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Applied Anatomy for Anaesthesia and Intensive Care.

Edited by Andy Georgiou, F.R.C.A., D.I.C.M., E.D.I.C., F.F.I.C.M., Chris Thompson, F.R.C.A., E.D.R.A., James Nickels, F.R.C.A. Cambridge, United Kingdom, Cambridge University Press, 2014. Pages: 195. Price: $105.

The fundamental challenge—and, conversely, the inherent joy—of anesthesiology flows from its multidisciplinary nature. Every day, we are called upon to synthesize the basic sciences of anatomy, physiology, and pharmacology and apply them to our patients, whose every organ system—yes, even those beyond the immediate focus of our surgical colleagues—will be affected by our decisions. Although we must study and have access to texts dedicated to highly specific components of our practice, it can also be helpful to have a more general guidebook that ties multiple aspects together and provides a sense of the forest for the trees. A welcome addition to the latter group is the recently released *Applied Anatomy for Anaesthesia and Intensive Care*.

As the title implies, this book provides an overview of basic anatomy and covers a panoply of procedural interventions based on this knowledge. Regional neuraxial blocks receive top billing, but also included are a wide range of central neuraxial techniques, venous cannulation sites, and even a few surgical maneuvers, such as cricothyroidotomy. The chapters are arranged geographically, in the manner of a basic medical school anatomy course; in order, the authors cover the spine, head, neck, thorax, upper limb, abdomen, and lower limb—the final chapter is a brief overview of fetal circulation that, while interesting, does not feel integral to the material. Of greater utility are the summary of anticoagulation guidelines and general overview of the nervous system presented at the outset, both of which provide an excellent framework for understanding and employing the rest of the text.

Within each section, the authors present an overview of the major anatomical structures—skeletal, vascular, and neural—as well as a light treatment of relevant physiology. Although the illustrations are not always of the same breathtaking quality as those found in an old hard copy of Netter, they are lucidly displayed and color coded, with a clear goal of comprehension and utility—the use of an outline of Queen Elizabeth as a model for cutaneous distribution of the trigeminal nerve is particularly inspired. The procedures are each individually presented in discrete boxes, with a standard description of indications, contraindications, and the different approaches and techniques employed.

It is this last feature that makes this book particularly commendable. Without being either verbose or terse, the procedural sections show how ultrasound-guided and landmark techniques can be separately successful while also showing how they support one another. Particularly at this moment in time—when a generation of attendings primarily schooled in landmark technique is supervising a group of residents almost exclusively trained in ultrasound—a resource that succinctly compares and unifies these schools is immensely valuable.

Of course, the downside of brevity is that some valuable material will inevitably miss the cut. Of note, there is essentially no discussion of the evidence behind different approaches of the same procedures; the reader is left to wonder, for example, whether one of the four landmark approaches to the sciatic nerve—Labat, Mansour, Raj, and Beck—has been shown to be more efficacious, or whether it is simply dependent upon the provider. Likewise, there is no mention of what medications and doses are most commonly employed for various blocks. One could say that these are beyond the scope of this work, but it would nonetheless be helpful to the novice to get at least get a rough sense of these issues. Finally, it would be helpful to have a separate index specifically for the procedures themselves, as this might help the anesthesiologist seeking to quickly refresh their memory on a given intervention.

In their introduction, the authors state their desire to create a book for both "reference and core knowledge" as well as for readers to "revise and develop their procedural skills." I am happy to report that they succeed on both counts. Whether you are a new resident trying to learn about how to apply your anatomical knowledge to different procedures, a seasoned attending looking to review the underpinnings of your everyday practice, or someone on either side of the generational gap, eager to understand the philosophy in which the other side was trained, *Applied Anatomy for Anaesthesia and Intensive Care* is well worth your time.

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Pediatric Anesthesiology: A Comprehensive Board Review.

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Since the American Board of Anesthesiology (ABA) announced the subspecialty certification exam in pediatrics in 2013, board-eligible attending physicians and trainees have been scrambling to find a comprehensive question–based study aid. While many review courses and study outlines are available, often at a hefty price, few have had

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