tives. By the time the molecular basis of energy transduction had become generally understood, powerful tools for elucidating the biochemical basis of the disorder were available and interest in the condition revived, stimulated by the report by Saidman, Havard, and Eger in 1965.

A spate of clinical bulletins and some excellent review articles have appeared but this is the first symposium volume devoted exclusively to the subject, and it remains as topical now as when it originated in 1971. Here, for once, is a superbly edited collection of papers as valuable to clinicians as to research workers. Some seven chapters of discussion of clinical features and hereditary aspects of the condition are followed by sections on relevant basic science problems and experimental and clinical studies of the biochemical abnormalities. Transcripts of the discussions are helpful in orienting the reader to subsequent progress, particularly in the intracellular metabolism of calcium. A quartet of excellent chapters on treatment by Relton, Ryan, Wade, and Britt rounds out these comprehensive and well produced proceedings, which form a landmark in the literature on the subject. The strong clinical element in this book should give it a lasting place on the bookshelf of the anesthesiologist.

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Practical Points in Anesthesiology. BY DAVID C. STARK AND R. B. ROBERTS. Flushing, N.Y., Medical Examination Publishing Co., 1974. Pages: 313. Price: $10.00.

The authors describe this as a short (313 pages) book written to assist the physician in understanding and developing his practical skills, and also to benefit the medical student and surgical intern. In his foreword, Dr. L. Rendell-Baker rightly points out they have presented the essence of their very practical wisdom in comprehensive fashion frequently missing in larger textbooks. Examples of this practical wisdom abound. The brief description of the preoperative evaluation of the anemic patient is outstanding. The authors stress that there is no such thing as a *routine* premedication just as there is no such thing as a *routine* anesthesia. The do's and don't's for bronchoscopy in children are simple but essential guidelines for success that are all too frequently forgotten.

Good though the book is, it could be a bit better. Today's student and resident not only want to learn *what*, they want to learn *why*. In their acknowledged pursuit of brevity, the authors occasionally stop just short of full answers. When the second edition comes, and I am certain that it will, I hope they will provide these answers. Surprisingly, this otherwise highly practical manual is limited to seven illustrations, all on the subject of endobronchial intubation. The printing is precise and typographic errors almost nonexistent. In the appendix on Segmental Levels the angle of Louis is misspelled "Loewi."

Both the philosophy and the material of this handy pocket volume are epitomized in the concluding words of the preface: "It is the authors' contention that the most important and useful advice that can be given to the anesthesiologist is never to forget—that he is primarily a physician."

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Anaesthesia and Resuscitation: A Manual for Medical Students. Second Edition. BY R. A. GORDON. Toronto, Canada, University of Toronto Press, 1973. Pages: 199. Price: $5.95.

In the clinical, no less than in the basic, sciences, the makings of a stimulating introductory test for medical students are clarity, relevance and the excitement of current advances. The paperback manual edited by Gordon is strong on the first and second points but has fallen behind on the third. The second edition includes new sections on intravenous anesthetics, biochemical monitoring and malignant hyperthermia, and a completely rewritten chapter on pediatric anesthesia, but the rest of the text is unaltered, and without a single new reference.

Surely the specialty has not been that static in the last six years. The topics covered in the 15 chapters are well chosen, but it is surprising to find cardiac resuscitation discussed purely as a circulatory problem, without any mention of the need to maintain concurrent ventilation.

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(The list of Books Received is on page 283.)