intravenous infusion protocols for these drugs, elucidating the pharmacokinetic differences between these opiates in providing the rationale for infusion schemes. Chapter 5, "Muscle Relaxants," provides guidelines for continuous infusions of neuromuscular blocking agents, specifically succinylcholine, mivacurium, atracurium, and vecuronium, after a more generalized discussion of neuromuscular blockade. Chapter 6, "Total Intravenous Anesthesia," attempts to assimilate the three previous chapters in describing the advantages, disadvantages, and indications for specific TIVA techniques by reviewing pertinent published literature.

Chapters 7 and 8 then deviate significantly from the previously cohesive TIVA theme. Chapter 7, "Postoperative Analgesia: Management with Continuous Infusion," stands by itself as a well-written, rather inclusive review of current techniques for postoperative pain management, focusing on the role of infusions of analgesic agents. Topics include continuous infusion of opiates, patient-controlled analgesia (discussed in detail), transdermal fentanyl (redundant after its discussion in Chapter 2), and epidural analgesia. The shortcoming of this chapter is that unlike the previous chapters there is only sparse mention of the exciting new infusion pump technology as it pertains to the administration of the techniques discussed. Epidural patient-controlled analgesia is discussed in a cursory manner. In contrast, intrapleural analgesia is discussed at length and may be somewhat out of context in this book.

Chapter 8, "Vasoactive Drugs," deviates even further from the previously cohesive TIVA theme in attempting to discuss cardiovascular physiology, receptor physiology, the entire spectrum of positive inotropic and chronotropic drugs, vasoconstrictors and vasodilators, and negative inotropic and chronotropic drugs, and in concluding with a decision-making algorithm for low cardiac output states—all in one chapter. Although this chapter is well-written for its content, again there is no attempt to discuss the subject matter in the context of new infusion technology.

In conclusion, **Drug Infusions in Anesthesiology** provides the reader with a basic understanding of the pharmacologic rationale and considerations in the administration of TIVA and presents practical guidelines for drug infusions. I agree with Fragen's statement that "this book should stimulate readers to incorporate more drug infusions into their practice." The editor also humbly recognizes, in creating the first textbook of its kind devoted entirely to drug infusions in anesthesiology as we enter this exciting new era of intravenous anesthesia, "that the information presented here may be the tip of the iceberg compared with what may be available a few years from now."

JEFFREY A. GRASS, M.D.
Assistant Professor
Director, Acute Pain Service
Department of Anesthesiology and Critical Care Medicine
Johns Hopkins Hospital
Meyer 294
600 North Wolfe Street
Baltimore, Maryland 21205

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The Laboratory Investigation by Eleff *et al.* in the January, 1992, issue (Eleff SM, Schleien CL, Koehler RC, Shaffner DH, Tsitlik J, Halperin HR, Rogers MC, Traystman RJ: Brain bioenergetics during cardiopulmonary resuscitation in dogs. ANESTHESIOLOGY 76:77–84, 1992) contained an error. The first line of the abstract (p 77) should read, "Cardiac arrest causes a rapid loss of cerebral adenosine triphosphate (ATP)" (not triphosphatase) and the second column (Introduction), line 15, should read, "Adenosine triphosphate (ATP)" (not triphosphatase).

In the Letter by Katsnelson *et al.* published in the January, 1992, issue (Katsnelson T, Frost EAM, Farcon E, Goldiner PL: When the endotracheal tube will not pass over the flexible fiberoptic bronchoscope. ANESTHESIOLOGY 76:151–152, 1992), the following sentence was omitted: "Drs. Katsnelson *et al.* gratefully acknowledge the assistance of Dr. Raghubar Badola in providing the illustrations."