

Book Reviews

B. Raymond Fink, M.D., Editor

Surgery of the Neonate. By ARNOLD G. CORAN, DOUGLAS M. BEHRENDT, WILLIAM H. WEINTRAUB, AND DENIS C. LEE. Boston, Little, Brown & Co., 1978. Pages: 272. Price \$32.50.

As stated by the authors in their preface, the purpose of the book is to describe the surgical management of neonates and infants only as practiced in their institution. No attempt is made to discuss lesions not seen by them, and no effort is made to discuss in detail all the lesions seen by them. Nevertheless, it is obvious that a large variety of surgery is done in their clinic. The book touches upon most, if not all, of the surgical problems that may be brought to the attention of a pediatric surgeon.

The text consists of 20 chapters, some devoted to a specific surgical problem (*e.g.*, tracheostomy, esophageal atresia, inguinal hernia), others organized along the lines of regional anatomy (*e.g.*, anomalies of the abdominal wall). There are three chapters on surgery for congenital heart disease.

The writing is clear and succinct, the illustrations and the line drawings succeed in presenting a clear picture of the disease process and its surgical correction, even to those with little training in surgery. The drawings show the essential features of surgical technique without confusing the reader with unnecessary detail. No time is devoted to historical aspects or extensive reviews of the literature.

The chapter on anesthetic care, written by two anesthesiologists (Waldman and Lieding), is a well-organized summary of what are, essentially, basic principles of neonatal anesthesia. Their approach to overall management conforms, more or less, to generally accepted standards of practice in other pediatric institutions. This reviewer had one reservation—the doses of muscle relaxants recommended in Table 1–2 seem somewhat high and could, in certain situations, lead to unwanted responses.

The chapter on pre- and postoperative care reviews the management of various non-technical problems: fluid maintenance, acid–base derangements, respiratory care (including discussion of CPAP, PEEP, IMV), and parenteral nutrition. Of necessity, the discussion of each topic is somewhat schematic and occasionally superficial.

On the whole, the authors have written an atlas-type text, which is informative and easy to read. It could be a worthwhile addition to the library of anyone who deals with surgical-related aspects of neonatal care.

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Monitoring Surgical Patients in the Operating Room. By J. S. GRAVENSTEIN, RONALD S. NEWBOWER, ALLEN K. REAM, N. TY SMITH, AND JOHN BÄRDEN. Springfield, Illinois, Charles C. Thomas, 1979. Pages: 270. Price: \$22.50.

This monograph is the result of a "Workshop on Patient Monitoring" held in Cleveland during April 1977. The participants included many of the leading academic proponents of sophisticated patient monitoring and representatives of industrial companies interested in the field. The workshop was divided into four main sections of four presentations, each of which is covered by a chapter in the book. A synopsis of the discussion following each pre-

sentation is given at the end of its chapter, and an overall summary of each main section is written by the sections organizer.

The first section covers current monitoring practices, the need for monitoring, neuromuscular junction monitoring, and legal implications of monitoring. The second section includes technical trends, systolic time interval, EEG and respiratory monitoring. The third section deals with computerized systems for anesthetic administration, record keeping, and recording of physiologic variables, and the final section considers the problems of technology transfer, patents, and the marketing of new devices.

Thought-provoking statements on monitoring are to be found throughout the book. For example, it is asked whether the anesthesiologist, the patient, or both should be monitored. The artifice of fixing the anesthesiologist to the patient with adhesive is suggested as a possible substitute for electronic monitors. The principal reason expressed for monitoring is the avoidance of disasters and reduction in morbidity, and it is emphasized that monitoring should provide early warning, so that action can be initiated in time to prevent a calamity. High priority is assigned to measuring those parameters which provide early indication of changes in patient status. A criterion suggested for the utility of a monitor is whether the information obtained would evoke action that would influence the management of the patient. Some interesting work is reported on assessing whether new methods really do provide the expected improvements in management. In addition, a number of innovative recent developments and studies are described. The improvement in patient safety by the use of electrically conductive catheters is one of several noteworthy items.

The final chapters are well worth reading if one has a "patentable idea" and feels that it is an easy and quick step from conception to fortune. The viewpoints of government granting agencies, universities, and profit and nonprofit corporations regarding patenting and marketing new developments are expressed. The patent policy of the University of California is discussed in detail, and it could well become a model for other universities in this country to follow.

Overall, the book does a fine job of introducing the reader to the promises and pitfalls of advanced-technology monitoring. Comments on the book jacket not withstanding, this is *not* a general text on the subject. It will be of more interest to academic and industrial researchers than to most practicing clinicians.

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Critical Care Medicine Manual. EDITED BY M. H. WEIL AND P. L. DALUZ. New York, Springer-Verlag, 1978. Pages: 370. Price: \$22.50.

The tremendous increase in the appetite (and obligation) of physicians and others for continuing education programs is reflected in this book, which is a collection of expanded abstracts from the thirteenth annual course in Critical Care Medicine sponsored by the University of Southern California. It is designed to meet a perceived demand for a permanent record of the material presented, and one is struck by the disparity between the quality of the