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From the Selected Works of Vivian C. McAlister

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Canadian Medical Officers in the Royal Navy-- World War II

Vivian C. McAlister

CRITIQUES DE LIVRES

fashion. Medical students should be able to consult this text during their surgical rotation.

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CANADIAN MEDICAL OFFICERS IN THE ROYAL NAVY — WORLD WAR II. Harry Stafford Morton. 112 pp. Illust. Canadian Naval Memorial Trust, HMCS Sackville, PO Box 99000, Stn Forces, Halifax NS B3K 5X5. 2000. Can\$18.00

At the beginning of the Second World War, the Royal Canadian Navy offered 90 medical officers on loan to the Royal Navy. The author was among that group, which included leaders in Canadian surgery such as Surgeon Lieutenant McLachlin of London, Ont. The history of these medical officers has not been written because it fell between histories of the Royal Canadian Navy and the Royal Navy. Dr. Morton collected the names of the officers and researched their activities through the Royal Canadian Navy in Halifax and the Royal Navy in London, UK. In addition, he used his contacts to check with survivors directly. The result of his research is this fascinating book.

The second half of the book is devoted to a memoir by Dr. Douglas Bell of his time in the Pacific theatre. This section, with many accounts of life and surgery in the navy, includes the fascinating incident in which Surgeon Lieutenant George Gayman, as the most senior officer present, almost took the surrender of Japan on behalf of Canada. These accounts make fascinating reading for those of us who fortunately have not been required to un-

dertake the risks that this group took.

Probably reflecting the author's modesty, only glimpses are available of his own life. He grew up in Halifax, the son of a gynecologist who worked at the Halifax Infirmary. As was common in those days, he went to England to study medicine. After graduating, he trained as a surgeon, becoming a Fellow of the Royal College of Surgeons of England. Practising in Canada, he was in the Royal Canadian Navy Volunteer Reserve before the war. With the other 89 medical officers, he was seconded to the Royal Navy on the outbreak of hostilities. After the war he continued surgery in Montreal.

This is a remarkable text in several respects: in addition to the historical aspect, it is remarkable in that the author retired from McGill University in 1970 and this publication comes 77 years after his first published surgical communication.

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THE EVIDENCE FOR VASCULAR SURGERY. Edited by Jonathan J. Earnshaw and John A. Murie. 210 pp. Illust. tfm Publishing Ltd., Kemberton, Shropshire, UK. 1999. £37.50. ISBN 0-9530052-5-9

The Joint Vascular Research Group currently comprises British consultant vascular surgeons, from 22 geographic centres. The prime objective of this group is to enter patients into multicentre controlled trials and to conduct studies of the natural history of vascular disease.

In June 1999, this group held a meeting, the theme of which was the evidence base of vascular surgery. Participating surgeons presented their concepts of where daily surgical prac-

tice now stands in relation to clinical science, and each contributed a chapter for this book.

The 31 chapters cover the spectrum of vascular disease and its management. The first 4 chapters deal with carotid endarterectomy and carotid angioplasty. The debate over carotid balloon angioplasty is clearly detailed, highlighting the fact that the evidence base for the technique is grossly lacking at present. Peripheral arterial disease is covered in the next 9 chapters, with topics ranging from the value of risk factor management, quality-of-life issues and the evidence for methods used to improve the patency of femorodistal bypass. Five chapters are devoted to abdominal aortic aneurysm, detailing the ongoing controversy with respect to screening for this aneurysm. The current evidence-based indications for elective repair of abdominal aortic aneurysm are clearly presented, including a timely, nonbiased overview of the evidence for endovascular aneurysm repair. Although only 1 chapter deals with the topic of thoracoabdominal aortic aneurysm, it will be appreciated by surgeons interested in this complex entity, since the evidence for methods proposed to make thoracoabdominal repair safer is clearly summarized.

Venous disease is discussed in the next 5 chapters. Topics range from endoscopic perforator surgery to evidence for techniques to improve the results of varicose vein surgery. The next 6 chapters cover a variety of independent topics, including renal revascularization, graft infection, complex vascular trauma of the lower limb and nonsurgical factors that affect surgical outcome. The text appropriately concludes with a most interesting chapter on the medicolegal implications associated with evidence-based medicine.

The editors are to be commended for organizing and presenting the material in a coherent, easily readable style, despite having 47 contributors. The same format is maintained in each