

<sup>10</sup> Lolley DM, Ray JF, Ransdell HT, *et al.* Management of malignant esophagorespiratory fistula. *Ann Thorac Surg* 1978; **25**:516–20.

<sup>11</sup> Orringer MB, Sloan H. Substernal gastric by-pass of the excluded thoracic esophagus for palliation of

esophageal carcinoma. *J Thorac Cardiovasc Surg* 1975; **70**:836–51.

<sup>12</sup> Weaver RM, Matthews HR. Palliation and survival in malignant oesophago-respiratory fistula. *Br J Surg* 1980; **67**:539–42.

## Book notices

*Manual of Pulmonary Surgery.* EW Humphrey, DL McKeown. (Pp 259; about £100.) Springer-Verlag. 1983.

This is the latest in a series of operative surgery atlases, which is designed to cover the whole range of surgical specialties with one volume for each subject. This volume deals with the surgery of the lungs, trachea, diaphragm, thymus, mediastinum, and chest wall. It is extensively illustrated with very good colour illustrations and the surgical techniques are generally up to date. There is rather more text than is customary in works of this type, but this increases the value of the volume for the trainee, as the general principles are well described in addition to the details of operative technique. It is probably the best single volume guide to non-oesophageal thoracic surgery currently available. While it is unlikely to be purchased by individual readers it should be regarded as an essential up to date reference book in all units concerned with this branch of surgery.—HRM

*Thoracic Drainage.* Noel H Fishman. (Pp 140; £14.40.) Year Book Medical Publishers. 1983.

Drainage of intrathoracic collections of air or fluid is a subject that is frequently misunderstood and mishandled. This paperback volume goes some way towards solving this problem but does not wholly succeed. It is intended as a practical manual on the drainage of the pleura and pericardium and is profusely illustrated with black and white diagrams. Much of the book is written in the first person singular and some of the statements would not meet with general agreement. There are also some omissions in that there is no clear account of the fundamental physical laws that govern evacuation of the pleura and no discussion of open versus closed drainage. Despite these criticisms the volume may be useful for junior hospital staff, physicians concerned occasionally in the management of these problems, and nurses, though it should not be regarded as the final and authoritative work on this subject. Essentially it is more suitable for being read at a single sitting than for repeated reference. At the price of £14.40 I would be inclined to borrow this small volume from the library.—HRM

*Intensive Care of the Surgical Cardiopulmonary Patient.* 2nd ed. William E Neville. (Pp 412; £40.) Chicago: Year Book Medical Publishers Inc. 1983.

This multiple author book is intended for thoracic surgical residents, medical students, and nurses. The scope is wide, with chapters on the care of the adult and paediatric cardiac surgical patient, thoracic surgery (excluding the oesophagus), and, strangely, anaesthesia. The strength of the book lies in its clear descriptions of disordered physiology but it suffers from reduplication and the need to hunt through several chapters to obtain a guide to the management of a particular problem. Practical advice on treatment is patchy. Inotropic drugs are fully discussed—twice. The management of renal failure is dismissed in a paragraph, and although the principle of the intra-aortic balloon pump is described there is nothing on the correct handling of the machine. Inevitably, the views of the authors conflict on occasion, but it is surprising to see towel clip traction being advocated for the treatment of flail chest in 1983, and pulmonary contusion discussed without mention of steroid or diuretic treatment. There is much to interest and instruct in this book, but it is unlikely to supplant the excellent British texts on the intensive care unit bookshelf.—DBC