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Endosonography in gastroenterology
 G. Thieme Verlag, Stuttgart, New York, 1999
 ISBN 3-13-116471-9 (GTV)

Since its clinical inception around 17 years ago, endoscopic ultrasonography (EUS) has developed into an established technique for obtaining additional diagnostic information to supplement the findings of endoscopy, conventional sonography, and computed tomography in specific applications. The performance of EUS is still restricted to experienced specialists; however, this book is intended not only for endosonographic specialists, but also to demonstrate the clinical significance of EUS to practicing internists, gastroenterologists, and surgeons.

The other goals of the book are to stimulate a critical discussion on EUS and to provide a reference work for those interested in learning the technique. The chapters are systematically structured, and numerous schematic illustrations are presented for easier comprehension. Whenever possible, endosonographic findings are presented together with data of clinical studies of permit an assessment of the clinical usefulness of EUS.

This book as been written mainly by gastroenterologists and surgeons. We have deliberately included different interpretations from different authors, in order to illustrate problematic areas and the ongoing debates in the field of endoscopic ultrasonography. Contributions from Europe and the United States are included to illustrate technical variations and broad clinical utility.

We have tried to maintain objectivity and critical detachment in editing the book. On the other hand, we are obviously enthusiastic proponents of EUS, and we hope this publication will further overall progress in the field.

Preface of the Authors

G. Loda
Atlas of thumb and finger reconstruction
 G. Thieme Verlag, Stuttgart, New York, 1999
 ISBN 3-13-101191-2 (GTV)

Each decade in reconstructive surgery implies that techniques as well as concepts are to be reviewed.

This is why, now that am writing the preface of my own book, experience a strange mix of pride, joy, and perhaps apprehension-or maybe this is due to the emotion any author feels when his or her work is finished.

It has taken many years of careful work to condense my own experiences. It should be remembered that, as Sir John Denham (1615-1669) said, any book must be a guidance toward the following goals: wisdom, piety, joy, or usefulness.

It is frequently said that hand surgery is both science and art. Learning, and the knowledge of scientific bases are the grounds for science, while art is rooted in the skill of combining procedures and adapting these procedures to each reconstructive case. Real art, however, is immortal. Science may vary but science also ages. Hence Seneca's statement that nothing would ever be discovered if we were satisfied with things that had already been discovered or done.

Far from being satisfied, have aimed only at showing the reconstructive possibilities that have been achieved in Argentina, pursuant to my own experience. This book is widely enriched with photos, drawings, and tables taken from personal archives-i.e., of patients who have been treated both privately as well as non-privately.

The text also includes strategies allowing specialists to become aware of a whole range of reconstructive possibilities; thus the "absolute truth concept", which does not exist in medicine, has been deemed to be unacceptable. Hence, thumb and finger reconstructive surgery becomes a genuine laboratory for the development of an exciting subject where the specialist's cleverness is enhanced. However, let us not forget that "creativity and inspiration are the product of everyday work", as Baudelaire said.

"Without a sound knowledge of anatomy, there is no physiology, no surgery, no medicine" (Cruveilhier, 1834). Therefore, this book begins with anatomical bases and variants that are of assistance in practical reconstructive surgery. Precisely the search for such bases led me to study the fingertip innervation in fetuses, with the invaluable cooperation of distinguished colleagues pertaining to other disciplines. In turn, a good knowledge of innervation led me to classify the different sensitive skin qualities so that fingertip reconstructive procedures could be adapted to each relevant clinical case.

The modern concept of reconstructive surgery is aimed at minimizing sequelae originating in the donor area as well as increasing the so-called winning surgery. So, it will be easily understood that “the donor sites are, for microvascular surgeons, as fabric materials are for tailors” (Berish Strauch). We could also say, as R. Guy Pulvertaft aptly put it that “reconstructive surgery demands imagination and good judgment, the technical ability to achieve success, and integrity between patients and doctors”. This formed the basis of my development of the vascular rein technique for thumb reconstruction, as discussed in Chapter 2.

Replantations and revascularizations pertaining to my personal archives are nonetheless, as always, the product of a full, well-trained surgical team. In this regard, may I express my gratitude for the invaluable, qualified help offered by my colleagues at the Hand Surgery Ward of “Hospital Francés” (The French Hospital) of Buenos Aires.

Thumb reconstruction – an extensive, complex subject – is analyzed in terms of the reconstructive possibilities of the hand involved.

In the chapter on the mutilated hand, by means of a comparison of the author’s experience with that of distinguished specialists from different continents, it can be observed how the different social, economic, environmental, and even religious milieus exert a strong influence on the respective indications for severe bilateral amputation cases-with, however, similarly successful functional achievement coupled with patient satisfaction. Technological advances and current research aimed at achieving a method likely to transmit sensitivity to prostheses set the grounds for dynamic progress-progress likely to overtake what has been written in this book. So, as John Hunter said in 1962: “Never ask me what I have said or what I have written. But, if you ask me what my present opinion is... I will tell you”. His words still ring true today.

Now I will adopt words from the US philosopher Amos Bronson Alcott: “A good book is opened with expectations, and closed with profit”. I hope this has been the case.

From the Presentation of the Author

M. Trede

The art of surgery - Exceptional cases - Unique solutions - 100 case studied

G. Thieme Verlag, Stuttgart, New York, 1999

ISBN 3-13-116561-8 (GTV)

This is not a surgical textbook. Nor is it an art volume. It is a collection of 100 surgical sketches that have accumulated in the course of 40 years as a surgeon.

How did this come about? Why do sketches of operations at all?

To begin with, as a schoolboy in England, I was encouraged to draw all specimens that we had to dissect in zoology and botany.

Later on, as medical students in Cambridge and surgical housemen in London, we were obliged to document the essential details of each operation by a sketch in the patient’s notes. I began to realize that this exercise helped to develop my understanding of surgical anatomy: “One picture’s worth a thousand words!”

In Germany (with the possible exception of vascular surgery) such sketches are not customary, let alone obligatory. I continued to draw nevertheless-not all, but most of the interesting or unusual operative findings. Sometimes after 8 hours or so of operating, this helped me to keep awake during faculty and other meetings on Wednesday afternoons. And on many an evening – too tired for any real research work – these drawings helped me to recapitulate the day’s operations and at the same time to indulge in the illusion that I was perhaps “working” after all. Finally, I have to admit that the sketches were fun to do. Most of them were discussed with my associates during the next morning’s rounds, and many landed on the bedside tables of the patients in question-by way of additional information.

In the course of four decades, innumerable drawings accumulated. From these, 100 were selected, either because the sketch or the patient’s findings seemed interesting. Along with each picture, an attempt was made to relate the history of the patient including (as far as possible) his or her postoperative fate. I hope that academic purists will overlook the fact that the style of some of the texts is often narrative rather than coldly scientific, and that there is not a single reference in the whole book. I make no apology for this. I feel that in these times, where statistics are everything whilst the individual case history counts for little, this volume might fill a gap.

Preface of the Author Michael Trede

V. Forcheri

Le sofferenze anorettali

Ed. Minerva Medica, Torino, 2000

ISBN 88-7711-346-4

I dolori ano-rettali costituiscono un capitolo della proctologia non certamente nuovo nella bibliografia internazionale medica: ogni trattato di colonproctologia vi dedica almeno un capitolo mentre nelle riviste mediche, anche se sporadicamente, si possono leggere i resoconti

di considerazioni, ricerche ed esperienze concernenti la patologia algica ano-rettale.

Ma se questo è un tema che presenta evidenti certezze per quanto riguarda l'eziopatogenesi e la terapia della sintomatologia dolorosa legata ad affezioni comuni e frequenti quali le emorroidi, le ragadi, le sepsi anali e perianali, le neoplasie, è altresì indubbiamente caratterizzato da una spesso dubbia causalità quando il sospetto eziologico concerne la patologia utero-annessiale; quella prostatica, le discopatie, le radicoliti, le nevriti.

Ed è infine tuttora assai vago, discutibile e misterioso il riscontro eziopatogenetico di altre patologie algiche ano-rettali, mal definite nella loro essenza e nei loro confini condizionate da fattori causali controversi e mal precisabili.

Duhamel intitola un capitolo di un suo volume "Algies ano-rectale essentielles" ed aggiunge che con tale titolo intende i dolori della sfera ano-rettale senza causa proctologica evidenziabile con l'esame clinico.

Il titolo nel trattato di Sarles è "Patologia algica ribelle".

In quello di Soullard si legge "Pathologie algique essentielle".

Pradel pone come titolo "Que farie devant... une douleur ano-coccygienne".

Più semplicemente Swash dice: "Chronic perianal pain" e Dodi ancora più semplicemente intitola un capitolo del suo trattato: "Proctalgia".

In linea generale i vari AA. accennando alle sindrome dolorose ano-rettali da causa ignota parlano di proctalgia fugax, coccigodinia, sindrome da spasmo degli elevatori, nevralgie ano-rettali essenziali, dolore cronico idiopatico patologia algica ribelle: un cumulo di definizioni che conferma la indubbia realtà della frase di Martin Fischer: "... Whenever ideas fail men invent words".

Nella nostra trattazione accenneremo brevemente alle varie proctalgie di cui è nota l'eziopatogenesi e che conseguentemente rispondono ai noti razionali trattamenti. Ci diffonderemo poi maggiormente sull'analisi delle rare ma possibili correlazioni tra affezioni degli organi endo-pelvici ed algie ano-rettali.

Tenteremo infine di chiarire, per quanto possibile, la natura delle varie algie ano-rettali criptogenetiche e vi assoceremo una razionale analisi delle varie terapie proposte per tali affezioni con i relativi risultati quali emergono nelle casistiche riferite dalla letteratura sull'argomento.

Non è nostra presunzione portare un concreto chiarimento su un capito ancora assai oscuro ma pensiamo che illustrarne i caratteri e richiamare su di esso l'attenzione dei colleghi, possa costituire un contributo positivo alla nostre conoscenze.

Prefazione dell'Autore

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