

technique are discussed. The drugs of choice, their concentrations, and volumes are all considered before each specific technique is described. Common complications and a list of references conclude each chapter. The actual description of each technique is presented clearly in a step-by-step manner and is easily followed. Illustrations are used to facilitate the descriptions. The illustrations are not overly detailed and contain the pertinent anatomy with the nerves delineated in yellow to highlight their precise locations. The quality of the illustrations is very good but more illustration would be appreciated.

Dr. Mulroy has written an excellent book well worth the price. He has met his objectives of producing an excellent regional technique manual for use in the operating room. And the spiral binding allows the book to be left open to a specific page. This procedural guide will be extremely helpful and easy to use for the resident or the experienced practitioner who infrequently uses regional anesthetic techniques.

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**Problems in Anaesthesia: Analysis and Management.** BY S. FELDMAN, W. HARROP-GRIFFITHS, N. HIRSCH. London, Heinemann Medical Books, 1989. Pages: 190. Price: \$40.

**Problems in Anesthesia** is written for medical students and anesthesiology residents. It is intended to guide them in the evaluation of physiologic changes that occur during anesthesia and to indicate appropriate responses if these changes deviate significantly from normal. The four sections are organized into: 1) hemodynamic changes; 2) airway and respiratory changes; 3) renal and temperature changes and muscle relaxants; and 4) miscellaneous intraoperative and postoperative complications. The handbook encourages its readers to respond to changes during anesthesia only after first assessing their physiologic importance rather than presenting rote algorithms for an exhaustive list of possible perturbations. This objective of the handbook is accomplished. Chapters are brief and attempt to cover only salient points of each topic. Occasionally coverage is too brief, especially in the opening chapters on heart rate and hemodynamic changes. The chapter on dysrhythmias is especially brief and may benefit from additional information on the common non supraventricular arrhythmias and perhaps better tracings. Brief mention of common antiarrhythmic drugs may also be helpful. The chapter on embolism deals only with air embolism. The discussion of central venous pressure (CVP) monitoring is concise and covers common factors giving spurious CVP readings. The chapters on airway problems are more comprehensive and offer numerous "pearls" to evaluate and treat airway difficulties. The evaluation of laryngospasm and bronchospasm is quite concise and complete. However, within the section on bronchospasm, the authors state that "sympathomimetic agents cannot be easily aerosolized to the anesthetized patient" when, in fact, this practice is quite common. Moreover, it appears effective although aerosol delivery via endotracheal tubes has not been well studied. The discussion of oxygen therapy in the recovery room increases our awareness of an issue often taken for granted.

The third section of the handbook covers renal changes, convulsions, muscle relaxation, and body temperature changes. Adequate attention is given to hematuria, oliguria, and anuria. The coverage of convulsions is succinct but may be enhanced by discussions of local anesthetic-induced neurotoxicity. The final chapters review failure to recover from anesthesia and neuromuscular blockade, postoperative restlessness, vomiting and aspiration, inadvertent arterial and subcutaneous

injections, and drug reactions. These chapters are concise and well written.

We must assume, with so brief a format, that the authors are forced to curtail their discussions of the topics covered. This at times leads to statements that appear rather dogmatic. Overall though this handbook provides a concise review of pertinent perioperative complications. It is useful for the student and resident anesthesiologist and it also offers some hints useful to more experienced practitioners.

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**General Anaesthesia, Fifth Edition.** Edited by J. F. NUNN, J. E. UT-  
TING, and BURNELL R. BROWN, JR. Boston, Butterworths, 1989.  
Pages: 1,434. Price: \$150.00.

This encyclopedic text of anesthesia continues a long tradition of excellent writing in the United Kingdom begun in 1959 by Frankis Evans and T. Cecil Gray. They now attempt to cover everything one should know about anesthesiology. Also, the editors include the rest of the world in their intellectual approach to our specialty. They expressly define the text as international, their authors coming from all around the world, 52 from the United Kingdom, 53 from the United States, seven each from Sweden and West Germany, four from Canada, and authors from South Africa, New Zealand, The Netherlands, and the United Arab Emirates. The authors are well chosen. Thirteen of them also wrote chapters for Miller's *Anesthesia*. My question is: Why should an American read *General Anaesthesia* instead of, or perhaps in addition to, Miller's *Anesthesia*? Their cost is about the same, but Miller has a thousand more pages of text.

**General Anaesthesia** is truly an encyclopedia of anesthetic information, well written and precise. It presents a broad definition of our specialty including a solid discussion of our work in the ICU and pain clinic. The editors have made sure that each chapter is well referenced and thorough. The order of the text is straightforward beginning with fundamentals and moving on to preoperative evaluation of the patient, operative care, and complications.

Graphs and tables are easy to follow and handy but I wish editors would add the page number when a table or graph is referred to from a different page. Similarly, my bias is against spelling out an entire reference, e.g., "Nunn, Utting and Brown, 1989." Why not simplify referencing with a superscripted number?

A crucial question many residents ask is, How will this book help me through my schedule tomorrow? **General Anaesthesia** will assist residents quite as well as Miller's *Anesthesia* and in a very readable format. In addition, a potential researcher or teacher will find considerable detail that might bore the clinician worried only about making a correct decision for a particular patient. The marvelous detail on cardiac contractility made me thirst to study more about this complex subject. Anesthesiology is a fascinating specialty full of exciting challenges for our minds and **General Anaesthesia** makes this abundantly clear. The beginner may be overwhelmed. If you doubt this, read the details of the latent heat of vaporization related to the percent of anesthetic delivered. One might question whether most beginners will profit from the challenge. I hope so.

The international atmosphere of **General Anaesthesia** is excellent, including a chapter on anesthetic problems in the Third World. However, internationalization leads to some real problems. An amusing dilemma is that "Mc-" is indexed before "Mac-" contrary to our Webster's. Not so easy is trying to locate "meperidine." This is alphabetized in the drug equivalent section under the letter "p". Similarly, acetaminophen is also alphabetized under "p" (as paracetamol).