

The Anesthesiologist's Bookshelf

Edited by MEREL H. HARMEL

Special Problems of Anesthesia in Infants. By ARTHUR ZUZISKOW RONDIO. Warsaw, Poland, Polish Medical Publishers, 1971. Pp. 146, \$4.75.

Care of the Critically Ill Child. By R. S. JONES AND J. B. OWEN-THOMAS. Baltimore, Williams and Wilkins, 1971. Pp. 323, \$20.75.

These two books are recent additions to the rapidly increasing pediatric anesthesia literature. Dr. Rondio's monograph, an English translation from the original Polish, is a synopsis of the author's approach to the management of the infant requiring anesthesia. Its use as a handbook is greatly limited by the lack of an index. Anesthesia techniques for delivery and the reactions of the infant to drugs and temperature changes are emphasized, while no mention is made of specific surgical problems such as tracheoesophageal fistula repair, diaphragmatic hernia repair, etc. Dr. Rondio does present a very scholarly and complete discussion of Ayre's T-piece and its modifications, as well as other types of nonbreathing circuits, however. The references included in the body of the text are very complete and greatly increase the value of the book to anyone working in the pediatric anesthesia field. There are numerous spelling errors, as well as problems in sentence structure resulting from the translation, but these detract very little from the value of the monograph.

The second book, *Care of the Critically Ill Child*, is designed to "set out the principles and practice of modern intensive therapy in pediatrics," and is written not only for clinicians but for physiologists, biochemists, and the nursing profession. The core of the text is a basic procedure manual used at the intensive care units at the Alder Hey and the Royal Liverpool Children's Hospitals. To this has been added the essential background in physiology and pathology necessary for rational treatment of patients. The mathematical bases for many clinical concepts are carefully discussed. The value of this book is greatly increased because of this approach, which makes it more useful to house officers than a simple treatment manual. Cardiorespiratory failure in the infant is the principal topic discussed. Unfortunately, many controversial aspects of the clinical therapy of the sick child are stated as absolute, e.g., the use of nasotracheal tubes in acute epiglottitis. Some techniques which are fairly well accepted in the United States, such as the use of racemic epinephrine in the management of laryngeal tracheitis, are not mentioned. Despite this,

the book is a welcome addition to the pediatric literature and deserves a place on the bookshelf in the pediatric intensive care unit.

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Blood Volume and Extracellular Fluid Volume. (Second edition.) EDITED BY SOLOMON N. ALBERT. Springfield, Ill., Charles C Thomas, 1971. Pp. 295, \$16.75.

This concise, readable monograph from the "American Lectures in Anesthesiology" series represents a compilation of the experience of Dr. Solomon Albert and his group at the Washington Hospital Center. Dr. Albert obviously believes that blood volume determinations are extremely useful clinically, and to this end he and his associates have devoted a great deal of effort toward the perfection of their techniques of measurement, manifest in this volume. The book is divided into two parts, the first concerned with the physiologic principles of blood volume regulation. It is lucidly written and generally sound, although somewhat scanty. The application of these principles to clinical situations in patients undergoing anesthesia and surgical procedures is then pursued vigorously. An extensive list of diseases and the usual aberrations in blood volume accompanying them is presented, and a number of very good case illustrations are included.

Part 2 is concerned solely with technique, and the extensive detail on blood volume and extracellular fluid measurement justifies the existence of the book. The author carefully points out the vagaries and misadventures which may befall anyone who measures blood volume and is unaware of the technical problem. The influences of these and the inappropriate conclusions which may be associated with numbers are more than adequately considered.

It has been my impression and that of most of my colleagues at the Duke University Medical Center that the values obtained from an accurately performed blood volume determination provide a far less reliable guide to patient management than measurements of more dynamic variables, such as central venous pressure, or the use of a Swann-Ganz pulmonary artery catheter plus good clinical judgment. While I cannot disagree with Dr. Albert that blood volume determinations may be valuable, I think the case would be