

Book Reviews

B. Raymond Fink, M.D., Editor

The Story of MEDICO. By I. MORRIS. Baltimore, Waverly Press, Inc., 1976. Pages: 62. Price: PNS.

MEDICO stands for the Medical International Cooperation Organization, which, at the request of host governments, provides specialists who assist persons of the host countries to advance those countries' own health programs.

MEDICO was founded in 1958 and is distinguished among humanitarian organizations in being entirely nongovernmental, nonsectarian, nonpolitical, nonracial, voluntary, and international. Dr. Thomas A. Dooley, its co-founder, died in 1961 of malignant melanoma at the age of 34, but not before he had raised more than a million dollars for this enterprise. After his death, MEDICO became the medical service of CARE. This document incisively tells about the people who serve with MEDICO, and about the programs of MEDICO in Afghanistan, Algeria, Honduras, Indonesia, Nicaragua, Nigeria, Tunisia and Vietnam. It was written thanks to a bequest of the late Miss Mary Elizabeth Johnstone, a volunteer nurse, and was fittingly published in the bicentennial year of the founding of the United States of America. MEDICO bespeaks the imperishable ideals of mankind.—B.R.F.

Practical Regional Analgesia. EDITED BY J. A. LEE AND R. BRYCE-SMITH. New York, American Elsevier Publishing Co., 1976. Pages: 232. Price: \$29.95.

This is another attractive volume in the *Monographs in Anesthesiology* series. There are eight chapters: The first two, by M. J. Watt, are useful up-to-date reviews of the pharmacology of local anesthetic agents and pressor drugs. Two chapters by R. Bruce-Smith describe local analgesia of the limbs and trunk. In his introduction, the author reaffirms the place of regional analgesia blocks alongside of those developments that have taken place in general anesthesia, but expresses an opinion against the use of extensive multiple blocks for major operations. Both these chapters have an excellent historical and practical bibliography, but are marred by the paucity of good illustrations. R. S. Atkinson describes extradural block and regional analgesia for obstetrics in the next two chapters. There is a useful account of the physiologic effects of extradural analgesia, although no reference is made to recent knowledge in regard to hepatic and renal blood flow.

Anyone familiar with J. A. Lee's "Synopsis," will have a sense of *déjà vu* when he reads the chapter, "Intradural Analgesia," although a glance through the bibliography quickly dispels any suggestion that the content is dated. A welcome addition to a discussion of this topic is an account of the differences between intradural and extradural blocks. Dr. Lee concludes his chapter with an interesting section, "Intradural Spinal Analgesia for the Surgeon." Recognizing the potential circulation of a book such as this, it is very appropriate that some attention should be devoted to the practicing surgeon. This section could well be required reading for all neophytes in anesthesia.

The final chapter, "Management of Intractable Pain," by Dr. Lloyd, is somewhat disappointing, and, in the reviewer's opinion, does not live up to its title. The content is more in the nature of a glossary of procedures rather than a practical guide.

In summary, the book is a well-produced text and an author-

itative modern review that complements the current literature on the subject. The all-English authorship is indicative of a renewed interest in regional analgesia in that country.

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Pediatric Anesthesia Case Studies. BY J. G. ADAMS. Flushing, N.Y., Medical Examination Publishing Co., Inc., 1976. Pages: 190. Price: \$10.00.

There is a great need for a comprehensive, up-to-date book on pediatric anesthesia, which is not filled by this slim volume of pediatric-related case histories. However, it is a useful interim source of information and covers a surprisingly wide range of topics.

Dr. Adams has chosen to arrange the information he communicates in the form of a multiple-choice questionnaire. At first this seems excellent, but unfortunately for those who sit Board and other examinations, the format bears no resemblance to the usual. However, the subject matter touches on almost all fields that challenge the anesthesiologist or anesthesia resident in a pediatric hospital.

We are asked to think intelligently about the management of newborn resuscitation, newborn surgical emergencies, the pediatric full stomach, childhood anemia, sickle-cell anemia, major blood loss procedures, intracranial surgery, congenital anomalies that challenge routine management, closed-heart surgery, and routine pediatric surgical cases where cardiac arrest occurs. In addition, Dr. Adams discusses postoperative care, ventilatory support, fluid management, treatment of increased intracranial pressure, treatment of epiglottitis and asthma, and psychological support for the child.

In reading this little book, one has the feeling of being in the operating room, talking to a friendly pediatric anesthesiologist. Questions are discussed at various levels, and there is a modest amount of basic science involved. Each case history is followed by a short list of useful references.

It is unfortunate that there is not more discussion of the neonatal period, and more emphasis on the peculiarities of neonatal behavior as they affect our anesthetic and postoperative management. Sophisticated management of the newborn distinguishes excellent care from adequate care in pediatric anesthesia. I was disappointed to find only passing reference to the problem of newborn hypoglycemia and the undergrown infant, and no detailed discussion of differences in respiratory physiology. References are made to the need for gentle handling, temperature maintenance, fluid balance, the presence of fetal hemoglobin, and the treatment of the infant of a diabetic mother.

There is some discussion of the management of respiratory failure in the newborn, and here I must disagree strongly with Dr. Adams' recommendations. In his discussion of management of a distressed newborn, respiratory failure developed over a period of time, with resulting respiratory and metabolic acidosis, in the presence of FI_{O_2} 1.0. With a Pa_{CO_2} of 65 torr, and Pa_{O_2} of 45 torr, my choice of therapy would be assisted ventilation, not 5 cm CPAP, with spontaneous ventilation, as Dr. Adams suggests. A child thus described is in trouble, and must be treated intensively.