

Artificial Almentation," "Poisoning," "Treatment of Intractable Pain," "Sterilization of Apparatus and Equipment," "Medico-legal Aspects of General Anaesthesia," "Anaesthesia and the Electrocardiogram," and "Airway Problems in the Accident Unit and in the Plastic Surgery Unit." They are generally well written, reflect the increasing tendency by anesthesiologists to consult on disease processes outside the operating room that could potentially affect the administration of general anesthesia, and are valuable additions to the more usual topics in texts on general anesthesia. Although some regional techniques are mentioned, the editors purposely have not attempted to be comprehensive in this area. The editors have selected, in the main, authors who are experts.

Volume I concerns basic sciences related to anesthesia. The chapters progress from the subcellular level through the organ systems in a logical fashion. Most chapters conclude with summaries associating their contents with clinical problems. The data are timely and concise and reflect the increasing tendency of anesthesiologists to be concerned with mathematical formulae. The chapter on "History of Anaesthesia," by M. H. Armstrong-Davison, is delightful reading and thorough.

Volume II concerns clinical practice. Many chapters are excellent compilations of problems to be expected in certain disease states, but the authors often do not suggest modes of therapy. This volume also reflects the changes in surgical practice in medical centers, inasmuch as several chapters are devoted to the preoperative, intraoperative, and postoperative care of patients with surgically correctable heart lesions. This emphasis is justified due to the growing number of these procedures performed, although percentage-wise they constitute a small proportion of total anesthetic practice. It is heartening to see space devoted to the psychological preparation of patients for anesthesia and operation. (Heartening, that is, to those of us who hope the art of anesthesia will not be completely subrogated by the science of anesthesia.) As is true in any multi-authored text, duplication occurs in overlapping areas. This duplication is not awkward, but rather allows a slightly different emphasis on a particular topic. Fortunately, the authors are in agreement, in general.

The books are of good quality, the print is not difficult to read, and the illustrations and diagrams

are generally simple and lucid enough to understand quickly. We highly recommend this two-volume text to individuals who are, or will be, practicing anesthesiologists.

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**Anesthesia in Otolaryngology and Ophthalmology.** By JOHN C. SNOW. Springfield: Charles C Thomas, 1971. Pp. 469. \$17.50.

This monograph is based on extensive experience in anesthesia in otolaryngology and ophthalmology. Approximately the first half of its more than 400 pages deal with general considerations. This section, consisting of 21 chapters, contains a wide variety of topics, including chapters on fire and explosions, electrocardiography, and the medical aspects of anesthesia. Much of the information in this section, which is frequently presented in a superficial manner, should be known to the practicing anesthesiologist already and does not contribute significantly to his understanding of the specific problems of the management of anesthesia in otolaryngology and ophthalmology.

In the remaining two sections, however, the special problems of anesthesia in otolaryngology and ophthalmology are well covered and pertinent to the scope of the monograph. In occasional instances the anesthesia advocated is of questionable validity in the light of current thinking. For example, open-drop Vinethene-ether anesthesia is frequently recommended for pediatric patients.

The descriptions of surgical techniques and requirements and underlying pathophysiology are particularly useful in planning appropriate anesthetic management.

Each chapter contains a comprehensive, up-to-date bibliography. Except for a few minor grammatical inconsistencies, this text is well written and can be recommended for anesthesiologists, nurse anesthetists, otolaryngologists and ophthalmologists.

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