

# Book Reviews

B. Raymond Fink, M.D., Editor

**Current Problems in Anesthesia and Critical Care Medicine.** Vol. 1, No. 1: The Multiple Trauma Patient: Assessment and Anesthesia. BY T. J. GALLAGHER and J. M. CIVETTA. Vol. 1, No. 2: Perioperative Fluid Management, BY A. H. GEISECKE, JR., and C. W. BEYER. Vol. 1, No. 3: Mechanical Ventilation in Acute Ventilatory Failure: Facts, Fiction and Fallacies. BY R. R. KIRBY. Chicago, Year Book Medical Publishers, Inc., 1977. Price: \$29.50 per annum.

This series undertakes to speak to intensivists and anesthesiologists as a group. Unfortunately, the diversity of this group makes it difficult to present topics of sufficiently wide interest and in sufficient depth to interest the entire audience. The first three monthly issues have undertaken this task, with varied success.

In "The Multiple Trauma Patient: Assessment and Anesthesia," the authors begin with a classification of the injuries and then suggest guidelines for management, organized according to the different systems affected. They become more helpful and specific when describing monitoring and intraoperative pharmacologic interventions. Overall, however, this monograph lacks depth. It would have been more informative to deal with a relatively narrow aspect in some detail than to attempt a broad outline of a huge area. The monograph could be useful to the third- and fourth-year medical students who are starting their initial exposure to the traumatized patient, but is not specific enough to be of service to the practicing intensivist or anesthesiologist.

"Perioperative Fluid Management" presents an excellent model for the series, the authors having chosen a segment of the subject of fluid management and dealt with it in a thorough and scientific manner. They begin with a physiologic approach to the anatomy of body fluids and then apply these principles step-by-step to the management of the spectrum of fluid and electrolyte disturbances encountered in the surgical patient. Some areas of controversy and decision-making surrounding what components should be used for fluid therapy are briefly discussed.

"Mechanical Ventilation in Acute Ventilatory Failure: Facts, Fiction, and Fallacies" clearly depicts and refutes some of the common misconceived ideas surrounding mechanical ventilation. It pinpoints these fallacies, after giving the reader a solid grounding in what makes a good ventilator along with what is essential and what is not essential. This innovative approach forces one to rethink one's own criteria for mechanical ventilation. After establishing the basics, the author considers the application of the "breathing machine" to the problem of acute ventilatory failure. Again, the step-by-step development of a common background helps one clearly to see the points the author is trying to make. The concept that all aspects of mechanical ventilation are not beneficial to all kinds of ventilatory failure is good. Certainly after reading this booklet one will stop and think before blindly attacking a patient with a dose of CPAP, CREEP, PEEP, ZEEP, IMB, or other initials.

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**Persistent Pain: Modern Methods of Treatment.** Vol. 1. EDITED by S. LIPTON. New York, Academic Press Inc., 1977. Pages: 272. Price: \$20.50.

The objective of the editor is to provide a detailed, practical account of pain-relieving techniques in a readable and quickly assimilable way. Five or six volumes, with each volume containing approximately ten topics, are planned. Each topic is to be presented thoroughly, and written by a practicing authority. The series is written for the pain specialist, whether he be a surgeon, a neurologist, an anesthesiologist, or a general practitioner.

*Persistent Pain* contains 11 chapters, by contributors who are well established practitioners of pain relief. It primarily describes the experiences of a Pain Relief Center located in England.

The chapters, "Percutaneous Cordotomy," "Spinal and Extradural Analgesia," and "Pituitary Neuroadenolysis in the Treatment of Intractable Pain from Cancer," present details of technique that will be useful to the practitioners. I particularly like the description for the technique of subdural block. However, I doubt that this technique is as easy to master as the writers claim.

The chapter on acupuncture attempts to put the technique on a scientific footing. Owing to lack of data, the author only partially succeeds, and details of acupuncture techniques for some common problems would have been useful. The chapters, "Psychiatric Management of Patients with Chronic Pain" and "The Role of Drug Therapy," are good reading and contain easily assimilable material, but are not outstanding.

On the whole, the book lives up to the objective of providing a detailed, practical account of pain-relieving techniques. It is very similar to others on this subject that have come out of the British Isles, but does address itself to some newer techniques such as "Pituitary Neuroadenolysis," in a well-written section. The series is unlikely to replace the classic text, *Management of Pain*, by J. J. Bonica, but serves an important purpose in keeping readers up-to-date on the techniques for relieving pain.

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**Juvenile Hypertension** (Kroc Foundation Series, Vol. 7). EDITED BY M. I. NEW AND L. S. LEVINE. New York, Raven Press, Pages: 244. Price: \$16.00.

This volume is the product of a symposium held in 1976, published with a commendably short delay. Although it is not intended to be a general review of the subject, the selection of participants has permitted good coverage of the field. The mechanisms of childhood hypertension are generally the same as those of adult hypertension, although in the child secondary changes are less likely to confuse cause and effect. It makes good sense to find and treat a chronic disorder as early as possible, and adequate evidence that the onset of hypertension often occurs in childhood is presented. Nevertheless, there is an unfortunate emphasis on the old shibboleth of pediatricians: "Children are not simply small adults." Although the sentiment may be unassailable when dealing with the child's emotions, this approach to medical science can result in fragmentation and frankly irrational conclusions. A case in point is the size of the blood pressure cuff. The basis for choice of cuff size is rarely stated in the volume, and when it is, it is always the length of the arm, rather than the width or circumference that