

recommendations. There are omissions, though most are minor. Prostaglandins are treated superficially. The influence of thyroid diseases on MAC is not considered. Testosterone is discussed, but female sex hormones are not, a dangerous bias in this day and age. Some of the discussions are quite peripheral to the subject. Endocrine glands, by definition, secrete into the blood compounds which are carried to other parts of the body, where they regulate function. How myasthenia gravis, shock, and sympathetic pharmacology fit into a text devoted to endocrine disturbances is not readily apparent. The index has a curiously erratic approach to alphabetization. Above all, the purely descriptive treatment disappointingly limits the value of the monograph. All the published data on blood levels of hormones are presented, but the author never comes to grips with what they mean. Consequently, all the monograph does is to assemble in one place previously scattered information concerning blood levels of endocrine hormones during anesthesia and surgery. This, of course, has value as a ready reference source, and the monograph should therefore be included in comprehensive anesthetic libraries, especially those in academic departments.

The title of the second book, *Endocrines and Enzymes in Anesthesiology*, belies the contents. The majority of the 23 chapters have little to do with enzymes or endocrines. There are excellent and authoritative chapters by Hsia on developmental genetics, by Nastuk on quaternary ammonium compounds, and by Roberts on transphenoidal surgery, as well as charming essays on relaxants by Cullen and on "incapacitating agents" by Ketchem. Those chapters which do discuss endocrines and enzymes (why the two are combined is unclear) fail rather consistently to establish new frontiers or to cover a subject in depth. An exception is the contribution by Jenkins and Giesecke on fluid and electrolyte disturbances in endocrine disease. ADH, insulin, and thyroxine are dealt with superficially in chapters of two pages. It is difficult to recommend this monograph except for four or five pleasant essays that are rewarding, if extraneous to the title of the book.

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Anaesthesia and Analgesia in Dentistry. By R. A. GREEN AND M. P. COPLANS. London, H. K. Lewis and Co., Ltd., 1973. Pages: 398. Price: £8.00 net.

This well-produced book provides an interesting insight into dental anesthesia and analgesia in the United Kingdom, where practice differs vastly from that in the United States. In the United Kingdom, 50 per cent of the dental anesthetics are given by consultant anesthetists, for whom it constitutes a major source of supplementary income. In the United States there simply are not enough anesthetologists to administer the four million dental anesthetics (roughly one fifth of all general anal-

thetics) given each year; the operator doubles as anesthetist and works with a team of dental assistants or nurses. The authors of this book consider that general anesthesia is never "minor" enough to justify a dentist's or doctor's acting as both operator and anesthetist. Since 1968, 20,000 nitrous oxide-oxygen inhalation sedation machines have been sold in this country, but nothing like this has happened in the United Kingdom, where intravenous sedation is much more popular, and United States equipment is not discussed in the book. The extensive American dental anesthesia and analgesia literature is generally ignored. The section on local anesthesia mentions a 12 per cent incidence of inadvertent intravenous injection with inferior alveolar nerve block. Clearly, an aspirating syringe is an essential item of equipment for the dentist.

There is a good review of preoperative problems, but no mention is made of preoperative blood pressure, temperature, family history taking, or permit signature. Numerous inadequate excuses are made for avoiding routine monitoring of blood pressure and heart sounds. Postoperatively, the patient is observed for a maximum of 30 minutes and is then given outpatient follow-up instructions: recovery from anesthesia must be more rapid than in the United States. In the review of the Jorgenson technique of sedation (intravenous Nembutal, Demerol and scopolamine), no indication is given of why concurrent bilateral inferior alveolar nerve block is unjustifiable. The section on posture in the dental chair is of great value, except for the photographs of the patients seated with legs dependent. The sections on anesthesia for the difficult case, the medically unfit, children, and maxillofacial surgery are well documented and provide useful information, and the reasons given for blind nasal intubation are sound, although preoxygenation and the administration of oxygen prior to extubation are generally ignored. On the whole, the authors have succeeded in their aim of providing both practical and theoretical guidance to those engaged in the practice of pain relief in dentistry.

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International Symposium on Malignant Hyperthermia. EDITED BY R. A. GORDON, BEVERLEY A. BRITT, AND WERNER KALOW. Springfield, Ill., Charles C Thomas, 1973. Pages: 512. Price: \$22.50.

Malignant hyperthermia is feared by anesthetologists as a mysterious metabolic disorder that strikes out of the blue, with rare and dread effect unmistakably caused by the administration of an anesthetic drug. In earlier years when diethyl ether anesthesia was the stand-by, fever evoked by general anesthesia was usually viewed as a complication of premedication with belladonna deriva-