## The Anesthesiologist's Bookshelf

The Cardiac Rhythms. A Systematic Approach to Interpretation. By R. E. PHILLIPS AND M. K. FEENEY. Philadelphia, W. B. Saunders, 1973. Pp. 354, \$12.00.

The Cardiac Rhuthms by Phillips and Feeney is intended to assist the reader in training for cardiac care units and is directed primarily to nurses. Because the salvage rate of patients in such units depends so largely on the rapid and accurate diagnosis and treatment of cardiac arrhythmias, it is solely to this problem that the book addresses itself. It is "a primer of selfstudy" of common arrhythmias; other aspects of electrocardiogram interpretation such as myocardial infarction patterns and abnormalities due to metabolic disturbances are omitted. There are introductory sections on anatomy, basic electrophysiology, and instrumentation, all at a level appropriate for the beginning student, as are the sections on autonomic drugs and the drugs commonly used in the care of patients in coronary care units. The organization of the material is based upon a schematic representation of the heart and its impulse conduction system and proceeds peripherally and systematically, considering the manifestations at each level, from sinus tachycardias through the ventricular arrhythmias, including both brady and tachy arrhythmias. The atrial, nodal, and ventricular based arrhythmias are lucidly presented in very extensive illustrations with emphasis on the methods of diagnosis. The figures consist of electrocardiographic traces on squared paper rather than the oscilloscopic displays normally seen both in the operating rooms and in intensive care units, and there is the underlying presumption that such write-outs will be immediately available to the individual, which is quite realistic in coronary care units but much less likely in intensive care units and in the operating room. Each chapter is supplemented with a group of unlabeled tracings for self-evaluation. The text admirably achieves its purpose as an introduction for persons training for coronary care units and, as such, can be recommended to them without reserve. It is not, nor is it intended to be, an introduction to the field of electrocardiography in general. Anesthesiologists may find the self-examination traces useful for review.

> WAYNE E. MARTIN, M.D. Department of Anesthesiology University of Washington Seattle, WA 98195

Illustrative Preoperative and Postoperative Care. Second edition. BY PHILIP THOREK. Philadelphia, J. B. Lippincott Company, 1973. Pp. 147, 88.75.

This book is the revised and updated edition of the 1958 monograph of the same title. The material for the book is taken from the author's

lecture notes and represents an attempt to present the topic in a practical concise manner avoiding "the numerous and nebulous theories which have no place in a presentation of this type." "A bibliography has been intentionally omitted. To be adequate, the number of pages would have exceeded the text." Consequently, the result is a rather dogmatic summary of the topic of preand postoperative care. It is easy to read, free from typographical errors, and contains 79 easily understood illustrations. Because of its general format ("Shock" is covered in seven pages; a new chapter on "Surgical Pharmacology-Alpha and Beta Drugs"—five pages), it will probably be of use only as a "nugget book" to the student desiring practical information or the anesthesiologist needing a general review book in preparing for examination.

> L. DONALD BRIDENBAUGH, M.D. The Mason Clinic 1118 Ninth Avenue Seattle, WA 98101

Marihuana—Deceptive Weed, By G. G. NAHAS, New York, Raven Press, 1973. Pp. 334, \$12.50.

Many who have watched the extraordinary growth of drug abuse since 1960 have been at a loss to understand the reasons. Most physicians dislike taking drugs of any kind; many have only a dim apprehension of the medical realities of the problem, even after their own children become involved. Whether favorably or unfavorably disposed, there is probably a strong element of the irrational in most people's attitudes toward marihuana. The permissive ones say it is harmlessno worse than alcohol. The disciplinarians say it is an insidious, unadulterated evil. I suspect many people in either group lack a sound informative basis for their attitudes. If the question is important, it behooves all concerned citizens to acquaint themselves with the scientific evidence on the subject. However, anesthesiologists as applied pharmacologists are particularly discriminating readers and have been waiting for a truly scholarly text, that is to say, one that approaches the subject historically and evaluates the merits and shortcomings of the published scientific studies, botanical, chemical, pharmaeologie, toxicologie, psychiatric and social. Such a text is now in existence: Dr. Nahas' book does exactly that. It is an important contribution to the medical public's enlightenment with regard to a problem that marks an era in the evolution of western society. Huxley once remarked that for the philosopher Herbert Spencer the definition of a tragedy was the spectacle of a deduction killed by a stubborn fact. Some well-intentioned sociologists insist that their deduction is right: marihuana is harmless and should be freely available. Gabriel Nahas