

## Book Reviews

***Surgery for Congenital Heart Defects.*** 3rd edition. Edited by Jaroslav F. Stark, Marc R. de Leval, and Victor T. Tsang. West Sussex, England: John Wiley & Sons; 2006, 754 pp. \$315 Hardcover. ISBN: 9780470093160.

The third edition of *Surgery for Congenital Heart Defects* proves to be a user-friendly and instructive resource that is sure to be of great value to many physicians. While the seasoned surgeon might call upon the text as a reference, even the greenest medical student wades comfortably into the depths of the text and feels empowered by the visual feast that awaits.

As in the previous editions, medical illustrator Michael Courtney provides an abundance of impeccably detailed drawings, the quality of which is central to the text and helps set it apart from others in the field. Courtney's illustrations make the text a pleasure to read, with each illustration of surgical anatomy seemingly imparting depth to the page. Furthermore, the superimposed line drawings onto photos of surgical procedures help the reader internalize the most surgically relevant anatomical landmarks. The color plates of Doppler ultrasound are indispensable, although color images of surgical anatomy are conspicuously lacking.

To the extent that conceptualizing cardiac surgery is a visual exercise, the text is without peer. The organization of the text itself, however, is not as predictable as one might hope. The separation of the text into parts I and II, general considerations and surgical procedures, respectively, nicely sets the groundwork for the surgical approaches well in advance of their discussion. Unfortunately, when comparing chapters, the parallel structures one would expect to find are jumbled. For example,

the order of presentation of headings, including indications, diagnosis, and anatomy, is not consistent between chapters. To this extent, it becomes readily apparent that the chapters are written by many surgeons, each with their own unique priorities and styles. The text feels more akin to an encyclopedia or a collection of papers than a single, unified textbook. That said, the aforementioned inconsistencies of organization and fluidity are standard fare in the genre and minimally detract from the value of the text. These shortcomings are sufficiently offset by the excellent integration of the figures into the text, which, coupled with the appropriate weighting of outcome measures and analyses of results, makes the text feel manageable.

The editors of *Surgery for Congenital Heart Defects* expertly maintain a balance between the extremes of encyclopedic esoterica and minimalist manuals to produce a text that will prove a cherished resource on the desk of nearly every pediatric cardiac surgeon.

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***A Death Retold.*** Edited by Keith Wailoo, Julie Livingston, and Peter Guarnaccia. Chapel Hill, North Carolina: University of North Carolina Press; 2006. 392 pp. \$55 Hardcover. ISBN: 9780807830598.

*A Death Retold*, edited by Keith Wailoo, Julie Livingston, and Peter Guarnaccia is a superb read and one that will keep your mind racing, not only while you are reading but after you put the book down. A tremendous wealth of information

on issues relating to organ transplantation is presented as a series of essays organized into four sections.

The book uses the story of Jessica Santillan as an introduction to the types of attitudes, perspectives, and ethical dilemmas that organ transplantation can fuel. Santillan was an undocumented immigrant teenager from Mexico who received a heart lung transplant at Duke University Medical Center in 2003. Unfortunately, the organs used were not the correct blood type. To save the girl's life, a second transplant was performed days later with a proper set of organs. Sadly, Jessica's already exhausted body was beyond repair and she died soon after.

Whose fault was it that such a grave medical mistake was made? How could a second set of organs be obtained so quickly? Is it right to let an undocumented immigrant receive an organ transplant at all? Questions such as these are explored further in essays whose topics range from the racial tensions surrounding organ transplantation in the 1960s and '70s to a detailed overview of the organ allocation process of today, from the realities of the black market of organ trade to market-oriented medical ethics, from the details of harvesting organs to all that can go wrong during and after transplantation.

The essays do a great job of formulating their overall conclusions in the context of Jessica's bungled transplant, a familiar home base to anyone reading this book. The topics discussed in *A Death Retold* are greatly interdisciplinary, and, not surprisingly, the authors include anthropologists, medical ethicists, historians, transplant surgeons, and health lawyers. They have successfully connected economics, sociology, history, ethics, and medicine in the framework of organ transplantation. If you are interested in any aspect of organ transplantation, this is a fascinating book to read.

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***Handbook of Neurosurgery.*** Mark S. Greenberg. New York: Thieme Medical Publishers; 2006. 1013 pp. \$71.95 Paperback. ISBN: 9781588904577.

Never have I found a single resource more useful during my rotation through neurosurgery than Mark Greenberg's *Handbook of Neurosurgery*. It also fits conveniently in the pocket of a standard white coat.

As the title indicates, Greenberg's handbook is exactly that, an essential resource intended for use on the wards while caring for neurosurgical patients. Now in its sixth iteration, it is a tool written by neurosurgeons for neurosurgeons. The structure of the book suits its purpose: 28 chapters covering simple subjects like basic neuroanatomy to how to properly work up a complicated patient suffering from a subarachnoid bleed. It tackles all the most important topics facing today's neurosurgeons with extensive cross-referencing between chapters, complete with thorough annotations to countless peer-reviewed journals at the end of the chapters. One of the book's strengths is its reliance on high quality evidence-based studies for its recommendations. Greenberg does a surprising job of building neurosurgical problems from the ground up, going into sufficient detail regarding the etiology and pathophysiology, which the medical student appreciates, but devoting the majority of its text to diagnosis, prognosis, treatment, and outcomes that the clinician appreciates.

The intended audience is clearly those in their post-graduate medical training in neurosurgery, but the book also was utilized by many neurology residents, particularly in caring for critically ill neurological patients in the intensive care unit. Many of the chapters use graphs and charts for easy to access information in a standardized format that carries throughout the book. This assists the learning process by formatting specific types of information in a common visual presentation that lends itself to better recall. For example, most of the drugs in the book are presented in a standard note card format. While sometimes it suffers from an over-reliance on the brief and simplistic

Treatment for congenital heart disease depends on the specific defect you or your child has. The majority of congenital heart disease problems are mild heart defects and don't usually need to be treated, although it's likely that you'll have regular check-ups to monitor your health in an outpatient setting throughout life. More severe heart defects usually require surgery or catheter intervention (where a thin hollow tube is inserted into the heart via an artery) and long-term monitoring of the heart throughout adult life by a congenital heart disease specialist. In some cases, Congenital heart defects that are symptomatic at birth must be treated with palliative or complete surgical repair. Defects that are not symptomatic at birth may be discovered later in life, and will be treated to relieve symptoms by palliative or complete surgical repair. Surgery is recommended for congenital heart defects that result in a lack of oxygen, a poor quality of life, or when a patient fails to thrive. Even lesions that are asymptomatic may be treated surgically to avoid additional complications later in life. Demographics. Congenital heart disease is estimated to involve less than A congenital heart defect is often detected during a pregnancy ultrasound. If your doctor hears an abnormal heartbeat, for instance, they may further investigate the issue by performing certain tests. These may include an echocardiogram , a chest X-ray, or an MRI scan. If a diagnosis is made, your doctor will make sure the appropriate specialists are available during delivery. In some cases, the symptoms of a congenital heart defect may not appear until shortly after birth. Newborns with heart defects may experienceÂ This type of surgery may be needed if catheter procedures arenâ€™t enough to repair a congenital heart defect. A surgeon may perform open-heart surgery to close holes in the heart, repair heart valves, or widen blood vessels. Heart Transplant.