it useful for the management of infrequently encountered disorders.

HERBERT P. WIEDEMANN, M.D.

Department of Pulmonary Disease The Cleveland Clinic Foundation

Diseases of the Liver and Biliary System, 7th ed, by Sheila Sherlock, Oxford, Blackwell Scientific, 1985, 578 pp, \$66.50.

This is the seventh edition of a work first done by

the same author in 1955. Thus, Diseases of the Liver and Biliary System has virtually spanned the career of the most famous hepatologist in the world—Sheila Sherlock, who has recently retired as the head of the renowned liver unit at the Royal Free Hospital in London. The preface points out that the production of this latest work was a "drastic pruning of outmoded views and ruthless elimination of old references to make way for the new material." Thus, the same brevity is apparent as in the first edition. References are current; many are of articles published in the same year as this book.

Each of the 33 chapters is a model of incisive, pithy, and occasionally witty writing. The first six are devoted to fundamental concepts of modern hepatology, including anatomy, liver function, needle biopsy, hematologic considerations, and imaging. The next six deal with complications of liver disease, such as hepatic failure, encephalopathy, and ascites. The remainder of the book is devoted to a consideration of specific groups of liver diseases. An up-to-date chapter about liver transplantation is also provided. The quality of the drawings, graphs, and charts is excellent. Most of the radiologic images demonstrate the point of discussion quite well, although the reader not well-versed in radiology may wish for an increased use of arrows or other markers to demonstrate precisely the features being displayed.

In a book of this relatively small size, it is delightful to see that almost everything of importance in clinical hepatology is at least mentioned. A full discussion of major areas of interest is given with consummate authority. The chapters dealing with viral hepatitis and chronic active hepatitis, for example, are outstanding for their completeness and relevance. The former includes all of the traditional information about viral hepatitis, including a discussion of the newly discovered delta hepatitis. The latter gives a full discussion of therapeutic options, including the possibility that viral B chronic active hepatitis with an antibody to the e antigen may be treated successfully with corticosteroids.

By design, issues which are controversial did not receive a full discussion. For example, most of the discussion of the pathogenesis of ascites centers around relative intravascular contraction, but insufficient attention is paid to many other studies suggesting that most if not all blood spaces in cirrhotics are actually normal or overfilled. Similarly, the book suggests that a low ascitic fluid pH may be an early indicator of the presence of spontaneous bacterial peritonitis, but no mention is made of subsequent opposing studies.

Diseases of the Liver and Biliary System is of the highest production quality, exquisitely written, and refined by the leading figure in hepatology. Anyone considering the purchase of a hepatology textbook should certainly have this one. Medical students, general practitioners, gastroenterologists, and hepatolo-