

Book Reviews

Clinical Anesthesia Procedures of the Massachusetts General Hospital, 5th ed.

W.E. Hurford, M.T. Bailin, J.K. Davison, K.L. Haspel, C. Rosow (Eds.). Lippincott-Raven Publishers, 1997. \$51.50. 805 pages. ISBN 0-7817-1523-7

Over the 20 yr history of this text, authors and editors have changed, a minority of chapters have been introduced or omitted, yet the general structure has remained essentially unchanged. General principles and anaesthetic considerations are well covered, and the appendix on commonly used drugs has been improved. Other positive attributes of this text include its broad based coverage of many topics and its small size making it a practical and portable quick reference guide.

The suggested reading lists provided at the end of each chapter are for "those who require more information on a topic". The majority of references however, site general textbooks written in the 1970s and 80s. The introduction of a chapter on airway evaluation is an important addition, but it could be improved with more illustrations or pictures. Samssoon's (class I - IV) modification of Mallampatti's oropharyngeal structures is often used clinically. However, only the original Mallampatti classification (class I - III) is described and does not have an accompanying illustration. Cormack's laryngeal grading system is also not discussed or illustrated. The chapter on trauma anaesthesia provides a good approach to the trauma patient, but omits to acknowledge or reference the ATLS guidelines and protocols for the trauma patient.

Medical students and other health care professionals choosing an introductory anaesthesia textbook may hesitate to purchase this book because of its cost. The lack of depth and dated references may dissuade anaesthetists and anaesthesia residents from considering this text for their own personal use. Nevertheless, Davidson *et al.*, have compiled a useful broad based, easy-to-read reference text that would be a popular addition to any anaesthesia department or medical library.

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Textbook of Intravenous Anesthesia

Paul F. White (Ed.). Williams & Wilkins, 1997. 617 pages. ISBN 0-683-09000-3

The interest among anaesthetists for the administration of Total Intravenous Anaesthesia (TIVA) has been growing especially since the introduction of propofol in anaesthesia practice. Simultaneous advances in the field of pharmacology have resulted in an improved understanding and a more efficient intravenous drug administration practice. New concepts like "effect site", "blood-brain equilibration" and "context-sensitive half-time", although not exclusive to TIVA, are now more familiar to most of us and influence our decisions.

Dr. White has convened experts on pharmacology from around the world to edit an excellent textbook. It covers basic pharmacology principles related to TIVA, including drug interaction and special populations. Every drug class is thoroughly reviewed and information is easily retrieved. TIVA techniques are covered, and problems related to safety and precision of infusion devices are addressed in an up-front, honest manner. The section on "Controversies in Intravenous Anesthesia" is particularly interesting because it is a window on the future of drug administration. Concepts like computer-controlled infusions and integration of biological signals into closed loop infusion systems are presented.

Since its beginnings in the mid 19th century, anaesthesia has been invariably linked to inhalational drugs and techniques. Hopefully, this book will convince a few more of our colleagues that "passing drops" can be as easy, as safe and even sometimes more convenient than "passing gas". The one irritation I have with the concept of this textbook is that it presents TIVA as an exclusive (and better ???) method to administer anaesthesia. It is equally essential to master the pharmacological concepts governing *iv* infusions as it is to understand uptake and distribution of inhaled agents. TIVA remains only a means to an end.

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The Laryngeal Mask Airway. A Review and Practical Guide

J.R. Brimacombe, A.I.J. Brain, A.M. Berry. W.B. Saunders Company Ltd, 1997. 287 pages. \$79.95. ISBN 0-7020-2321-3

This is the first and only comprehensive book on the laryngeal mask airway (LMA) and its various uses. The authors are Dr. Brain, who not only invented the LMA

but has also revolutionized non-endotracheal anaesthesia, and Dr. Brimacombe, who has published more on the subject of the LMA than any other author. The authors' goal in writing this book was to provide a single source of reference for the LMA based on the vast experiences of the authors and the plethora of literature available since its introduction in 1983.

This book starts with the history of the LMA, which reads like a well written story. What follows is written in logical order, with accompanying pictures, schematic views, radiologic profiles, informative tables, and helpful hints and guidelines. The book touches on every detail of the LMA, from its inception, to its use in clinical anaesthesia, to the future of the LMA and its various advancements. The authors' reviews are very scientific and evidence based, as every idea is backed by studies or case reports. However, the overabundance of favourable references, leads me to wonder if they are biasing the reader to their point of view. But, as they are the experts in the field, their bias seems to be with good intent and with obvious background knowledge.

The book can be used as a reference manual as there is no subject, with respect to the LMA, that is not covered. There is something in this book for everyone, from the beginner to the expert. Readers can expect to increase their overall understanding regarding the use of the LMA, not just as a tool, but as a revolutionary concept in airway management. The chapter on the "Difficult airway" clearly outlines the place of the LMA in the ASA algorithm. I believe the chapters "Progressing along the LMA learning curve" and the "Quick reference" will improve most practitioners' success rates with the LMA. After reviewing this book, I realize that our individual limited experiences with the LMA cannot possibly equal the wisdom gained from experiences worldwide. The authors are successful in their attempts to clarify some of the misconceptions and limitations due to inadequate operator knowledge.

The only chapter in this book that is confusing is the chapter "Future directions." The authors' attempt to explain the use of the intubating laryngeal mask airway (ILM) is not only inadequate but also difficult to follow. Perhaps, they can be excused, as the literature on the ILM is limited and the full potential for the ILM has not yet been explored.

The book is easy to read and highly informative. Overall I highly recommend this book to all clinicians involved in the use of the LMA system.

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The Anaesthesia Viva: Vol 2

Mark Blunt, John Urquhart. Oxford University Press Canada, 1997. 171 pages. ISBN 1-900151-405

This book is one in a series to prepare candidates for examinations leading to the Fellowship of the Royal College of Anaesthetists (FRCA) in the United Kingdom. There are now primary and final parts to the fellowship examination. The primary examination consists of multiple-choice questions, an OSCE, and two Vivas. The second Viva covering physics, measurement, anatomy, safety and clinical anaesthesia is generally taken after eighteen months training as a senior house officer. Preparation for the second Viva is the focus of this book. There is no early examination in the Canadian system directly comparable to the Viva.

Some 15 to 50 questions, typical of those expected in the examination, are presented within each subject section. The questions are followed by succinct and easily understandable explanations. The supporting diagrams and graphics are particularly well drawn and easily understood. There are many sections which would be useful for one-on-one teaching sessions, especially for junior residents and medical students in anaesthesia. A large part of the book is devoted to the basic science areas of physics, measurement, and anatomy and a smaller part to clinical issues. The clinical anaesthesia section covers single diagnosis and problem areas, and is appropriate for junior residents. This section does not cover conflicting problems, synthesis of information, or complex planning which would be valuable to more senior residents. Unfortunately, no references are given. This makes it difficult for the reader to corroborate or expand on the information presented.

Overall, I feel this book will be valuable to junior residents, students, and their teachers, for its succinct questions and answers, and for its excellent diagrams. It is not directly applicable to candidates in the current Canadian examination process, and lacks references making it difficult for the user to corroborate or supplement the information presented.

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Emergency Anaesthesia, 2nd ed.

A.P. Adams, P.B. Hewitt, C.M. Grande (Eds.).
Oxford University Press Canada, 1998. 436 pages.
\$42.50. ISBN 0-340-69219-7

The intent of this book is to "provide concise guidance for anaesthesiologists faced with emergency

problems." Introductory chapters include general principles of emergency anaesthesia, resuscitation, transfusion and procedures including management of the difficult airway. The following chapters provide an approach to emergency anaesthesia for situations such as cardiac and thoracic emergencies, asthma, orthopaedics, endocrine problems, abdominal surgery, paediatrics, and obstetrics, etc.

The book is designed to "belong in the pocket rather than in the library" requiring that information be organized and easy to read. This is helped by the use of subtitles and bulleted points. Several introductory chapters, for example the chapter on Fibre Optics and the Difficult Airway, provide a quick and easy-to-read outline of procedures and include tables, lists and diagrams. This is less successful in many other chapters.

The focus of the chapters varies depending on the topic. For example, the chapter on Asthma and Pneumothorax focuses on criteria for admission to hospital and management with steroids and bronchodilators. The only information on tracheal intubation is that it "should only be attempted by those skilled and experienced in the technique" and there is no information on lung ventilation of the acute asthmatic patient after intubation.

Recommendations are sometimes unsupported by references or contradictory to the literature. For example, intracranial pressure monitoring is recommended for 'any patient with a Glasgow coma scale of less than 11' and it is suggested that central lines should be changed every 48 hr.

Some topics are duplicated and provide conflicting information is given. For example, chest tube insertion is described in two separate chapters. In one chapter, it states "in line with the guidelines published by the American College of Surgeons the trochar should be removed from the drainage tube before insertion into the chest wall." In another chapter, where the same procedure is described, it is stated that "a trochar is required for its insertion." There is discrepancy between the use of SI and non-SI units in the text making interpretation of equations such as the calculation of osmolality difficult.

This text provides some practical information, particularly in the introductory chapters. Unfortunately, this book tries to cover a lot of information in a short space. This means that the amount of information is often inadequate to really help with many emergency situations. For example, cardiac, oesophageal and mediastinal emergencies are covered in less than four pages.

In my opinion, this book might be a library reference book, but the majority of situations, procedures and techniques are better covered in major textbooks. In an

emergency a clear, concise, well organized and easy to read reference is needed, but I don't feel this book meets these criteria.

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