

## REVIEWS OF EDUCATIONAL MATERIAL

meantime, has become too simplistic. Our patients, as much as they appear the same, vary in infinitely complex ways, and most standardized guidelines suffer from the lack of standardized patients. Schou develops this theme in greater detail with a fictional tale that places W. T. G. Morton and his discovery of anesthesia into the modern world. (What a way to celebrate the sesquicentennial of anesthesia!) Morton submits his manuscript to a journal. The editor rejects it but states that he will reconsider if the manuscript is extensively revised according to the recommendations of the reviewers. The revision is accepted for publication in an upcoming issue (1-2 yr later). Anticipating the delay, Morton submits an abstract to a scientific congress that has modified its program to present mostly refresher course lectures. His lecture is attended by six fellow lecturers, the two honorary chairpersons, and three others. Morton has established little, except to support his claim to be first. The intriguing paradox in the tale is that, in the era of high-speed telecommunications, news of an important discovery may take longer to reach the public than it did 150 yr ago when, from October 1846 to March 1847, the news had spread around the world and clinical "firsts" were reported from remote countries.

Schou describes the conceptual change from total cerebral depression produced by a single agent to the use of a variety of agents to achieve "balanced anaesthesia" and the pitfalls of the new concept. He then speculates on future theories of the mechanisms of anesthetic action on cerebral function and pronounces that we cannot come to grips with mechanisms because we have not properly disciplined our vocabulary. For example, the distinction between sedation and hypnosis is still hotly debated in the halls of organized anesthesiology. Schou offers a new definition of anesthesia that I do not find agreeable, thereby contributing to the problem rather than the solution. He invents a new word "dysthanasia," which means doing every high-priced procedure or test possible on a hopelessly ill, dying person in the intensive care unit.

Schou admits in the epilogue that his book "will be read by few and appreciated by yet fewer." He may be right, but I think that we must be constantly reminded that we do not know as much as we think we know and that much of what we know is wrong. I recommend the book for anyone who is willing to have his knowledge and actions challenged in a way that may open the door to a wider vision of our specialty of medicine.

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**Principles of Airway Management.** By Brendan T. Finucane and Albert H. Santora. St. Louis, Mosby-Year Book, Inc., 1996. Pages: 343 Price: \$32.00.

I like to read. I liked the book. Finucane and Santora have produced a solid, clear, and concise dual-authored second edition of their 1988 book, *Principles of Airway Management*. The book stimulated hours of reading, obtaining references, and the purchase of another heavy

and expensive 1,000-page textbook on airway management. This 6 × 9-inch pocket-sized book covers a great deal of information in the 12 chapters presented.

Chapters 1 and 2 are a good review of basic anatomy, basic airway management, and cardiopulmonary resuscitation. It is important material but, as always, dry. The presentation of anatomy would have been enhanced with more examples of correlative anatomy and better references. Most will not be patient enough to read through it.

Chapter 3 covers equipment for airway management. The numerous photographs are simple and not aimed for the practicing anesthesiologist, but for individuals being exposed to this equipment for the first time. The 41 references saved the chapter for me.

Chapter 4 is where the text begins to shine. Fiberoptic intubation is presented in a clear and logical sequence. I enjoyed their use of summary boxes to highlight important concepts and information. I thought the photographs were more suited to the anesthesia technician than the anesthesiologist.

Chapter 5, "Evaluating the Airway," is great. It puts much information in 20 pages. Good diagrams, photographs, and useful advice make this very clinically relevant. Reading this chapter a couple of times will give new insight and motivation to change our practice and stimulate us to document and perform more thorough preoperative examinations and communicate and document our findings on the anesthesia record or chart.

Chapters 6-9 cover preparation, techniques, and complications of intubation in four solid chapters that are well referenced. I enjoyed the handling of the American Society of Anesthesiologists algorithm for difficult intubation. The subchapter on difficult intubation in the emergency room setting tackles the problem of the patient with cervical spine injury. Challenging this topic and making it so worthwhile in 1.5 pages was an accomplishment. Their take home message is, "The most important consideration is that the anesthesiologist secure the airway using the most familiar technique." The references will help lead you to that conclusion. I have one bone to pick; The label of figure 8-21 should be changed from EGTA to PtL® airway.

Chapter 10 presents a well cautioned, excellent review of surgical approaches to airway management. Retrograde intubation, cricothyroidotomy, and tracheotomy are covered. The diagrams and photographs are excellent, the advice is good, and they describe the commercially available kits. In the "cannot intubate, cannot ventilate" scenario, this chapter could be life-saving.

Chapter 11 covers the pediatric airway. Included are basic cardiopulmonary resuscitation in infants and children and a well written section on neonatal resuscitation. The algorithms and summary boxes are useful. Croup and epiglottitis are reviewed. The book ends with a short chapter (12) on the basics of mechanical ventilation.

If you like a well written portable manual, you'll like this book. I will continue to use it to teach medical students (the first edition's intention), anesthesia technicians, and prehospital students. Any physician requiring expertise in airway management will find it useful. I congratulate the authors on a job well done. I would like to thank the Wood-Library Museum for the loan of the first edition of this text; they continue to be an excellent resource to our society.

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## REVIEWS OF

**Pain Medicine:**  
St. Louis, Mosby Y

More and more an in pain medicine. geoned throughout appearing during the recognition as a dis Anesthesiology (AB of Added Qualifica certified by the ABA Certification Exam in tified in other Specialties. Raj, the medicine, tell us in sive Review was " review of the theor

Raj has combined are recognized exp 53 chapters spanning sections: overview, agement, special te (overview) includes as the history of pain measurement, ters on laboratory in disappointing the fe chapters, whereas physics behind mag appropriate review

Part 2 (special e may be employed in surprised by the ch critical review of the evaluating the pain and treatment is al psychologic evalua and applications of laxation training, a comprising part 3 ( sive and understand macology, includin matory agents and a succinct and und helpful discussions agents. The latter h nerve blocks, peripl that are clear and e illustrations to dem blockade.

Chapters covering roids to implantable and spinal cord stim niques). Although su pain clinics, the effi authors in this section concerning efficacy. ample: The current jections for the treat reasonable criticism

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