Book Reviews

T.E.A.L. The Electronic Anesthesiology Library on CD-ROM, 1991-1995

Works with Macintosh and IBM compatible PCs.
Lippincott-Raven Publishers, 1996.

For over a decade computers have invaded our lives with often ill-defined benefits. The advent of word processing and drawing with a mouse had both their pleasures and their limitations. Calculating the new last day of your mortgage with the addition of a single double payment provided only a modicum of valuable information. Now with the advent of E-Mail and the Internet has there truly been an advance for those with computers. Perhaps equal to these advances is the production of The Electronic Anaesthesia Library (TEAL). This compilation on one CD of five years of four of the major anaesthesia journals (*Anesth Analg*, *Br J Anaesth*, *Can J Anaesth*, and *Anesthesiology*) is truly useful and easy to operate.

While the disk is full of the journal articles, letters, and editorials as well as the accompanying figures, it does not include the Advertisements and Classifieds which provide entertainment but date rapidly. The disk functions as well as it does because of the Search Engine named Knowledgfinder.TM With this software the disk may be searched in a linear fashion (Tables of Contents route), by the type of article (Original Research, Letter, Author, etc.) and by a logic system for free-form searching. It is the latter system that provides the most useful access to the database for my interests.

Most of us are familiar with MedlineTM searching and the constraints that are placed on the choice of search words conforming to the usual MeSH headings. With Knowledgfinder any word(s) may be used yielding search results that were, in my experience, very accurate. Such obscure topics as "Mendelian" lead straight away to the article in *Anesthesiology* in 1992 on the use of Molecular Genetic Approaches in the Diagnosis of Malignant Hyperthermia. Remembering the publication of a colleagues work on periorbital anatomy was easy to find just by searching the author's name. An added bonus is that the references dated after 1975 contain their abstracts as submitted to Medline.

The print function was also valuable and allowed me to bring to the OR for teaching purposes several "classics" without having to risk losing my own journal or undertake photocopying at the department's

expense. Preparation of Department rounds was also facilitated by running the programme via a projection screen and demonstrating illustrations and tables in a clear and true-to-original fashion.

Anaesthesia is fortunate to have such a compilation for reference. The drawbacks are, of course, the initial price. Once this has been paid the annual updates are apparently likely to be just \$100 (US). Another problem is the timing of the updates. At this time the CD was issued in September of the year after the last journal was entered which is a little late, leaving the purchaser dependent on the loose journals for over one year. More prompt updates (perhaps in April) would go a long way to remedying this. As well, the use of just four journals means that this disc could not be used as a complete literature search, its strength lies in immediate availability and flexible searching.

Used on a Power MacintoshTM running system 7.5.3 there were uncommon bombs that asked for a restart of the computer and not the more annoying hangups that plague truly "buggy" programmes. Use of the programme in the Windows environment was completely clean. The TEAL, in my opinion, is a true advance in the communication of anaesthesia knowledge and with sharp pricing should form part of everyone's library from personal office to community hospital to University department. Of course, with the loss of all those paper journals there will now be space for all your hard fought bowling trophies!

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Physician's Guide to the Internet

Lee Hancock. Lippincott-Raven Publishers, 1996.
212 pages. \$29.95 US. ISBN 0-397-51634-7.

The Internet's medical resources are growing at a staggering rate. It is therefore not possible for a printed book on this subject to be current and comprehensive. Hancock, an Educational Technologist with the University of Kansas Medical Centre and custodian of the "Hancock list" of the Internet's medical resources, has attempted to provide a broad compilation of medically relevant Internet resources for both the novice and experienced net-surfer. The book is potentially a turn-key system, and includes Internet software (Netcruiser) though this service provider is not accessible from Canada.

The book begins with a glossary and three very brief, non-technical chapters on the Internet and its tools. It concludes with several useful, though by now means complete appendices which identify Internet software, an annotated bibliography, a list of American service providers and a glossary of commands. The heart of the book is the "Guide" which lists, briefly describes and provides electronic locators for medical resources. These are broken up into categories such as diseases, specialities, nursing and allied health, education, informatics, universities and hospitals.

Such resources are relatively easily located by the Internet-literate, though even for this group, Hancock's descriptions could save the user considerable time. He has provided the locators and summarized their content and organization. For the relative novice, this book offers an opportunity to quickly harness the medical resources of the Internet.

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Gwen Wilson: One Grand Chain: The History of Anaesthesia in Australia 1846–1934. Volume 1, 1846–1934

Jeanette Thirlwell Jones (Ed.). Australian and New Zealand College of Anaesthetists, 1995. 657 pages. ISBN 0-646-26487-7.

The evolution of anaesthesia in different countries is sufficiently varied to make for continuing interest and a ready subject for research. Being so distant from both the United States and Europe, Australian anaesthetists have had to overcome problems of the administration of anaesthetics to a large extent on their own, and how they did so is told, in fulsome detail, by Dr. Gwen Wilson in "One Grand Chain." This book is specified as Volume 1 of two volumes, the first (the present volume) dealing with the period from 1846 to 1934 and the second, from 1934 to 1962. There is no indication whether the second volume has been published, though it may be noted that Dr. Wilson has written much of a volume on the history of the Australian Society of Anaesthetists, which was founded in 1934.

The content, and the underlying content, of One Grand Chain is indicated by the author's statement that in Australia "the development of anaesthesia was like a chain, stretched at first with tenuous links around the world and across this large country, with the links later strengthened by contributions from far away anaesthetists as well as those in Australia" (page xviii). Although the book will naturally interest anaesthetists in Australia and New Zealand more than those elsewhere, some of the content will interest the latter.

An example of this wider interest are the author's observations on the advantages and disadvantages of chloroform versus those of ether, and how the problems inherent in the use of chloroform influenced the acceptance of specialist anaesthetists in Australia. For anyone particularly interested in the development of anaesthesia around the world Dr. Wilson's book will prove a useful source of material for study.

It is unlikely, however, that this book will serve as more than a source book. It is too long, and indeed too verbose, to make for easy reading. The length is, in part, accounted for by a diffuse literary style, chaty personal interjections and digressions that often seem irrelevant.

The author herself evidently recognizes the last fault, for she admits (page 15) that "readers may consider all the details to be irrelevant to the history of anaesthesia." In defence of her approach, Wilson asks, rhetorically, "Is it irrelevant that this history is integrated with other histories?" The brief answer is surely 'No'; but the question as to whether Wilson packs her history with excessive detail could be debated, also at length. The author of this history has, then, opted for an all-inclusive approach, but while she has cast her finely woven net so far in order to catch so many fish, it may be that some of them are of much less value, and perhaps less digestible than others. Even so, Wilson must be congratulated on the time and energy that she has invested in writing a history of antipodean anaesthesia.

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A Handbook of Paediatric Anaesthesia, 2nd ed.

S. J. Mather, D. G. Hughes (Eds.) Oxford University Press, 1996. 275 pages. \$85.95. ISBN 0-19-262714-7.

The authors state their purpose is to fulfill the need for a ready reference for trainees, with readily accessible facts, also that the consultant anaesthetist who only occasionally practices paediatric anaesthesia may find something of value. The first four chapters deal with basic science. Next, there are two on basic concepts of paediatric anaesthesia and medical conditions with relevance to anaesthesia. The subsequent five chapters are on anaesthesia for a variety of areas and on pain management. Finally, there are chapters on acute airway problems, transportation, and paediatric life support. All this in only 275 pages!

Unfortunately, this layout leads to several subjects being treated rather scantily. Good synopses of scientific knowledge are not well related to specific paediatric problems, e.g., an elegant review of the receptor

theory of opioids is not carried through to explain the problems of morphine in the neonate. The section on medical conditions and anaesthesia has too little information, e.g., the relevance of Duchenne muscular dystrophy is stated to be a "weakness" and "cardiac problems uncommon." There is no reference made to the potential interaction with succinylcholine (hyperkalaemia, rhabdomyolysis).

The book does, however, contain three excellent chapters. Dr. J. O'Higgins' contribution on Anaesthesia for Radiological Procedures should be required reading for all who work in diagnostic imaging departments - radiologists, technicians, nurses and administrators. It is a beautiful exposition of the problems. Dr. D. Hughes' chapter on pain management in children is an excellent, if short, resumé for those who deal with children on an occasional basis. Finally, Dr. Hughes' chapter on transport of critically children is a suitable short review of the problems for those not regular involved in such care.

For the above three chapters alone this book has a place in a paediatric anaesthesia library.

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Understanding Anaesthesia, 3rd ed.

LE Carrie, PJ Simpson, MT Popat (Eds.). Butterworth Heinemann, Linacre House, Jordan Hill, Oxford 1996. 415 pages. ISBN 0-7506-2079-X.

The third edition of any introductory textbook speaks well of its longevity and usefulness for its audience, targeted as medical students, operating theatre department assistants, postgraduate nurses and anaesthesia trainees.

Where possible, the authors have enhanced the text with historical vignettes. For every terse chapter, a subspecialty treatment of the same topic might extend to hundreds of pages. While some chapters acknowledge the scope afforded them, others might lure the novice into unreliably shallow depths of comprehension. Inappropriate attention is given to some items: an oscillotonometer receives as much as print as anaesthetic considerations for the burned patient.

With only three authors, a colloquial flavour is evidenced by some dogma: "... its [the laryngeal mask airway] use should be restricted to spontaneous respiration. . . ." It contains some surprising observations: "... patients with . . . [diabetes mellitus] . . . are essentially normal people with absent or impaired insulin production," and for a third edition retains a few cryptic proverbs: "An Intensive Care Unit where such treatment can be effectively coordinated is the best place to coordinate this treatment." The section on

cataract surgery would leave most readers thinking that this procedure is best done under general anaesthesia.

This textbook is more a synopsis of anaesthetic practice than it is a text which advances trainees' understanding of the crafting and execution of anaesthetic plans. Its strengths are that it is a lean, readable "basic textbook" of less than two volumes (or two kilograms). Its weaknesses are a vacillation in focus and its setting in a different health care system. Its physical size is incompatible with a Canadian undergraduate's lab coat pocket but could easily be lost on specialty library shelves. It is *descriptive*, but provides scarce insight into the *process* of planning anaesthetics. Understanding anaesthesia is not just knowing the facts, but the patterns must be woven with them.

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