Books received


Book reviews

This volume of the Atlas is particularly useful since it brings together surgical aspects of pregnancy which are rarely considered as a whole. For many years, the standard text in surgical obstetrics has been Munro Kerr's 'Text-book of Operative Obstetrics', a classic work which has tended, however, through its various editions, to be rather let down by the quality of the illustrations, which have failed, in the reviewer's opinion, to enlighten the text. The same, certainly, cannot be said of the Atlas, in which photographs and drawings comprise the major part.

The chapters which deal with the control of haemorrhage in obstetrics, and the techniques of subtotal and total hysterectomy for uterine rupture are particularly good, providing many simple points which will undoubtedly be of great value to obstetricians faced with such problems with little first-hand experience. No mention, however, is made of the management of massive vulval haematomata, the occurrence of which, although uncommon, can be very worrying and extremely difficult to manage, and could well have usefully been included in this volume. However, this omission apart, this volume adds considerably to the Atlas as a whole and can be thoroughly recommended.

JUNE SWINHoe.

Barking Hospital.

Upney Lane.

Barking, Essex.


This 83 page book documents current experience of early gastric cancer. This consists of lesions confined to the mucosa and mucosa/submucosa, of the stomach, regardless of the presence of lymph-node metastases. The epidemiology and pathogenesis of gastric cancer (including the nitrosamine hypothesis) are well covered and the histopathological classification of early gastric cancer is clearly described by Serck-Hanssen. There are good-descriptions of the known pre-malignant lesions; patients with chronic gastritis, intestinal metaplasia of the stomach, pernicious anaemia, adenomatous gastric polyps. Menetrier's disease or a previous gastrectomy constitute high risk groups. However, most cases do not occur in these high risk groups. The majority of patients with early gastric cancer have symptoms, but only one case is diagnosed in every 400 dyspeptic patients submitted to endoscopy.

The Japanese experience of mass screening of asymptomatic populations is described by Kawai. Sixty percent of gastric cancers so diagnosed were early gastric cancers and the 5 year survival of this group after gastrectomy is a staggering 90%. In Europe, however,
The Challenge of Pain

Keith Budd

Postgrad Med J 1983 59: 474
doi: 10.1136/pgmj.59.693.474

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