Book Reviews

Pediatric Anesthesia, 3rd ed.

George A. Gregory (Ed.). Churchill Livingstone, Inc.
1994. 942 pages \$182.25 (Cdn). ISBN: 0-443-08904-3

In the preface to this text on Pediatric Anesthesia the editor states this edition has changed significantly in response to suggestions from many people. They have reduced the book to one volume to make it more convenient for use. They have incorporated the physiology, pharmacology and embryology into clinical chapters. New chapters have been added, dealing with some new and not so new challenging issues we face in anaesthesia. The authors have achieved their objectives.

There are four sections to the text. The first section, Principles of Pediatric Anesthesia, provides a clear and concise review of the unique principles of practicing paediatric anesthesia. The first chapter, Ethical Considerations, deals with some of the most difficult and distressing issues in paediatric health care. Dr. Gregory provides a very poignant summary. Following are sections on Pediatric Anesthesia Management, Practice and Special Considerations. The chapters occur in sequence from preoperative preparation to induction, maintenance, emergence, regional techniques and special techniques. The subsequent chapters review anaesthesia for various surgical procedures. Appendices on drugs for use in the perioperative period and normal laboratory values complete the book.

The negative aspects are few. The chapter on Anesthesia for Premature Infants uses the term infant and fetus interchangeably. The statement "Most premature infants are asphyxiated at birth" is false in modern day obstetrics. It recommends the quick correction of acidosis both respiratory and metabolic, advocating the use of bicarbonate or THAM. However, THAM is not recommended for use in the premature neonate, and their remains great controversy of the use of bicarbonate therapy in this population.

These criticisms notwithstanding, this is a comprehensive text, and I would recommend this book as a resource for anaesthetists who practice paediatric anaesthesia on an inconsistent basis.

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Clinical Monitoring for Anesthesia & Critical Care, 2nd ed.

C.L. Lake (Ed.). WB Saunders Company 1994.
574 pages. \$183.00 (Cdn). ISBN: 7-216-5269-7

This book is comprehensive and covers a range of topics with excellent references. Some of the chapters are very informative. The chapter on "Human Factors and Alarms" includes anecdotes such as the oxygen tank explosion during Apollo 13, illustrating the importance of information display in the management of critical incidents in both aviation and clinical anaesthesia. New technologies such as "head-up" display and neural network artificial intelligence serve to highlight innovative thinking in future equipment designs. One may find the discussion on frequency response and harmonic resonance in "Intravascular Pressure Monitoring" easy to understand without the usual incomprehensible "physics talk." The chapter on "Maternal and Fetal Monitoring" is excellent and includes a cogent discussion on the usefulness of platelet count and bleeding time in preeclampsia. Quite appropriately, the author also reminds one that a Swan-Ganz catheter, although sometimes useful, should be used only after considering the risk/benefit ratio as well as the operator's skills and experience. The discussion on Doppler studies on uterine arterial and fetal vascular flows is very informative; the potential for the technology is exciting. Some of the chapters, however, while providing basic information, are less informative. For example, the incidence of pulmonary arterial rupture and its treatment should be expanded. Fourier Transform electrocardiography is conspicuously absent. The chapter on EEG touches only briefly on spectral edge and depth of anaesthesia monitoring. The chapter on electrical safety seems truncated; the ASA Refresher Course by the same author may be a good supplement. Overall, the book provides an excellent source of information. One should be aware of a similar book by Blitt and Hines: both books are well-written and each has its strengths. For example, in Lake's book, transcranial oxygen measurements, quite distinct from pulse oximetry, is well-written, providing current information on research and potential clinical applications. Blitt's book, however, provides an excellent discussion on the cost-benefit analysis of monitoring.

Classification of Chronic Pain, 2nd ed.

Harold Merskey, Nikolai Bogduk (Eds.). IASP Press 1994. 240 pages. Softbound: \$20.00 (US) (\$14.00 US for IASP members). ISBN: 0-931092-08-6

In order for communication to occur with language, terms and definitions must be agreed upon and understood by the communicating parties. This second edition of the 1986 IASP Classification of Chronic Pain proposes a taxonomy of pain diagnoses, with a collection of descriptions of pain syndromes, that health professionals and scientists involved with pain management should adopt and agree upon. The obvious benefit of an agreed-upon classification system is improved and standardized communication and transfer of information.

The first two parts of this non-textbook volume contain a comprehensive collection of pain syndrome descriptions, with some explanatory material. Generalized pain syndromes are presented first, followed by regional ones and organized according to body region, physiologic system involved, and proposed aetiology. Each syndrome is coded with a five-digit number that, if followed by the medical community, will be invaluable for local research, retrospective review, multicentered clinical trials, and all forms of pain syndrome communication. The topics and codes must be reviewed, along with the introductory notes, in order to easily use this volume. Once this has been accomplished, the practicing pain specialist should have no difficulty "coding" his pain diagnoses.

While individual pain practitioners will take exception to the taxonomy of certain pain syndromes, the authors have taken great measures to justify their position and encourage suggestions for improvements to future versions. The 103 contributors from around the world present an ever-developing pain taxonomy, as best understood in 1994. In particular, the updated section on spinal pain and radicular pain is well thought out and extremely rational. The reclassification of "reflex sympathetic dystrophy" and "causalgia" under the syndrome "complex regional pain syndromes, types 1 and 2," is welcome and reflects changing understanding of these complex pain syndromes.

While this taxonomy is not a textbook, the 167 pages of detailed description of pain syndromes (including definition, main features, associated symptoms, usual course) provide a wealth of concise, useful information to the clinician that may well be mimicked by standard pain textbooks. This volume does not address acute pain syndromes, but it does effectively include cancer pain syndromes.

This classification of chronic pain syndromes should be on the bookshelf of every pain clinic, and will be

very useful for anesthetists subspecializing in chronic pain management.

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Epidurals for Childbirth

Anne May. Oxford University Press 1994. 203 pages. \$40.50 (Cdn) paperback. ISBN: 0-19-262438-5

This book lives up to its promise. It provides basic information about epidural pain relief for childbirth for all interested parties. It is well written and easy to read. The purpose of this book is to make the topic understandable for practitioners other than anaesthetists. Yet it contains enough information on all aspects of epidural practice to be an excellent introductory text for residents and other learners of the art and craft of obstetric anaesthesia.

The first chapter discusses what to tell the patient. It gives practical and sensible advice as well as factual information, and covers the issue of informed consent well. The description of the anatomy and physiology of the epidural space is detailed enough for anaesthetic residents. Specific information on how to perform certain techniques and which drugs to use is flavoured by the author's own preferences. In a book of this size this is perhaps inevitable. There is no room for detailed discussion of controversial issues. The choices described are all appropriate, and the author acknowledges that there are other ways of doing things which may be just as good. There is enough information on the action of local anaesthetics to make the topic understandable for those who are unfamiliar with it. The book discusses briefly the pathways of pain in labour, and emphasises appropriately the detrimental effects of labour pain. It gives helpful practical hints for nurses and midwives and other labour care givers. The chapter on indications and contraindications to epidurals is good. Although medical diseases of pregnancy is discussed very superficially, there is a lot of useful information for mothers who may suffer from these conditions, as well as for nurses and others who take care of them. Complications of epidurals and dealing with problems associated with difficult deliveries are also covered sufficiently to be of use to most readers.

The only "weakness" of the book from a Canadian point of view is the recommendations for exclusively British trade names and products rather than making the suggested treatment modalities more generic. The didactic boxes containing treatment "protocols" could therefore confuse some readers. While the book mentions up-to-date topics such as patient-administered epidurals and

continuous infusion epidurals, these are dealt with very superficially, reflecting once again one particular centre's practice only. At the end of the book there is a useful chapter on Caesarean sections, and another which very briefly describe spinal, caudal and combined epidural-spinal anaesthesia. I particularly liked the last chapter on setting up an epidural service. There is a lot of good, common sense advice here.

I would recommend this book for prospective parents, nurses and midwives and particularly for child-birth educators. Anaesthesia residents would also find it very useful as a good introductory text to obstetric analgesia management.

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the money would be better spent elsewhere to improve the physician's or hospital's library.

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Anaesthesia and Analgesia in Emergency Medicine

Karen A. Illingworth, Karen H. Simpson. Oxford University Press 1994. 443 pages. \$51.50 (Cdn). ISBN: 0-19-262363-1 (paper).

This book is part of the Oxford Handbook series in Emergency Medicine. The series is aimed at junior physicians and emergency room nurses. In their introduction the authors state "The emphasis is on practical management of problems and clear instructions about the treatment of common conditions. There is enough theoretical content for the book to be valuable for doctors preparing for the FRCS (A&E) or FRCA."

From a Canadian perspective this is a book that does not really fit in anywhere. As a handbook it is too big to be carried around in a coat pocket. The provision of actual general anaesthesia services in an emergency department is not the norm in this country. Thus much of this emphasis in the book is lost. For junior physicians, emergency room physicians and/or nurses the information provided ranges from too detailed, to inadequate to inappropriate. An example of the last is the description of the posterior approach to a sciatic nerve block. While there are chapters relating to anaesthetic assessment of the patient there is virtually no detail on methods or an approach to appropriate airway assessment. Similarly the book glosses over details regarding assessment of patients recovering from general anaesthesia.

For the anaesthesia resident the book seems to have no role. In a competing environment where there are numerous other books summarising similar points in a more effective and appropriate manner it is not a book I would recommend. Certainly for the \$51.50 asking price