BOOK REVIEWS

The illustrations throughout the entire book maintain the uniform perfection which has been so characteristic of this textbook from its First Edition, and these illustrations are a great asset to those of us who are more visually minded than word minded.

That the authors have accomplished their objective, and have brought this long recognized standard textbook of "Operative Surgery" up to date will be evident to any one fortunate enough to possess a copy.

All concerned in the reediting of this work are to be congratulated upon this addition to our surgical literature.

WALTER ESTELL LEE, M.D.

DISEASES OF THE ESOPHAGUS. By PORTER B. VINSON, M.D., Professor of Bronchoscopy, Esophagoscopy and Gastroscopy, Medical College of Virginia. Springfield, Ill.: Charles C. Thomas Co., 1940.

VINSON, in a monograph on diseases of the esophagus, presents, for the first time, a discussion of the diagnosis and treatment of esophageal lesions in book form. The need for such a book becomes apparent when one considers the variety of conditions which are overlooked at the present time, and when prepared by one with such experience in this specialty, it can be accepted as authoritative, and should provide a useful guide not only for the specialist, but also for the general practitioner. It would seem to the reviewer that this is just what Vinson has accomplished.

The book, as all products of the publishers, Charles C. Thomas Co., is worthy of the text, with its clear, large type, excellent illustrations, and a generous use of line drawings which serve to supplement unusually well-reproduced roentgenograms and photographs.

The table of contents starts with the general management of the patient, and in 16 chapters adequately covers the subject, concluding with an evaluation of the present status of gastrostomy.

Among the highlights are the discussions of the congenital, malignant and traumatic lesions; the various diseases; and the foreign bodies which one should consider in patients who experience difficulty in swallowing.

A carefully made and not too fulsome bibliography at the end of each chapter is a real asset to the text.

Specifically, the author emphasizes the fact that 90 per cent of lesions of the esophagus may be accurately diagnosed without the use of the special examinations and instruments which he discusses, and he warns against the danger of stressing the importance of these special procedures, making a plea for a careful routine general examination, which, in addition to making unnecessary special examinations in a large number of cases, should always be coordinated with the special procedures.

He very properly calls attention to the fact that marked emaciation associated with esophageal obstruction is not necessarily due to malignancy, but very frequently is the result of starvation and dehydration only. Further, as a result of the dehydration which follows esophageal obstruction of any kind, surgical procedures are followed by a very high mortality rate, averaging 50 per cent. This, however, may be lowered if the required fluids are provided preoperatively. He claims gastrostomy should never be considered as a minor procedure, for it is followed by an unexplainable mortality—10 to 15 per cent, and should always be preceded by putting the patient in water and electrolyte balance preoperatively. In addition to the mortality rate, it carries a hospitalization of from 10 to 14 days. Further, he is very pessimistic about the results that may be expected in gastrostomy, and claims it is not palliative in malignant obstruction, while in benign obstruction the stricture may become complete, unless routine dilatation is carried
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on, which is made possible by the swallowing of a string which will act as a guide for the passage of a sound.

It is startling to read that in approximately 40 per cent of patients suffering with difficult swallowing, the obstruction is the result of carcinoma, which in approximately 5 to 7 per cent of all carcinomatous lesions involves the esophagus. No exception can be taken to his claim that an accurate diagnosis of malignancy can be made only by biopsy, and then by a pathologist who is experienced in the handling of small pieces of tissue, but we cannot fully agree with his pessimistic attitude about the value of gastrotomy in hopeless malignancy, especially in those cases in which it is impossible to pass a stomach tube through the lumen of the obstructing growth. In our experience, approaching death has not been so horrible when we have been able, with a gastrotomy, to avoid the throes of starvation and thirst.

The subject of esophageal diverticula is given due consideration, and the value of the guidance provided by the swallowed string is emphasized. With this procedure a catheter can usually be guided past the opening in the lateral wall of the esophagus into the sac. This is the procedure which has been employed by Jackson for many years and is one of the basic principles of his use of the esophagoscope in the one-stage operation. Vinson, however, seems to be unable to decide between the prehistoric two-stage operation of excision, which was first advocated by Moynihan, and the one-stage procedure which has been made possible by Jackson's cooperation with the esophagoscope. Those who have had experience with the one-stage technic are definitely convinced that this procedure is applicable in all types of pulion diverticula, provided the esophageal lumen can be maintained during the process of isolation of the sac, and that angulation of the esophageal wall is prevented. Such protection, in our experience, can be supplied only with the esophagoscope or a stiff stomach tube.

The future of gastrotomy, Vinson feels, is now assured, but for the present, at least, we must consider that direct visualization of the lining of the stomach is but one method of diagnosis—and we would like to add that it should be correlated with other accepted routine diagnostic procedures. He wisely warns that a negative gastroscopic examination is of little value—and again we add that a positive one should be in agreement with other clinical findings in order to be accepted at par value. His inclusion of this subject, and the limited space devoted to it, would seem to merely emphasize its possibilities, and he very properly refers his readers to Rudolph Schindler's book on "Gastroscopy" for an adequate presentation of this field.

WALTER ESTELL LEE, M.D.


Mr. Maingot's work is not restricted to a consideration of operative technics. The two volumes cover the surgical problems of the abdomen with the same completeness of detail found in many of the longer systems of surgery. Incidence, classification, pathology, etiology, diagnosis, pre- and postoperative care and prognosis are discussed almost as fully as operative technic. Important references are conveniently cited in the text.

As with most texts by individual authors, some sections are more brilliantly written than others. The section on liver abscess seems particularly well done. In the section on appendicitis nearly all phases of the disease are thoroughly discussed except for the postoperative management of patients with spreading peritonitis. This subject, which is the crux of the problem of appendicitis mortality, is all but omitted. The important subject of chemotherapy is not adequately discussed either in relation to appendicitis or to colon resections. The use of the Miller-Abbott tube is mentioned but the technic of its use is omitted and the indications and contraindications for its employment are not considered in appropriate detail.