

other, longterm, use. Use of prostacyclin and effects of cardiectomy suction on platelets and other blood elements are discussed in both the chapter on anticoagulation and on microemboli.

Unfortunately, the two chapters on cardiac anesthesia attempt to summarize material which is satisfactorily covered only in depth in the existing texts on cardiac anesthesia. Except for the section describing the termination of cardiopulmonary bypass, these chapters have little to offer the American cardiac anesthesiologist, and are of questionable value in a text on cardiopulmonary bypass. Indeed, the British influence of these chapters even extends to the suggestion of diazepam with a cup of tea as a premedicant prior to cardiac surgery.

Despite multiauthorship, the writing style is remarkably similar, clear, and lucid. Misprints are uncommon. With the exception of a single chapter in which there are no references, points of view are well substantiated by appropriate references. However, the majority of the references are from 1984 or earlier, which is a problem in a rapidly changing field. In summary, this book is a valuable addition to departmental libraries and to the library of the practicing cardiac anesthesiologist because of its complete and excellent review of perfusion physiology.

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Manual of Anesthesia in Cancer Care. EDITED BY HOWLAND, ROONEY, AND GOLDINER. Churchill Livingstone, 1986. Pages: 321. Price: \$27.00

The *Manual of Anesthesia in Cancer Care* is a 12-chapter, 321-page paperback book written to "orient the non-oncologic anesthesiologist not only to the possibilities of cure but to the myriad physiologic abnormalities that can occur in cancer patients." The strength of this book lies within a few select chapters. The first chapter includes a standard tumor grading system, a review of anticancer regimens (*i.e.*, surgery, radiation therapy, and chemotherapy), brief summaries of selected tumor types, and various medical and surgical emergencies seen with cancer care. A chapter on the immunocompromised patient

reviews the different types of immunodeficiency, including an informative section on acquired immune deficiency syndrome (AIDS) with recommended precautions for the anesthesiologist. A chapter on chemotherapy outlines the common chemotherapeutic agents and various tumor sensitivities, as well as modes of action and complications. A concise, fact-filled summary concludes this chapter. A chapter on "special considerations" in the cancer patient presents pertinent issues, such as hyperalimentation, the problem of infection in the immunosuppressed patient, and an excellent overview on the treatment of cancer pain. The aforementioned chapters highlight points unique to cancer management, and present material which may be new or in need of review for the "non-oncologic anesthesiologist." In these chapters, the authors sprinkle some "pearls" on the medical and anesthetic management of cancer patients.

The remaining chapters, however, review areas that are quite familiar to anesthesiologists. Chapters on preoperative evaluation, intraoperative monitoring, postoperative care, and critical care offer very little information that can not be found in most standard anesthesia texts. Separate chapters on hemostasis and blood component therapy could have been combined into one concise chapter. A chapter on the development of anesthetic techniques and a review of research projects in cancer patients at Memorial Sloan-Kettering Cancer Center appeared out of place in a manual of this nature.

The book was not well edited. Sections were poorly organized, some subtitles were misleading, and areas were repetitious. A number of errors (*i.e.*, incorrect calculation of dopamine dose, referring the reader to Chapter 3 instead of Chapter 1 for information on SIADH, etc.) were present in the text. An annoying feature was the introduction of certain points by the statement "of interest to the anesthesiologist is . . .," prompting the reader to check the title of the book and wonder for whom it was written.

In summary, an entire book on anesthesia in cancer care appears to be excessive. A well-organized, comprehensive chapter in a standard text or a review article covering topics unique to this patient population would be more appropriate and valuable.

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