
Book Reviews

A Practice of Anaesthesia, 6th ed.

Thomas E.J. Healy, Peter J. Cohen (Eds.) Edward Arnold, a member of the Hodder Headline Group, 1995. 1536 pages. ISBN 0-340-55309-X

The latest edition of this text lives up to its name and its heritage. It has been more than 10 years since the last edition of this well known British text. For this edition there are two editors, one each from the United Kingdom and the United States. The majority of the chapter authors are from one of these two countries but there are authors from several other countries and even other continents, which enhances the international flavour of the text.

The editors have clearly gone to considerable effort to make the text user friendly. The typeset and font make it easy to read. The figures and tables are generally well labelled and easily interpreted. While the style of writing varies from chapter to chapter, it is generally clear and concise. Opinions are expressed clearly without being judgemental. The index is comprehensive and cross-referencing between chapters is adequate. The usefulness of this edition is enhanced by the addition of chapters in a variety of areas, from the difficult airway to quality assurance and ethical considerations.

The book generally does an excellent job of presenting the basic science underlying most aspects of Anaesthesia. In discussing clinical issues, authors' views of clinical implications of published studies are presented. On some issues the studies are referenced but their data are not presented even in summary form, for example, in the discussion of perioperative cardiac risk. This makes the book useful as a guide in clinical decision making but not comprehensive enough for use in settling debates nor as the primary reference for trainees preparing for written specialty examinations in Anaesthesia.

With chapters written by authors from numerous countries and several continents, the book is truly an international effort. However, the individual chapters are still presented from the perspective of the country in which the chapter's author practices. For instance, it was surprising to find a very limited discussion of the use of the laryngeal mask airway in the chapter on the difficult airway. This represents much more the American view than the British view of this airway device. These variations in perspective help make the

text interesting to read, but are likely to keep the book from being considered a definitive reference text in any jurisdiction. That aside, the book would be a worthwhile addition to any library.

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Respiratory Physiology. People and Ideas

J.B. West (Ed.) Oxford University Press, 1996. 431 pages. \$121.95. ISBN 0-19-508081-5

Present day respiratory physiology developed largely during and after World War II. Thus, a good number of the "grandfathers" of modern respiratory physiology remain active today. This book was compiled with the goal of presenting their perspective on the development of contemporary ideas, rather than as a purely historical text.

The result is an informative, entertaining and highly readable account for any with an interest in the field. It is full of landmark graphs and diagrams, formal portraits and informal photographs of the players and their early laboratories and equipment.

The book is divided into five major sections: Morphology, Gas Exchange and Blood Flow, Control of Ventilation and Comparative Physiology, in 12 chapters. The choice of authors includes true respiratory pioneers; E.R. Welbel, J Severinghaus, J Mead and J West himself, to name but four. It would appear that the contributors were given free reign in their respective areas of expertise. Each chapter reads very differently and varies in its historical depth, style and detail regarding the specific physiological concepts developed. As West points out, "all history is subjective to some degree, some of these chapters are more subjective than others."

The more subjective chapters, in fact, work best. The contribution of Jere Mead in particular, stands out, with humorous anecdotes and personal commentary underscoring a clear elucidation of the complex topics of pulmonary hysteresis, frequency dependence and expiratory flow limitation. He reminisces about a series of meetings known as the Flow-Volume Underworld, a totally unstructured gathering of pulmonary mechanics researchers in the 70s in which he pointed out to one of the participants that of the 15 in the room, he was the only one not talking.

Throughout, it is emphasized that breakthroughs in our current day understanding have come from the collaboration of intelligent, enthusiastic and intellectually curious individuals of diverse backgrounds. The most famous example cited is the unlikely trio of Otis, Rahn and Fenn, brought together during WWII to work on the problem of positive pressure ventilation from backgrounds as diverse as cell physiology, immunology and biochemistry whose collaborative efforts resulted in our current understanding of ventilation-perfusion balance.

They also emphasized a major difference in the development of ideas in a time in which science was less compartmentalised and research funding less limited. Norman Staub points out that their landmark pulmonary oedema study would never be funded today as they had no experience in the field, no preliminary data and no clear experimental protocol.

As such, a perspective by these individuals on the current thrust of pulmonary research and future directions in their fields of expertise would have been a welcome addendum.

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The Massachusetts General Hospital Handbook of Pain Management

D. Borsook, A.A. LeBel, B. McPeck (Eds.)

Little, Brown and Company, 1996. 458 pages.

ISBN 0-316-54946-0

The purpose of this handbook is to provide an overview of pain management that will be of value to residents and practitioners in many fields of medicine. The approach is based on the practice at the Massachusetts General Hospital Pain Centre. In the first half of the book, general topics such as pathophysiology, assessment of pain and multidisciplinary treatment modalities are reviewed. The second half of the book covers specific pain syndromes such as neuropathic pain, cancer pain, post-surgical pain and pain in children. Finally, there are useful appendices such as chronic opioid prescribing guidelines and a directory of U.S. Pain Centres.

The book successfully covers the key points on a broad range of topics. Chapters are well referenced for those requiring a more in-depth review. Lists of differential diagnoses, medication doses and treatment strategies are quite complete. There is effective use of tables, charts and illustrations but, unfortunately, the radiographs did not reproduce clearly and are of limited value. In the section on specific pain syndromes, the chapters on neuropathic pain, headache and pain

in AIDS are particularly strong. Cancer pain is well-reviewed with regard to aetiology of pain states and use of opioid medications but the discussion on adjuvant agents and neurolytic blocks seems too brief. Phenol is not listed in the index and only mentioned briefly, mainly in the context of celiac plexus blocks. Considering the large number of patients who present with lower back pain, it is unfortunate that a chapter on this topic has not been included.

Despite these few shortcomings, the MGH Handbook of Pain Management still provides an excellent review of the field of pain management and it is a useful reference for those specializing in the field, residents and for any physician who treats patients in pain.

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Review of Clinical Anesthesia

David G. Silverman, Neil Roy Connelly (Eds.).

J.B. Lippincott Co., 1995. 268 pages. \$39.95 (US).

ISBN 0-397-51209-0

This text is a collection of multiple choice questions, 900 in all, based on the text "Clinical Anesthesia." It is designed to be comprehensive and complimentary to the text and intended as a self assessment tool which parallels the chapters in this book. The authors stress that they have at times, addressed relatively minor details which would never be found in a board examination, full details being found in the textbook "Clinical Anesthesia." The subject matter is divided into six large sections with each section subdivided into multiple smaller areas of interest. There are two types of questions: best possible answer, and combinations. Each minor section has an answer section with short explanatory notes. Unfortunately there are no specific references to the original text.

This text is designed to develop a logical approach to answering multiple choice questions. The questions are designed to point out lacunae in knowledge on the subject as well as to develop an ability to read each question including its preamble and choices carefully. Indeed, many questions include double negatives and wording which are clearly designed to distract. There is a large and varied selection of basic questions which contain a not insignificant amount of minutiae. Many review questions contain facts which require previous specific memorization which are not particularly clinically relevant. The degree of difficulty is varied, some choices are blatantly incorrect and destroy the challenging nature of a question. There are a few typographical errors which can disrupt concentration and

in section 16, the answer section is misprinted and very confusing.

It becomes easy to understand the inherent difficulty in designing reliable questions which really can only be tested for readability and comprehension following actual testing which this book has not undergone. This text is clearly aimed at residents who are following the text for which the questions were designed to follow and who are in preparation for examination. It is not intended as a refresher for clinicians who have been out in practice for several years.

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Getting Into A Residency. A Guide for Medical Students, 4th ed.

Kenneth V. Iseron. Galen Press Ltd. 1996. 526 pages. \$31.95 (US). ISBN 1-883620-11-2

Dr. Iseron's revised and enlarged fourth edition "Getting Into A Residency: A Guide for Medical Students" provides a comprehensive discussion of the process involved in choosing and applying for a residency programme. It lists the different types of specialties, length of training, anticipated malpractice costs, difficulty in obtaining a position in the specialty, anticipated work hours, and anticipated income. Profiles of personality qualities attracted to the different specialties, and a range from common to rare specialty practice characteristics aids the student in identifying areas with which they have similar interests or strengths.

Other topics covered include suggestions for the content of a curriculum vitae, hints for formatting an application letter, and how to prepare for an interview. The guide discusses special situations such as married couples applying for residency positions, and regulations governing Canadian medical students applying for American training positions. Sample interview questions and possible responses and pitfalls to avoid in answering these questions prepare the student before they get to the interview. The book concludes by offering information on the National and Canadian Residency Matching Programs (NRMP and CaRMS), as well as important application deadlines. Although lengthy, and more applicable to American medical students, I feel this book would be an important addition to any medical school library and is a suitable reference for medical students and medical student educators.

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