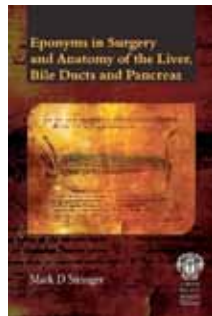


Book Reviews

EPONYMS IN SURGERY AND ANATOMY OF THE LIVER, BILE DUCTS AND PANCREAS

Mark D Stringer, The Royal Society of Medicine Press. October 2009. Paperback. 208pp £35.00 ISBN: 978-1-85315-985-5



This is an excellent little book written by Professor Stringer, based in the Department of Anatomy in the University of Otago, in New Zealand.

The book is a well researched summary of 'Eponyms' related to the anatomy and surgery of the liver, bile ducts and pancreas.

The book is laid out in alphabetical order beginning with Abernethy each section begins with a short summary of the surgical or anatomical details of the eponym.

There then follows a page or two on the biography of the person upon whom the eponym is based.

The book is an easy read and there are a number of amusing anecdotes - for example on page 3. Abernethy's proposal of marriage was as follows "My time is essentially occupied, and I have therefore no leisure for courting reflect upon this matter until Monday." This lady subsequently became Mrs Abernethy and they had two daughters!!

The book is useful for anyone interested in the history of medicine. However I would also recommend this book to students as the little piece of anatomy or surgery at the beginning of each section is of educational value.

For the more serious students of history each section is followed by a brief bibliography.

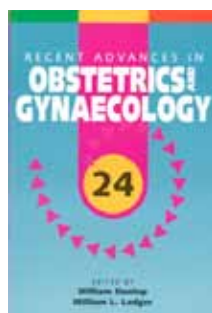
The book is liberally illustrated throughout with photographs of the persons after whom the eponyms are named with many historical photographs of instrumentation, theatres etc.

The book is an excellent read for one's leisure time or when travelling for the student of medicine, the anatomist the general physician, the general surgeon or the hepatobiliary specialist. I enjoyed the book immensely and can recommend it thoroughly.

Professor Roy Spence

RECENT ADVANCES IN OBSTETRICS AND GYNAECOLOGY 24

Edited by William Dunlop and William L. Ledger. The Royal Society of Medicine Press. June 2008. Paperback, 288 pp. £35.00 ISBN: 978-1-85315-699-1.



Recent Advances in Obstetrics and Gynaecology 24 is another high quality

volume from the 'Recent Advances' series. It brings together eighteen chapters by over thirty authors, of topical analysis of developments in Obstetrics and Gynaecology in one handy volume.

Within obstetrics, nine chapters deal with a wide range of topics. A chapter on gestational diabetes highlights the back to basic principles of high carbohydrate low glycaemic index diets and yet makes reference to the introduction of insulin or oral hypoglycaemic therapy in women with incipient fetal macrosomia, even in those with apparently adequate glycaemic control.

Further maternal issues covered include a comprehensive chapter on management of shock. The importance of the team approach and well-rehearsed 'fire drills' in each unit is emphasised.

A very informative chapter on HIV and pregnancy from an African perspective not only explores the role of antiretroviral treatment but also discusses the more general issues such as the risks associated with breast feeding infants in low-resourced areas. Breast-feeding doubles risk of infection for an infant, yet the risks of replacement feeding may outweigh the risk of HIV transmission.

Additional fetal issues discussed include the associated problems with recreational drug use in pregnancy. Reference is made to the 2.1% of British women whose alcohol dependence subjects their fetuses to risks of growth retardation, neurodevelopment problems including behavioural problems, specific dysmorphic features, cardiac and joint anomalies.

Further fetal issues specifically dealt with include fetal macrosomia and abnormalities of the fetal urinary tract.

The place of operative vaginal delivery is discussed. This is an area of considerable interest due to training issues influencing the choice of instrument used to aid vaginal delivery. Resultant effects on Caesarean section rates are discussed as well as the likely shortfall of availability of expertise in complex operative vaginal delivery in the future.

The complexities of trophoblastic disease is described as is the success of the centralised registration and treatment system in the UK. This registry was established in 1973 and has enabled the development of effective and safe management policies which are now used worldwide.

Gynaecology is awarded a further eight chapters. The role of serum anti-Mullerian hormone (AMH) in the prediction of ovarian reserve and of ovarian response to gonadotrophin stimulation is discussed. Indeed, its role as a potential marker of obstructive azoospermia in male patients may have significant clinical relevance.

The difficult subject of conservative management of fibroids is discussed with reference to magnetic resonance guided thermal ablation therapy. Although still within the realms of research, this technique, as recognised by NICE, is showing promise for patients wishing to conserve their uterus.

A fascinating chapter is given to the ethically challenging area of pre-implantation genetic diagnosis (PGD). With the indications being continually extended, the debate regarding

the place of PGD in late-onset disorders is highlighted. Its controversial role is explored with reference to parents of children needing haematopoietic stem cell transplants who are trying to ensure that their next child is free of disease or indeed are trying to provide a good tissue match for an existing sick child.

Excellent up-to-date accounts are given of clinical practice in endometriosis, recurrent miscarriage and post-menopausal bleeding. Moreover, the historical practice of ovarian surgery for polycystic ovarian syndrome is re-examined with the benefits of laparoscopy. Two thirds of women can ovulate after ovarian surgery with half conceiving within twelve months. However, women with raised BMI or infertility lasting greater than three years appear to be resistant to surgery. The role of insulin resistance in polycystic ovarian syndrome is afforded a further detailed chapter for those with an academic interest.

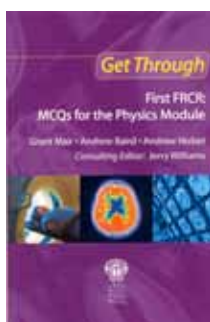
Of particular note is the concise but highly relevant chapter on Risk Management. This chapter gives a synopsis of all the buzzwords commonly used in this topic. It provides a useful framework for a subject which encompasses an extensive array of theories, thus enabling the reader to form a basis upon which to question preventable errors in medicine.

In conclusion, the eighteen chapters are presented in an accessible and easy to read format, which are all well referenced. Each topic incorporates a comprehensive overview, which emphasises the salient points of interest and, just as importantly, highlights areas that remain ambiguous, making this a very user-friendly aid for both busy clinicians and those sitting RCOG membership examinations. In all, this is a bookcase essential for all grades within the speciality.

Dr David Glenn

GET THROUGH FIRST FRCR: MCQS FOR THE PHYSICS MODULE.

Grant Mair, Andrew Baird, Andrew Bisset. Consulting Editor Jerry Williams. 1st Edition, The Royal Society of Medicine Press. October. 2010. 156pp. £24.95. ISBN 978-1-85315-951-0.



This book is part of the Royal Society of Medicine Press "Get Through ..." series aimed at doctors in training. It's a pocket size book of multiple choice questions with answers and a mock examination at the end to test yourself. The First Part FRCR exam has gone through some renovation recently so this book is timely and comprehensive. It is written by three specialist registrars in Radiology (all passed their exam first time) and edited by Jerry Williams, Head of Radiological Physics Training for South East Scotland. The book will appeal to trainee radiologists who are sitting their FRCR part 1 exam, lecturers in Physics for Radiologists and also Radiology tutors.

After a contents page and useful list of abbreviations, the book is structured into sections each focussing on key sections of the FRCR part 1 physics syllabus. The questions follow the format of the examination closely and I wasn't able to

identify any errors in the samples I attempted. One of the key strengths of this book is that each answer has a short explanation (sometimes up to a paragraph) which immediately commends itself. Also, the questions are graded with a star system to give you an indication of the difficulty of each question. The questions ranged from the basic "The atomic number of iodine is 53" (True - and I'm sure you knew that) to the more challenging "The photoelectric effect occurs at a maximum when the incident photon energy is just less than the k-edge" (False - and I'm sure you knew that too!). The book is not all basic physics, there is lots applied science and technology too. For example, "The centre of the patient receives the highest radiation dose when using a helical scanner" (False) or "Modern plastic cardiac pacemakers are safe for MRI (False - it is not just what things are made of that may make them hazardous in MR scanning). One of my favourites was "Photon starvation occurs in obese patients" (False - even the physicist has a sense of humour!). I wasn't able to identify any missing sections although in some cases there was a limited supply of questions. For example, in the area of contrast agents or imaging modality quality assurance, there tended to be one question only. This is a minor quibble, as these questions serve to help the candidate identify areas for revision rather than cover the whole spectrum fully.

A candidate who is able to answer the questions correctly in this book, and has their knowledge supported by thorough revision, will very likely do well in their FRCR Part 1 Physics exam. It is certainly worth the £24-95 to see you through the exam.

Dr John Winder

MASTERING EMERGENCY MEDICINE: A PRACTICAL GUIDE. 1ST EDITION.

Editors: Chetan Trivedy, Mathew Hall, Andrew Parfitt

The Royal Society of Medicine Press. November 2009. Paperback.

£39.95 ISBN 978-1-85315-744-8



This is a welcome 1st edition text for trainees in Emergency Medicine. Never before has there been such a concise, revision-focused text that aids preparation for the Emergency Medicine clinical exams, at both Membership and Fellowship standards.

This well-designed text is in a format closely based on the College of Emergency Medicine (CEM) syllabus. In the 34 chapters, there is coverage of the core curriculum with sections including: Resuscitation, Wound Management, Infectious Diseases, Acid-Base Disorders, Toxicological Emergencies and Psychiatric Emergencies. A chapter on Medico-Legal Aspects of Emergency Medicine encompasses all relevant issues such as: consent, capacity, children in the emergency department, living wills, complaints procedures and confidentiality. Northern Ireland trainees should be aware that the Mental Health Act 1983 applies only to Great Britain and the Mental Health Order 1986 (not covered in this book) applies in Northern Ireland.

Figure 12. Anatomic variations in the pancreatic and common bile duct systems. The anatomic variations depicted provide additional examples of individual differences in pancreatic anatomy seen in adults. These will be most easily understood by comparing Figs. 12 and 13. Image by Jennifer Parsons Brumbaugh used with permission of the publisher (6). Eponymic names identify the anatomist, embryologist or physician who is credited with first describing a structure. You may conclude that Wirsung, Santorini, and Vater were such scientists. Figure 13. Anatomic variations in the union of the common bile duct and the main pancreatic duct at the major papilla (ampulla of Vater). "Common channel" refers to the fused portion of the bile and pancreatic ducts proximal to entry into the duodenum. Bile Ducts Surgery. Article (PDF Available) · March 2018 with 22 Reads. How we measure 'reads'. [Guide for the surgery of the liver and the bile ducts]. In 2 vol. Ed. Failure in case of regular Billroth II anatomy occurred only in patients who had not received Braun enteroenterostomies. Failure also occurred in 67% of the Roux-en-Y gastrojejunostomy cases due to excessive intestinal length. Most patients with Billroth II gastrojejunostomy (92% of those in the present study) and some patients with Roux-en-Y anastomosis (33% of those in the present study) can be investigated by ERCP and endoscopically treated in cases of pancreaticobiliary disorder. We have got a considerable collection of totally free of expense Book for people from every single stroll of life. We have got tried our finest to gather a sizable library of preferred cost-free as well as paid files. Need a fantastic e-book? eponyms in surgery and anatomy of the liver bile ducts and pancreas by , the most effective one! Want to get it? Find this excellent e-book by right here now. Download or read online is readily available. Why we are the best website for downloading this eponyms in surgery and anatomy of the liver bile ducts and pancreas Certainly, you could choose guide in

The terminal parts of the main pancreatic and bile ducts also have sphincters, which play an important role in controlling the flow of pancreatic and bile fluids. In addition to the main duct, the pancreas also contains an accessory duct. It communicates with the main pancreatic duct at the level of the pancreatic neck and opens into the descending part of the duodenum at the minor duodenal papilla.

Pancreas in situ Explore study unit. Pancreatic duct system Explore study unit. Anatomy of the pancreatic ducts (anterior view) - Irina MÄ¼nstermann. Arteries of the pancreas, duodenum and spleen (anterior view) - Esther Gollan.

