

Biotransformation of General Anesthetics. By G. DAL SANTO. Boston, Little, Brown & Company, 1974. 182 pp. NPL.

The importance of research to the health of the anesthetized public could hardly be more convincingly demonstrated than in the Summer 1974 volume of the International Anesthesiology Clinics. It assembles judicious summaries of present knowledge about the chemical fate awaiting sundry anesthetics—inhalational and intravenous—we pump into our patients, written by some of the leading creators of that knowledge. Judging by this production they are also leading communicators, although, collectively, they indulge in rather a lot of repetition about pharmacokinetics and enzyme induction. The volume opens with Aston's "In Vivo Drug Disposition and Anesthetic Effects," a clear and useful refresher on fundamental principles, slightly marred by an erroneous solid curve in Figure 2 and the baptism of delta-aminolevulinic acid as an enzyme in the discussion of barbiturate toxicity. Incongruously in a book on general anesthetics, 25 per cent of the chapter is given over to local anesthetics. Brown contributes an impeccable brief, "Enzymatic Activity and Biotransformation of Anesthetics." After some historical grace notes by Van Poznak on diethyl ether and chloroform, useful if only for reminding us that preconceived notions about unbiotransformability apparently blinded early investigators to what their results were really showing, no less than four chapters are devoted to halothane. Rehder leads off with a review of current ideas concerning biotransformation of this xenobiotic; Sawyer restates the evidence for the view that hepatic metabolism of halothane and fluroxene occurs primarily at subanesthetic concentrations (in miniature swine); Cascorbi considers various factors that cause the rate of biotransformation to differ from individual to individual and Morley, more or less persuasively, debunks the clinical evidence for hepatic injuriousness.

Kelly's excellent chapter on trichloroethylene, the first inhalation anesthetic found to be metabolized, has a pleasantly atavistic flavor, and almost the same can be said of Mazze's piece on methoxyflurane, now that he has taught anesthesiologists to tremble for their patients' tubules. Notes by various authors on fluroxene, enflurane and isoflurane, thiobarbiturates, eugenol, methohexital, neuroleptanalgesics, and ketamine, close the book.

I hope the high command at the National Institutes of Health will get a chance to peruse this volume, for it gives a bird's-eye view of some of the most important basic yet highly utilitarian anesthesiologic studies performed under their patronage. Although a survey of biotransformation, drug by drug, by major investigators of each, is not necessarily the best way to secure detached practical advice for clinical readers, no anesthesiologist conscious that his drugs may be potential chemical

time bombs can afford *not* to read and own this book.

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Illustrated Diagnosis of Localized Diseases. By R. DOUGLAS COLLINS. Philadelphia, J. B. Lippincott, 1974. 216 pp. NPL.

This text attempts to blend graphics, color, text, and tables to aid the physician in rapid diagnosis of localized diseases. (A previous volume applied the same format to systemic diseases.) The book is divided into two major sections. Part I consists of tables of differential diagnosis and alphabetical lists of appropriate laboratory tests and work-ups. Part II, "Profiles of Localized Diseases," is broken down into nine types of disorders: inflammatory, neoplastic, toxic, etc. Each disorder is illustrated by a simple color diagram of the involved organ system, accompanied by a black overlay indicating the location where the disease is likely to be found. For example, in a schema of the intracranial nervous system, chromophobe adenoma is located by a black dot on the pituitary gland.

Although the concept and presentation of the material are unique, I was disappointed by the sketchy and elementary nature of the result. It has little value for the anesthesiologist. It could be used to orient medical students or paramedical personnel to the differential diagnosis of localized disease. However, I believe that the standard medical texts more than adequately accomplish this.

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Intensive Care. EDITED BY G. GERSON. Philadelphia, J. B. Lippincott, 1973. 302 pp. \$13.50.

According to the Preface, this multi-authored monograph is intended "to provide a practical guide for junior hospital doctors," while perhaps also of "interest and value to medical students and nurses" involved in the care of severely ill patients. These are wonderful goals, but the variety and complexity of problems we stir into the intensive-care cauldron make the end difficult, if not impossible, to reach. Among the nine chapters, heart, lung, liver, and kidney, receive attention as individual organ systems. Endocrine problems, particularly diabetic coma, neurosurgical conditions, shock, poisoning, and parenteral nutrition make up the rest.

No one will argue with the need for a practical compendium, and the serving is abundant, with a moderate helping of illustrative material. Although