The literature is presented uncritically, and most anesthesiologists probably will find the written material to be of no interest to them. However, more than half the pages of the book are devoted to charts and tables describing the acupuncture points for the horse, cow, goat, cat, dog, and camel, which may be useful to anesthesiologists doing comparative acupuncture studies.

JAMES E. HEAVNER, D.V.M., PH.D.
Department of Anesthesiology
RR 416 Health Sciences RN-10
University of Washington
Seattle, Washington 98195

Current Surgical Diagnosis and Treatment. Third edition. BY J. E. DUNPHY AND L. W. WAY. Los Altos, Lange Medical Publications, 1977. Pages: 1139. Price: $18.00.

This is the third edition, dated 1977, of the surgical volume in a series entitled, "A Concise Medical Library for Practitioner and Student."

In 1100 pages of clear print, at a reasonable price, with a sufficiency of attractive illustrations, the whole span of surgical knowledge is covered. The level must be of necessity superficial, as the book covers both diagnosis and treatment, offers general principles, pre- and postoperative care, general surgery by anatomic subdivision, radiation therapy, anesthesia, all the surgical subspecialties, including gynecology, and even a chapter on legal medicine for the surgeon.

The chapter on anesthesia devotes most space to local and regional techniques, and follows with a short review of general anesthesia and the commonly used agents and supplements. This is adequate to orientate the student to what he sees going on. It introduces such disappearing entities as chloroform, ethylene, and decamethonium, but not pancuronium, mestinon, physostigmine or diazepam, surely all "current."

Your reviewer is unable to assess critically the breadth of surgical knowledge represented, but all current operations and issues in surgery appear at least to gain mention.

The chapter on cardiac surgery, with good coverage of the anatomy and surgery of all the commonly seen lesions, covers the management of the patient post-perfusion with no pharmacology at all, and a single recommendation; to "raise the left atrial pressure above 20 torr 'to push the output up the Starling curve.'" A slightly more extended discussion of this subject may be found by referring back to the chapter on shock, but this seems excessively brief coverage in a book devoting 18 pages of close reasoning and formulas to postoperative respiratory failure. The surgeon in training today surely needs to know clinical physiology and pharmacology almost as well as his anesthesiologist.

The book is often seen around the operating areas in teaching hospitals, much underlined. Its popularity is attested by translation into four languages, with four more promised. It serves well for initial orientation to clinical work for a medical student. I hope surgical house officers would outgrow the text on many subjects early in their training. Should anyone slip into anesthesia training without a period as a surgical house officer, this book could help in orientation to surgical requirements.

NORMAN A. BERGMAN, M.D.
Division of Anesthesiology
University of Oregon Medical School
3181 S.W. Sam Jackson Park Road
Portland, Oregon 97201

Ventilation/Blood Flow and Gas Exchange. Third edition. BY J. B. WEST. Philadelphia, J. B. Lippincott, 1977. Pages: 173. Price: $6.95.

Not many books by a single author go through three editions and three reprintings within the space of a decade, as has this monograph. The author, a well-known pulmonary physiologist, has made many contributions to the field. Because of his thorough understanding of ventilation/blood flow relationships and pulmonary gas exchange, this text provides a most lucid account of this difficult subject.

The third edition has changed but little from previous editions. In its opening chapter, the author describes oxygen transport from gas to tissues. He then discusses inequalities of blood flow and ventilation in the normal lung. This is logically followed by a discussion of inequalities of ventilation–perfusion ratios and their effects on regional gas exchange. Having provided a basis for the understanding of the CO_2–O_2 diagram in this chapter, the author proceeds to a discussion of the effects of inequalities of ventilation–perfusion ratios on overall gas exchange. He deals with the alveolar–arterial gas tension differences and the concepts of venous admixture and physiologic dead space. In the final chapter, methods for measuring ventilation–perfusion ratio inequalities are described. To this chapter he has added an informative description of the "inert" gas elimination technique developed in the author's laboratory by Dr. P. D. Wagner. This method allows estimation of a continuous distribution of ventilation–perfusion ratios in intact subjects and may provide, in the future, a useful tool in the clinical setting.

The monograph is characteristic of the author's style, very well written, and excellently illustrated. It can be recommended without hesitation to all medical students, residents, and physicians who deal with respiratory problems.

KAI REHDER, M.D.
Department of Anesthesiology
Mayo Clinic
Rochester, Minnesota 55901

Current Respiratory Care. EDITED BY K. F. MACDONNELL and M. S. SEGAL. Boston, Little, Brown, 1977. Pages: 489. Price: $14.50.

This book is based on an annual inhalation and respiratory postgraduate course founded by Dr. Segal. The contributing authors have very diverse backgrounds, and among them one finds specialists in thoracic disease, pulmonary function technicians, respiratory therapy technicians, and nurses; conspicuous by their absence are anesthesiologists. With these different backgrounds, one might expect that the qualities of the chapters and the depths of the reviews by the authors would vary considerably. Surprisingly, I found this was, in general, not the case. Inevitably, some chapters are not as informative and lucid as the major portion of the book.

The text is well organized, easy to read and, for the most part, adequately illustrated. I believe the book is successful in accomplishing its stated goal of bridging the "knowledge gap" and updating recent technical and medical advances for the various members of the respiratory care team.

The book is divided into six sections. The first deals with instrumentation, including mechanical ventilators, various transducers, gas electrodes, mass spectrometer, etc. It is probably