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Cottrell and Young's Neuroanesthesia, Fifth Edition.

Edited by James E. Cottrell, M.D., F.R.C.A., William L. Young, M.D. Philadelphia, Mosby Elsevier, 2010. Pages: 480. Price: \$199.00.

Neuroanesthesia and perioperative care of the neurosurgical patient requires a thorough knowledge of anatomy, physiology, and pharmacology—in addition to familiarity with the surgical procedure, neuroimaging, and disease-specific pathophysiology. Integration and clinical application of this knowledge is essential to formulate an intelligent treatment plan as well as to predict, prevent, and manage potential complications.

The fifth edition of *Cottrell and Young's Neuroanesthesia* comprehensively yet succinctly discusses the clinical aspects of neuroanesthesia as well as the science behind it. The chapter format, along with strategic use of tables, figures, and images, has resulted in a resource that is both visually inviting and helpful in facilitating knowledge retention. Each hard-cover text is also accompanied by full online resource access.

This newly released text has been substantially revised and updated from the 2001 edition. These many changes include William L. Young, M.D., as coeditor and 23 new authors. These additions provide fresh insight and expertise from a diversity of backgrounds, including basic and clinical scientists, neurointensivists, radiologists, neurosurgeons, and neuroanesthetists. The diversity of authors provides a well-balanced perspective to this text.

The authors did an excellent job providing an up-to-date and comprehensive discussion of each topic without excessive detail that obscures salient points. Key studies that have helped shape clinical care are highlighted throughout and have been updated since the previous edition. Most chapters can be read easily in a single sitting, allowing easy assimilation of the information presented and placement within the broader clinical context.

The breadth of the text is also appropriate, with attention given to all major clinical categories as well as a complement of supplementary chapters devoted to topics such as neuro-radiology and neurophysiologic monitoring. In total, the fifth edition has 25 chapters, seven of which have been added since the 2001 edition. These include: "Pediatric Neuroanesthesia and Critical Care," "Awake Craniotomy, Epilepsy, Minimally Invasive, and Robotic Surgery," and "Anesthesia for Neurosurgery in the Pregnant Patient."

In summary, *Cottrell and Young's Neuroanesthesia* not only provides expert discussion concerning the foundational "pieces" of neuroanesthesia, it also helps with the integration and clinical application of these pieces. Although suitable and recommended for anesthesia trainees, this text goes far beyond any clinical handbook or board-preparation type resource. As Mi-

chael Todd, M.D., says in the Forward of this edition, this is a book for professionals.

It is for those who want to provide the highest level of care for their patients by truly understanding why they do what they do. This approach to neuroanesthesia will allow one to adapt and handle any clinical situation that arises in a confident and intelligent fashion.

Overall, this is an improved and updated version of an already successful neuroanesthesia text that has been around for many years. Although not without the occasional minor error inherent to all texts of this size, the editors have again produced a comprehensive and up-to-date resource that can be read cover to cover.

In conclusion, I would recommend *Cottrell and Young's Neuroanesthesia* to resident trainees and to experienced clinicians who desire to update their knowledge and better understand the principles that guide their clinical actions. There are a number of textbooks of neuroanesthesia, each with a slightly different focus and each with a different breadth and depth. Of those, *Cottrell and Young's Neuroanesthesia* deserves the top shelf on the bookshelves of academic and clinical departments, as well as those of practitioners who desire the ready availability of a resource on the current state of the art of the practice of neuroanesthesia.

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Role of Anesthesiologists in Global Health: Underserved Areas of the World. Int Anesthesiol Clin 2010; 48. Edited by Phillip O. Bridenbaugh, M.D. Hagerstown, Maryland, Lippincott Williams & Wilkins, 2010. Pages: 192. Price: \$162.00.

"International medicine" is a term that covers a wide range of physician involvement. It encompasses many areas of practice, as well as far-reaching services—from providing training to local medical resources to directly providing care to underserved communities.

I have been involved in various aspects of international medicine for a number of years. One of the most challenging aspects of getting involved in this field is the lack of information. There have been no comprehensive resources to help individuals identify projects in international medicine that have been successfully completed *versus* those that are ongoing. Neither has there been a reliable resource to assist in identifying practitioners in my field, anesthesia, who are involved in such efforts. Because I became involved in international medicine largely through trial and error, I see an important place for *Role of Anesthesiologists in Global Health: Underserved Areas of the World*. It serves as a guide for anesthesiologists who aspire to take on a role in international medicine.

The book is composed of a series of articles by the leading figures in anesthesia today. The first article, "The Role of the World Federation of Societies of Anesthesiologists in Global Anesthesia," describes the significant role that this society has played in developing standards for anesthetic care worldwide. A number of additional articles address the methodology, complications, and results of international anesthesia education programs, including: "Anesthesia Teaching in Ghana: A 10-yr Experience," "Pediatric Anesthesia Fellowship Programs Established Through the World Federation of Societies of Anesthesiologists (WFSA): Origins and Perspectives," "Teaching Non-physician Anesthesia Providers in Tanzania: A Movement Toward Sustainable Healthcare Development," "Rwandan Anesthesia Residence Program: A Model of North-South Educational Partnership," and "Multidisciplinary Team Partnerships to Improve Maternal and Neonatal Outcomes: The Kybele Experience." These articles highlight both the successes and shortcomings of each program, providing a realistic vision of their respective impacts.

Two articles, "Successful Volunteering—Matching the Anesthesia Volunteer and the Aid Organization" and "Role of the Anesthesiologists in Global Health: Can One Volun-

teer Make a Difference," are particularly useful to the anesthesiologist just beginning to explore international medical volunteer opportunities. The articles provide two perspectives on the various considerations in choosing volunteer opportunities, including practical considerations such as the length of commitment and out-of-pocket costs. Both articles emphasize that even one anesthesiologist can make a difference in global medicine—whether in the life of individual patients or in a broader, more systemic manner.

Significantly, the book addresses in great detail the importance of the role of the anesthesiologist in improving health at the international level. It encourages readers to explore volunteer opportunities by providing a framework of knowledge with respect to what other anesthesiologists have accomplished, as well as the tremendous need that exists for further development and improvement.

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RETRACTION

The following article is retracted for ethical misconduct, since no institutional review board approval had been obtained for this human research.

The Influence of Hyperoxic Ventilation during Sodium Nitroprusside-induced Hypotension on Skeletal Muscle Tissue Oxygen Tension: Retraction

Reference

Suttner SW, Lang K, Boldt J, Kumle B, Maleck WH, Piper SN: The influence of hyperoxic ventilation during sodium nitroprusside-induced hypotension on skeletal muscle tissue oxygen tension. *ANESTHESIOLOGY* 2002; 96:1103–8

ERRATUM

Prevalence of Malignant Hyperthermia and Relationship with Anesthetics in Japan: Data from the Diagnosis Procedure Combination Database: Erratum

In the article that appeared on page 84 of the January 2011 issue, the Results section of the abstract contained three unintended odds ratios and 95% confidence intervals. The Results section should have appeared as follows:

Results: Of 1,238,171 surgical patients undergoing general anesthesia, we identified 17 MH patients. Only one in-hospital death was identified. Men were significantly more likely to contract MH (odds ratio: 3.49; 95% CI 1.14–10.7; $P = 0.029$). No MH patient was found among 19,871 suxamethonium users. The prevalence of MH was relatively high in users of sevoflurane and rocuronium compared with nonusers but was not statistically significant.

Reference

Sumitani M, Uchida K, Yasunaga H, Horiguchi H, Kusakabe Y, Matsuda S, Yamada Y: Prevalence of malignant hyperthermia and relationship with anesthetics in Japan: Data from the Diagnosis Procedure Combination database. *ANESTHESIOLOGY* 2011; 114:84–90