sagacious overview of the medico–legal implications associated with evidence-based medicine.

The style throughout is invariably that of a personal rather than systematic review, with no defined search strategies or meta-analyses. Inevitably, with a large number of authors, and indeed subjects, the depth of review and use of figures and tables varies, but this rarely detracts from the overall quality of the writing, which was uniformly high. The chapters on improving the patency of femorodistal bypass and the management of venous ulceration were particularly good. Most chapters end with a boxed summary of points for which there is “sound evidence” and those for which “more evidence is needed”. These are not helped by the use of a uniform bold typeface, which is very uneasy on the eye, but they are a useful summary of what has been established and what further work is required. Occasionally, a statement of accepted wisdom creeps in here that has not been substantiated by a critical appraisal of the evidence in the chapter. For example, evidence is discussed for the firm conclusion in Chapter 9 on the superiority of a distal bypass over primary amputation for critical limb ischaemia. This lack of evidence is put into context by the excellent discussion of quality-of-life issues two chapters later. The “evidence for endovascular aneurysm repair” chapter provides only three references, despite making four statements for which there was felt to be sound evidence. However, these are rare exceptions, and most chapters are well researched and referenced. Highlighting the randomised trials in bold at the end seems a nice touch.

The liberal use of cartoons is an odd choice in a book with such lofty aims and in my view was a little irritating. But the layout is clear, with none of the chapters too long, making it an easy read. Minor gripes aside, I thought that most trainee vascular surgeons, as well as the few consultants who have not contributed to it, would find it useful! It probably is not comprehensive enough to be used on its own as a revision textbook and not detailed or thorough enough in parts for those wanting a Cochrane-like review of the subjects covered. It does, however, contain a lot of useful information and, on balance, succeeds in meeting its aims of providing an up-to-date reflection on the current evidence for much of vascular surgical practice. As textbooks go, it is reasonably priced at £37.50 and, if you are looking for important new research ideas, it would be well worth persuading your trainer to buy it for you.

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available online at http://www.idealibrary.com on IDEAL®

Vascular Disorders of the Upper Extremity (Third Edition)
H. I. Machleder, Ed.
$98.00

It is ten years since the last edition of Dr. Machleder’s textbook. The editor has a major interest in the treatment of thoracic outlet syndrome and as such his practice, like our own, has altered to include the treatment of patients with a broad spectrum of cervicobrachial pain. As a result he places a heavy emphasis on the thoracic outlet itself, as well as a useful section on “cumulative trauma disorder”. This difficult and contentious area seems a medicolegal minefield and the book is a useful reference source, with emphasis on the conservative management of these challenging patients.

The initial section of the book is more conventional, with an excellent section on clinical evaluation and a superb chapter on the non-invasive evaluation of upper-limb investigation, written by David Sumner. Vascular radiologists will be a little disappointed by the radiology chapter, which has poor illustrations, little endovascular innovation and no new data, as the latest reference is dated 1995.

The section on compression syndromes is a treasure chest for those interested in thoracic outlet syndrome but with a highly interventionist North American approach. Arterial and venous compression syndromes are covered well, with clear management recommendations. The aggressive multimodal staged approach to the treatment of axillo-subclavian thrombosis is certainly justified for younger patients, but a more conservative approach would be appropriate for many of our more sedentary patients. Clavicular division, regurgitated from a 1988 publication, is seldom advised, due to problems of non-healing and pain. Limited sternotomy into the second intercostal space is a much better option for access to the proximal vessels.

David Roos describes his surgical approach to the thoracic outlet beautifully – but fails to mention his mechanical support for the patient’s arm which has obviated the need for a muscle-bound second assistant. Roos’ warning that this surgery should only be undertaken by expert surgeons flows seamlessly into the following excellent chapter, which is dedicated to the treatment of intractable pain – *caveat emptor!*

A useful and well-illustrated section on vascular malformations emphasises the role of MRI and catheter-directed therapy. A *tour de force* of a “chapter”
from Machleder's colleagues at the rheumatology department at UCLA follows, which, with 562 references, comprises a textbook within a textbook and makes fascinating reading.

In summary, this excellent, relatively inexpensive volume is an indispensable reference for all those involved in the treatment of patients suffering from upper-limb vascular disease or neuropathic pain arising at the thoracic outlet. Highly recommended.

J. F. Thompson
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do:10.1053/ejvs.2000.1152,
available online at http://www.idealibrary.com on

Angiogenesis in Health and Disease
Basic Mechanisms and Clinical Applications
G. M. Rubanyi, Ed.
Marcel Dekker, 2000.
552 pages.

The anatomy, structure and function of blood vessels are the everyday concerns of vascular surgeons. Few vascular surgeons have a sound grasp of the molecular mechanisms underlying the formation and remodelling of blood vessels. Is this the book that fills the gap and explains why gene therapy trials of VEGF are underway in critical limb ischaemia, why recombinant PDGF is effective in healing diabetic ulcers and other important molecular matters for vascular surgeons?

The book starts with a description of the embryonic process of vasculogenesis and assumes that the reader has a basic knowledge of how growth factors and their receptors function, as well as the downstream intracellular signalling mechanisms. The shift from vasculogenesis to angiogenesis is best described in the only diagram in the introductory chapter. This chapter is followed by a well-illustrated chapter outlining the mechanisms involved in the development of collateral blood vessel. The third chapter focuses on the major growth factor regulating angiogenesis, VEGF (vascular endothelial growth factor). Disappointingly this important chapter has no illustrations. This sets the scene for the rest of the book. There are some excellent, informative, well-illustrated chapters, which could readily be followed by a novice to the area. Other chapters consist of dense prose, littered with the abbreviations familiar only to those already working in the area. Missing is a chapter which overviews how transgenic and knock-out gene technology have contributed to our understanding of angiogenic mechanisms. All of the chapters are well referenced, to at least the end of 1998, a real achievement for any book.

Many vascular surgeons will be most interested in the final two sections of the book, which are entitled "Inflammation, wound healing, and rheumatoid arthritis" and "Therapeutic angiogenesis in ischaemia". Here there are explanations of the growing array of growth factors likely to be used for improving wound healing and stimulating angiogenesis in the heart, legs and brain. All these chapters are well illustrated and provide stimulating reading.

This is a great resource book for anyone doing research in the area of angiogenesis. It is not an angiogenesis text-book and therefore is likely to have only limited appeal for the generalist vascular surgeon or...