Finally, the section on surgical diagnostic and therapeutic procedures and the appendix are useful additions and complete the volume.

The growing surgical resident should have this fine volume. It is an excellent textbook of surgery and, what's more, the surgical resident can afford it.

John R. Brooks, M.D.


In 1575, Ambroise Paré designed an instrument for the blind transurethral excision of prostatic tissue. In 1876 Enrico Bottoni utilized an electrical current to burn the obstructing prostatic tissue, and in 1900 Freudenberg incorporated a telescope for observation during surgery. During the ensuing 79 years many other advances have been made, most recently the development of fiberoptic illumination, Microlens, and the continuous flow resectoscope. In spite of these many innovations, transurethral prostatectomy is still the most difficult urologic operation. The art of transurethral surgery separates urology from the other surgical disciplines and good resectionists from bad. The authors are acknowledged good resectionists, and in this book they cover the current state of the art from soup to nuts. The book is well organized, readable, and generously illustrated. The references are up-to-date and appropriate. It is recommended reading for all urologists in training and for graduates who have not mastered this, the most difficult of all urologic procedures.

E. Everett Anderson, M.D.


This well written little book conveys a vivid and coherent impression of the activities of one respected and productive research enterprise in the field of skin transplantation. Dr. Converse, in his preface, recalls his involvement in the historic wartime concern with the subject of skin transplantation in Britain. As a consequence of air warfare the prevalence of burns, not only in the general population but also among those precious few of the RAF, naturally focused the attention of some of the most resourceful plastic surgeon and of a few biologists on this field. From this beginning a remarkable series of developments rapidly flowed. One stream of activity began in the study and analysis of the behavior of skin and other tissues on transplantation. This growing body of information soon was found to be relevant to much that had been done in the field of tumor transplantation. These two tributaries later joined to produce the great new disciplines of immunogenetics and cellular immunology. As many new investigators have entered these fields and techniques have advanced, the importance of what can actually be seen and felt by the immediate observer, clinician or laboratory experimenter, has sometimes been under appreciated while the most significant scientific work has seemed to emerge from the test tube. Ballantyne and Converse have never allowed themselves to get far from phenomena that are directly observable in vivo, and this book should be seen as a reaffirmation of the abiding significance of that approach. A look through its pages stirs up many old questions. For instance, what really is the full explanation for the "white graft" reaction, that peculiar and striking paleness which is sometimes seen in skin grafts that are placed on recipients already highly immunized to them? How much of the vascular network of a skin graft is actually reutilized as it is perfused anew after transfer to a different location? The reader will find discussions of these and many other interesting questions set out in a clear and lucid fashion. These discussions carry an immediacy which direct participation by the authors or their colleagues in many of the relevant experiments permit. Some will say, and not wholly without reason, that the skin is a tissue which has been shown to have too peculiar properties to be a test example for other transplants. Thus, the "tyranny of the skin graft" should not, perhaps, be accepted as readily as it used to be by students of transplantation. But this volume (called by its authors a "recapitulation") comes as a welcome and useful reminder of how we got where we are in transplantation biology and of many intriguing questions which await solution. The illustrations are generally pretty good, although some of those of older vintage are somewhat fuzzy although undeniably authentic.

Paul S. Russell, M.D.


In our current environment of patient awareness and physician circumspection, the Atlas of Bedside