

The multimedia version of *Cardiac Arrest!* adds realism to the program by showing slick video clips that provide some of the action, noises, and distractions of a real emergency room. In addition, the screen layout is better and the control buttons are bigger. The multimedia program is a lot of fun; it is really an interactive movie. In one opening scene, a van pulls up to the door of the emergency room with a portly patient slumped over in the passenger seat. The panicked driver says, "I was jogging with my boss and he just passed out!" Every command is acknowledged by the actors (there are six) and a wide array of video clips shows them intubating, defibrillating, and administering medications. Inappropriate dosages are sometimes questioned by the staff and an intrusive clerk occasionally interrupts with a statement such as, "The police just brought in your daughter and she looks drunk." If you fail to perform a necessary step in a timely fashion, a professor who looks like Einstein makes suggestions in a stern but humorous way.

All of the Mad Scientist Software products reviewed herein allow you to administer fluid boluses and to use drugs such as naloxone. It takes a while to become adept at typing commands, but once you become familiar with Mad Scientist's nuances, it is very realistic and immerses you into the scenario. The score tracking makes it very useful in a teaching setting and the tutorials at the end of each case reemphasize areas of importance. One complaint about the multimedia version is the redundancy of some of the video clips. For example, when "OBSERVE" is typed, you have to wait each time for the completion of the video clip explaining that 3 s equals 1 min. This little annoyance aside, the Mad Scientist Teaching Series is useful and entertaining.

In summary, both products can help you successfully prepare for ACLS. The Anesoft program is easier to use, but the Mad Scientist programs are more comprehensive and a lot more fun.

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Atlas of Anesthesia—Volume IV: Principles of Anesthetic Techniques and Anesthetic Emergencies. By R. D. Miller and K. K. Tremper. Philadelphia, Churchill-Livingstone, Current Medicine Inc., 1998. Pages: 204. Price: \$135.00.

As presented by the authors, this book is a part of a large collection of teaching visuals in the field of anesthesiology. Although I finished formal training several years ago, I was really pleased to discover again basic anesthetic topics in a colored, alive, and attractive way. This atlas feels like a picture book, only one step better because a series of lecture slides are being reviewed, which provide, in clear and well-done figures, a brief but complete presentation of daily practice situations.

This volume contains 11 chapters selected to review common techniques to induce anesthesia (intravenous, inhalation, and regional) and the most relevant problems associated with clinical practice (such as positioning, malignant hyperthermia, transfusion, hypotension, and airway or hemodynamic emergencies). Each chapter is written by

different contributors and introduced by a brief summary that indicates the direction in which the authors want to orient the reader and the points on which they will focus. This is important because each chapter itself could be the subject of an entire textbook.

Overall, the book is heavily oriented toward safety in practice, and many figures highlight risks factors, equipment failures and hazards, and drug side effects. As a general rule, each chapter provides a good synthesis and a rather global view of its subject, some historical considerations to recent drugs or technical aspects (monitors, laboratory tests), and useful guides to drug dosages and physiologic principles. The information provided is up to date and illustrated by images, graphs, decision-making trees, and reasonably complete algorithms. Short but precise explanations close to these figures contribute to the reader's understanding and provide more-detailed references.

In reviewing this book as a synthesis of basic practice by way of pictures, there is little to disagree with. Fine figure presentation and concise, close-by explanations have been selected for simplicity and to enhance reader understanding and recall. The sections regarding regional anesthesia, however, would have benefited from more-detailed and relevant anatomic representations, because those included are oversimplified and not particularly useful.

In summary, I would recommend this atlas to all anesthesiologists as a visual complement to classic textbooks. It is an excellent teaching resource, using an appealing and easy method of presentation, which lends itself ideally for study for examinations and preparations for lectures, or just to quickly freshen ones memory about a topic. When I closed this atlas, I really thought that the authors had met the goals they wanted to reach: to promote anesthesiology education and teaching in a visual and dynamic way.

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Clinical Neuroanesthesia, 2nd edition. Edited by Roy F. Cucchiara, Susan Black, and John D. Michenfelder. Philadelphia, Churchill Livingstone, 1998. Pages: 701 (including index). Cost: \$125.00.

The second edition of *Clinical Neuroanesthesia* is an accomplishment of substantial progress from the first edition, which was published in 1990. This text is composed of 21 chapters written by 31 authorities in the perioperative management of neurosurgical patients. There are five new chapters within this text, and many recurring chapters from the first edition have been appropriately expanded and revised. *Clinical Neuroanesthesia, 2nd edition* is neither a handbook nor a comprehensive authority for the neuroanesthesiologist. It does however provide a framework for the clinical application of scientific concepts for the advanced resident and anesthesiologist who wish to be proficient in the care of patients for neurologic surgery.

Although technically the authors represent eight different institutions, the predominate contributions to this edition are from the Mayo Clinic and the University of Florida. In the "Preface," not only is this influence acknowledged, but a strong link between these two institutions is also admitted. Accordingly, the reader should take caution in