Disorders of hemostasis, 3rd edition
Oscar Ratnoff and Charles Forbes; Philadelphia; 1996; W. B. Saunders; 565 pages; $140.

This book is the third edition of a classic text in hemostasis. The book briefly reviews current knowledge and history of coagulation, but the real strengths of this text are the chapters devoted to each hemostatic problem. By design, each chapter functions as a self-contained review of the problem at hand. For example, the chapter on von Willebrand’s disease consists of a state-of-the-art summary of the biology of von Willebrand’s protein, a discussion of the often-confusing nomenclature of von Willebrand’s disease, and precise guidelines for therapy.

Several chapters particularly stand out. As a cognoscenti of hemostasis, I enjoyed the first chapter on evolution of knowledge of hemostasis. This historical background is not only interesting in its own right but helps lead to understanding about the sometimes arcane terminology of hemostasis.

For many readers, the chapter by Craig Kitchens on surgery and hemostasis will prove invaluable. It contains an excellent discussion of performing surgery on hemophiliacs, a comprehensive discussion of screening patients for hemostatic defects, certain operations and their effects on hemostasis, evaluation of postoperative hemorrhage, and finally operating on patients on chronic anticoagulants. This chapter should be mandatory reading for all surgical residents.

This book also contains chapters on topics not often found in other texts. The chapter on psychogenic bleeding is invaluable for those who have to consult on these difficult patients. Snake envenomation is not a usual problem in most physicians’ practices, but this book includes a good review. The chapter on vasculitis and vascular disease provides a broad discussion of purpuras and similar lesions.

Since the appearance of the first edition, I have used this book as a valued reference for a variety of hemostatic problems. For those who consult on a large number of patients with bleeding disorders, I would highly recommend purchase of this book. For those who occasionally see such patients, one should ensure quick access to this text either by owning it or ensuring the hospital library owns one.

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Ambulatory phlebectomy: Practical guide for treating varicose veins
Stefano Ricci, Mihael Georgiev, and Mitchel Goldman; St. Louis; 1995; Mosby-Year Book; 223 pages; $129.

The book is written by two European phlebologists with the collaboration of an American dermatologist. Dr. Goldman’s comments to some selected book sections are appropriate and add a balanced point of view in areas where it is needed. In the Preface, the authors candidly state that their objective is not to present a textbook of phlebology but to describe their personal technique to perform ambulatory phlebectomy, and the book is intended for those practitioners who wish to include the procedure in their phlebologic practice. The book has an attractive overall appearance. It contains numerous line drawings and color illustrations of excellent quality, reproduced on fine paper. The book has 223 pages and is divided into four parts and four appendices. The appendices are largely a summary of the documents used in the dermatologic practice of Dr. Goldman in California. Among them are: consent form, preoperative and postoperative instructions, a description of the surgical procedure, and nursing instructions. References are adequate in some sections and scarce or nonexistent in others. The table of contents is comprehensive, and the index is adequate.

The authors’ main objective in writing this book was achieved. The technique of vein hook excision of varicose veins is described in great detail and with an abundance of descriptive illustrations. The section on Anatomy is one of the strongest of the book. It contains a good anatomical-clinical correlation that reveals the large experience of the authors. Although the technique of ambulatory phlebectomy and its socioeconomic value are easy to understand and will be accepted by the majority of the readers, this reviewer has important concerns regarding the controversial approach described by the authors.

There is practically no selection of patients for this procedure. All patients with varicose veins are considered candidates for phlebectomy with exception of the gastrocnemius veins, saphenofemoral junction (SFJ) ligation, and recurrence of varicose veins in the SFJ area. Patients with coronary heart disease, cardiac arrhythmias, and advanced occlusive arterial disease are accepted for ambulatory phlebectomy under local anesthesia as long as the anesthetic is administered without Epinephrine (page 56). Rather than using a surgical criteria for the selection of patients, the authors use the American Society of Anesthesiologists selection criteria (page 208). The amount of anesthesia tolerance is the determinant factor in the selection of the patients. For this reason, surgery is performed in multiple sessions to limit anesthesia and operative time to 1 hour or less. For example, a typical greater saphenous vein incompetence needs three surgical sessions, 3 to 7 days apart beginning distally (page 58). In an effort to perform cosmetically acceptable surgery through 1 to 3 mm incisions, the authors perform saphenofemoral junction ligation through a 3 cm incision and consider “unnecessary and harmful” the exposure of the femoral vein above and below the junction. The lesser saphenous vein is “hooked” at the popliteal space and not a flush saphenopopliteal ligation, but “high ligation” is performed without a subfascial dissection. Saphenopopliteal ligation is done through a 3 to 4 mm incision. These concepts are contrary to the principles of varicose vein surgery, which have been hard learned during the last 50 years. An insufficient exposure at the