

present pathophysiology, pharmacology, the interplay of pharmacology and pathophysiology, and applications of respiratory care and circulatory support. Unfortunately, many of the references cited pertain to adult studies, a reflection on the dearth of hard data dealing with desperately ill neonates and small infants. Most references are recent. A few of the chapters would have benefited greatly from appropriate pictorial illustrations.

This book will probably appeal most to anesthesia residents desiring further insight into pediatric cardiac anesthesia. In addition, chapters on preoperative assessment and postoperative complications will be useful to those in pediatric intensive care.

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Illustrated Handbook in Local Anesthesia. EDITED BY E. ERIKSSON.
Philadelphia, W. B. Saunders, 1980. Pages: 153. Price: \$37.50.

The objective of this book, as stated by the editor in the preface, is to "give an easily accessible general view of the field of usefulness of local anesthesia, while laying great stress on visually illustrating each procedure." Additionally, the preface states, "in this second edition of the book we have added *chapters* on local anesthesia in different types of endoscopy since this has proven to be an important indication for the use of local anesthesia." The book in general terms fulfills its stated objective. The only "chapter" regarding endoscopy is a section on "local anesthesia for arthroscopy," and therefore the last statement of the preface is misleading.

The strong point of this book (as a supplement to larger, more definitive texts) is the excellent full-color anatomic drawings and photographs. These drawings and photographs are so superior that they, themselves, could serve as a manual of sorts (accompanied by legends).

The text (copy) of this book is sorely lacking in this reviewer's estimation. The theoretical discussions are superficial and frequently without documentation. The authors seem to be very fond of prilocaine as a local anesthetic. I presume this drug is currently popular in Sweden, but to the best of my knowledge, it is not commonly used in the United States. The depiction of home-made trays for the performance of spinal and epidural anesthesia also represents a strong European influence. Certain ideas are perpetuated by the editor that may not have a great deal of basis in fact, such as applying a tourniquet to the arm to prevent distal spread of local anesthetic solution during an axillary block.

The high cost of this book (\$37.50) is no doubt a result of the many full-color illustrations that appear. It certainly is the illustrations that one is paying for and not the text. Thus, the purchaser must decide whether the illustrations are worth the price. Nevertheless, this book represents a useful addition to the library of practitioners interested in regional anesthesia.

There are very few differences between this second edition and the first edition, and I would not advise exchanging the old edition for the new. All in all, if one wishes to spend \$37.50 for some very nice anatomic drawings, this book will suffice nicely.

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Key Words in Anesthesiology. BY NICHOLAS M. GREENE. Baltimore, Williams and Wilkins, 1980. Pages: 57. Price: \$6.95.

For many an anesthesiologist the rationale for the issuance of this little volume, *Key words in Anesthesiology*, may seem enigmatic. However, it is all nicely explained in a lengthy preface by Nicholas M. Greene, author. As the average reader will probably not take the time for enlightenment, further explanation would seem necessary, and I hope this will serve as an enticement as well.

The need to index medical articles for retrieval purposes is said to have originated with John Shaw Billings, Librarian to the U. S. Surgeon-General's Library, when, in 1878, he instituted a catalog of that collection. This was succeeded by the *Index Medicus*, under A.M.A. auspices. No writer or researcher then or now could hope to prepare a bibliography without such sources. Now, as indices have become computerized, the need for key words to reference articles is ever more necessary. And retrieval systems, as in MEDLARS, require further refinement of terminology in this sphere. Publishers, journals, editors and authors have been requested to lighten the task by providing specific key words in relation to material in print. The epitome of this movement is found in MESH (Medical Subject Headings) an annotated list issued annually by the National Medical Library in Bethesda.

This was where Green came in. Once a discerning Editor-in-Chief of *ANESTHESIOLOGY*, and currently in charge of *Anesthesia and Analgesia*, he felt the need for systematization. Uniformity in any field of endeavor is essential, so he gives us, on the basis of extensive experience, a list of key words in anesthesiology and a second, cross-reference list as well. The scope of anesthesiology is thus starkly defined. Authors should now know how to proceed with their manuscripts, while indices for anesthesia journals and texts ought to be more cogently prepared. But do not overlook the anesthesiologist—man in the street who is zealous and genuinely concerned in continuing education. He can now, on the basis of this offering, erect his own filing and retrieval system. Publishers, editors, and the larger, research-productive anesthesia departments, as well as the loner, are indebted to Professor Greene for his perspicacity and assiduousness in giving us the result of his labors.

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