In our study, the incidence of microvascular disease was assessed by examining all vessels apparent in at least two sections taken from the anastomotic margin. (Sections taken further away may not necessarily reflect the state of the vascularization at the anastomosis.) The incidence of the lesions can be easily assessed visually, particularly in the intima, which is a thin layer in the blood vessel. Histological analysis was focused on intimal changes rather than others already well documented such as medial hypertrophy, because, as the discussion section of the paper indicates, our main interest is in the possible altered response to vasoactive substances that may occur in the presence of a diseased endothelium.

Mr Carr and his group were unable to show a correlation between smoking and microvascular disease in their research. We cannot explain this difference in results with any certainty, but would suggest that this may be due to the small sample size involved in their study. While a smaller number of smokers were involved, the possible correlation is unlikely to have any significant importance.

Our description of the submucosa deriving its blood supply from the serosa is poorly phrased and we apologize for this. We accept that the structure and a number of vascular patterns involved, may be cleaved correlation it existed.

BOOK REVIEWS


There have been two advances in modern general surgery that have had such an impact on the management of a common problem as the introduction of laparoscopic cholecystectomy (LC). This book commemorates the first five years of its widespread use by reporting the details of an international meeting held in Bern, Switzerland in May 1995. It generally represents a European perspective but there is limited US input.

The volume begins with a general introduction to gall stone disease, which includes chapters on the pathology of gall stones, the assessment of patients, the types of treatment modalities available, and concludes with a summary of the history of cholecystectomy and a comparison between open versus laparoscopic procedures. Subsequent chapters report on various different countries’ experiences with LC and have chapters from surgeons in Switzerland, UK, Austria, Berlin, Hungary, and Chile.

The book is a useful source of additional information on LC and its management. This covers experiences with high risk patients, access related complications, bile duct injuries and ends rather inconclusively for the section with a chapter on gall bladder cancer.

Generally the volume is very readable and well presented, allowing the reader to browse rapidly through its contents and yet it contains a great deal of information on recent published data with excellent illustrations. LC can be used to treat gall stone disease and cholecystectomy in general. One could envisage this summary of information being a very useful source of data to inform the best way of management of gall stones under varying circumstances. Expert guidance could have replaced a ‘balanced’ reflection of controversies. Predictably the volume finishes with a section on the complications of LC and their management. This covers experiences with high risk patients, access related complications, bile duct injuries and ends rather inconclusively for the section with a chapter on gall bladder cancer.

There is little in the way of novel concepts contained within the book and it is not the best source for detailed information about the management of bile duct injuries for example. The section on the management of the complicated LC was generally rather weak and would have benefited from more pages of text with less emphasis on the experiences from different countries, the selection of which seemed arbitrary and I suspect reflected the individual biases of their respective authors.

While the width of topics covered was good, there were a few gaps in the treatment of the discussions, namely the impact of this technique on the training of surgeons and also the comparison of LC with minicholecystectomy, which received much attention in the recent Royal College of Surgeons of England and equivalent European review. It would be interesting to know of the European experience with these two operations and how it compares with the UK.

Ultimately, the book contains a wealth of references and background data but contains little new information to the experienced general surgeon.

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circularis, and serosa receive their blood supply by secondary branches from the submucosal plexus of vessels. Hence it seems probable that reduced serosal perfusion stems from either extramural vascular disease or obliterator lesions within the submucosal plexus.

The colonic microcirculation represents the final common pathway for the delivery of oxygen and nutrients to the tissues of the bowel wall and we agree with Fawcett et al that this integrity is critical to successful anastomotic healing. However, the importance of the serosal plexus, as emphasised by these authors remains open to question. It is noteworthy that the wall of the colon is devoid of serosa and hence it is untenable that the vascularity of this layer plays any part in the healing of anastomoses below the peritoneal reflection. Based on our own microangiographic and fluorescent s r analysis studies, the submucosal region provides the cornerstone of perfusion of other layers of the bowel wall. We believe that preservation of the submucosal plexus by careful extramural vascular不得，小肠内膜的微血管壁在健康的血液循环中起主要作用。小肠内膜的微血管壁由三层组成：内膜、中膜和外膜。内膜中含有较多的毛细血管，中膜含有平滑肌纤维，外膜中含有较多的平滑肌细胞。内膜的微血管壁的主要功能是提供足够的氧气和营养物质给肠道的组织，而中膜和外膜的主要功能是保持肠道的形状和稳定性。

学研究，我们认为其主要功能是由分支血管从肠壁小动脉提供的。肠壁小动脉是小肠内膜微血管壁的主要供血来源。微血管壁的完整性是成功吻合的关键。

第一部分：总论

肠管的微血管壁在健康情况下对氧气和营养物质的输送至关重要。我们同意法克特等人的观点，认为小肠内膜的微血管壁是重要的。然而，小肠内膜的微血管壁的相对重要性仍然有待进一步研究。据我们自己进行的微血管造影和荧光检测研究表明，在小肠壁的不同层次中，微血管壁的供血主要来自于小动脉。我们相信，保持小肠壁的微血管壁的完整性是保持其他层次肠道壁供血的基础。我们认为，由于小肠没有外膜，故其血管的供应主要来源于小动脉。我们的研究表明，不吸烟者比吸烟者容易出现吻合口微血管病变，血管病变的存在可能影响到吻合口的正常愈合。

在我们的研究中，微血管疾病的发生率是根据所有可见血管的出现来评估的。我们研究的目的是为了确认这种微血管病变的存在，可能影响到吻合口的正常愈合。

第二部分：病理学

在病理学中，微血管病变的研究主要集中在内膜和中膜的血管形态学上。内膜的微血管壁主要由为数不多的毛细血管构成，而中膜的微血管壁则主要由平滑肌细胞构成。内膜的微血管壁的完整性是小肠内膜微血管壁的主要功能，而中膜的微血管壁的主要功能是保持小肠内膜的形状和稳定性。

第三部分：微血管病变的研究

在微血管病变的研究中，主要集中在微血管壁的完整性上。在微血管病变的研究中，主要集中在微血管壁的完整性上。在微血管病变的研究中，主要集中在微血管壁的完整性上。在微血管病变的研究中，主要集中在微血管壁的完整性上。在微血管病变的研究中，主要集中在微血管壁的完整性上。在微血管病变的研究中，主要集中在微血管壁的完整性上。在微血管病变的研究中，主要集中在微血管壁的完整性上。在微血管病变的研究中，主要集中在微血管壁的完整性上。在微血管病变的研究中，主要集中在微血管壁的完整性上。在微血管病变的研究中，主要集中在微血管壁的完整性上。在微血管病变的研究中，主要集中在微血管壁的完整性上。在微血管病变的研究中，主要集中在微血管壁的完整性上。在微血管病变的研究中，主要集中在微血管壁的完整性上。在微血管病变的研究中，主要集中在微血管壁的完整性上。在微血管病变的研究中，主要集中在微血管壁的完整性上。在微血管病变的研究中，主要集中在微血管壁的完整性上。在微血管病变的研究中，主要集中在微血管壁的完整性上。在微血管病变的研究中，主要集中在微血管壁的完整性上。在微血管病变的研究中，主要集中在微血管壁的完整性上。在微血管病变的研究中，主要集中在微血管壁的完整性上。在外膜中，微血管壁的主要功能是保持小肠内膜的形状和稳定性。在小肠内膜的微血管壁中，内膜的微血管壁的完整性是小肠内膜微血管壁的主要功能，而中膜的微血管壁的主要功能是保持小肠内膜的形状和稳定性。

第四部分：结论

总的来说，小肠内膜的微血管壁在健康情况下对氧气和营养物质的输送至关重要。我们认为，保持小肠内膜的微血管壁的完整性是保持其他层次肠道壁供血的基础。我们认为，由于小肠没有外膜，故其血管的供应主要来源于小动脉。我们的研究表明，不吸烟者比吸烟者容易出现吻合口微血管病变，血管病变的存在可能影响到吻合口的正常愈合。