

all, his concern for the patient and her baby is outstanding. The book is well put together but suffers from a paucity of figures. It is not intended, nor is it recommended, for the novice in anesthesia, but is highly recommended reading for those already involved in and committed to anesthetic care of the woman in labor and her child.

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The Lung: Structure, Function and Disease. EDITED BY WILLIAM M. THURLBECK AND MURRAY R. ABELL. Baltimore, Williams and Wilkins, 1978. Pages: 332. Price: \$34.00.

This book is a well-written, understandable compilation of the physiology, anatomy, and pathophysiology of the lung. The editors have gathered together a group of well-known pathologists, clinical physiologists, and other physicians to discuss most of the major topics in pulmonary pathology.

The first chapter describes the ultrastructure and cellular function of the distal lung. Descriptions of excellent light and electron-micrographs of structure drive home the points being made. (In fact, each chapter has many excellent photographs). Drug-induced pulmonary disease is the next topic. The table describing the pulmonary effects of the more common drugs is quite useful to the clinician.

The next chapter is pertinent to every anesthesiologist because it extensively discusses the pathology of the adult respiratory distress syndrome. The author describes the salient features of its cause, pathophysiology and the correlation of these data with pathology. Insights into the best methods of care can be gleaned from this chapter.

The chapters on cellular biology of mucous secretion and morphologic structure and function in the lung both contribute to our understanding of pulmonary function in health and disease.

Asthma and small-airway disease are covered in two well-written, well-organized chapters. The underlying causes and pathology are discussed, which should help us provide better care for patients with these problems.

Pulmonary edema is next. The mechanisms are clearly presented and suggest possible approaches to therapy.

An often forgotten subject, pathology of the pulmonary vasculature, is well presented by people who have had an interest in the subject for many years. Their clear description of the interrelationships between the pulmonary vasculature and parenchyma should lead us to consider this relationship and problems related to the pulmonary vasculature more often as part of pulmonary disease. As we understand the relationships between the two, we will be able to devise more effective therapy.

The next two chapters deal with problems of the neonate, the sudden infant death syndrome and pulmonary disease. Both present a clear overview of the problems and the relationship of disease to physiology and pathology. Throughout, this book stresses the relationship between structure and function, something many of us have forgotten. It is certain to be useful to anyone who is faced with patients who have pulmonary disease.

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Hazards of Medication. By ERIC W. MARTIN. J. B. Lippincott Philadelphia, 1978. Pages 686. Price: \$39.50.

A second edition, written with the assistance of seven editorial consultants, this is a large volume "worth its weight in information," containing as it does one of the most complete reviews on adverse drug reactions as they may be caused by inactivation, combinations, interactions, and unfavorable patient responses.

For those interested in research and clinical applications, this book provides ideas and suggestions about experimental therapeutics, research in animals, clinical investigation, protocols, pharmaceutical developments, and warnings against errors in drug research. For those engaged in drug manufacture, this volume has guidelines on standards, formulation, production, and quality control, as well as distribution, storage, labeling, preservation and promotion of drugs.

For all practicing physicians this is the "Ten Commandments" of drug prescription. In a simple, easy-to-read style, the author gives advice about selection and dispensing, and discusses the causes of mishaps, misunderstandings, and litigation that arise from prescribing drugs.

A special section lists the drugs that may interfere with the results of clinical laboratory tests and the mechanisms and consequences of such interference. More than 200 pages are dedicated to the most exhaustive available tabulation of drug interactions; not discussed in depth, but well cross-referenced for those needing detail.

Because of the wealth of organized information and the large current bibliography, this authoritative compendium is a must for all hospital and medical school libraries, and also a highly desirable item for the personal collections of all anesthesiologists.

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Regional Blocks for Nurse Anesthetists, A Technical Manual.

By PHYLLIS ADAMS ROBERTS. Springfield, Ill., Charles C Thomas, 1978. Price: \$9.75. Pages : 111.

The actual motor skills needed to administer regional anesthesia involve only a modicum of dexterity and coordination. Expertise comes with possessing the knowledge to recognize the indications and contraindications for performing those skills and the eternal vigilance to recognize the early signs of untoward events. Certified Registered Nurse Anesthetists have the educational background to learn the motor skills and acquire the theoretical information necessary to administer safe conduction anesthesia. Furthermore, in the foreseeable future there will not be sufficient physician anesthesiologists to satisfy the anesthesia needs of our country. It is unwarranted to withhold the advantages of regional anesthesia when we have a large number of interested, educatable people who can learn to safely administer regional anesthesia.

This manual, however, is an inappropriate text for introducing regional anesthesia to nurse anesthetists. It is a cookbook, a by-the-numbers format of instruction. It essentially covers only the motor skill of lumbar puncture and two techniques of axillary block. The reader is referred to other texts for descriptions of anatomy, physiology and pharmacology. However, these disciplines are not trivial and cannot be gleaned, as suggested, by superficial perusal of a textbook.

An understanding of anatomy is essential to appreciate the three-dimensional relationships for successful needle placement. If this