Book Reviews

Ballière's Clinical Anaesthesiology: Intensive Care: Developments and Controversies

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N.R. Webster, A. Bodenham (Guest Editors)

Baillière Tindall, London, 1992. ISBN 0-7020-1617-9
\$27.50 (CDN)

The most recent issue of this well-written series is a collection of updates on the pathophysiology of multiple organ system dysfunction (MODS) and controversies in clinical practice. The authors include an international list of participants; however, no Canadians are included. The authors have provided a good source of information related to recent developments in clinical practice.

A major strength of the presentation is the description of the complex clinical response to septic and non-septic disease processes referred to as the Systemic Inflammatory Response Syndrome (SIRS). Understanding this "immunoinflammatory cascade," that includes a large number of endogenous mediators such as cytokines, will be essential for anaesthetists to enable them to use future developments in the treatment of the critically ill such as monoclonal antibody therapy. Several chapters build on this pathophysiological base to describe present and future therapeutic modalities for MODS.

Practical clinical advice for treating patients with fulminant hepatic failure and chest trauma as well as using alternative methods of enteral nutritional support, diagnostic techniques for intra-abdominal sepsis, and percutaneous tracheostomy are given. Particularly useful are the algorithms outlining the investigative plan and management of patients after thoracic trauma.

This issue provides clinicians with information that will form a basis for a continuing understanding of innovations that are changing the practice of anaesthesia and critical care. I recommend it highly as a readable update for anaesthetists involved in the care of critically ill patients.

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Anesthesia for obstetrics, 3rd edition

Sol M. Shnider and Gershon Levinson (Eds.). Williams & Wilkins, Baltimore, 1993. pp. 744. \$95.00 (US).
ISBN 0-683-077511

This multi-authored text is in its third edition and remains the basic text on obstetric anaesthesia for residents and anaesthetists. This edition has been expanded with the addition of two new chapters dealing with areas of topical interest: AIDS, Maternal Substance Abuse, and a new section on Obstetric Anaesthesia Malpractice Lawsuits. The chapters follow a similar format to that previously used but the information has been updated. For example, the chapter on Caesarean section now includes alkalization of local anaesthetics, combined spinal-epidural anaesthesia, failed intubation and postdural puncture headache. New technology is also included with simple descriptions of techniques and equipment used for monitoring the mother and fetus.

My only criticisms of this text are minor and relate to the difficulty in locating some of the topics. Vaginal birth after Caesarean section is listed in the index under Labor and is included in the chapter on Antepartum and Postpartum Hemorrhage. Cross indexing of this and other not uncommon problems would have been useful. As well, there are some appendices which unfortunately are difficult to find as they are not indexed. "Guidelines for Regional Anesthesia in Obstetrics" follows the chapter on Regional Anesthesia for Labor and Delivery, "Labor Unit Guidelines: Prevention of Aspiration at the University of Pennsylvania" follows the chapter on Pulmonary Aspiration of Gastric Contents, and "Pain Relief During Childbirth" is included under Psychologic and Alternative Techniques. These considerations aside, this text is an excellent resource on obstetric anaesthesia.

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The Aftermath of Death

Hugh Selby (Ed.). The Federation Press Pty Ltd, Sydney. 1992, pp 266. ISBN 1-86287-092-6

In November, 1991, a multi-disciplinary conference was held on coronial practice in Australasia. This book is the result of the conference, with some papers reflecting what was presented at the time, and others being a more

detailed expansion. In the Introduction, the editor describes three common themes or "*threads*": legal, scientific and communication. Chapters 1–6 discuss various legal aspects, from preparing for an inquest to the range of "findings" open to the coroner. Scientific aspects are covered in Chapters 7–10, and encompass such topics as the role of the pathologist and medical and hospital negligence. The third part of the book is devoted to aspects of communication, including coping with grief and accommodating law to culture. In general, the book does not seem to be rigorously edited, with much repetition within and among chapters, such that the three most obvious topics covered were coronial history, current practice and future trends. In addition, most of the authors are legally trained and the writing in several sections is convoluted and not easy to read.

However, the book contains important information and is well worth perusing. Those anaesthetists who find themselves involved in medicolegal cases would do well to examine the chapters "Preparing for an inquest," "Expert proof in the coroner's jurisdiction and Fire!" (which also covers "expertise of the expert"). They will also find amusement in the last chapter, "A view from the bleachers," in which the journalist-author gives his appreciation of the law, including his description of it as a "weird melange of games theory, haute couture, and the magical arts and practices of voodoo."

However, all anaesthetists may at some time become involved in a coroner's (or medical examiner's) case, for example, when a patient dies on the operating room table. Thus, an overall understanding of the coronial process will be of help under those circumstances. The fact that the book describes Australian coronial law should not negate its usefulness, as broad similarities exist between Canada and Australia. One of these similarities is the derivation of coronial law from English common law and indeed, reference is made several times to the Coroner's Act of Ontario and to the 1971 Report of the Ontario Law Reform Commission. One difference for which Canadian physicians should be grateful, however, is the change in coronial law in this country from having the police as investigators of operative deaths. Another is that Canadian coroners no longer have the right to "commit for trial" those persons against whom evidence emerges in a coronial inquest, a power which is still in force in certain Australian jurisdictions.

Finally, all physicians would be advised to read two sets of chapters. One set deals with development of a national coronial data base, from which strategies to prevent injury (and death) could be developed. The other chapters describe "Coping with grief" and "Trauma debriefing." In the latter chapter, the section on "treating the treaters" should be noted, with its emphasis on the

importance of debriefing all staff in the aftermath of a traumatic event.

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