Book Reviews

Anesthesia and Pain Control in the Geriatric Patient

RB Smith, MA Gurkowski, CA Bracken (Eds.).

McGraw-Hill Ryerson Limited, 1995. 621 pages.

ISBN: 0-07-058642-X

As the average age of the population increases, anaesthetists are faced more frequently with providing anaesthesia to the geriatric population. The co-authors of this book outline, in a very comprehensive manner, concerns for this population.

The first section of the book discusses the physiological changes that occur with aging. These chapters help to delineate normal changes from pathological processes in the elderly. The authors present this information through addressing each organ system individually. There are several chapters on the influence of aging on pharmacokinetics and the use of inhalational and intravenous agents. These chapters provide an overview on how the changes of aging affect the handling of drugs, as well as briefly discussing specific agents that are commonly used in anaesthesia practice. The next section deals with perioperative considerations in general and then by surgical specialty. These chapters include information on important issues in the preoperative assessment as well as areas of concern specific to the surgical procedure. The final part of the book looks at the management of acute and chronic pain in the elderly. Topics include postoperative analgesia, cancer pain, myofascial pain, low back pain and postherpetic neuralgia.

This book has attempted to be an all inclusive guide for providing anaesthesia to the elderly. It is well referenced and presents information, both for and against, on controversial issues such as regional vs general anaesthesia. It is a multiple authored text book which lends itself to repetition. Many of the physiological changes that occur with aging are repeated in the chapters dealing with the perioperative considerations. The chapters on management of chronic pain tend to be quite general and are better used as an overview rather than as detailed reference material.

This book serves as an excellent resource for those requiring information on anaesthesia in the elderly. It would be a worthwhile addition to any library especially those in training centres.

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Ambulatory Anesthesiology. A Problem-Oriented Approach

KE McGoldrick (Ed.). Williams & Wilkins, 1995.

808 pages. ISBN 0-683-05875-4

As its title suggests this book is designed to help anaesthetists, and other health care workers, with the daily challenges of ambulatory surgery. It covers a wide range of topics in a clear and practical fashion.

The 42 chapter book is divided into five sections. The first, on preoperative challenges, deals with both adult and paediatric populations with some overlap between different authors. Section two is on challenging patients and problems. It starts with a chapter on the difficult airway that covers all the standards with many good photos and illustrations. The chapter on geriatric patients has an original approach with a "myths and pearls" section. The chapter on psychiatric disease is more detailed than expected with emphasis on eating disorders. There are also chapters on allergic, cancer and post-transplant patients among others.

The third section deals with challenging procedures. The orthopaedic surgery chapter pays special attention to positioning. Some chapters are relatively short, the most detailed being on otorhinolaryngology written by Dr McGoldrick.

Section four examines postoperative challenges and starts with common PACU problems including organization of the unit and discharge criteria. Then, a chapter is devoted to nausea and vomiting. Two chapters are on pain and finally one on unanticipated admission. The fifth and last section is on administrative challenges. One comprehensive chapter looks at quality improvement. Two chapters are on risk management, one by an anaesthetist the other by an attorney. Then there is cost containment, nursing challenges and accreditation and certification. Since this was written by Americans some of the legal and health care system issues may not be as useful to Canadian readers but the general principles are relevant.

In summary this book aims, and succeeds, at giving readers tools to deal with the challenges of ambulatory anaesthesia. The chapters start with a clear outline, are relatively short and to the point but still cover all the basics. Each chapter contains numerous references and a section of questions that the reader can use to review the main points of the outline.

Ambulatory anaesthesia is still "regular" anaesthesia but without the luxuries of seeing the patient the day before surgery and having the time to think about the case or ask a colleague's opinion and without the safety net of observing the patient in hospital for a prolonged period. This book is useful for those who have either a small or large percentage of this kind of practice.

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Physiologic and Pharmacologic Bases of Anesthesia

Vincent J. Collins (Ed.). Williams and Wilkins, 1996. 890 pages. \$127.50 (Cdn). ISBN 0-683-02011-0

In his preface the author writes "In preparing this text on the basic elements of physiology and pharmacology applicable to the practice of anaesthesia, it was considered that the subject matter should be brought together in a separate volume." Having spent considerable time reading this book and comparing it with others such as *Pharmacology and Physiology in Anesthetic Practice*. Editor, Stoelting. Publisher JB Lippincott and *The Pharmacologic Basis of Anesthesiology*. Editors, Bowdle, Horita and Kharash. Publisher Churchill Davidson, this reviewer found the present text wanting in several aspects.

It is a very readable book and covers some physiology and pharmacology applicable to the practice of anaesthesia. Much of the information is well presented but the book fails in its primary goals and objectives. It is unbalanced in its presentations with detailed information in some chapters and absence of key anaesthetic topics in others. Liberally sprinkled throughout are several sections on the management of a variety of anaesthetic problems. The extremes are seen with information on the pathology, clinical features and anaesthetic considerations of such diseases as Klippel-Feil Syndrome and the Von Hippel-Lindau Disease. Attention is directed to shock and CPR but there is an absence of information on trauma or neuroanaesthesia.

In a book dealing with pharmacology in anaesthesia practice one chapter is devoted to Diethylether and Chloroform. However, there is very little on neuromuscular blocking agents and their reversal, local anaesthetics, propofol or drug interactions. Detailed information is available about morphine but is very limited with respect to fentanyl or sufentanil.

As a textbook on general anaesthesia this book falls short. As book with a title and preface emphasizing

physiology and pharmacology it requires modifications if it is to take its place on any physician's bookshelf.

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Medicine and the Internet. Introducing Online Resources and Terminology

Bruce C. McKenzie. Oxford University Press, 1996. 210 pages. \$39.50 (Cdn). ISBN: 0-19-262705-8

Is another book on the Internet really needed? Savetz's Unofficial Internet Book List, currently lists approximately 600 books on the Internet, multiple electronic user-guides, many journal articles specifically relating to medicine and the Internet but only two other full-texts (one of which is privately printed). The Preface states that the book should enable doctors and students to determine the professional relevance of the Internet. If I were undecided, the initial sections would not engage my interest. The author often strives for brevity at the expense of clarity. Much of the technical information could have been provided as an appendix, like the book's useful glossary. The book is primarily directed at a British readership, although few things are as fundamentally global as the Internet. This is most apparent in the sampling of Internet sites and service providers.

My interest was aroused by the discussion of online ethics which briefly discusses issues such as defamation, confidentiality, credibility and liability. As well, chapter twelve includes a thoughtful discussion entitled "What use is the Internet in medicine? which is really the core of the book.

How can a printed text be current when the subject matter evolves so rapidly? Oxford University Press has provided a companion web site (read the book for a definition) to provide a sampling of recommended uses as well as updates. There is even a free update subscription service, sent directly to your e-mail address. However, the compendium is infrequently revised and contains erroneous addresses. In addition, the book was published before the phenomenal growth of the World Wide Web and the proliferation of easy-to-use graphical search engines to locate resources. Even Internet novices can now quickly identify areas of interest by locating cataloguing services such as the *Medical Matrix* and A.J. Wright's *Anesthesia and Critical Care Resources*. Online medical journals, specialty societies, discussion groups, medical images, slide presentations, lecture notes etc. can be easily located and downloaded. Printing even a few graphically-rich "WWW" homepages such as that

of The University of Iowa's Virtual Hospital would give the reader a better appreciation of the appearance and ease of web browsing.

More engaging introductions to the Internet are easily found and the wealth of medical information and services can be relatively easily identified using located using Web-oriented search engines.

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Low Flow Anaesthesia

Jan A. Baum. Butterworth-Heinemann, 1996.
212 pages. ISBN 0-7506-2127-3

It is ironic that an anaesthetist from the city of high flow anaesthesia (London, Ontario) should be reviewing a book on low flow anaesthesia. This newly revised and translated book is a timely review of low flow anaesthesia. There has been much controversy about the safety of low flow ($<1 \text{ L}\cdot\text{min}^{-1}$) anaesthesia. In one of the introductory chapters, Dr. Baum relates that none of the anaesthesia journals would publish Dr. Foldes' article on the subject in 1952, so Foldes published it in the *Annals of Surgery*!

The nine chapters of this book present an all encompassing overview of low flow anaesthesia. The first two chapters describe the technical aspects of all types of breathing systems and their historical development. The third chapter is an overview of the pharmacokinetics of inhalational anaesthesia, and the fourth introduces the concepts of low flow, minimal flow and closed circuit techniques. Reviews of recently available computer simulation software for modeling and teaching the concepts of the uptake and distribution of inhaled anaesthetic are well presented in the fifth chapter.

The last four chapters include the most useful and informative information in the book. Dr. Baum's unbiased discussion of the advantages and disadvantages, and the patient safety aspects of low flow anaesthesia are enlightening. Two of the contraindications that he mentions are the "alcoholized patient" and the heavy smoker as exhaled ethanol and carbon monoxide respectively may build up within the low flow system. There is an excellent chapter on the construction, use and limitations of anaesthetic agent analyzers which should be read by all anaesthesia practitioners.

The only criticisms of the book are occasional translation problems and extensive discussion of equipment not often used in North America. I also question Dr. Baum's classification of a Bain circuit as a non-rebreathing circuit.

This book is an invaluable resource for anyone interested in low flow anaesthesia. I hope that this book may convince some high flow advocates that, with 1990s agent monitoring technology and the economic climate in which we live, lower flow anaesthesia makes sense.

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