

BOOK REVIEWS

Edward Lowenstein, M.D., Editor

Acute Cardiovascular Management. BY ALLEN K. REAM AND RICHARD P. FOGDALL. Philadelphia, JB Lippincott, 1982. Pages: 940. Price: \$84.00.

The Stanford-based editors of this text have collected a well-referenced knowledge base for those physicians embarking on their training in anesthetic management and intensive care of patients with heart disease. Readability and continuity of style stand out most remarkably for such a multiauthored effort.

The initial section, General Considerations, exposes the authors' predilection for cardiac indexing and "data reduction," but nevertheless manages to present a well-organized basis for the student to begin his understanding of the working of the heart.

Especially important is the well-written chapter on cardiac transplantation, which reflects the extensive experience of the Stanford group with this patient population. Also important is the discussion of cardiac assist devices and the artificial heart. The section, Special Considerations, presents excellent discussions of coagulation, renal function, and hypothermia, as they pertain to cardiovascular surgery.

A complete and well-structured index facilitates access to information, but the reader must be aware that occasionally a clearly indexed (though erroneous!) pronouncement will be unreferenced (e.g., page 61, second paragraph—". . . lithium . . . no noticeable clinical effect on the heart."). The otherwise laudable editorial style occasionally leans toward filtering out the noise of controversy in the literature.

The chapter on cardiopulmonary bypass contains a statement (which the editor has subsequently retracted publicly) advocating the addition of 3% carbon dioxide to the oxygenator gas flow (p. 424). Indeed, the Stanford group has played an important role in forwarding the Rahn hypothesis that pH in hypothermic patients should be adjusted based on measurement at 37° C, i.e., no CO_2 addition to gas flows.

The final chapter presents interesting data from a survey, completed by the authors in 1979, of major cardiac anesthesia training programs. It proceeds to outline the authors' conception of a proper formula for organizing and managing a cardiac anesthesia fellowship program. Their view is only one of many possible approaches. Others might take exception to the philosophy proposed.

Overall, however, *Acute Cardiovascular Management* represents a welcome addition to the subspecialty literature that supercedes Kaplan's 1979 compendium. All those interested in the subspecialty would be well advised to consider obtaining a copy.

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Infection and the Perioperative Period. EDITED BY ALIX MATHIEU AND JOHN F. BURKE. New York and London, Grune and Stratton, 1982. Pages: 456. Price: \$47.50.

An anesthesiologist and a surgeon have edited this book, written by 13 anesthesiologists, 4 microbiologists, 6 internists, and 5 surgeons. The aim is to present the many aspects of infection that are of clinical importance to anesthesiologists. Dr. Wesley Alexander states in his foreword, "Drs. Mathieu and Burke have done an admirable job in selecting topics and authors . . . to prevent significant overlap. The

symbiosis generated by the combined efforts of anesthesiologists and surgeons provides a clearer focus on the problems of perioperative infections that has not been readily available in previous texts."

What texts should an anesthesiologist consult to learn about perioperative nosocomial infection? My favorite text, of 542 pages, is *Hospital Infections*, edited by J. V. Bennett and P. S. Brachman, Directors of the Bacterial Diseases Division and the Bureau of Epidemiology of the U. S. Center for Disease Control. In this text, first published in 1979, one finds balanced, authoritative accounts of most aspects of hospital infections. This book, according to its foreword by Maxwell Finland, differs from others in that "it covers in a broader, more complete, and better documented manner—each aspect of the various problems." Should anesthesiologists also read *Infection and the Perioperative Period*? Yes, provided they have first read the relevant portions of *Hospital Infections*, because they can then spot the grossly misleading chapters in *Infection and Perioperative Period*. One chapter from Strasbourg on Preventive Measures in the Care of Infected Patients: Sterilization of Anesthetic Apparatus, is distorting and thereby vastly overstates the problem of contamination of anesthetic equipment. Its second reference not only quotes the work of a colleague, du Moulin, out of context in a misleading way, but also misspells his name as well. Then one finds one's wife's name misspelled among other textual errors and one yearns for the tight editing found in *Hospital Infections*.

Carl Walter, a surgeon, writes on page 142, "The laryngoscope is whipped out of a pocket, opened, and thrust into the oropharynx. After use, it is folded and returned to the pocket even when bloody. The endotracheal tube is even retrieved from the floor." Does this kind of writing really help? Surely it is the duty of editors to ask either for rates of occurrence of these kinds of fiasco or to delete such pejorative anecdotes. Yet, Walter's contribution later in this chapter on gram-positive infections caused by anesthesiologists is superb and carefully documented. Again, one yearns for better editing.

Infection and the Perioperative Period should be purchased for anesthesia libraries, which also should possess *Hospital Infections*. Doctors Mathieu and Burke are to be commended for overseeing a monograph that is useful, even if the editing should have been more authoritative. Read *Hospital Infections* and spot the errors in *Infection and the Perioperative Period*. Nosocomial infections cost the United States more than one billion dollars per annum, and anesthesiologists should be well informed about them.

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Computers in Critical Care and Pulmonary Medicine—Volume III. BY SREEDHAR NAIR. New York/London, Plenum Press, 1983. Pages: 329. Price: \$45.00.

This book contains the Proceedings of the Third International Symposium on Computers in Critical Care and Pulmonary Medicine, held in June, 1981. Despite weaknesses in editing and presentation, this book has some strengths. It provides a good overview of the different computer-based systems available for respiratory gas and

ventilation monitoring. Unfortunately, there is only one chapter that seriously examines the question of cost-effectiveness, and that analysis is neither scientific nor rigorous.

If computers in critical care and pulmonary medicine are your specialty, this book belongs on your shelf. If not, borrow a copy from the library first.

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The Pathophysiology and Techniques of Cardiopulmonary Bypass—Volume II. BY JOE R. UTLEY (WITH 29 CONTRIBUTORS). Baltimore/London, Williams and Wilkins, 1983. Pages: 253. Price: 39.00.

The Pathophysiology and Techniques of Cardiopulmonary Bypass—Volume II is the result of the Second Annual Cardiothoracic Symposium held in San Diego, California, in February, 1982.

Each chapter has a different author, and, as such, the quality varies. Topics presented range from basic research to up-to-date reviews to "how-to" chapters. The chapters on Vasomotor Activity,

Fluid Balance during Cardiopulmonary Bypass, Complement Activation are very good. The chapters on Pulsatile Flow and Cardioplegia Solutions are excellent reviews of controversial subjects. The chapter on Carbon Dioxide Transport and Acid Base Balance is very complex. It is difficult to follow because the presentation is from an approach different from that usually taught in anesthesia. Perhaps it is better, but it requires very thoughtful reading. The chapter on Hypothermia for Cardiopulmonary Arrest for Neurosurgical Procedures is a "how-to" version but would be very helpful if the reader suddenly were confronted with one of these very demanding cases.

This is primarily a surgical book written by surgeons from surgeons' viewpoints. A comment about the rise of K^+ with muscle relaxants treats succinylcholine and suxamethonium as distinct muscle relaxants. It also is stated that if a cerebral air embolus occurs, pentobarb coma should be instituted. This is certainly controversial.

Overall, the book is a very good review of many aspects of cardiopulmonary bypass. It certainly deserves to be in departmental libraries as a useful reference for a subject whose references are often difficult to locate.

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