

The Butchering Art

Lindsay Fitzharris
Allen Lane Penguin Books 2018
Price £9.99. Pp 286
ISBN 978 0 141 98338 1

Surgeons over the centuries were puzzled by a common observation – a closed fracture, no matter how severe, would heal without infection. In contrast, a fracture, if complicated by an open wound, no matter how trivial, would suppurate and the victim would be lucky to escape with his/her life. The explanation was that it was exposure to the air that produced this phenomenon.

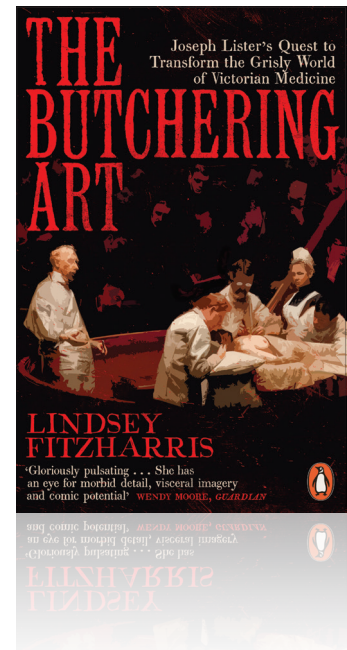
It was Joseph Lister, Professor of Surgery at the Glasgow Royal Infirmary, who solved the problem. He was made aware of the work of the French chemist, Louis Pasteur, who showed, in a series of simple experiments, that it was the presence of micro-organisms in the air, not the air itself, that was responsible for milk and wine becoming cloudy and smelly. Lister

determined to test his theory by preventing microbes from obtaining entry into the compound wound. Starting in 1865, Lister treated eleven patients, carefully dressing the compound fracture wound with carbolic acid. Complete recovery was seen in nine patients. There was one death from secondary haemorrhage in a severe case that, up to then, was progressing well and but a single infection which required amputation. These remarkable results were reported in *The Lancet* in 1867.

The fascinating story of Lister's work and his battle to get his principles accepted is well told in this excellent biography by Lindsay Fitzharris. Of one of the greatest surgeons of all time, he had to battle against the surprising opposition he faced from many surgeons both at home and abroad.

A splendid read.

Harold Ellis, Guy's and St Thomas' Hospital, London



SBA and EMI for the General Surgery FRCS

Edited by Richard G Molloy,
Graham J MacKay, Campbell S Roxburgh,
Martha M Quinn
Oxford University Press 2018
Price £44.99. Pp 432
ISBN 978 0 19879 415 8

SBA and EMI for the General Surgery FRCS is a new revision resource for the FRCS Section 1 examination featuring over 600 questions based on the surgical curriculum.

The content is split into eight major general surgical sub-specialities with additional sections on basic sciences and perioperative care. Each chapter contains a mix of single best answer and extended matching items which range from shorter anatomy and physiology themed questions to more detailed clinical scenarios.

The format is easy to navigate – each chapter is followed by a section listing the solutions to all the questions. It contains brief explanations which outline the reasoning behind the answer and why the alternative options were rejected. Many of these are accompanied by relevant diagrams, flowcharts and guidelines which can serve as an additional revision aid.

For most questions, the authors also list one or two references, allowing the trainee to formulate his/her own list of further reading depending on the individual learning needs.

The book provides a comprehensive overview of most of the syllabus and a close approximation of the questions featured in the FRCS examination. While it cannot serve as a substitute for a textbook, it may still be used to identify and fill any knowledge gaps. It would be ideal for those who prefer paper-based formats or as an additional resource to the increasingly popular online question banks.

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The Beginner's Guide to Intensive Care (2nd edn)

Edited by Nitin Arora, Shondipon K Laha
CRC Press 2018
Price £25.99. Pp 462
ISBN 978 1 13803 578 2

Intensive care can be extremely daunting for those unfamiliar with it. This book, aimed at junior doctors, nurses and allied health professionals alike, does an excellent job of alleviating many of these anxieties.

Returning in its second edition, it starts with the 'basics' and, after familiarising the reader with what to expect on intensive care, progresses through chapters including those relating to 'airway and respiratory emergencies' and the management of many commonly encountered pathologies (e.g. sepsis or pneumonia). Fifty-three chapters later, the reader has an up-to-date insight into the fundamentals of the day-to-day working and problems encountered on a busy general intensive care unit.

Particularly impressive is inclusion of the less 'mainstream' subjects which are often taken for granted (and assume people have knowledge of), such as the different roles of the many members of the multidisciplinary team specific to intensive care, and 'stress and burnout in intensive care medicine: looking after yourself'.

The book does not try to replace traditional textbooks, but provides an extremely accessible resource which will furnish any professional new to intensive care with a pragmatic, solid foundation on which to build and approach the speciality. My only regret is that it was not available when I started work in intensive care.
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