

AND CHARLES B. ANDERSON. Boston, Little, Brown, and Company, 1979. Pages: 433. Price: \$10.95.

In July 1977, the *British Journal of Anaesthesia* published a collection of papers dealing with some aspects of the management trauma. These papers have been released as *Management of the Injured Patient* together with some other articles from the journal that deal principally with the problems of patients with brain damage.

The chapters of the book can be grouped into three sections. The first section deals with planning and training of paramedical personnel for major disasters, and includes chapters on immediate care, transport of the injured patient, and urban mobile resuscitation. The second section concerns immediate hospital care of the injured, with chapters on blood and blood substitutes, metabolic aspects of intensive care, the management of acute renal failure following trauma, and the hazards of anesthesia in the injured patient. The final chapters deal with the problems of patients suffering severe brain injury, including measurement of intracranial pressure, vasogenic cerebral edema, assessment of head injuries, and general anesthesia for neurosurgery.

Whenever this reviewer reads anything from the *British Journal of Anaesthesia* (regardless of authorship or country of origin), the inner ear hears the material being presented in an erudite, clipped British accent. The writing is crisp, the adjectives are unusual, and it all seems intelligently put together. This collection is no exception.

In 1973, in England and Wales, injuries caused the deaths of 11% of those who died before the age of 15 years and 48% of those who died between ages of 15 and 29 years. Head injuries accounted for 35% of these deaths. Similar statistics are presented for the United States. In patients who are not fatally injured, early skilled care can reduce the extent and duration of the damage. Anesthesiologists are becoming involved increasingly in the care of the acutely injured, the training of those administering this care, and the management of acute resuscitation and trauma units. The papers published in this volume will be of value not only to anesthesiologists, but to all who have the responsibility and interest in reducing the mortality, morbidity, and costs of trauma.

The editors are careful to state in their introduction that the *Manual of Emergency and Outpatient Techniques* was designed to familiarize medical personnel with the techniques required for emergency and outpatient surgical management. The *Manual* meets this goal, and will help introduce surgical technicians, medical students and house officers to some of the procedures at which they are expected to assist. The *Manual* does not attempt to be a complete compendium of surgical techniques for the operating room and ambulatory care unit. The editors inject the caveat that the more sophisticated techniques, such as transthoracic pacemaker placement, are not intended to be performed by less than trained surgeons.

The editors, together with seven contributors, outline the surgical techniques involved in cardiopulmonary resuscitation, vascular catheterization, regional anesthesia, and biopsies. They also cover special procedures performed upon the nervous system, in otolaryngology, in the chest and abdomen, including obstetrics and gynecology, upon the anus and rectum, and upon the extremities.

The writing is clear and sparse, but quite plebeian. Many statements are controversial. For example, the recommendation to give a choking patient mouth-to-mouth resuscitation in the prone position; that cyanosis develops in proportion to respiratory effort; that narcotics decrease the depth of respiration; the recommendation to use amobarbital to treat local anesthesia-induced convulsions; the statement that the metabolism of lidocaine can give rise to the formation of methemoglobinemia; the statement that the maximum safe dose of lidocaine without

epinephrine is 3 mg/kg, and the recommendation that intravenous regional anesthesia be performed using a single blood-pressure cuff. The section on obstetrics mentions the Apgar scoring system, but omits techniques of neonatal resuscitation. On the other hand, anesthesiologists would be pleased to read the strong recommendation that an intravenous infusion be started and resuscitation equipment be checked and available before the institution of regional anesthesia procedures. Much of the book is involved with advanced ambulatory techniques such as open-chest cardiac massage or the performance of liver or lung biopsy. The section on the insertion of chest tubes and the organization of chest suction bottles, and the chapter on basic surgical techniques, are particularly well written.

The editors must share the credit for this project with their artist and publisher. Line drawings, which appear on almost every page, are integrated with the text so that it is not necessary for the reader to turn the page to find which written material is associated with each drawing. The illustrations are simple, direct, and clearly reflect the pertinent point in the text. The text could almost be considered an extended legend for each illustration. The publisher has chosen a small size ( $5\frac{1}{4} \times 8\frac{1}{2}$  inches) format, with strong paper, a clear type style, and uncrowded pages. The book is bound with a large spiral binder so that each page can lie flat when opened. The soft cover aids in maintaining a reasonable price.

The book does serve its goal of familiarizing the emergency room neophyte with emergency and outpatient techniques. However, the *Manual* has no particular value for practicing anesthesiologists.

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**Shock Trauma Manual.** By WILLIAM GILL AND WILLIAM B. LONG, III. Baltimore, Williams and Wilkins, 1979. Pages: 283. Price: \$18.00.

Science consists of putting numbers to art. Or at least applying the abstractions of mathematics to intuitive processes. One aim of science is precision. Clinical medicine has always presented the challenge of defining precision in terms of patient care. This book represents a positive step in this direction.

This manual was written with the aim of providing precise guidelines for the emergency resuscitation and initial treatment of major trauma victims. It devotes sections to techniques and to overall priorities, and also includes a technical appendix, a system for organization of an emergency operating room, and detailed lists of necessary emergency room instrumentation. The authors state in the preface that "The dogmatic style of the text is intentional because the contents are well worn in successful application." The writing is clear and precise, encouraging and forthright, but lacking in the superior tones that one associates with dogmatic fervor.

The authors were directors of the Maryland Statewide Emergency System. Their system of access, triage, communications, and ambulance and helicopter transportation is described in Chapter 1. Chapter 2 is concerned with problems of reception, resuscitation and evaluation. Chapters 3 and 4 deal with specific systems injury, and multiple organ failure. Then we come to the pièce de résistance of this manual, a series of more than 130 algorithms dealing with the management of trauma.

Most professions have already used the concept of "decision trees" (algorithms) in their management and operation. Medical

problems do not lend themselves easily to such an approach because of the unpredictability of many body responses, the complexities of intrinsic homeostatic mechanisms, and the biological individuality of members of the species. Despite these difficulties, a radical "cleaning up" of our thought processes is essential if traditional clinical considerations are to be translated into precisely defined logistics.

Dr. Alvin Feinstein was among the first to apply the concepts of mathematical abstraction to the particulars of differential diagnosis. He used the concepts of Boolean algebra to demonstrate the thought process of the clinician. Shoemaker, quoted in the book, outlines the necessity for "protocol medicine" and comments "Protocols routines and other standards do not insure excellence, but sometimes they prevent disasters."

Most authors are hesitant to commit themselves to quantitation. Drs. Gill and Long are to be commended for their application of the mathematical concept of the orderly sequential process of problem-solving to a clinical area as complex as the care of blunt trauma injuries. Previous algorithms dealt with diagnosis. These algorithms concern patient care and physician education. An enormous amount of creative intellectual energy and medical acumen have gone into the development of these 130 "decision trees." They force the reader to use his own intellect to follow the reasoning process and critically examine the author's action plan. Some of the decisions may be subject to criticism, but the approach is unique and of the future.

This is a fine book and would be of value to anesthesiologists, especially those whose practices contain significant amounts of emergency trauma care. Also, anesthesiologists who serve on their hospitals' emergency care committees would profit from the sections on organization and the reference lists of OR equipment, instrumentation and organization.

The manual is large ( $8\frac{1}{2} \times 11$  inches), soft-covered, and has clear type set in two-column format. It reads easily and represents a profitable use of medical reading time. Drs. Gill and Long

have made a significant contribution not only to the care of the patient suffering from shock and trauma, but to the entire field of medical education.

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**Webster's Medical Office Handbook.** EDITED BY A. H. SOUKHANOV AND J. R. HAVERTY. Springfield, Massachusetts, G. & C. Merriam Company, 1979. Pages: 596. Price: \$10.95.

This comprehensive reference work is directed not so much to anesthesiologists or their ilk as to the administrators, assistants, and secretaries to whom they entrust the business side of health care and research. On the principle that everyone benefits from a job well done, this encyclopedic guide to efficient performance ought to be available at everyone's desk.

Replete with practical information and advice, its contents cover six principal fields: office careers in medicine, medical law and ethics, public relations in the medical office, medical office administration, medical office financial management, written communication in the medical office. This last is typical. It has chapters on such important matters as dictation and transcription, style in medical correspondence, special editorial and typing projects, a concise guide to English and medical writing, office copying equipment.

The reviewer feels it is his misfortune that this book has not been available sooner, and contemplates somewhat ruefully the gold mine of up-to-the-minute know-how its publication now puts at his fingertips. —B.R.F.