In summary, this book discusses most important clinical issues that the neuroanesthesiologist needs to address on a recurring basis. Each chapter has many appropriate references to support individual important points. The contributions of both neurosurgeons and neuroanesthesiologists to most chapters makes the discussion of issues from each specialty more credible. I recommend this book as a useful addition to the library of any anesthesiologist taking care of patients for neurosurgical procedures.

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Anesthesia for Plastic and Reconstructive Surgery. EDITED BY ADEL R. ABADIR AND SHAESTA G. HUMAYUN. Baltimore, Mosby Year Book, 1991. Pages: 467. Price: $70.00.

The title of this textbook belies the unique place it holds in an anesthesia library. Based on the title alone, the casual browser in such a library would likely overlook this book, which would be to his or her disadvantage. **Anesthesia for Plastic and Reconstructive Surgery** is a source of diverse information collected in one text.

The first two chapters provide an obligatory introduction to anesthesia with an overview of anesthesia equipment in a straightforward manner. The illustrations and the tables provide a clear reference, especially for the beginning anesthesiologist. Chapter 3 deals with preoperative evaluation, the principles of which can be applied to virtually any patient and anesthetic. In addition, the novel topics of this chapter stand as the strength of this text; specifically, these include craniofacial procedures, cosmetic procedures, maxillofacial trauma, and burns. Chapter 4 clarifies positioning in plastic and reconstructive surgery and provides a good summary of the salient features covered in more comprehensive texts. Likewise, chapters 5–8 summarize current pharmacologic approaches for the anesthesiologist, which are included for completeness. Chapters 9–11 deal with the special physiologic and anesthetic considerations for outpatients, pregnant women, and children; included in this text for comprehensiveness, they provide a straightforward review. These well-written chapters are authored by leaders in their respective fields.

The real vitality of this text, however, begins in chapter 12. This is one of the few anesthesia texts that addresses anesthesia for the burn patient in a comprehensive manner. It does so with a particular attention to the clinical management of these patients—not just in the operating room, but from the time of their injury through their entire hospitalization. The subject is written from up-to-date information both from the basic science laboratory as well as from clinical studies. After reading this chapter, the anesthesiologist should have a clear understanding of the physiologic changes in burn patients as well as their anesthetic implications.

Chapter 13 is novel in its singular attention to one specific entity: spinal cord injury. The authors review the clinical data and provide an impressive discussion of the pathophysiology of spinal cord injury, including theoretical considerations of neural injury. The authors move from a discussion of the basic science research to the clinical realm, covering the topic extraordinarily well. In chapter 14 the authors attempt the impossible and summarize the enormous body of information available regarding regional anesthesia for the extremities. Unfortunately, they fall short of their goals. Although this chapter is necessary and serves as a short review of the topic, the anesthesiologist should obtain this information from another source, one devoted to this topic. Chapter 15 provides an excellent discussion of anesthesia for ophthalmic reconstructive surgery. Chapter 16, "Anesthesia for Cosmetic Surgery," provides a fine discussion of local blocks of the head and neck, which often are excluded from anesthesia texts and left to the purview of the surgeon. The illustrations and the discussion of the anatomy are exemplary.

The singular attention to maxillofacial trauma in one chapter and to craniofacial surgery in another once again illustrates the unique nature of this text. In chapter 18, the complexities of facial trauma are distilled into a clear, straightforward explanation focusing on the issues germane to an anesthesiologist. Chapter 19 (co-authored by Dr. Cottrell) discusses craniofacial abnormalities in terms of neurophysiologic, neuroanatomic, and neuroanesthetic principles.

Appropriately, the book closes with a discussion of the geriatric patient, a summary of the current concepts and practices of caring for age-related physiologic changes. These are discussed in the context of recent human studies focusing on the anesthetic implications of these physiologic changes. More for completeness and logical symmetry, the last chapter of the book, entitled "Postoperative Evaluation" describes postoperative care as well as complications. However, pain management, nausea and vomiting and other postoperative problems are not discussed with the same depth as are intraoperative concerns. Finally, the index is unusually comprehensive and accurate.

Anesthesia for Plastic and Reconstructive Surgery does not pretend to be an encyclopedic text, nor does it present the material in a cookbook manner, common to so many texts of anesthesia. It is a well-referenced, up-to-date text with a number of unique chapters dealing with material poorly covered in other texts. Other books that attempt to cover these topics either cannot be found or have a distinct bias toward surgical rather than anesthetic concerns. Anesthesiologists whose practice includes anesthesia for plastic and reconstructive surgery in adults and children, burn patients, spinal cord injured patients, and/or craniofacial surgical candidates will find this text a welcome addition to their library.

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Spinal Cord Injuries: Anaesthetic and Associated Care. BY J. P. ALDERSON AND E. A. M. FROST. Stoneham, MA, Butterworth Heinemann, 1990. Pages: 258. Price: $70.00.

In the decades since World War II, there have been great advances in the medical care of the patient with an injured spinal cord. No longer are these victims treated with benign neglect to "be left alone for nature to take its course." Attention to these groups of disorders has gone as far as the establishment of specialized centers for the treatment and study of spinal injury. Great resources are expended toward the care of these patients, beginning with the resuscitative efforts in the field and culminating, it is hoped, in the successful rehabilitation of a productive individual. The players in the cast are many, and the scenes change as the spinal cord injured patient moves from the site of injury through the health care system, with stops along the way in the emergency department, the operating room, the intensive care unit, and rehabilitation wards. The theme of this book is a timely one, in that anesthesiologists are taking a more active and important role in this scenario by providing expertise in the resuscitation and acute care of these patients in the operating room and critical care areas.

The editors had unique opportunity to present the combined experiences of experts in the field from two continents. The text goes a considerable way toward accomplishing this task. I believe it was not