advocate use of "triple H therapy" for the management of cerebral vasospasm based on clinical experience, despite the lack of controlled, randomized studies to prove the treatment's effectiveness. One area of much-current controversy and research that receives relatively superficial and anecdotal discussion is the use of moderate hypothermia in the setting of acute brain trauma. This is unfortunate, but not the rule; other timely topics (e.g., thrombolytics for acute ischemic stroke, hyperventilation in the management of head trauma) receive more balanced and complete treatment.

Clearly, this book is not is a replacement for a text about neurosurgical anesthesia or the anesthetic treatment of patients with neurologic disease. In fact, the discussion of anesthetic management tends to be superficial, of the "cook book" variety, or is frankly wrong. There are, for example, statements that etomidate should be given slowly for a rapid-sequence induction, that a nonrebreather mask delivers 100% oxygen, and that the hallmark of a good neuroanesthetic is "...deep anesthesia with neuromuscular blockade during intracranial microdissection..." Similarly, statements that a patient undergoing aneurysm clipping requires volume loading with albumin, placement of a central line, topical administration of lidocaine to the airway, and the use of a low-dose opioid technique reflect, at best, local biases that are not shared by the reviewers. Overall, Neurologic and Neurosurgical Emergencies is a scientifically grounded, thorough, and practical compendium of the issues surrounding the medical and surgical management of acute neurologic and neurosurgical conditions. The book is neither intended nor suited to be a stand-alone text for the anesthesiologist. It is, therefore, best viewed as a reference or resource for the anesthesiology trainee or the practicing anesthesiologist seeking a comprehensive review of the rationale for the clinical management of a broad range of neurologic and neurosurgical emergencies. In this regard, the book succeeds in achieving its stated purpose and will be a welcome addition to the departmental library.

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Complications of Regional Anesthesia. Edited by Brendan T. Finucane. Philadelphia, Churchill Livingstone, 1999. Pages: 1,332. Price: \$50.00.

The use of regional anesthetic techniques has greatly increased in recent years and numerous new approaches, especially those for peripheral nerve blocks, have been recently described. Although we know from large surveys that regional anesthesia is safe, complications may occur even in hands of experienced anesthesiologists. To increase knowledge of complications associated with regional anesthesia, a free phone line has been created in France. The principle relies on the constant availability of an expert who responds to questions asked by participants. Our experience with the French system has made us

aware of the need for expert advice when addressing complications of regional anesthesia. Therefore, it would seem that a book that aims to address the complications and the adverse reactions that are associated with regional anesthesia is welcome in this context. Is *Complications of Regional Anesthesia* a worthwhile purchase?

Dr. Finucane has brought together an expert group of contributing authors. The 332 pages of this book are organized into 20 chapters, some dealing with complications related to central and peripheral nerve blocks, and others with more specific areas (e.g., complications of pediatric, obstetric, ophthalmic and intravenous regional anesthesia). Moreover, interesting and practical subjects, such as the evaluation of neurologic injury after regional anesthesia, regional anesthesia and infection and regional anesthesia in the presence of neurologic disease, are addressed. Medicolegal aspects and case studies of regional anesthesia are described and discussed.

The topics of treatment of local anesthetic toxicity and of postanesthesia nerve injury could have been more complete. Indeed, expert opinion by the authors for these rare problems would have been particularly helpful, given the scant literature that addresses these problems. For example, the importance of a cardiac massage in terms of effectiveness and duration as a means to eliminate bupivacaine from the myocardium during local anesthetic toxicity is not discussed. Also, the possibility of surgical decompression of an injured nerve is not mentioned, though it may be useful, provided that the operation is performed in the first 6 months after nerve trauma. Complications related to peripheral nerve blocks in pediatric anesthesia are not discussed; however, this omission is most likely because of the limited use of peripheral as opposed to central blocks in pediatric practice. Complications associated with the lumbar plexus blocks, aside from those cited in the text, have been reported (e.g., renal subcapsular hematoma, accidental epidural, spinal injection with a posterior approach, catheter knots, epidural injection with a three-in-one block), and recommendations to minimize these complications have been published. These recommendations could have been included in the text.

These comments should not detract from the fact that this book is comprehensive and well written. Graphs, tables, drawings, and radiograph imaging (radiographic images in the chapter dedicated to complications of regional anesthesia in chronic pain therapy are small and difficult to read) are used when appropriate. This book may increase our knowledge and improve our therapeutic attitude when facing a complication related to our practice. It could also be used as a handbook to provide a quick, concise, and accurate reference for most issues that are encountered in regional anesthesia. *Complications of Regional Anesthesia* is a timely publication that specifically addresses the complications related to regional anesthesia. Fortunately, this task has been performed by a team of experts under the supervision of Brendan T. Finucane, and has resulted in a book that should find its place in the library of every anesthesiologist—not only trainees, but also practitioners.

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