

Book Reviews

Synopsis of Intensive Care Medicine

L.I.G. Worthley. Churchill Livingstone, 1994. 985 pages.
ISBN: 0-443-04638-7

To anyone who has grown accustomed to the typical North American medical textbook (in which an ample number of chapters is exceeded only by the number of authors), the concept of a complete textbook written by one author is not only unusual, but also somewhat awe-inspiring. To put the book in a Canadian critical care context three things must be borne in mind. First, critical care medicine has developed to the point that it is recognized as a sub-specialty with its own peculiar body of knowledge and skills which distinguish it from other disciplines. Secondly, one enters critical care training after completing Fellowship training in one of the major specialties. Thirdly, critical care knowledge and technology are advancing rapidly. In this light, Dr Worthley's book does not quite make the mark. Its size, 900 pages, suggests that it is not one but two synopses, one of basic very general medicine and one of very basic critical care medicine. Because so much of the text is taken up by the former, the latter is, of necessity, very compressed and presents a more thorough presentation of those aspects of pathophysiology, diagnosis and treatment which are unique (or at least of particular interest) to critical care medicine. To illustrate the point, the two sections on mechanical ventilation and ARDS together occupy 15 pages, which is similar to the two sections on the history and physical signs of respiratory disease and on the basics of reading a chest x-ray. Similarly, one 6-page chapter deals with ICU administration, scoring systems and the ethics of life-support withdrawal.

Each chapter is followed by a full list of references, but there are few after 1991. Finally, this volume is liberally scattered with spelling, grammatical and punctuation errors. Most are merely aggravating, but some are confusing or misleading (e.g., "CPAP is usually applied by using a tight-fitting pneumatic seal mask or nasal prongs"; blind nasotracheal suctioning is "often performed by one person using a 14 Foley gauge angle-tipped catheter").

While admiring the author's obvious abilities, knowledge and dedication, this book does not make the grade. Much of it is common knowledge, its treatment of critical care issues is too superficial and it is too far behind the times. I would not recommend it to trainees or colleagues.

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Réanimation préhospitalière

sous la direction de *J.-P. Cantineau, Y. Lambert, P. Merckx*.
Masson, 1995. 187 pages. 270 F. ISBN: 2-225-84757-6

Les anesthésistes-réanimateurs en France sont très impliqués dans ce qu'ils appellent la « réanimation préhospitalière », c'est-à-dire la prise en charge des urgences médicales en dehors de l'hôpital. Ce livre se veut une revue des principales situations urgentes susceptibles d'être rencontrées dans un contexte extrahospitalier. Les éditeurs ont rassemblé un

groupe de 22 collaborateurs pour créer 13 chapitres traitant des urgences cardiovasculaires, respiratoires, cérébrales et digestives, tout en incluant un chapitre sur les intoxications médicamenteuses, un autre sur la réanimation préhospitalière des brûlés et finalement, un chapitre sur la réanimation préhospitalière des traumatisés.

Comme pour plusieurs ouvrages impliquant un grand nombre d'autres, le style et même le contenu scientifique varient d'un chapitre à l'autre. Certains chapitres, comme par exemple le chapitre sur l'arrêt cardio-respiratoire en dehors de l'hôpital, prennent pour acquis la maîtrise des connaissances de base en matière de réanimation tandis que d'autres, comme celui sur les techniques de l'intubation trachéale, revisitent en détails les différentes approches possibles.

Les points forts de ce livre sont le chapitre sur la souffrance cérébrale aiguë et celui sur la prise en charge préhospitalière de l'insuffisance respiratoire aiguë parce qu'ils sont bien conçus, très complets et très actuels.

En résumé, ce volume est un résumé des approches diagnostiques et thérapeutiques des situations médicales urgentes préhospitalières les plus fréquentes. Ce livre peut servir d'introduction à un anesthésiste-réanimateur qui a un intérêt particulier pour les soins préhospitaliers.

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Clinical Orthopedic Anesthesia

John E. Tetzlaff. Butterworth-Heinemann, 1995. 406 pages.
\$60.00 (US). ISBN: 0-7506-9478-5

The authors' goal is to provide a "clinically useful integration of information about orthopedic surgery" which is useful to the practising clinician and anaesthesia resident. These objectives are reached with partial success. The first 217 pages describe regional anaesthesia techniques, pharmacology of the local anaesthetic agents, preoperative preparation of the patient and positioning for orthopaedic surgery. While the chapters on preparation and positioning are useful, particularly the latter, 42% of the book describes regional anaesthesia in a sometimes superficial manner. For example, in describing the treatment of seizures due to local anaesthetic intoxication, most of the emphasis is placed on the use of thiopentone and succinylcholine with very little on benzodiazepines and support of the airway and circulation. Further, having decided to include major regional blocks in the text, a substantial discussion of the most common complication, hypotension and its treatment should have been included. Of the five chapters devoted to regional anaesthesia, the best is the description of upper limb blockade, the only one in the first half of the book in which the authors' name are indicated.

The remainder of the book is devoted to chapters describing anaesthesia for various orthopaedic surgical procedures, with additional chapters for pediatric orthopedic anaesthesia, trauma, deep vein thrombosis and fat embolism. The chapters dealing with specific operations include discussion of surgical technique, indications for surgery and specific issues such as

difficulties which might occur if methylmethacrylate is utilized during surgery. The actual discussion of anaesthesia technique takes a relatively small proportion of these chapters. Again, the most informative chapters are those in which the authors are credited.

This book will be most useful to a trainee who is in his early years of residency and in this the authors have succeeded in attaining the goals outlined in the preface. However, most clinicians will prefer to consult more concisely written textbooks or journals.

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Version 4 (Health and Sickness) of Essentials of Statistical Methods

T.P. Hutchinson. Rumsby Scientific Publishing, 1995.
64 pages. \$14 (Australian). ISBN: 0-646-25580-0

This sort monograph (64 pages) is intended for students of statistics and the author that the reader is attending a course on the subject. He also states that the monograph is not suitable for self-learning. I agree: some familiarity with statistical theory and experience of analysis is a prerequisite for readers interested in this monograph. The "Health and Sickness" part relates to the use of data from the health literature as examples in the text. Only the last section (Introduction to confidence intervals and testing hypotheses, paragraphs 144 to 187) may be useful for someone interested in gathering information on basic aspects of statistical decision. I cannot recommend this monograph to our readership. Other short monographs are more useful and cover more relevant ground for the reader who wishes to understand the analysis sections of papers.

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Fibromyalgia, Chronic Fatigue Syndrome, and Repetitive Strain Injury

A. Chalmers, G.O. Littlejohn, I. Salit, F. Wolfe (Eds.). The Haworth Medical Press, 1995. 182 pages. \$45.00 (US).
ISBN: 1-56024-744-4

This book is a summary of a conference on Chronic Fatigue Syndrome (CFS), Fibromyalgia, and Repetitive Strain Injury. The conference was held in 1994 at The University of British Columbia. This book reviews the diagnosis, treatment efficacy, the cost of disability to both the patient and society, and prognosis of the above three syndromes. One of the focal points of this book is to present information both pro and con as to whether these syndromes are actually disease processes.

This is a multi authored book summarizing each presentation at the conference. Each summary provides the authors opinion but does not include any type of discussion. This prevents the reader from knowing if the author's conclusions are supported by the group at the conference. The information on diagnosis summarizes very well the constellation of symptoms that define those syndromes. However, after the information was present I was not able to conclude whether the authors of the chapters on diagnosis feel these syndromes are diseases or variants of normal. The summary of treatment modalities provides a general overview of the literature but does not provide the reader with enough information to actually start a treat-

ment plan. The authors emphasize that as part of treatment any preexisting psychopathology needs to be addressed. The chapters on cost emphasize the magnitude of the morbidity associated with these syndromes and the importance of further research. Of importance to Anesthetists is the chapter outlining the difficulty in separating myofascial pain from fibromyalgia.

This book does provide a good summary of the literature on these three syndromes. It is directed mainly towards rheumatologists. It provides a comprehensive review of several discrete problems and would be useful as an adjunct to an already complete library of chronic pain.

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