Book Reviews

The Clinical Practice of Critical Care Neurology

Eelco F.M. Wijdicks. Lippincott-Raven Publishers, 1997. 419 pages. \$105.00 (US) ISBN 0-316-94759-8

This single author textbook reviews the clinical practice of critical care neurology. Its purpose is to provide a practical companion for all physicians who care for patients with acute neurological conditions in an intensive care unit, with an emphasis on management guidelines. The book is divided into four parts. Part I covers the general principles of management of problems such as pain, airway and intracranial pressure. Part II describes monitoring devices and diagnostic procedures. The most extensive section is Part III where the specific neurological disorders, such as hemorrhage, infarction and brain death are discussed. Part IV covers the management of systemic complications in neurological patients. There is a short appendix with formulas and nomograms and a pocket sized booklet with useful tables and figures for quick reference.

Overall, the author has achieved his purpose. Each chapter covers a specific topic in a brief but readable fashion. There are numerous pictures, X-rays, schematic diagrams and tables which are helpful in understanding the topic. Most chapters are good, as they give a concise picture of the disorder or problem followed by management guidelines and a brief discussion on outcome. A highlighted conclusion contains a synopsis of important points.

The weaknesses of the book include a deficiency of information in certain sections. For example, there is no discussion on the role of appropriate sedation during tracheal intubation in patients with neurological problems in the chapter on airway management. Also, cervical spine injuries which often accompany head injuries are not discussed. There are a few small errors, such as the reversal of the doses of codeine, orally and intramuscularly, for pain in chapter three as well as in the booklet.

This book is a good initial source of information and a practical guide for anyone caring for patients with an acute neurological event in an intensive care unit. It can be recommended to all such physicians. The booklet is useful for trainees beginning their rotation and the textbook would be a helpful reference source for all intensive care units that manage patients with neurological illnesses.

Pirjo H. Manninen

Toronto, Ontario

Handbook Of Drug Interactions

Lakshman Karalliedde, John Henry (Eds.). Oxford University Press Canada, 1998. 935 pages. \$99.50. ISBN 0-340-66204-2

Knowledge of drug interactions and side effects are important for anesthesiologists using potent medications in sick patient receiving a long list of medications. Medicine has changed so rapidly and pharmaceutical products have been introduced so quickly that the availability of a reference source is much appreciated. Most clinicians rely on pharmacology text books such as Goodman & Gillman's *Compendium of Pharmaceuticals and Specialities* or their Pharmacist for information.

The majority of contributors to the *Handbook of Drug Interactions* are anesthesiologists. One of the editors, L. Karalliedde has contributed several important chapters. There are 37 chapters and an index. The chapters are grouped into drugs acting on different systems or in different diseases. The last seven chapters are devoted to anesthesia. For each group of drugs there is a general pharmacological profile. The interactions are divided in three parts: increased effect decreased effect, toxicity with mechanism, and comment regarding the importance of the interactions.

The text is clearly presented and contains important information and up-to date references. Its importance depends on the author's experience. The authors do not apply a grading system of the importance, onset, severity, or provide documentation for the interaction. The index is reliable in finding access to medications. There are a few minor deficits: several pages are used for cimetidine whose use is decreasing while labetalol, which is used frequently in the operating room, recovery room and ICU, is mentioned only briefly. The important interaction between propofol and quinidine is omitted. The absence of the brand and nonproprietary names the index diminishes the usefulness of the *Handbook* as most patients present with a list of brand name medications. Overall, the *Handbook* is recommended for clinicians.

Hang Chu Ha MD FRCPC
Saskatoon, Saskatchewan

**Anaesthesia and Analgesia in Emergency Medicine,
2nd ed.**

Karen A. Illingworth, Karen H. Simpson. Oxford University Press Canada, 1998. 397 pages. \$67.50. ISBN 0-19-262908-5

This soft covered book from the United Kingdom is aimed at physicians working in multi disciplinary Traumatology providing anesthesia and pain relief in the emergency room.

The contents are divided into four parts. The first covers general concepts in anesthesia, resuscitation and airway management. This section outlines the anesthesiologist's involvement in the emergency room. A chapter on pharmacology reviews some of the more commonly used drugs addressing indications and contra-indications of these agents followed by a brief description of anesthesia and resuscitation equipment. The chapter on problems encountered during anesthesia fails in two critical areas. Firstly, there is no systematic approach to failed intubation as outlined by the ASA algorithm. The management of arrhythmias as described does not differentiate hemodynamically compromised from stable malignant arrhythmias and omits certain crucial drug regimens.

Parts two and three cover the use of sedation and analgesia in the emergency room, this section will be of interest to the emergency room physician administering intravenous sedation and analgesia for conditions such as joint dislocation and managing combative patients. Here the author reviews basic pharmacology of commonly used analgesics, sedatives and antiemetics. The final section covers local and regional anesthesia and its indications and implications in the emergency room. I found this section the most useful with a good review of pharmacology and equipment for administering regional anesthesia. This section includes a comprehensive description of peripheral nerve blocks of the upper and lower extremities which covers indications, anatomy, dosage and techniques for doing these procedures.

In closing, this book is directed at physicians working in the emergency room and will be of limited interest to most anesthesiologists.

Rael Klein MD
Vancouver, BC, Canada

A Simple Guide to Blood Gas Analysis

Peter Driscoll, Terry Brown, Carl Gwinnutt, Terry Wardle. BMJ Publishing Group, 1997. 191 pages. £22.00. ISBN 0-7279-1107-4.

This light-hearted and sometimes comical book on acid-base and blood gas analysis is aimed primarily at medical students, residents and critical care nursing staff.

The seven chapters systematically take the reader through how to take an arterial blood gas sample, defines useful terminology, discusses acid production and its removal, oxygenation, discusses the differential diagnoses of common acidoses and alkaloses, and then finishes the book with a chapter of how to interpret the results of a blood gas sample. Each chapter ends with a quiz to emphasize the salient points of the chapter. The answers to the quizzes are provided at the end of the book with simple, easy to understand explanations of each problem.

The book has numerous illustrations, cartoons, and easy-to-understand tables. Throughout the text there are shaded boxes containing the key points in the text. One could just flip through the book and read only the key points to grasp adequately the concepts of blood gas analysis.

My only concern about this book is its length. I don't know many medical students who have the time to read a 180-page book on blood gas analysis and related physiology. My favourite discussion on blood gases analysis is still Drs. Bear and Dyck's classic article, "Clinical Approach to the Diagnosis of Acid-Base Disorders".

"A Simple Guide to Blood Gas Analysis" is recommended for anesthesia, internal medicine, critical care unit, and respiratory therapy departmental libraries.

Steven Dain
London, Ontario