penetrating trauma when the subject is a patient with a penetrating neck wound and respiratory distress) are found, and general surgeons are told much more than they ever wanted to know about ophthalmologic trauma. Chapters on postoperative fever and neonatal bowel obstruction, are skimpy and superficial.

While some topics are obviously contrived and strain the decision-tree method, the use of algorithms is perhaps better suited for surgical problem-solving than for other fields of medicine. A beautiful example of this simple technique is the chapter on Appendicitis. With the important caveat that the reader must be experienced enough to recognize bias and have a broad basic surgical background to fill in the skeleton of the algorithm, the book can be highly recommended.

Olga M. Jonasson, M.D.


Penetrating or Blunt Trauma to the Heart or Great Vessels is the third most common cause of death in trauma patients in this country. It is, therefore, very important to appreciate this type of injury and develop a rational treatment plan. Dr. Symbas' second monograph of Trauma to the Heart and Great Vessels is an expanded, updated text for the trauma student. A series of algorithms on individual entities is included to allow the reader to quickly review appropriate diagnostic and therapeutic modalities.

The book is comprehensive in its approach, beginning with a general discussion of treatment management of trauma to the heart and great vessels and moving to specific subjects such as cardiac tamponade and penetrating injuries to the heart. The chapters on blunt trauma to the heart are exceedingly well done. These progress from cardiac contusion to ruptured heart, traumatic ventricular septal defect, and traumatic valvular injuries. Dr. Symbas' discussion draws on his broad experience with these rare lesions which are lethal if not diagnosed and treated properly.

A new and important chapter is included on coronary artery trauma which acknowledges the advent of coronary artery revascularization and reviews the subject in detail. Dr. Symbas carefully explains when the coronary arteries should be ligated, patched or bypassed with saphenous vein in both blunt and penetrating trauma to the heart.

Blunt and penetrating injuries to the great vessels are thoroughly discussed. Surgical approach to injuries in both right and left subclavian arteries, including diagnosis of injuries to these vessels, surgical incisions, and exposure of these difficult problems, are explained in detail. Excellent diagrams illustrate the surgical approach. In addition, excellent chapters on penetrating and blunt injuries to the thoracic aorta present the advantages and disadvantages of the use of cardiopulmonary bypass, external shunts and no shunting in repair of these types of lesions.

In summary, Dr. Symbas has made a significant contribution to the surgical literature in the area of trauma to the heart and great vessels. The monograph is a must for any physician dealing in trauma and will be of great benefit for medical students, general and thoracic surgery residents and the practicing physician.

Laman A. Gray, Jr., M.D.


This book is a concise report of the 2nd National Cancer Institute Conference on Lung Cancer Treatment held in 1977. It involved many international authorities and covered most disciplines concerned with diagnosis and management of lung cancer including experimental research, pathology, surgery, radiotherapy, chemotherapy, and immunotherapy.

Whereas, the 1st Lung Conference five years previously (1972) ended on an optimistic note because it was felt that a significant chemotherapeutic breakthrough in the management of lung cancer was imminent, the 2nd Conference was more pessimistic. With the possible exception of the more precise surgical staging and new chemotherapeutic regimes for small cell carcinoma to extend palliation, little has occurred in five years to improve the oppressive outlook for patients with bronchogenic carcinoma. Its incidence is increasing and its high early mortality continues to rate first in cancer mortality and impact of work years lost. Since surgical resection remains the only significant curative approach, the fact that 80% of the patients initially diagnosed with lung cancer have unresectable lesions, is a very discouraging statistic. That most lung cancer is preventable also increases the depravity of the situation and underscores the despicable paradoxical status of the Federal Government's stance which subsidizes tobacco growth on one hand knowing that cigarette smoking is a health hazard on the other.