Book Reviews

Review of Clinical Anesthesia, 2nd ed.

David G. Silverman, Neil Roy Connelly (Eds.).

Lippincott-Raven Publishers, 1997. 274 pages.

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This is the second edition of the companion text of multiple choice questions designed to accompany the parent text *Clinical Anesthesia* (Eds. Barash, Cullen & Stoelting), and has been extensively revised from the first edition. The "Review" is clearly intended to complement the textbook as the reader traverses the text, section by section. Whether the reader is a resident studying for boards type examinations or a mature clinician, these questions are clearly designed to highlight lacunas of knowledge and encourage further reading of each topic encountered. The second edition of multiple choice questions continues in the existing format, including six basic headings ranging from principles of anaesthetic practice to management of specific anaesthesia sub-specialties. Fifty-seven chapters of questions in all are presented and these mirror the structure and layout of the parent text.

The reader is presented with each set of questions, either single answer true/false questions or multiple possibility answers. These are clearly designed to enable the reader to practice standard examination format and improve attention skills to question wording and layout, often including intentionally confusing double negatives. Each chapter is followed by the appropriate answers and thorough explanatory notes with appropriate page references from the parent text. In general most of the questions are appropriate for anaesthetists in training preparing for examinations, however, the more technical chapters lend themselves to questions the clinician may feel irrelevant in everyday practice.

Clearly designed to mirror the textbook in structure, certain difficulties arise when ascribing the relative importance to each set of questions. In general, approximately twenty questions in each chapter are presented. However, by following this format, the book denies itself the potential to expand in areas of significant sub-specialty interest. Challenging the reader with fewer questions on the practice of cardiac anaesthesia than hazards of the operating room environment for example diminishes the potential of the student to gain the maximum knowledge from major clinical sections of the textbook.

Minor problems continue with a moderate number of typographical errors and the persistent lack of SI unit

conversion which becomes irksome to the clinician who practices outside of the United States of America. It was this reader's impression that questions in some chapters were much easier than in others. Standardisation of questions in a multi-author question-answer book such as this presents a particular difficulty.

This selection of multiple choice questions accurately reflects the structure and gravitas of its respected parent text. However, without formal standardisation of questions and a greater emphasis on major clinical sub-specialties, it will continue to fall short of requirements for established clinicians wishing to update their knowledge. For residents in training it supplies adequate prompts and practice for their upcoming examinations but, in striving to satisfy the structure of the parent text so closely, perhaps denies them also of appropriate emphasis on clinical practice.

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Careers in Anesthesiology.

Autobiographical Memoirs. Vol. 1

B. Raymond Fink (Ed.). Wood Library – Museum of Anesthesiology, 1997. 217 pages. (HC)\$35.00 (US), (PB) \$25.00 (US). ISBN (HC) 0-9614932-9-3 (PB) 0-9614932-9-1

The purpose of this inaugural volume, and of succeeding volumes in the series, is to "present autobiographical panoramas of the protracted revolution which overtook anaesthetic practice in the second half of the twentieth century." To present the opening panoramas Dr. Ray Fink invited three well known American anesthesiologists: William Hamilton (of Iowa and then San Francisco), Eli Brown (of Detroit and Miami) and E.M. (Manny) Papper (of New York and Miami). Since each of them contributed to the profound changes that shaped anaesthesia in this period, each is able to enlighten us on the ways in which anaesthesia evolved in this era. Hamilton, the most modest of the three, emphasises the strengthening of the academic clinical base of anaesthesia, the improvement in teaching and the increasing sophistication of research. He also identifies three facets of the specialty that differentiate the "then" of the early 1950s from the "now" of the early 1990s:

anaesthesia is no longer either a major risk factor or a source of intraoperative stress in the surgical patient and the specialty is well represented in hospital and medical school organisations. Brown reaches similar conclusions, and his involvement with the American Society of Anesthesiologists (he was its president from 1980 to 1981) enables him to comment on that organisation's influence on the evolution of anaesthesia in the United States. Both Hamilton and Brown look back on their careers with pleasure and satisfaction and take pride in the achievements of their residents. If there is a negative note, it is Hamilton's surprising conclusion, which surely is not shared by all anaesthetists, that while expanding into areas such as intensive care and the treatment of pain, "we withdrew to the more familiar and more comfortable confines of the operating room."

Papper's contribution is quite different and, being a memoir rather than a short autobiographical narrative, his canvas is much broader and more detailed. His memoir, which tells us much about the man as well as the physician, is the product of an individual of exceptional ability, and of an anesthesiologist with extensive training, great experience, and far-seeing vision. It is profoundly interesting. Papper gives an excellent picture of how anaesthesia developed into a mature specialty in the United States, and his discussion of the need for, and of the nurturing of, staff potentially fitted for leadership I found especially interesting.

The Wood Library-Museum of Anesthesiology's initiative in bringing to our attention the fruits of thought about the careers of three distinguished anesthesiologists is to be applauded, and I look forward to reading further volumes, with contributions by other interesting leaders of the specialty. (I wonder, though, whether all the contributions will be from the United States or whether some of the autobiographies will be by anaesthetists elsewhere in the world.) But I am compelled to ask that any future volume be edited more carefully, for this inaugural volume surely does less than justice to the high standard that the Wood Library – Museum has commendably set itself. The book suffers from several infelicities. A minor concern is the difference in length between the narratives by Hamilton and Brown (35 and 40 pages, respectively) and the memoir by Papper (150 pages), which tends to make for imbalance. Presumably, Papper took greater advantage than did Hamilton and Brown of the editor's generosity in allowing his authors to feel "virtually unburdened by limits of self-expression," even so, paring parts of Papper's prolix prose would have shortened the memoir without impairing its value. Another minor concern is the lack of an index, which is always distressing to any historian. Of greater concern are the numerous flaws in

punctuation in spelling and punctuation, which suggest hurried copy-editing (the misspelling of the name Nissen [p. 45] may be excused, but the error in the spelling of Priestley [p. 211]) in a publication by the Wood Library – Museum cannot!), while the many irritating and distracting typographical errors are indicative of careless proofreading.

This said, this "experiment in living history" is a worthwhile and satisfying one, and I recommend it as a volume that will provide much food for thought, especially in academic departments.

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Manual of Drug Interactions for Anesthesiology, 3rd ed.

Robert A. Mueller, Dag B.A. Lundberg.
Churchill-Livingstone Inc, 1996. 503 pages.
\$39.95 (US). ISBN 0-443-07764-9

You are an anaesthetist working through a heavily booked list of surgical day care patients. Upon reviewing the chart of your next patient, booked for a laparoscopic tubal ligation, you notice she takes two medications you don't recognise, Chlorzoxazone and Fluoxetine. Your previous encounters with the Compendium of Pharmaceuticals and Specialties (CPS) have been time consuming, not very pertinent to anaesthesia and less than enlightening. What you need is a concise reference source written with exactly you, the busy clinical anaesthetist, in mind. This manual by Mueller and Lundberg was written for you!

The manual's preface states that it should be used as a reference source to look up the name of the drug and learn the purpose for which it is prescribed, its primary effects and side-effects which may affect the patient's health before, during and after anaesthesia and surgery, and the actions of the drug which may alter the type or magnitude of expected responses to anaesthetics, opioids, muscle relaxants, etc. The primary focus is on medications not usually used in the course of anaesthesia, but which affect the course of anaesthesia and surgery.

The manual opens with a simple 45-page alphabetically arranged drug index that is very "user friendly," in that generic and trade names are listed together. Next, a 22-page chapter entitled philosophy and theory provides a worthwhile review of some basic mechanisms of drug interactions. What remains is the 430-page section called the Pharmacology Table, where the 728 drugs covered in the manual are presented. Drugs of similar class are grouped together in sequential order. Drugs are discussed as follows: Uses/mechanisms, Side-effects

(pertinent to anaesthesia) and interactions with anaesthetics using an organ system approach.

Overall, the manual is well written, however a few significant errors in listing (Anacin – see Acetaminophen, should be ASA) and typing are evident (“Thus, normally the use of both ketamine and enflurane appears to cause detrimental sequelae, even in patients with convulsive disorders.” should be *does not appear* to). These kind of errors should not occur in a third edition. The material is only very sparsely referenced.

The authors admit to being very conservative. However, in some cases I think they go to the extreme. For Motrin and every other NSAID, the statements are made, “No major regional technique should be pursued until a normal bleeding time is ensured.” Also, they say, “the use of halogenated hydrocarbon anaesthetics is perhaps best avoided because of the difficulty in determining the cause of changes in hepatic function.” Needless to say their advice needs to be tempered with clinical experience and the individual case situation.

The manual succeeds in providing a quick reference guide for the busy clinical anaesthetist and overall is very worthwhile having. It would best be kept in a readily accessible location within the Operating Room.

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Trauma Anesthesia and Critical Care of Neurologic Injury

Kenneth J. Abrams, Christopher M. Grande (Eds.).
Futura Publishing Company Inc., 1997. 553 pages.
\$98.00 (US). ISBN 0-87993-625-8

Neurological trauma with its residual disability has a profound impact on patients, their families, and society. Over the last 20 years, we have witnessed a remarkable increase in our understanding of the pathophysiology of neurological trauma, and it has become increasingly clear that all neurological damage does not occur at the moment of impact but evolves over the following hours and days. The volume *Trauma Anesthesia and Critical Care of Neurologic Injury* is a concise, timely text that has been written as part of the International Trauma Anesthesia and Critical Care Society (ITACCS) Trauma Care Series which has as its goal to improve trauma care worldwide.

The first two chapters of this internationally multiauthored text (33 authors from the USA, France, Norway, and Japan) are related to pre-hospital anaesthetic management of neurological injuries and transport of neurotrauma patients, and contains an excellent discussion of various transport modalities such as fixed-winged aircraft, rotocraft, or ground vehicles. In these chapters,

emphasis is placed on reducing the consequences of the primary nervous tissue injury, minimising the risk of further damage, and careful transportation to a proper institution without undue delay. Six of the next seven chapters review in detail the primary survey and initial assessment of the patient with head and spinal cord trauma, and the secondary survey or detailed examination of the trauma patient including diagnostic imaging in neurotrauma. Prioritisation of care is addressed, including airway management, fluid resuscitation, and the problems inherent in the diagnosis and treatment of multiple trauma patients with concurrent head, chest, abdominal, and other major injuries.

There are six additional chapters that concentrate on the practical issues of intraoperative anaesthetic management, intensive care, and rehabilitation of the neurologically injured patient. The role of the anaesthetist in rehabilitation is particularly appropriate, and the importance of understanding pain mechanisms and pain therapy on the rehabilitative process is explored with the laudable goal of achieving maximal functional recovery. Neuronal cell pathophysiology, modalities of brain protection, and therapeutic advances in neurotrauma are addressed in subsequent chapters. The final chapter deals with irreversible cessation of brain function and anaesthetic management during organ procurement.

Overall, this is an easy to read text that discusses most of the problems the anaesthetist-trauma care specialist will face when dealing with neurotrauma during the perioperative period. This textbook should serve as an excellent source of information for anaesthetists who care for trauma patients with central nervous system injuries.

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Anaesthesia & Intensive Care in Hong Kong. Evolution & Present Position.

Z. Lett, Ronald Lo Joy-Wah. Centre of Asian Studies,
The University of Hong Kong, 1997. 165 pages.
\$80.00 (HK) ISBN 962-8269-09-7

As anaesthetists in different parts of the world narrate, albeit somewhat differently, the story of how anaesthesia evolved, a picture begins to emerge of forces that, though always somewhat different, have shaped it into a condition wherever anaesthesia is practiced as a separate specialty. In relating how anaesthesia in Hong Kong developed from the earliest days to the present, Drs. Lett and Lo describe the forces that were particular to Hong Kong and how the standard of anaesthesia was gradually raised so that the craft was enabled to become a specialty. In so doing, the senior author, Dr. Lett, with a few

others (notably Drs. George Thomas and Horatio Ozorio) in the early years, has had the satisfaction of watching his chosen vocation evolve in the process of "shedding [its] image ... to such an extent that there is now a waiting list of bright, young graduates who wish to make Anaesthesiology or Intensive Care their career...." As anaesthetists in what was until very recently a British colony, Dr. Lett (who was the first Specialist Anaesthetist in Hong Kong) and his colleagues worked hard within the twin pillars of the government medical service (inaugurated in 1843) and university medicine (the University of Hong Kong, founded in 1911, and the medical faculty of the Chinese University of Hong Kong, dating from 1981) to raise the standard of anaesthesia so that anaesthesia eventually became an autonomous and self-supporting specialty. It must have given Dr. Lett great satisfaction to witness the founding of both the Society of Anaesthetists of Hong Kong (in 1954) and the Hong Kong College of Anaesthesiologists (in 1989), for very few other anaesthetists have had the good fortune to witness the craft develop into a specialty in one jurisdiction in the space of their own careers.

Inevitably, most institutional histories are read principally by those who are part of, or close to, the particular institution, and this is likely to be true of the present volume. This is not to gainsay the value of such histories, and, indeed, this history of anaesthesia in Hong Kong points once again to the value of setting down in print some aspects of collective memory that may be examined in order to familiarise ourselves, as anaesthetists, with what being an anaesthetist is all about. In this respect I welcome this history by Drs. Lett and Lo, for they have served, in a sense, as guardians of a professional heritage that we in Canada can share – and which we will be able to share with so many of our colleagues when the Canadian Anaesthetists' Society hosts the 12th World Congress of Anaesthesiologists in Montreal in the year 2000.

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