Book Reviews

Baillière's Clinical Anaesthesiology, International Practice and Research; Depth of Anaesthesia

J.G. Jones (Ed.). Baillière Tindall, London, 1989. pp. 677. £18.50/\$33.50. ISBN 00-7020-1384-6

This book addresses two important issues: unintentional intraoperative awareness, and the intriguing possibility that unconscious mental activity may persist during adequate anaesthesia. Different methods to study these issues are described, including the clinical assessment of the level of anaesthesia, the psychology of memory and of unconscious mental processes, the electroencephalogram and evoked potentials, the monitoring of oesophageal contractility, and even new imaging tools such as positron emission tomography and magnetic resonance spectroscopy. Many of these topics are unfamiliar and difficult but they are in general very well presented. Three of the chapters will be of great interest to virtually every anaesthetist. "Human Memory: Psychology, Pathology and Pharmacology," by J.T.E. Richardson, summarizes recent advances in memory research, with important implications for anaesthesia. "Unconscious Perception and General Anaesthesia," by N.F. Dixon, is also of great interest. "Conscious Awareness During General Anaesthesia: Relevance of Autonomic Signs and Isolated Forearm Movements as Guides to Depth of Anaesthesia," by I.F. Russell, provides an in-depth discussion of the clinical methods of detecting unintentional awareness. The other chapters provide detailed information on specific monitoring techniques (electroencephalogram, oesophageal contractility etc.). In conclusion, this is an excellent book which addresses a very important question: how to produce unconsciousness reliably?

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Regional Anesthesia: An Illustrated Procedural Guide

Michael F. Mulroy. Little, Brown and Company, Boston, 1989. pp. 289. \$55.50. ISBN 0-316-58928-4

This is an excellent manual of approximately 290 pages. The first three chapters offer succinct, well organized summaries of local anaesthetic pharmacology as well as complications of regional anaesthesia. The remaining chapters are then divided into two areas. The first section includes general chapters on preparation, premedication, monitoring and equipment for regional anaesthesia. The

second section gives specific instructions on most of the common nerve blocks performed in anaesthesia. There are clear and precise illustrations of each nerve block as well as a list of specific complications associated with each particular injection.

The introduction to this textbook states "This is a practical manual of regional anesthesia for learners and practitioners." It fulfills this purpose extremely well. I would recommend this manual highly for two specific applications: it should be readily available for quick reference in any location where regional anaesthesia is practised, and secondly, each resident should include this manual in his/her basic library of anaesthesia textbooks.

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Medical Therapeutics, A Pocket Companion

Eric B. Larson, Paul G. Ramsey (Eds.). W.B. Saunders Company, Philadelphia, 1989. pp. 659. \$26.95. ISBN 0-7216-2384-0

Medical Therapeutics, A Pocket Companion professes to be "the new 'Bible' of medical therapeutics." It is a new entry into the market of bedside manuals, presently dominated by the Washington University *Manual of Medical Therapeutics* (Little, Brown, and Company). The latter evolved from a Washington University house-staff manual, and therefore incorporates a problem-oriented "in the trenches" approach to therapeutics. In contrast, this new manual has been written by clinicians from various medical centres as a companion to *Cecil Textbook of Medicine* (18th Ed, 1988). Its format, however, is deceptively similar to its competitor, and visually there is little to differentiate the two.

Medical Therapeutics, A Pocket Companion addresses both acute and chronic medical illnesses, with brief descriptions of disease manifestations, pathophysiology, and differential diagnosis, while stressing therapeutic considerations. Organization is the key in making this amount of factual information readily accessible and this manual is successful through its use of character outlines, tables, algorithms and a system of highlighting important clinical calculations. The authors have encouraged the utilization of more comprehensive medical information by the liberal use of references within the text, and bibliographies to supplement major sections of text. As in many first

editions, there is a problem with errors and unfortunately two of these are present in a crucial table on the dosing of intravenous antiarrhythmic drugs. It is surprising, moreover, that several recommendations for life-threatening arrhythmias are not consistent with the guidelines of the American Heart Association. An inherent problem with the manual format is the inability to include many important subjects and this is evident in a disappointingly small section on Perioperative Care. A promised "useful table on handling the medical problems of the surgical patient" does not exist.

Although *Medical Therapeutics, A Pocket Companion* is not essential for the practising anaesthetist, it does provide an easy, quick reference to medical diseases (without anaesthetic considerations) and may be particularly helpful for anaesthesia resident staff working on medical floors. It fulfils its purpose in organizing basic information and making it accessible: a "pocket companion" which is still a little too large for a lab coat pocket.

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Manual of Cardiorespiratory Critical Care

F. Guzman M., A. Hedley Brown, M. Been, S. Cook, C. Wren, D. Richens. Butterworth & Co. (Publishers) Ltd., London, 1989. pp. 314. \$29.95 U.S. ISBN 0-407-01253-2

The author's objective is to provide "practical instant help" for critical care doctors over a broad range of surgical and medical, adult and paediatric, problems. Unfortunately they do not entirely succeed. The book is divided into six sections: cardiac medicine, cardiac surgery, paediatric cardiac disease, respiratory medicine, thoracic surgery and paediatric pulmonary disease. Each section is subdivided into ten or more major topics, usually starting with physiologic principles and progressing through specific disease entities and therapy. The extensive table of contents and index combine with bold type headings to make details quickly available.

Although a considerable amount of useful information is provided in a well organized fashion, they commit several unpardonable errors. In the discussion on cardiac arrest the reader is advised that "some patients with asystole continue to have adequate respiration during the arrest providing that the circulation is adequately maintained by massage. In this situation, endotracheal intubation and artificial respiration are not required unless the situation deteriorates." The author then proceeds to review the ABC's of resuscitation ignoring the importance of head positioning in achieving airway patency.

Diagrams accompany the text, showing an adult with neck extended and the occiput at the same level as the scapulae (i.e., no pillow). That is not all. There is no mention of pulse oximetry or capnography anywhere in the manual. These devices have revolutionized critical care in the 1980's and must be included in such a book. Large doses of steroids are recommended for coma following cardiac surgery. Septic shock is listed as an indication for I.A.B.C. These are unacceptable statements in 1990. These flaws are all the more unfortunate as most of the information provided is sound. However, given the seriousness of the book's flaws I cannot recommend it.

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Techniques and Procedures in Critical Care

Robert W. Taylor, Joseph M. Civetta, Robert R. Kirby. J. B. Lippincott Company, Philadelphia, 1990. pp. 448. \$34.95 U.S. ISBN 0-397-51029-2

This multi-authored text tries to bridge the gap between a formal intensive care textbook and a pocket-size "how-to" manual. This is one of its biggest drawbacks; it does not delve into enough detail to substitute for one of the larger tomes on the subject, yet is much too big to carry around in the average-sized pocket.

The first part deals with clinical techniques, and the second describes procedures that are important in intensive care medicine. Important information is lacking in both. The chapter on acid-base problem solving deals very superficially with metabolic abnormalities. The chapter on mechanical ventilation does not deal with the complications of positive pressure ventilation. A lot of information on the "high tech" aspects of neurological monitoring is presented without explaining, for example, what different frequencies on a cerebral function monitor mean. The descriptions of various procedures are also limited; complications of vascular cannulation not alluded to include the hazards of guidewires, and the risk of tamponade if central lines are advanced into, and remain in the right atrium. The section on pulmonary artery catheters does not mention their diagnostic usefulness in the post-myocardial infarction patient with a new pansystolic murmur. The description of airway management mentions thiopental, succinylcholine, and ketamine without an adequate description of the pharmacology of these very useful, albeit dangerous agents. Subjects not covered include renal function and techniques of dialysis, nutrition, GI bleeding, and the use of the intra-aortic balloon pump. These topics are prerequisites in the Royal Col-

lege's document on critical care training. Chapters that I found particularly useful included Precautions for Caregivers, Concepts for Invasive Pressure Monitoring, and Cardiac Output Technology. There is some repetition, which is inevitable in a multi-authored work. Also, I found that the tables were usually 2–3 pages removed from their descriptions in the text. In summary, I would recommend this book for those wishing an introduction to intensive care medicine. If more detailed information or knowledge of procedures is required, a larger text or descriptive manual is recommended.

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Le risque allergique en anesthésie-réanimation

Marie-Claire Laxenaire, Denise-Anne Moneret-Vautrin.
Collection d'Anesthésiologie et de Réanimation
n° 17. Publiée sous la direction de F. Lemaire et J.-M.
Demonts. Masson, Paris, 1990. pp. 168. 270 F/\$58
ISBN 2-225-81934-3

Les deux auteurs principaux de cet ouvrage, qui ont participé à la rédaction de tous les chapitres, ont acquis une expérience solide dans le domaine de l'allergie en anesthésie. En effet, les docteurs Laxenaire et Moneret-Vautrin dirigent un laboratoire auquel sont soumis les cas cliniques survenus au cours d'une anesthésie en France. Les autres collaborateurs de ce livre sont eux aussi issus de Nancy, ce qui donne à l'ouvrage unité et cohésion. On a divisé le livre en quatre parties. Tout d'abord, on traite des aspects fondamentaux, où les auteurs ont résumé de façon pertinente les connaissances actuelles sur les mécanismes de l'allergie. Ensuite, on parle des substances utilisées en anesthésie. La troisième partie est une description de l'approche diagnostique. Enfin, on aborde le traitement et la prévention. Selon les auteurs, on parle d'enjeux importants. En avant-propos, on dit que le problème allergique survient en moyenne toutes les 1500 à 5000 anesthésies et que les myorelaxants sont reconnus comme les grands coupables. On ignore si ces données, recueillies en France, s'appliquent aussi à d'autres pays.

Dans le corps de l'ouvrage, on s'intéresse, en plus des myorelaxants, aux anesthésiques intraveineux, morphiniques, benzodiazépines, anesthésiques locaux et substituts du plasma. On parle aussi de chimionucléose et de gants chirurgicaux. Le texte est émaillé de nombreux tableaux et schémas qui aident à sa compréhension. Il est toutefois regrettable qu'on ait laissé le lecteur se débrouiller seul avec la distinction entre anaphylaxie et réaction anaphylactoïde. Alors que l'on traite de ces deux phénomènes de façon séparée en première partie, le reste de

l'ouvrage maintient l'ambiguïté. Cette distinction mise à part, le tableau-résumé du traitement initial, en page 114, est excellent. On aurait aimé avoir un tableau semblable pour les tests diagnostiques.

Malgré le fait que les manifestations allergiques soient une possibilité à chaque anesthésie, elles sont fort heureusement rares. L'ouvrage traite donc de situations qu'un anesthésiste pourrait fort bien ne jamais rencontrer. Le livre serait donc plus utile sur les rayons d'une bibliothèque de département que chez soi. Il est aussi un excellent ouvrage de référence, dont la bibliographie comprend 638 titres. Il est dommage que l'imprimeur ait choisi de faire une retour à la ligne qu'après chaque groupe de dix références, ce qui rend leur recherche fastidieuse. D'autre part, le texte est disposé en lignes serrées et on a rogné sur les marges. Il est à souhaiter que ces détails de présentation seront corrigés dans la prochaine édition.

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