Cardiology in the Young (2010), **20**, 364–366
doi:10.1017/S1047951110000387

Review Article

A tale of two books

Robert H. Anderson

Cardiac Unit, Institute of Child Health, University College, London, United Kingdom

Abstract With the ever-increasing sophistication of the Internet, and the wealth of information that can now be mined through this source, it may be thought that the age of the book has finished, and hence there is no further need for reviews of newly published books. There is much to be said, nonetheless, for the greater facility of acquiring information from the pages of a book compared to the computer screen. In this review, therefore, I discuss the advantages of obtaining information from the printed page when presented in such splendid form as shown by new books devoted, on the one hand, to the clinical anatomy of the coronary arteries, and on the other hand, to paediatric congenital cardiac surgery. At the same time, I also attempt to provide some insights into the reasons why the authors and editors produced these excellent volumes, which deserve to be on the bookshelves of all those concerned with the diagnosis and treatment of children with congenitally malformed hearts.

Keywords: Coronary arteries; coronary arterial anomalies; cardiac surgery; congenital cardiac malformations

Received: 28 December 2009; Accepted: 21 February 2010; First published online: 15 April 2010

"IT WAS THE BEST OF TIMES, IT WAS THE WORST OF times ....".[1] The opening lines of *A Tale of Two Cities* are justly famous, and constitute perhaps the best-known opening lines of any book, although the threat of the dark and stormy night[2] might now justify consideration in this category. At all events, when Charles Dickens wrote his story based on the French revolution,[1] the book was king. According to Wikipedia, with 200 million copies sold, *A Tale of Two Cities* is the most printed original English book, and among the most famous works of fiction. Times are now changing. Is the age of the book finished? And is there any place now for book reviews? When I was Editor-in-Chief of the Cardiology in the Young, we would regularly receive unsolicited volumes submitted by publishing houses in the hope of a favourable review, with the books themselves often having little to do with paediatric cardiology. This may still be the case, and a stack of unreviewed books may now sit on the desk of the new Editor-in-Chief, just as they sat on my own desk. This seems less likely, however, since recently I received an E-mail from a publishing house suggesting that if we wanted to review any particular book, we should now ask for it.

I am increasingly aware, however, of the value of good book reviews since I relinquished the Editorial Chair. This is largely because, after an enticing introductory offer, I now subscribe to the *London Review of Books*. This excellent periodical, published every 2 weeks, not only provides first class reviews, but also gives fascinating background details of the books under consideration. In many instances, there is much more background information than details of the contents of the books under review. I noted the opportunity to provide reviews of this kind in our own Journal when, quite unexpectedly, I received two excellent volumes addressed directly to me. The first came from my good friend Horia Muresian, a cardiac surgeon who is additionally an exemplary cardiac anatomist. The second was sent

Correspondence to: Professor R. H. Anderson, 60 Earlsfield Road, London SW18 3DN, United Kingdom. Tel: +00 44 20 8870 4368; E-mail: r.anderson@ich.ucl.ac.uk

to me by Hisataka Yasui, who, with his colleagues Hideaki Kado and Munetaka Masuda, had produced a texbook of paediatric cardiac surgery published in Japanese. A publishing house had enquired of me whether I considered the book worthy of translation into English. I had replied positively, and Professor Yasui was now sending me the products of their labours as published in English. In this review, I now summarise the reasons why both these books are worthy of a presence on the bookshelves of all those interested in the diagnosis and treatment of congenital cardiac disease. As with the assessments appearing in the *London Review*, I also attempt to provide some background information concerning these outstanding volumes, although hopefully not to the detriment of the contents of the books themselves.

The Clinical Anatomy of the Coronary Arteries

The Clinical Anatomy of the Coronary Arteries is a scientifically superb and beautifully produced book by Muresian.[3] It constitutes, as the author suggests in his preface regarding the heart itself, a thing of mysterious beauty. The production of the book is all the more impressive in that it is the first to be sponsored by, and produced under the auspices of, the Academica Medical Clinic in Bucharest. The publisher is listed as Editura Enciclopedica of Bucharest, with their E-mail listed as enciclopedica2006@yahoo.com. It is not entirely clear to me how the interested reader would purchase the book, which has the International number of 978-973-45-0581-4, and nor has any price been cited in the two excellent reviews that have already appeared, unusually in the same Journal.[4,5] Muresian assures me, nonetheless, that he will supply copies to any interested purchaser. I can recommend the book most strongly. It is based on the dissection of 100 human hearts, with all the dissections performed by the author during his medical and surgical activities. The photographs of the dissections are truly spectacular. Adding to the attractions of the book are well-chosen citations from the work of William Harvey, and equally well-chosen illustrations from the work of Andreas Vesalius.

In these days where coronary arteries are increasingly displayed with exquisite accuracy using computed tomography, it is good to have this collection of anatomic dissections presented in attitudinally appropriate fashion. The opening citation from Harvey is also pertinent. As Harvey states, his concepts were drawn "not from the positions of philosophers but from the fabric of nature". And so it is with the illustrations of the anatomy of the coronary arteries in the human heart, which reflect the surgical and anatomical experiences of the author.

Muresian opens his account with excellent illustrations of the heart as seen from various aspects when in the attitudinally appropriate position. In the opening chapter, he correctly states that the so-called "posterior descending artery" runs horizontally, and that its occlusion produces inferior myocardial infarction. As his exquisite picture showing the inferior surface of the cardiac illustrates, the artery runs along the midportion of this inferior part of the heart. It is a pity, therefore, that he subsequently continues to describe the artery as being posterior and descending, when in reality it is inferior and interventricular.[6,7] In the excellent review appearing in *Clinical Anatomy*, David Heylings[5], a clinical senior lecturer in anatomy at the University of East Anglia, comments on the advantages to be gained from clinicians advocating the use of anatomic terminology. One can but endorse this sentiment, but the anatomic terminology should also surely be attitudinally appropriate.

Apart from this minor quibble, and the fact that the author suggests that the ventricular septum itself has inlet and outlet components, whereas these are the locations of defects opening to the inlet or outlet of the right ventricle, one can but applaud the overall content of this book. In addition to chapters detailing the arrangement of the main coronary arterial trunks, the collateral circulation, and the connections of the coronary arterial system, which provide the main body of the work, the author provides additional chapters that add considerable value to the overall content. The chapter discussing and illustrating the potential anomalies and variations involving the coronary arteries will be of particular value to those reading this Journal, as will the excellent chapter discussing myocardial bridging. A short chapter on embryology emphasises recent researches showing the importance of epicardially derived cells in the formation of the coronary arterial network. The book continues with equally important chapters on vascularisation of particular parts of the heart, including the septum, and a discussion of the so-called preferential pathways. The author concludes with a thought-provoking chapter on the myths and pitfalls concerning current conventional wisdom, arguing that despite the usual description of a dominant right coronary artery in nine-tenths of the population, in terms of the myocardial mass supplied it is usually the left coronary artery that is dominant.

The book should surely become essential reading for all those involved even marginally with the vascular supply of the human heart. More than anything, it is a joy to read, which surely points to the ongoing need to achieve education, at least in

part, through books, rather than relying exclusively on the computer screen.

Cardiovascular Surgery for Congenital Cardiac Disease

In the preface to the Japanese edition of the book *Cardiovascular Surgery for Congenital Cardiac Disease*, which has been translated to produce this English version, Yasui et al[8] describes the background to the development of paediatric cardiac surgery in Japan. They cite the importance of the formation, in 1985, of an association of Japanese surgeons involved with the correction of congenital malformations in children, which was called Genkai. They explain that, in Japanese, the word denotes a sense of limitation. Yasui et al[8] should now feel no such limitation. The names of several of the members of this group are now immediately recognisable throughout the World by those involved with paediatric cardiac surgery. It is remarkable that three on this list are the recipients of eponymous terms: Takeuchi for the correction of anomalous origin of the left coronary artery from the pulmonary trunk; Yamaguchi for a variant of the Konno procedure; and Yasui himself for not one, but two procedures.

The advances made in Japan under the guidance of these superb surgeons have been truly spectacular. In his preface to the Japanese edition, Yasui explains how, by 2000, overall surgical mortality for all paediatric surgical procedures carried out in Japan had fallen to below 5%. The book itself is edited by Yasui with the help of two of his colleagues whom he trained in Fukuoka. During one of my visits to Japan, I was privileged to visit Professor Yasui and his colleagues in Fukuoka. I know that, from the formation of their centre in 1980, the results of their own surgical procedures have been very much better than the national average.

In the book itself, the various authors do not cite specific figures for expected mortality, which is perhaps an advantage, since such statistics represent a moving target, and current emphasis is rightly placed on morbidity just as much as mortality. The book provides details for the surgical correction of all the significant congenital cardiac malformations, and discusses them with commendable brevity. It is well recognised that, in this respect, pictures are truly worth thousands of words. The multiple illustrations in this book were prepared uniformly, and are very easy to understand. The majority of them are drawn in attitudinally appropriate fashion. Where applicable, they are shown in surgical orientation, and also show the disposition of the conduction tissues.

For my taste, there are too many diagrams showing alphanumeric classifications. A most complicated diagram is provided to show the variants of a divided left atrium – "cor triatriatum". Do we still need the alphanumeric classification of tricuspid atresia? And why would the author of the chapter on the arterial switch procedure choose to illustrate the excessively complicated system of Shaher and Puddu for describing the variations in coronary arterial disposition rather than the much more widely used Leiden convention? The cartoon used to illustrate the time-honoured classification of Collett and Edwards for the common arterial trunk bears minimal resemblance to the true anatomic arrangements. These are criticisms made by an anatomist, however, rather than a surgeon. They are minimal in the light of the huge amount of relevant information contained within this relatively slim book. The editors deserve congratulations for providing an excellent translation of the original Japanese version. They have produced a book that can hold its own with any of the alternatives existing in this well-trodden field.

References

1. Dickens C. A Tale of Two Cities. Edited and With an Introduction and Notes by Richard Maxwell. Penguin Classics, London, 2003.
2. Bulwer-Lytton EG. Paul Clifford. International Book Company Publishers, New York, 1848.
3. Muresian H. The Clinical Anatomy of the Coronary Arteries. Editura Enciclopedica, Bucharest, 2009.
4. Graney DO. The clinical anatomy of the coronary arteries: an anatomical study on 100 human heart dissections by Horia Muresian. Clin Anat 2009; 22: 949.
5. Heylings DJ. The clinical anatomy of the coronary arteries – an anatomical study on 100 human heart specimens by Horia Muresian. Clin Anat 2010; 23: 130.
6. Cook AC, Anderson RH. Editorial. Attitudinally correct nomenclature. Heart 2002; 87: 503–506.
7. Anderson RH, Loukas M. The importance of attitudinally appropriate description of cardiac anatomy. Clin Anat 2009; 22: 47–51.
8. Yasui H, Kado H, Masuda M. Cardiovascular Surgery for Congenital Heart Disease. Springer, Tokyo, Berlin, Heidelburg, New York, 2009.

https://doi.org/10.1017/S1047951110000387 Published online by Cambridge University Press