

The book begins with a chapter on the history of surgery, and then continues with chapters on wound healing, the response of the body to injury, fluid and electrolyte balance, nutritional balance, shock and hemorrhage, surgical infections, burns, the management of tumors, principles of surgical care, the care of the patient in the operating room, and post-operative complications. The last half of the text describes surgical problems and therapy, more or less by anatomical regions: the peritoneum, the upper alimentary canal, the mid-alimentary canal, the lower alimentary canal, the biliary tract, the liver, the pancreas, the spleen, acute surgical conditions of the abdomen, abdominal hernia, abdominal injuries, abdominal conditions of infants and children, head and neck, the thyroid gland, the breast, peripheral vascular disease, fractures, head injuries and chest injuries.

Perhaps because this volume succeeds so well in its avowed purpose to serve the medical student, it will be of limited interest to most anesthesiologists. Residents in training in anesthesiology, or those preparing for examinations in the specialty will find that certain chapters contain a useful review, particularly the chapters on "Fluid and Electrolyte Balance," "Shock and Hemorrhage," "Principles of Surgical Care," "Care of the Patient in the Operating Room," and "Postoperative Complications." Even as reviews, however, these chapters are confined mainly to fundamental considerations—as is only right and proper in a book designed for undergraduate teaching.

DAVID M. LITTLE, JR., M.D.

Management of the Aged Surgical Patient.

BY SIDNEY E. ZIFFREN, M.D., Professor of Surgery, State University of Iowa, College of Medicine, Iowa City, Iowa. First Edition. Cloth. \$7.50. Pp. 219, with 30 figures. With Chapters on "Anesthesia" by Stuart C. Cullen, M.D., "Urology" by Rubin H. Flocks, M.D. and a discussion of "The Cardiac and Diabetic Patient Facing Emergency Operation" by Raymond F. Sheets, M.D. The Year Book Publishers, Inc., 200 East Illinois St., Chicago, 1960.

The author, obviously calling upon a large clinical experience at the University Hospitals of the State University of Iowa, has elected to write fairly extensively on the problems associated with surgical patients over the age of 60. He states early in his introduction—"It is my contention that, within reason, necessary surgery should not be denied a patient because of his age." In this reviewer's mind it is doubtful as to whether the author subsequently defends this thesis adequately, or really defines the term "necessary surgery" as it applies to the aged. However, he does cover a wide range of problems in the surgical patient, and in some instances refers them specifically to the age group under discussion. Particular emphasis is placed, as is proper, on the preoperative preparation of the elderly patient, with especial importance being given to the problem of blood volume deficits, their recognition and treatment. An interesting, although brief chapter on anesthetic management of the aged patient, written by Dr. Stuart Cullen, is included. Even more brief chapters on "Urology," and "The Cardiac and Diabetic Patient Facing Emergency Operation," written by Doctors Flocks and Sheets respectively, are also part of this well-indexed, easily read treatise. The specific value of these latter two chapters escapes the reviewer.

Although this book should probably find a niche in the surgical library, it is doubtful that even Doctor Cullen's chapter will put it on required reading lists of practitioners of anesthesiology.

J. G. CONVERSE, M.D.

Metabolic Care of the Surgical Patient. By FRANCIS D. MOORE, M.D., Moseley Professor of Surgery, Harvard Medical School; Surgeon-in-Chief, Peter Bent Brigham Hospital, Boston, Massachusetts. Illustrated by Mildred Coddling, A.B., M.A., Surgical Artist, Department of Surgery, Harvard Medical School, Peter Bent Brigham Hospital. Cloth. \$20.00. Pp. 1011 with 143 illustrations. W. B. Saunders Co., Philadelphia and London, 1959.

The foremost theme of this text, as noted by the author in closing Chapter 49, "is the fact that the responsibility of the surgeon ex-