

92%"), or simply wrong (amputation [is] inevitable in critical ischemia).

Hazards should be fully acknowledged. This is particularly important when a difficult operation with uncertain indications has been popularized by easier endoscopic access. Compensatory hyperhidrosis after sympathectomy can be serious. Radiologic changes in the bones with severe sympathetic dystrophy deserve a showing. Not unnaturally, enthusiasts are well represented in this text, but some of their recommendations, for example redissecting the distal anastomosis of a failed bypass graft rather than looking elsewhere, are hard for ordinary folk to understand.

Many chapters incorporate useful summaries. Rutherford's own on extracranial fibromuscular dysplasia is an excellent example, but not all authors conform to this style, and greater uniformity would make access easier. References are numerous and should be more selective. They should certainly be disciplined into alphabetical or text order and not both at once. In one chapter, 50% of the references are by the author himself and, in another, an author cites an unpublished previous communication written by himself. The index is as comprehensive as a computer-generated list can be but also gives rise to some interesting concepts ("occupation—see also disability") and omits personal references that might be useful, such as the Taylor patch, although that is referred to in the text.

Illustrations are copious. Some should be cropped, and clinical illustrations deserve color. It is surprising to find the few color plates printed remote from the relevant text. Some illustrations are redundant, and one might be calculated to deceive because it is a mirror image of another printed four pages previously. Twelve diagrams of stump bandaging are 12 too many.

With such a vast undertaking, lapses in editorial control over the volunteer army are inevitable, but the quality of the best chapters is outstanding, such as those on hemodynamics and visceral ischemia. Now is the time for the supreme commander to martial his generals, retire a few, and discipline the others so that they achieve the high standards set by the best. This fourth edition is bigger and better than

the third. The real challenge, as every correspondent knows, is to make the fifth edition smaller and better.

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Surgical infections

Donald E. Fry, New York, 1994, Little, Brown & Company, 787 pages, \$89.95.

This comprehensive book is an attractively bound compilation of assorted topics dealing with surgical infections. Only approximately one quarter of the chapters are of particular interest to the vascular surgeon, including discussion of altered host defenses, antibiotics, aseptic technique, and the microbiology of surgical infections. Other chapters that are especially well written, well referenced, and deal directly with vascular surgery are the diagnosis and management of mycotic aneurysms, foot infections and infected prosthetic arterial grafts. The role of vascular surgery in healing the ischemic, infected foot is somewhat minimized and could have been expanded on. Most of the chapters deal with topics that are directed more to the general surgeon and include genitourinary, breast, colon, orthopedic, fungal, and viral infections. There is little overlap or redundancy among the various topics, although two chapters dealing with aseptic technique and antiseptics review some of the same material.

Overall the chapters are well written, concise, and easy to read with ample references. Most are three to five pages in length, which helps to maintain the reader's interest. Many of the chapters include little-known facts of interest to all surgeons. Although this book is clearly directed at general surgeons, it is an excellent referral source for several topics that all vascular surgeons need to be well-versed in and for several other aspects of surgical infections. I recommend it as a useful addition to the vascular surgeon's library.

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