

## BOOK REVIEWS

TRACHEOSTOMY AND ARTIFICIAL VENTILATION IN THE TREATMENT OF RESPIRATORY FAILURE. Edited by S. A. FELDMAN. London: Edward Arnold; Toronto: Macmillan. 1967. \$5.50.

THIS small 100-page book consists of a series of chapters, by different authors, on the simplicities of prolonged respiratory care. On the whole, the material is handled in a very readable and straightforward fashion and represents a potentially useful primer on the subject, for those new to this field.

In such a small volume it is obviously not feasible to discuss even the most common of the relevant disease entities. An exception is the first chapter, entitled "Mechanisms of Respiratory Failure." This is, in fact, a very readable summary of the problems of chronic respiratory disease with associated respiratory failure.

A major difficulty for the North American reader will be the chapter on "Artificial Ventilation of the Lungs," in which two of the three ventilator examples are machines virtually unknown on this continent. In the section on "Indications for Artificial Ventilation," there is inadequate mention of hypoxaemia associated with an extremely high physiological shunt and no mention of the management of cerebral oedema, intractible pulmonary oedema, or the use of I.P.P. at intervals, for prophylactic or therapeutic purposes.

Many readers will find cause for criticism of the statement on page 15 that "antibiotic therapy is indicated in all cases of respiratory failure." Similarly, the suggestion on page 46 that it may be useful to instil sodium bicarbonate into the trachea as this "may assist in the removal of stubborn secretions" might be considered to be a retrograde therapeutic step.

H.B.F.

MODERN TRENDS IN ANAESTHESIA. Volume 3. Edited by F. T. EVANS and T. C. GRAY. London: Butterworths. 1967. Pp. 284. \$17.00.

THE FIRST two volumes in this series established a precedent for interest and excellence which has been continued in the present volume. Eleven chapters deal with physiology of respiration, metabolism and acid-base balance as they apply to anaesthesia and to respiratory care. One is loath to single out any particular chapter at the expense of another, but special mention might be made of the chapter on "Therapeutic Aspects of Acid-Base Disorders" by O. Siggaard-Andersen. This represents an accumulation of information with an orientation not usually presented under the one heading. The two chapters on "The Respiratory Centres and Their Responses" by J. G. Robson and on "The Pharmacological Aspects of the Control of Respiration" by S. H. Ngai make excellent reading and properly reflect the controversy on this topic. The volume is a must for the specialist anaesthetist.

H.B.F.

**PATHOLOGICAL PHYSIOLOGY FOR THE ANESTHESIOLOGIST.** By ROBERT HUDSON SMITH, M.D. Springfield, Illinois: Charles C. Thomas; Toronto: Ryerson Press. 1968. \$21.00.

I ASKED that I be given the opportunity of reviewing this book, particularly as I have felt that there has been a need among anaesthetists, and especially those in training, to understand the pathophysiology of disease. To my disappointment this book has really very little pathophysiology and I get the impression that it has been written more for the nurse anaesthetist than for the anaesthesiologist. This book contains many facts which can be obtained from any standard textbook on anaesthesia or medicine, but fails in its prime purpose, which is to present the resident in training and the practising anaesthesiologist with a good background in pathophysiology.

J.W.D.

**EMERGENCIES IN THORACIC SURGERY (DRINGLICHE THORAX-CHIRURGIE).** Edited by W. IRMER, F. BAUMGARTL, H. E. GREWE, and M. ZINDLER. Berlin, Heidelberg, New York: Springer-Verlag. 1967. Pp. 346.

THIS MONOGRAPH is intended to give an account of the present-day management of emergencies in thoracic surgery to those not actively involved in this field. Twenty-five contributors and four editors with thirteen associates, all members of one German medical centre, have compiled a respectable volume presenting not only theoretical knowledge but practical clinical advice for the diagnosis and management of acute surgical chest problems.

The book is divided into a general part, dealing with diagnostic and therapeutic measures including resuscitation, inhalation therapy, anaesthesia, hypothermia, and radiology, and a clinical part covering specific surgical pathology and traumatology of the thorax and its organs. Of particular interest is a chapter on thoracic problems in infants and newborns, including congenital abnormalities as surgical emergencies.

As might be expected from the large number of contributors, there is a variable degree of emphasis in certain fields not necessarily corresponding to practical experience. In sections pertaining to anaesthesia one is somewhat overwhelmed by the listing of the contents of four different emergency kits and a poorly detailed photograph of each; however, the actual technique of endotracheal intubation and the use of endotracheal tubes in respiratory emergencies are not explicitly mentioned. The chapters on respirators and on tracheostomies deserved a more thorough treatment within the context of this book; one is surprised to find after a more detailed discussion of methods of surgical stabilization of a flail chest only two sentences mentioning the recent successful use of intermittent positive pressure breathing.

Apart from such relatively minor criticism the book serves very well the purpose of acquainting the medical profession with the remarkable advances in this field during recent years. It will undoubtedly find a wide interest among general physicians in German-speaking countries.

W.E.S.

CEREBRAL BLOOD SUPPLY IN NEUROLEPTANALGESIA (DIE HIRN-DURCHBLUTUNG). By H. KREUSCHER. *Anaesthesiology and Resuscitation*, volume 21. Berlin, Heidelberg, New York: Springer-Verlag. 1967. Pp. 85.

AFTER A REVIEW of the development of neuroleptanalgesia and a discussion of methods to determine cerebral blood flow, the author presents his experimental results in dogs: neuroleptanalgesia (.28 mg./kg. droperidol + .007 mg./kg. fentanyl) added to a nitrous-oxide-relaxant anaesthesia decreased the cerebral blood flow by 50 per cent after 10 minutes and 56 per cent after 20 minutes, and reduced the cerebral oxygen consumption by 42 per cent and 58 per cent respectively.

The mean blood pressure fell by 39 and 47 mm. Hg during the same time intervals but this did not correlate with the fall in cerebral blood flow. Oxygen and carbon dioxide tensions were kept constant with artificial respiration. The author's results do not agree with the clinical claim of a great stability of the cardiovascular system with this technique; the dogs may have a more marked cardiovascular response to neuroleptanalgesia. Is there an equally marked reduction in cerebral blood flow and oxygen consumption with neuroleptanalgesia in man? The author ends his discussion by stating that the reduction in cerebral oxygen consumption (in dogs) cannot be equated with an increased tolerance of the human brain to temporary cerebral hypoxia.

W.E.S.

LES PRECIS DU PRATICIEN: EQUILIBRE HYDRO-ELECTROLYTIQUE NORMAL ET PATHOLOGIQUE. Présenté en collaboration par G. RICHET, professeur à la Faculté et médecin des hôpitaux de Paris, R. ARDAILLOU, et C. AMIEL, tous deux Maîtres de conférences agrégés et biologistes des Hôpitaux de Paris. Un vol. Paris: J. B. Baillière et Fils. 1966. \$11.20.

CE PRÉCIS préparé par un médecin et deux biologistes pour des médecins—"les spécialistes, les internistes, praticiens consultants, les étudiants"—est appelé certes à rendre service, si on tient compte surtout du peu de manuels français élaborés et complets.

On y traite de la méthode générale d'exploration des métabolismes de l'eau et des électrolytes, sodium, potassium, calcium, magnésium, chlore, phosphates et sulfates, des données physiologiques de base du métabolisme de ces substances, des troubles de l'hydratation et des troubles et syndromes en relation avec les modifications pathologiques dans la teneur électrolytique de ces diverses substances; un court chapitre de deux pauvres pages s'efforce de laisser entendre au lecteur qu'on n'a pas oublié les acides organiques; enfin, l'équilibre normal et les déséquilibres acido-basiques en leur chapitre respectif closent ce manuel.

La division de ce travail est, comme on le voit, satisfaisante à l'esprit; la présentation sur papier-glace en est bonne bien qu'elle y gagnerait en plus grande facilité de lecture par une disposition du texte en colonnes; les schémas, figures et tableaux y sont de compréhension aisée.

Cependant, ainsi qu'on le reconnaît à l'avant-propos, "comme tout précis, celui-ci est incomplet, réduit au strict nécessaire." Aussi nous laisse-t-il par trop souvent sur notre appétit, si on peut dire.

E.L.

INTRODUCTION TO ANESTHESIA. By ROBERT D. DRIPPS, M.D., JAMES E. ECKENHOFF, M.D., and LEROY D. VANDAM, M.D. Philadelphia and London: W. B. Saunders. Third edition, 1967. \$11.35.

THE EVALUATION of a textbook of this type requires consideration of a multitude of factors. The first of these is perhaps some definition of the class of reader to whom the volume is directed. Having established this matter, one then becomes involved in problems of educational philosophy, consideration of what material should be presented at a particular stage of medical education, the orientation of the presentation to medical education as a whole, and, growing out of this, the optimum method of presentation. In the past, introductory textbooks for the undergraduate medical student have tended to fall into two classes. The first group consists of "how to do it" manuals containing a minimum of discussion relating anaesthetic practice to the basic sciences and the general body of medicine. The second group consists of volumes designed primarily to relate the basis of anaesthetic practice and the clinical interests of the anaesthetist to basic medical science and the general body of clinical medicine and surgery, leaving instruction in the techniques and mechanics of anaesthesia to be dealt with in preceptorship teaching in the clinical environment. Individual teachers or groups of teachers will have strong personal preferences for one approach or the other.

The present volume represents a meld of these two approaches. Through its first two editions it has achieved well-deserved popularity as a useful book for medical students. It has now been considerably extended in its scope, and as suggested in the preface to the first edition it is undoubtedly a useful introductory volume before one proceeds to wider reading. Although this reviewer tends to believe that the book is now too much for the undergraduate student and too little for the serious student of the specialty, this may be a highly individual point of view, and the volume should certainly be evaluated by every teacher of anaesthesia in the context of his personal philosophy of medical education and the requirements of his own students.

R.A.G.

LOCAL ANALGESIA: BRACHIAL PLEXUS. By SIR ROBERT MACINTOSH and WILLIAM W. MUSHIN. Edinburgh and London: E and S Livingstone; Toronto: Macmillan. Fourth edition, 1967. \$2.75.

THE FACT that this little volume has been republished in a fourth edition twenty-three years after its original appearance provides adequate testimony to its popularity and usefulness. The very brief text gives a lucid description of one technique for blocking the brachial plexus by the supraclavicular approach, and is illuminated by a series of remarkably fine anatomical drawings which have been the outstanding feature of the work since its first publication. This publication continues to be unique in its class and should be familiar to all anaesthetists.

R.A.G.

LABAT'S REGIONAL ANESTHESIA: TECHNIQUES AND CLINICAL APPLICATIONS. By JOHN ADRIANI, M.D. Philadelphia and London: W. B. Saunders. Third edition, 1967. \$15.15.

THIRTY YEARS AGO, one of my teachers loaned me a copy of the second edition of Labat's Regional Anesthesia. By memorizing the procedures described and illustrated in that volume and applying them step by step to patients, I was able to achieve competence in regional anaesthesia, and to produce satisfactory regional anaesthesia from the outset of my experience. Those of my generation who learned their regional anaesthesia from Labat have all, I am sure, lived with the wish that this book might be freely available to their students, and there will be many, like myself, who will be intensely grateful to Dr. John Adriani and the Saunders Company for making this possible.

A book which has been so sought after by anaesthetists the world over during the whole of the forty years that it has been out of print certainly needs no advocacy from a reviewer. It is still without a peer in its field.

R.A.G.