Book & New Media Reviews

Principles and Practice of Mechanical Ventilation

Martin J. Tobin (editor). Second edition, McGraw-Hill Inc., 2006. \$189.95 (US). 1,472 pages. ISBN 0071447679

Twelve years have elapsed since the publication of the first edition of *Principles and Practice of Mechanical Ventilation* which had been acclaimed as the most important reference in the field. This new edition should not be viewed as a simple re-edition. It is an entirely rewritten book (including 24 new chapters) by 106 international contributors, experts in their respective fields. The 70 chapters, divided in 15 sections, provide thorough coverage of the field of mechanical ventilation in the acute setting as well as chronic ventilation in long term facilities. The first two sections deal with historical perspectives and classification and basics of mechanical ventilators. In sections 3 to 7 conventional modes of ventilation as well as alternative, noninvasive and unconventional modes of ventilation are reviewed. Section 8 is an important new addition on ventilatory management in specific clinical settings (e.g., neonates, pediatrics, cardiopulmonary resuscitation, transportation, acute respiratory distress syndrome, asthma, chronic obstructive pulmonary disease, neuromuscular disease). Section 9 reviews the effects of mechanical ventilation on the control of breathing, hemodynamics and gas exchange. The last five sections discuss other topics related to mechanical ventilation. The index is complete and easy to consult.

Unfortunately, the section on ventilatory monitoring has been considerably reduced compared to the original edition. For this information, the editor refers readers to the text: *Principles and Practice of Intensive Care Monitoring*. Obviously, some choices had to be made to keep the content within reasonable limits, but one could argue that a review of ventilatory monitoring is more important than detailing certain adjunctive therapies. Throughout the book, Figures or Tables often appear on different pages from the related text, complicating the reading somewhat. Finally, the image quality of several of the Figures which have been reproduced, is suboptimal.

Overall, this textbook is a top quality and comprehensive reference on mechanical ventilation. Although

it is not targeted to every anesthesia resident or clinical anesthesiologist, it is a 'must' in the library of every department of anesthesia and/or critical care.

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The Structured Oral Examination in Anaesthesia. Practice Papers for Teachers and Trainees

Shyam Balasubramanian, Cyprian Mendonca, Colin Pinnock. Cambridge University Press, Cambridge U.K. 2006. 262 pages. \$55 US. ISBN 10 0-521-68050-6

The title of this text suggests that it would be useful to both candidates and attending staff in preparing for a typical oral examination in anesthesia. However, the target audience for this book is trainees and examiners preparing for the primary examination in anesthesia in the United Kingdom, which is undertaken after the completion of a minimum of one year of training. As such, its utility for the Canadian Royal College oral examination is limited.

The text consists of ten structured oral exams (SOEs), each of which covers four main subject areas: 1) physiology; 2) pharmacology; 3) clinical; and 4) physics, clinical measurement, and safety. Within each of these SOEs, there is a significant amount of basic science content which is perhaps more relevant to oral examinations in the United Kingdom in comparison to the Canadian system, which leans more towards evaluation of basic sciences on written testing, with clinical scenario problem-solving emphasized on the oral exams.

Each SOE begins with a list of key topics to be discussed, and each is addressed in a series of questions and answer narratives. The key topics form the basis of the index to the text, which is relatively comprehensive. However, as the content of each topic is rather broad, the series of sometimes unrelated short answer questions which follow, are not always directly related to the preceding text. Lack of referencing within the answers provided is a hindrance to further reading.

Despite certain limitations, this practical text should benefit those training for the primary examination in anesthesia in the United Kingdom, and may be of value to Canadian anesthesiologists as a general review of anesthesia at an early juncture in their training. However, the text is not applicable as a preparatory guide for the final Royal College oral examination in Canada, and would be equally misleading if used by preceptors as a guide to preparing candidates for the Canadian oral examination.

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ERRATUM

In the article entitled: "Review article: Age related alterations in respiratory function – anesthetic considerations" published in the December 2006 issue, *Can J Anesth* 2006; 53 : 1244–57, the legend of Figure 3 should read: Reproduced with permission from BMJ Publishing Group, *Thorax* 1987; 42: 173–82 and the American Thoracic Society, *Am Rev Respir Dis* 1976; 113: 587–600.