

CLINICAL SURGERY

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John H. Davis

William R. Drucker

Roger S. Foster

Richard L. Gamelli

Donald S. Gann

Basil A. Pruitt

George R. Sheldon

CONTRIBUTORS

Marwan Abouljoud, M.D.

Chapter 16 Wound Healing
General Surgery Resident
University of Michigan Medical School
Department of Surgery
Ann Arbor, Michigan

Joseph F. Amaral, M.D.

Chapter 12 Neuroendocrine Response to Stress, Injury, and Sepsis
Chapter 13 Metabolic Response to Injury, Stress, and Starvation
Assistant Instructor
Department of Surgery
Brown University;
Research Fellow
Department of Surgery
Rhode Island Hospital
Providence, Rhode Island

Marie L.F. Ashcraft, R.N., M.B.A., Ph.D.

Chapter 4 The Cost of Health Care: The Clinician's Role
Associate Professor
Department of Health Services, Management, and Policy
The University of Michigan;
Coordinator for Prospective Payment
Office of Clinical Affairs
The University of Michigan Hospitals
Ann Arbor, Michigan

Paul S. Auerbach, M.D.

Chapter 72 Environmental Injuries
Associate Professor of Surgery and Medicine
Vanderbilt University Medical Center;
Medical Director, Division of Emergency Medical Services
Tennessee Department of Health and Environment
Nashville, Tennessee

Garth H. Ballantyne, M.D.

Chapter 10 Gastrointestinal Function
Assistant Professor of Surgery
Department of Surgery
Yale University School of Medicine;
Assistant Chief of Surgery
Veterans Administration Hospital
New Haven, Connecticut

William H. Barber, M.D., D.Phil.

Chapter 77 Organ Transplantation
Assistant Professor of Surgery
Department of Surgery
The University of Alabama at Birmingham, School of Medicine
Birmingham, Alabama

Bruce O. Barger, M.S., Ph.D.

Chapter 77 Organ Transplantation
Associate Professor
Departments of Epidemiology, Microbiology, Medicine,
and Surgery
Schools of Public Health and Medicine
Director, Histocompatibility Laboratory
Department of Surgery
University of Alabama at Birmingham, University Hospital
Birmingham, Alabama

Daniel L. Barrow, M.D.

Chapter 6 Neurologic Function
Assistant Professor of Surgery (Neurosurgery)
Department of Surgery, Division of Neurosurgery
Emory University School of Medicine
Atlanta, Georgia

Arthur E. Baue, M.D.

Chapter 41 Chest Wall, Pleura, Lungs, and Diaphragm
Vice President for the Medical Center
St. Louis University;
Surgeon, Department of Surgery
St. Louis University Hospitals, St. Mary's Hospital
St. Louis, Missouri

Richard H. Bell, Jr., M.D.

Chapter 11 Liver, Biliary, and Pancreatic Function
Associate Professor of Surgery
Department of Surgery
University of Cincinnati College of Medicine;
Attending Physician
Department of Surgery
University Hospital;
Assistant Chief of Surgery
Department of Surgery
Veterans Administration Medical Center
Cincinnati, Ohio

John Bostwick III, M.D.

Chapter 42 Breast
Professor of Surgery
Department of Plastic and Reconstructive Surgery
Emory University School of Medicine
Atlanta, Georgia

Robert H. Bower, M.D.

Chapter 11 Liver, Biliary, and Pancreatic Function
Associate Professor
Department of Surgery
University of Cincinnati;
Director, Department of Nutritional Support
University of Cincinnati Hospitals
Cincinnati, Ohio

Kenneth W. Burchard, M.D.

Chapter 20 Temperature Alteration
Assistant Professor
Department of Surgery
Brown University;
Associate Director, Surgical Intensive Care Unit
Department of Surgery
Rhode Island Hospital
Providence, Rhode Island

Michael D. Caldwell, M.D., Ph.D.

Chapter 12 Neuroendocrine Response to Stress, Injury, and Sepsis
Chapter 13 Metabolic Response to Injury, Stress, and Starvation
Associate Professor of Surgery
Department of Surgery
Brown University;
Surgeon-in-Charge, Division of Surgical Research
Director, Nutritional Support Service & Surgical
Metabolism Laboratory
Department of Surgery
Rhode Island Hospital
Providence, Rhode Island

Russell W. Campbell, M.D.

Chapter 66 Adrenal Gland
Senior Resident of Surgery
Brown University Program in Medicine
Providence, Rhode Island

John J. Caronna, M.D.

Chapter 22 Alterations in Consciousness
Professor and Vice Chairman
Department of Neurology
The New York Hospital—Cornell Medical Center
New York, New York

C. James Carrico, M.D.

Chapter 44 Stomach
Professor and Chairman
Department of Surgery
University of Washington School of Medicine
Seattle, Washington

Frank B. Cerra, M.D.

Chapter 21 Weight Change
Professor of Surgery
Director, Nutrition Support and Critical Care
Department of Surgery
University of Minnesota;
Staff Surgeon
University Hospitals, St. Paul Ramsey Medical Center
Department of Surgery
Minneapolis, Minnesota

William F. Chandler, M.D.

Chapter 39 Central Nervous System
Associate Professor
Section of Neurosurgery
University of Michigan
Ann Arbor, Michigan

William G. Cioffi, Jr., M.D.

Chapter 8 Circulation Dynamics
Chapter 23 Alterations in Blood Pressure
Chief Surgical Resident
Department of Surgery
University of Vermont College of Medicine;
Chief Surgical Resident
Department of Surgery
Medical Center Hospital of Vermont
Burlington, Vermont

Orlo H. Clark, M.D.

Chapter 65 Parathyroid Glands
Professor, Department of Surgery
University of California, San Francisco;
Staff Surgeon, Surgical Service
Veterans Administration Medical Center;
Consultant Surgeon, Letterman General Hospital
San Francisco, California;
Consultant Surgeon, David Grant USAF Medical Center
Travis, California

George H.A. Clowes, Jr., M.D.

Chapter 14 Inflammation, Infection, and Sepsis
Professor of Surgery Emeritus
Department of Surgery
Harvard Medical School;
Visiting Surgeon
New England Deaconess Hospital and Boston City Hospital
Boston, Massachusetts

Laurence H. Coffin, M.D.

Chapter 55 Heart: Acquired Disease
Professor of Surgery
Chairman, Division of Thoracic and Cardiac Surgery
Department of Surgery
University of Vermont College of Medicine;
Chief, Division of Thoracic and Cardiac Surgery
Medical Center Hospital of Vermont
Burlington, Vermont

Myra L. Collins, M.D., Ph.D.

Chapter 33 Transfusion Therapy
Assistant Professor
Department of Pathology
The University of North Carolina at Chapel Hill;
Director, Blood Bank
The North Carolina Memorial Hospital
Chapel Hill, North Carolina

William F. Collins, M.D.*Chapter 67 Pituitary Gland*

Harvey and Kate Cushing Professor of Neurological Surgery
 Department of Surgery
 Yale University School of Medicine
 New Haven, Connecticut

Richard A. Crass, M.D.*Chapter 48 Liver*

Associate Professor of Surgery
 Head, Division of General Surgery
 The Oregon Health Sciences University
 Portland, Oregon

John H. Davis, M.D.*Chapter 1 Our Surgical Heritage**Chapter 26 Evaluation of the Surgical Patient**Chapter 56 Aorta and Peripheral Arteries**Chapter 57 Veins and Lymphatics**Chapter 70 Multiple Injuries*

Professor and Chairman
 Department of Surgery
 The University of Vermont College of Medicine;
 Surgeon-in-Chief
 Medical Center Hospital of Vermont
 Burlington, Vermont

Eric J. DeMaria, M.D.*Chapter 66 Adrenal Gland*

Research Fellow in Surgery
 Brown University and Rhode Island Hospital
 Providence, Rhode Island

James E. DeMeules, M.D.*Chapter 55 Heart: Acquired Disease*

Associate Professor of Surgery
 Department of Surgery
 University of Vermont College of Medicine;
 Attending in Surgery
 Department of Surgery
 Medical Center Hospital of Vermont
 Burlington, Vermont

Arnold G. Diethelm, M.D.*Chapter 77 Organ Transplantation*

Professor and Chairman
 Department of Surgery
 The University of Alabama at Birmingham, School of Medicine;
 Chief of Surgery
 Department of Surgery
 University of Alabama Hospital
 Birmingham, Alabama

Robert P. Drucker, M.D.*Chapter 9 Body Fluids**Chapter 32 Fluid Therapy*

Fellow in Pediatric Infectious Diseases
 Department of Pediatrics
 Duke University Medical Center
 Durham, North Carolina

William R. Drucker, M.D.*Chapter 2 History of Surgical Education**Chapter 9 Body Fluids*

Professor and Chairman
 Department of Surgery
 University of Rochester School of Medicine and Dentistry;
 Surgeon-in-Chief
 Strong Memorial Hospital
 Rochester, New York

Quan-Yang Duh, M.D.*Chapter 65 Parathyroid Glands*

Surgical Resident
 Veterans Administration Hospital
 San Francisco, California

Michael J. Edwards, M.D.*Chapter 36 Antimicrobials: Use, Cost, and Danger*

Clinical Instructor
 Department of Surgery
 University of Louisville School of Medicine
 Louisville, Kentucky

Jeffrey E. Faaberg, M.D.*Chapter 30 Perioperative Anesthesia*

Director, Pain Management Center
 St. Joseph's Hospital
 Asheville, North Carolina

Josef E. Fischer, M.D.*Chapter 11 Liver, Biliary, and Pancreatic Function*

Christian R. Holmes Professor of Surgery
 Chairman, Department of Surgery
 University of Cincinnati Medical Center;
 Chief of Surgery
 Department of Surgery
 University of Cincinnati Medical Center
 University Hospital and Holmes Hospital;
 Surgeon-in-Chief
 Cincinnati Children's Hospital Medical Center
 Cincinnati, Ohio

Roger S. Foster, Jr., M.D.*Chapter 15 Principles of Cancer Biology**Chapter 26 Evaluation of the Surgical Patient**Chapter 37 Principles of Cancer Therapy**Chapter 42 Breast**Chapter 62 Skin and Soft Tissue**Chapter 64 Thyroid Gland*

Professor of Surgery
 Director
 Vermont Regional Cancer Center
 University of Vermont
 Burlington, Vermont

Wesley C. Fowler, Jr., M.D.*Chapter 53 Gynecologic System*

Professor and Associate Chairman of Obstetrics and Gynecology
 Director, Gynecologic Oncology
 Department of Obstetrics and Gynecology
 University of North Carolina School of Medicine
 North Carolina Memorial Hospital
 Chapel Hill, North Carolina

Richard D. Fry, M.D.*Chapter 46 Colon and Rectum*

Assistant Professor of Surgery

Department of Surgery

Washington University;

Jewish Hospital at Washington University Medical Center

Department of Surgery

Division of Colon and Rectal Surgery

St. Louis, Missouri

John W. Frymoyer, M.S., M.D.*Chapter 59 Musculoskeletal System: Acquired Disorders*

Professor and Chairman

Orthopaedics and Rehabilitation

University of Vermont;

Chief of Orthopaedics

Department of Orthopaedic Surgery

Medical Center Hospital of Vermont

Burlington, Vermont

Richard L. Gamelli, M.D.*Chapter 8 Circulation Dynamics**Chapter 23 Alterations in Blood Pressure**Chapter 26 Evaluation of the Surgical Patient**Chapter 34 Nutritional Support: Parenteral Alimentation*

Associate Professor and Vice Chairman

Department of Surgery

The University of Vermont College of Medicine;

Associate Chief of Surgery

Medical Center Hospital of Vermont

Burlington, Vermont

Donald S. Gann, M.D.*Chapter 12 Neuroendocrine Response to Stress, Injury, and Sepsis**Chapter 13 Metabolic Response to Injury, Stress, and Starvation**Chapter 66 Adrenal Gland*

J. Murray Beardsley Professor of Surgery

Chairman of the Department of Surgery

Brown University

Division of Biology and Medicine;

Surgeon-in-Chief

Department of Surgery

Rhode Island Hospital

Providence, Rhode Island

Cleon W. Goodwin, M.D.*Chapter 71 Thermal Injuries**Chapter 78 Management of Sepsis*

Associate Professor of Surgery

Department of Surgery

Cornell University Medical College;

Director

New York Hospital-Burn Center

The New York Hospital-Cornell Medical Center

New York, New York

Carl E. Haisch, M.D.*Chapter 29 Chronic Vascular and Peritoneal Access*

Assistant Professor of Surgery

Department of Surgery

University of Vermont College of Medicine;

Attending Surgeon, Director of Transplantation

Department of Surgery

Medical Center Hospital of Vermont

Burlington, Vermont

Sigvard T. Hansen, Jr., M.D.*Chapter 73 Fractures*

Professor

Department of Orthopaedics

University of Washington;

Chief

Department of Orthopaedics

Harborview Medical Center

Seattle, Washington

Timothy S. Harrison, M.D.*Chapter 68 Endocrine Pancreas*

Professor of Surgery and Physiology

Departments of Surgery and Physiology

Pennsylvania State University College of Medicine;

Professor of Surgery

Department of Surgery

Milton S. Hershey Medical Center

Hershey, Pennsylvania;

Visiting Professor of Surgery

Department of Surgery

The Aga Khan University Faculty of Health Sciences

Karachi, Pakistan

James C. Hebert, M.D.*Chapter 63 Spleen and Lymph Nodes*

Assistant Professor

Department of Surgery

University of Vermont College of Medicine

Burlington, Vermont

Robert E. Hermann, M.D.*Chapter 49 Biliary System*

Chairman, Department of General Surgery

Cleveland Clinic Foundation;

Clinical Professor of Surgery

Case Western Reserve University, School of Medicine

Cleveland, Ohio

Julian T. Hoff, M.D.*Chapter 39 Central Nervous System*

Professor of Surgery

Head, Section of Neurosurgery

Department of Surgery

University of Michigan Hospitals

Ann Arbor, Michigan

Robert J. Izant, Jr., M.D.*Chapter 75 Pediatric Surgery*

Professor of Pediatric Surgery and Pediatrics

Department of Surgery

Case Western Reserve University School of Medicine;

Director, Division of Pediatric Surgery

Department of Surgery

Rainbow Babies and Childrens Hospital of University

Hospitals of Cleveland

Cleveland, Ohio

Benjamin T. Jackson, M.D.*Chapter 51 Abdominal Wall and Hernia*

Professor of Surgery
 Department of Surgery
 Brown University Program in Medicine;
 Chief, Surgical Service
 Veterans Administration Medical Center
 Providence, Rhode Island

Bernard M. Jaffe, M.D.*Chapter 45 Small Intestine*

Professor and Chairman
 Department of Surgery
 State University of New York Health Science Center at
 Brooklyn;
 Surgeon-in-Chief
 Department of Surgery
 State University Hospital
 Kings County Hospital Center
 Brooklyn, New York

M.J. Jurkiewicz, M.D.*Chapter 76 Plastic Surgery*

Professor of Surgery
 Emory University School of Medicine;
 Chief
 Section of Plastic Surgery
 The Emory University Clinic
 Atlanta, Georgia

Blair A. Keagy, M.D.*Chapter 5 Critical Evaluation of Data**Chapter 43 Esophagus*

Associate Professor of Surgery
 Department of Surgery
 University of North Carolina
 Chapel Hill, North Carolina

Roger G. Keith, M.D.*Chapter 50 Pancreas*

Associate Professor
 Department of Surgery
 University of Toronto;
 Department of Surgery
 St. Michael's Hospital
 Toronto, Ontario, Canada

Eugene S. Kilgore, Jr., M.D.*Chapter 60 Hand*

Clinical Professor of Surgery
 Chief, Hand Surgery Services
 Department of Surgery
 University of California, San Francisco
 San Francisco, California

Ira J. Kodner, M.D.*Chapter 46 Colon and Rectum*

Associate Professor of Surgery
 Washington University Medical Center;
 Director, Division of Colon and Rectal Surgery
 Jewish Hospital at Washington University Medical Center
 St. Louis, Missouri

Thomas K. Kristiansen, M.D.*Chapter 73 Fractures*

Assistant Professor
 Department of Orthopaedics and Rehabilitation Medicine
 Director of Orthopaedics Trauma Service
 University of Vermont College of Medicine;
 Attending Surgeon
 Department of Orthopaedic Surgery and Rehabilitation
 Medical Center Hospital of Vermont
 Burlington, Vermont

Thomas J. Krizek, M.D.*Chapter 62 Skin and Soft Tissue*

Professor and Chairman
 Section of Plastic and Reconstructive Surgery
 University of Chicago Medical Center
 Chicago, Illinois

Frank R. Lewis, Jr., M.D.*Chapter 47 Appendix*

Professor of Surgery
 Department of Surgery
 University of California, San Francisco;
 Chief of Surgery
 Department of Surgery
 San Francisco General Hospital
 San Francisco, California

Robert C. Lim, Jr., M.D.*Chapter 48 Liver*

Professor of Surgery
 University of California, School of Medicine;
 Chief, Vascular Surgery Service
 Department of Surgery
 San Francisco General Hospital
 San Francisco, California

S. Martin Lindenauer, M.D.*Chapter 4 The Cost of Health Care: The Clinician's Role*

Professor of Surgery
 Department of Surgery
 Professor of Medical Care Organization
 School of Public Health, University of Michigan;
 Associate Chief of Clinical Affairs
 University of Michigan Hospitals
 Ann Arbor, Michigan

Donlin M. Long, M.D., Ph.D.*Chapter 17 Acute and Chronic Pain*

Professor and Chairman
 Department of Neurosurgery
 The Johns Hopkins University School of Medicine;
 Neurosurgeon-in-Chief
 Department of Neurosurgery
 Johns Hopkins Hospital
 Baltimore, Maryland

Robert E. Markison, M.D.*Chapter 60 Hand*

Assistant Professor of Surgery
 University of California, San Francisco;
 Chief, Hand Surgery Services
 San Francisco General Hospital
 San Francisco, California

Sylvia L.H. Marshall, M.B., B.S., D.A. (England)*Chapter 30 Perioperative Anesthesia*

Assistant Professor
 Department of Anesthesiology
 University of Rochester School of Medicine and Dentistry;
 Associate Anesthesiologist
 Department of Anesthesiology
 Strong Memorial Hospital
 Rochester, New York

Stephen J. Mathes, M.D.*Chapter 16 Wound Healing*

Professor of Surgery
 Head, Division of Plastic and Reconstructive Surgery
 Professor, Department of Growth and Development, School
 of Dentistry
 University of California, San Francisco
 San Francisco, California

Jack W. McAninch, M.D.*Chapter 52 Genitourinary System*

Professor of Urology
 Department of Urological Surgery
 University of California School of Medicine;
 Chief of Urology
 Department of Urological Surgery
 San Francisco General Hospital
 San Francisco, California

Janice M. McPherson, B.S.*Chapter 21 Weight Change*

Junior Scientist
 Surgery Research Department
 University of Minnesota Hospital and Clinics
 Minneapolis, Minnesota

Anthony A. Meyer, Ph.D., M.D.*Chapter 35 Nutritional Support: Enteral Alimentation*

Associate Professor of Surgery
 Department of Surgery
 The University of North Carolina School of Medicine
 Chapel Hill, North Carolina

Ernest E. Moore, M.D.*Chapter 70 Multiple Injuries*

Chief, Division of EMS and Trauma
 Department of Surgery
 University of Colorado Health Sciences Center;
 Chief, Department of Surgery
 Denver General Hospital
 Denver, Colorado

Monica Morrow, M.D.*Chapter 45 Small Intestine*

Assistant Professor of Surgery
 Department of Surgery
 State University of New York Health Science Center at
 Brooklyn;
 Co-Director, Tumor Services
 Department of Surgery
 Kings County Hospital Center
 Brooklyn, New York

Gordon F. Murray, M.D.*Chapter 43 Esophagus*

Professor and Chief
 Division of Cardiothoracic Surgery
 West Virginia University
 Morgantown, West Virginia

G. Stephen Nace, M.D.*Chapter 31 Renal Function and Renal Failure*

Research Fellow
 Division of Clinical Pharmacology
 Vanderbilt University School of Medicine
 Nashville, Tennessee

Howard S. Nearman, M.D., M.S.E.*Chapter 28 Technical Skills in Patient Care*

Assistant Professor
 Department of Anesthesiology and Surgery
 Case Western Reserve University;
 Chief, Surgical Intensive Care Unit
 University Hospitals of Cleveland
 Cleveland, Ohio

George J. Palmer, M.D.*Chapter 5 Critical Evaluation of Data*

Fellow
 Department of Surgery
 University of North Carolina
 Chapel Hill, North Carolina

Richard M. Peters, M.D.*Chapter 7 Respiratory Function*

Professor of Surgery and Bioengineering
 Department of Surgery
 Division of Cardiothoracic Surgery
 University of California, San Diego
 Director, Surgery Research and Education
 University of California Medical Center, San Diego
 San Diego, California

Jack Pickleman, M.D.*Chapter 18 Abdominal Pain*

Professor of Surgery
 Chief, Division of General Surgery
 Loyola University Stritch School of Medicine
 Maywood, Illinois

David B. Pilcher, M.D.

Chapter 38 Amputations
Chapter 56 Aorta and Peripheral Arteries
 Professor of Surgery
 Department of Surgery
 University of Vermont College of Medicine;
 Attending Surgeon
 Department of Surgery
 Medical Center Hospital of Vermont
 Burlington, Vermont

Hiram C. Polk, Jr., M.D.

Chapter 36 Antimicrobials: Use, Cost, and Danger
 Professor and Chairman
 Department of Surgery
 University of Louisville School of Medicine
 Louisville, Kentucky

Basil A. Pruitt, Jr., M.D.

Chapter 71 Thermal Injuries
Chapter 78 Management of Sepsis
 Colonel, M.C.
 Commander and Director
 U.S. Army Institute of Surgical Research
 Fort Sam Houston
 San Antonio, Texas

Steven E. Raper, M.D.

Chapter 25 Jaundice
 Chief Resident in Surgery
 University of California, San Francisco
 San Francisco, California

Stephen M. Rauh, M.D.

Chapter 46 Colon and Rectum
 Resident in Surgery
 Strong Memorial Hospital
 Rochester, New York

Richard J. Robbins, M.D.

Chapter 67 Pituitary Gland
 Assistant Professor of Medicine and Gynecology
 Head, Section of Neuroendocrinology
 Yale University School of Medicine
 New Haven, Connecticut

Francis E. Rosato, M.D.

Chapter 19 Mass
 Chairman
 Department of Surgery
 Jefferson Medical College
 Thomas Jefferson University Hospital
 Philadelphia, Pennsylvania

Ronald E. Rosenthal, M.D.

Chapter 61 Foot
 Chief, Division of Trauma
 Department of Orthopaedic Surgery
 Long Island Jewish Medical Center
 New Hyde Park, New York;
 Associate Professor of Clinical Orthopaedic Surgery
 Department of Orthopaedic Surgery
 State University of New York
 Stony Brook, New York

Lorraine J. Rubis, M.D.

Chapter 54 Heart: Congenital Disease
 Clinical Associate Professor of Surgery
 Marshall University School of Medicine
 Huntington, West Virginia

Robert Rutledge, M.D.

Chapter 24 Bleeding and Coagulation
 Assistant Professor of Surgery
 Department of Surgery
 The University of North Carolina School of Medicine
 Chapel Hill, North Carolina

Robert B. Salter, O.C., M.D., M.S.

Chapter 58 Musculoskeletal System: Congenital Abnormalities
 Professor of Orthopaedic Surgery
 Department of Surgery
 University of Toronto;
 Senior Orthopaedic Surgeon
 Department of Surgery (Division of Orthopaedic Surgery)
 The Hospital for Sick Children
 Toronto, Ontario, Canada

George F. Sheldon, M.D.

Chapter 3 Education and Certification Requirements
Chapter 24 Bleeding and Coagulation
Chapter 33 Transfusion Therapy
Chapter 35 Nutritional Support: Enteral Alimentation
 Professor and Chairman
 Department of Surgery
 University of North Carolina School of Medicine
 Chapel Hill, North Carolina

Roger Sherman, M.D.

Chapter 63 Spleen and Lymph Nodes
 Professor of Surgery
 Emory University School of Medicine;
 Chief of Surgery
 Grady Memorial Hospital
 Atlanta, Georgia

Naresh N. Sheth, M.D.

Chapter 30 Perioperative Anesthesia
 Associate Anesthesiologist
 Department of Anesthesiology
 Park Ridge Hospital
 Rochester, New York

Jerry M. Shuck, M.D., D.Sc.

Chapter 28 Technical Skills in Patient Care
 Oliver H. Payne Professor and Chairman
 Department of Surgery
 Case Western Reserve University;
 Director of Surgery
 Department of Surgery
 University Hospitals of Cleveland
 Cleveland, Ohio

Kevin L. Smith, M.D.*Chapter 19 Mass*

Resident in Surgery
 Jefferson Medical College of Thomas Jefferson
 University Hospital
 Philadelphia, Pennsylvania

Robert A. Sofferman, M.D.*Chapter 40 Head and Neck*

Associate Professor of Surgery
 Department of Surgery
 University of Vermont School of Medicine;
 Chairman, Section of Otolaryngology
 Department of Otolaryngology
 Medical Center Hospital of Vermont
 Burlington, Vermont

David H. Stern, M.D.*Chapter 30 Perioperative Anesthesia*

Assistant Professor
 Department of Anesthesiology
 University of Rochester School of Medicine and Dentistry;
 Attending Anesthesiologist
 Department of Anesthesiology
 Strong Memorial Hospital
 Rochester, New York

John K. Stevenson, M.D.*Chapter 44 Stomach*

Professor Emeritus
 Department of Surgery
 University of Washington School of Medicine
 Seattle, Washington

Timothy Taft, M.D.*Chapter 74 Sports Injuries*

Associate Professor of Orthopedic Surgery
 Department of Surgery, Division of Orthopedic Surgery
 University of North Carolina at Chapel Hill;
 North Carolina Memorial Hospital
 Chapel Hill, North Carolina

Paul E. Teschan, M.D.*Chapter 31 Renal Function and Renal Failure*

Professor of Medicine
 Associate Professor of Urology and Biomedical Engineering
 Vanderbilt University School of Medicine
 Nashville, Tennessee

John R. Thornbury, M.D.*Chapter 27 Decision Making in Diagnostic Imaging*

Professor and Acting Chairman
 Department of Radiology
 University of Rochester Medical Center;
 Attending Radiologist
 Department of Radiology
 Strong Memorial Hospital
 Rochester, New York

Donald Trunkey, M.D.*Chapter 69 Issues in Trauma Care*

Professor and Chairman
 Department of Surgery
 Oregon Health Sciences University
 Portland, Oregon

Henry Vasconez, M.D.*Chapter 76 Plastic Surgery*

Fellow in Craniofacial Surgery
 International Craniofacial Institute
 Dallas, Texas

David P. Vogt, M.D.*Chapter 49 Biliary System*

Member of Staff
 Co-Director, Liver Transplant Program
 Department of General Surgery
 Cleveland Clinic Foundation
 Cleveland, Ohio

Walter J. Watson, M.S.P.H., M.D.*Chapter 30 Perioperative Anesthesia*

Senior Clinical Instructor
 Department of Anesthesiology
 University of Rochester School of Medicine and Dentistry;
 Strong Memorial Hospital
 Department of Anesthesiology
 University of Rochester Medical Center
 Rochester, New York

Lawrence W. Way, M.D.*Chapter 25 Jaundice*

Professor, Department of Surgery
 University of California, San Francisco;
 Chief, Surgical Service
 Veterans Administration Medical Center
 San Francisco, California

John D. Whelchel, M.D.*Chapter 77 Organ Transplantation*

Livingston Professor of Surgery
 Department of Surgery
 Emory University School of Medicine;
 Professor
 Department of Surgery
 Emory University Hospital
 Atlanta, Georgia

Hastings K. Wright, M.D.*Chapter 10 Gastrointestinal Function*

Professor of Surgery
 Department of Surgery
 Yale University School of Medicine;
 Attending Surgeon
 Department of Surgery
 Yale New Haven Hospital
 New Haven, Connecticut

Karl A. Zucker, M.D.

Chapter 10 Gastrointestinal Function

Assistant Professor of Surgery

Department of Surgery

Yale University School of Medicine

New Haven, Connecticut

George D. Zuidema, M.D.

Chapter 4 Cost of Health Care: The Clinician's Role

Vice Provost for Medical Affairs and Professor of Surgery

The University of Michigan

Ann Arbor, Michigan

ACKNOWLEDGMENT

Many of our colleagues and staff members have assisted us in completing this project. The editors wish to express particular appreciation to the following people who have reviewed manuscript, assisted in research, and composed tables for *Clinical Surgery*.

Charles Andrus, M.D.

Chief Surgical Resident
St. Mary's Health Center
St. Louis University School of Medicine
St. Louis, Missouri

Carole Ashenberg, M.D.

Section of Pediatric Gastroenterology
Case Western Reserve University School of Medicine
Cleveland, Ohio

John Brems, M.D.

Chief Surgical Resident
Firmin Desloge Hospital
St. Louis University School of Medicine
St. Louis, Missouri

Roy Cobean, M.D.

Resident in Surgery
Medical Center Hospital of Vermont/University
of Vermont College of Medicine
Burlington, Vermont

Jonathan Cohn, M.D.

Assistant Professor of Medicine
Department of Gastroenterology
Jewish Hospital
Washington University School of Medicine
St. Louis, Missouri

Wendy Davis, M.D.

Research Fellow
Department of Pediatrics
Yale University
New Haven, Connecticut

Bradbury Fuller, M.D.

Chief Resident in Surgery
Medical Center Hospital of Vermont/University
of Vermont College of Medicine
Burlington, Vermont

Edward Garrett, M.D.

Chief Surgical Resident
Department of Cardio-Thoracic Surgery
Barnes Hospital
Washington University School of Medicine
St. Louis, Missouri

Roberta Gartside, M.D.

Fellow in Plastic and Reconstructive Surgery
Department of Plastic and Reconstructive Surgery
George Washington University
Washington, D.C.

Theresa Ann Graves, B.S., M.D.

Surgeon
Department of Surgery
U.S. Army Institute of Surgical Research, BAMC
Fort Sam Houston, Texas

David Greenhalgh, M.D.

Surgical Research Fellow
University of Vermont College of Medicine
Burlington, Vermont

David Halsey, M.D.

Resident in Orthopaedic Surgery
Medical Center Hospital of Vermont/University
of Vermont College of Medicine
Burlington, Vermont

Andrew Hong, M.D.

Resident in Surgery
Medical Center Hospital of Vermont/University
of Vermont College of Medicine
Burlington, Vermont

Jeffrey Kaplan, M.D.

Resident in Surgery
Medical Center Hospital of Vermont/University
of Vermont College of Medicine
Burlington, Vermont

Paul Kispert, M.D.

Chief Resident in Surgery
Medical Center Hospital of Vermont/University
of Vermont College of Medicine
Burlington, Vermont

Joel LaFleur, M.D.

Resident in Surgery
Department of Surgery
Medical Center Hospital of Vermont/University
of Vermont College of Medicine
Burlington, Vermont

Albert T. McManus, Ph.D.

Chief of Microbiology Branch
U.S. Army Institute of Surgical Research
Fort Sam Houston
San Antonio, Texas

William F. McManus, M.D.

Clinical Associate Professor
Department of Surgery
University of Texas Health Science Center;
Chief, Clinical Division
U.S. Army Institute of Surgical Research
Fort Sam Houston
San Antonio, Texas

David P. Mooney, M.D.

Resident in Surgery
Medical Center Hospital of Vermont/University
of Vermont College of Medicine
Burlington, Vermont

Jan B. Newman, M.D.

Resident in Surgery
Medical Center Hospital of Vermont/University
of Vermont College of Medicine
Burlington, Vermont

James Ninomiya, M.D.

Postdoctoral Fellow
Departments of Biochemistry and Orthopaedic Surgery
University of Vermont College of Medicine;
Resident
Department of Orthopaedic Surgery
Medical Center Hospital of Vermont
Burlington, Vermont

**Michael O'Gorman, M.D., M.B., B.Ch., B.A.O.
(Dublin), Primary F.R.C.S.I. (Dublin)**

Resident in Surgery
Medical Center Hospital of Vermont/University
of Vermont College of Medicine
Burlington, Vermont

Stephen R. Payne, M.D.

Resident in Surgery
Medical Center Hospital of Vermont/University
of Vermont College of Medicine
Burlington, Vermont

Susan E. Pories, M.D.

Resident in Surgery
Medical Center Hospital of Vermont/University
of Vermont College of Medicine
Burlington, Vermont

Philip Trabulsy, M.D.

Resident in Surgery
Medical Center Hospital of Vermont/University
of Vermont College of Medicine
Burlington, Vermont

Clay Wertheimer, M.D.

Resident in Orthopaedic Surgery
Medical Center Hospital of Vermont/University
of Vermont College of Medicine
Burlington, Vermont

William Wilson, M.D.

Chief Resident in Surgery
Medical Center Hospital of Vermont/University
of Vermont College of Medicine
Burlington, Vermont

PREFACE

When The C.V. Mosby Company approached me about writing a textbook of surgery, I was somewhat reluctant. Good textbooks were on the market, and I was unsure that the need existed for another one. However, a Mosby survey of medical students, residents, and practicing surgeons indicated a desire for an additional textbook that took a problem-solving approach and reflected the way surgeons actually practice their science. Therefore I agreed to form an editorial board to discuss the project to determine the kind of book the profession needed. During a series of meetings, we reviewed the survey results, evaluated the educational goals we hold for students and house staff, and assessed the needs of practicing surgeons. These discussions culminated in the design and content of the present *Clinical Surgery*.

Each of the seven parts in the book is planned to address a specific component of surgical practice. Principles, Practices, and Advances covers certain background information for surgeons, including a brief history of surgical events and developments that have given us our "heritage." The chapters in this section ask, and answer, many questions. How has surgical education evolved? How are societal desires and demands influencing what we do and how we practice? How do we, as surgeons, affect society? What is our impact on cost, and what changes are needed in the health care system to provide effective yet cost-efficient care? How do we analyze and work with the data that we hear presented at meetings and that we read in our journals? When is the data significant enough to warrant incorporation into our daily practice? For example, how should we use the bewildering array of chemotherapeutic agents available for treatment? Are any of value in managing patients with tumors of the gastrointestinal tract? All carry their own hazards. Before accepting their use in our daily practice, we must know what has been proved and what is hopeful speculation. Otherwise we spend the patient's money and risk their lives needlessly.

Part Two is designed to review the biologic phenomena on which surgical practice rests. Basic scientific information is constantly increasing and causing a change in our management of the surgical patient. The busy student/practitioner often does not have the time to review the literature, and yet an understanding of the biology of disease is mandatory to providing proper treat-

ment. This part reviews the science that underlies the diagnosis and management of specific organ systems and diseases.

Because patients do not manifest as a known diagnosis, Part Three, Clinical Manifestations of Common Surgical Problems, gives an approach to patients based on their reason for seeking medical attention. The patient recognizes such problems as pain, temperature elevation, or an unplanned weight change; the surgeon needs to be able to evaluate them and develop a diagnostic and therapeutic plan.

Part Four covers many aspects of patient management. A chapter on the evaluation of the patient stresses the problem-oriented approach to patient care. We believe this approach offers the physician a disciplined approach to understanding and managing a patient's problem(s) and permits audit of events during the surgeon's care of the patient. Decision Making in Diagnostic Imaging provides an approach to choosing from the rapidly increasing imaging techniques available and to using them in a cost-effective manner. We devoted chapters to such topics as the principles of cancer therapy and the proper understanding and use of antimicrobial agents and nutritional support because of their applicability to so many surgical problems. A chapter on anesthetic considerations also is important for today's surgeons because we work more closely than ever with our colleagues in anesthesia and need to have an understanding of their view of the patient's needs. An understanding of anesthesia fundamentals is increasingly essential as we operate on a constantly aging population and do procedures unheard of a few years ago. The use and misuse of transfusion therapy, always important to surgical patient care, has become even more important to surgical treatment as the problem of acquired immune deficiency syndrome (AIDS) has arisen and caused major concern among patients. Other chapters provide special insight into problems such as infection, amputation, renal failure, and fluid therapy.

Part Five covers the diseases of organs and systems. Although discussing all diseases in a single text is nearly impossible (and multivolume encyclopedias of surgery exist), the principles of management remain the same for almost all surgical diseases. Therefore we have organized the content of these chapters around a problem-

solving format. Each of these chapters provides thorough and expert coverage of the particular organ and its diseases, including the scientific support (such as embryology, anatomy, biochemistry, and pathology) on which to base sound surgical judgment, diagnostic steps, and management options. To further organize the potentially overwhelming number of surgical diseases without devoting space to all of the less-frequent entities, we conclude each chapter in this part with a review table. Thus the reader can see quickly the most significant aspects of a disease entity, including the differential diagnosis, helpful diagnostic tests, and recommended therapy.

Because the injured patient is an increasing responsibility for the surgeon, we devote an entire part to this area, addressing topics ranging from environmental to sports injuries. Although some surgical diseases disappear or are managed by other means, the number and severity of trauma cases continue to increase. Population growth accounts for some of this increase, and the excellent emergency medical services being developed across the nation account for another part as more patients survive the immediate injury. The latter are delivering more severely injured patients to the hospital than ever before, and surgeons must be ready to meet this challenge. The management of the injured patient requires rapid decision-making, which in turn requires a knowledge of the problem(s) and a disciplined mind.

The final part covers some special areas germane to the general surgeon but often not a part of everyday practice. Surgeons need a knowledge of these areas for

two reasons: (1) we need to know how to manage certain problems when no expert help is available, and (2) we need to know what help our colleagues in these special areas can provide. Most of us will never carry out an organ transplant, but we are all responsible for caring for those patients awaiting a transplant and for helping our patients' families face the need to provide organ donation at a particularly sad time.

Our attempt to accomplish our goals in writing this book has been a unique experience for all of the editorial board. A deep sense of gratitude goes to The C.V. Mosby Company for their understanding of our deliberations and frustrations in reaching for a particular ideal. Without Mrs. Karen Berger's confidence in our task and her creative input, our book would never have gotten under way. Special thanks go to Ms. Terry Van Schaik, Editor at The C.V. Mosby Company, who assumed responsibility for the project midway in our endeavors. She has been dedicated to the project from the start and kept us all on track throughout. Her understanding and thoughtfulness have helped us through many a stormy session and the frustrations of dealing with multiple authors. To the many students and residents around the country who read and critiqued the chapters, we owe a great debt. Finally, we owe an enormous note of thanks to the many secretaries who typed and retyped various manuscripts and kept the mail flying between editors.

We hope this book adds to the learning process of all physicians. From that will come improved patient care, which is after all the goal of every physician.

John H. Davis, M.D.

DEDICATION

The editors dedicate this textbook to the many physicians and surgeons who gave of their time and energy in providing our education. They gave many nights and weekends and missed social events or precious time with their families to provide our education and help us through difficult times. Some are no longer with us, and many have retired from active practice; however, none are forgotten. We wish to express our gratitude for their efforts.

Special thanks go to our wives and families who also gave up many nights and weekends as we labored to produce this textbook. Without their help and understanding, we could not have accomplished our goal.

John H. Davis, M.D.

William R. Drucker, M.D.

Roger S. Foster, Jr., M.D.

Richard L. Gamelli, M.D.

Donald S. Gann, M.D.

Basil A. Pruitt, Jr., M.D.

George F. Sheldon, M.D.

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