

small volume is likely to be something of a disappointment, as it disposes of these particular issues in a few scattered paragraphs. For students and practitioners its strengths lie in the descriptions of pulmonary function, particularly in relation to chronic obstructive pulmonary disease, and the book can be recommended to students and practitioners for this reason. It contains no details of intensive respiratory care and includes only a very limited bibliography. All told, the authors have succeeded in producing a readable account of respiratory disorder, written from the physiologic point of view.

Some omissions and minor errors deserve comment. For instance, the interrelationship between the effects of loss of elastance on flow-volume curves and its effects on closing capacity and on arterial oxygen tension are not discussed, nor is the significance of posture, obesity, and left heart failure for the functional residual capacity-closing volume relationship and consequently for arterial oxygen tension explained. The  $O_2$ - $CO_2$  diagram is shown with the usual axes reversed and presents arterial carbon dioxide and oxygen tensions as related inversely and linearly. While the linearity is correct for alveolar gas, it is not correct for blood, owing to the effect of  $P_{CO_2}$  change on the oxyhemoglobin dissociation curve. This is particularly of note in patients with abnormal alveolar-arterial oxygen tension differences.

In the discussion of causes of arterial hypoxemia, there is no mention of the important effect of factors influencing mixed venous oxygen content (in patients with an increase in intrapulmonary shunt fraction); alveolar-capillary block is still presented as causing a decrease in diffusing capacity distinct from that produced by ventilation-perfusion inequality, although this concept has undergone re-evaluation in recent years.

The authors recommend managing flail chest by internal or external fixation of the chest wall. Only if this fails or if surgical treatment is deferred do they recommend mechanical ventilation. This must be contrary to standard practice in the majority of cities in the Western world. In discussing oxygen therapy, they stress the importance of minimizing inspired oxygen concentration to avoid central ventilatory depression in certain patients with emphysema, and to avoid pulmonary oxygen toxicity. Bearing in mind that the intended readers include novices, it might have been better to recommend not sparing the oxygen, *except* in patients known to have severe chronic pulmonary failure.

In summary, although this book is easy to read and contains much useful information, its emphasis and omissions limit its interest as an addition to the library of the anesthesiologist.

H. BARRIE FAIRLEY, M.B., B.S.  
Department of Anesthesiology  
San Francisco General Hospital  
San Francisco, California 94110

Review of Medical Pharmacology. 4th edition.  
EDITED BY F. H. MEYERS, E. JAWETZ, AND A.

GOLDFIEN. Los Altos, Lange Medical Publications, 1974. 721 pp. Price: \$10.50.

In an era of inflated costs, this book is a bargain, although less than 20 per cent of it contains information of interest to anesthesiologists. Few changes have been made in the 26 pages devoted to general anesthetics, muscle relaxants and local anesthetics. Excessive space devoted to "Preparations Available," especially at the conclusion of the chapter on local anesthetics, represents unnecessary duplication of information readily available in the Physician's Desk Reference. Nevertheless, the book does present a timely and lucid summary of general pharmacology for individuals preparing for State or National Board exams.

DAVID W. AMORY, M.D., PH.D.  
Departments of Anesthesiology  
and Pharmacology  
University of Washington  
Seattle, Washington 98195

Obstetric Therapeutics. EDITED BY D. F. HAWKINS. Baltimore, Williams and Wilkins, 1974. 594 pp. Price: \$29.25.

In the United States we recognize that there is a certain regionalized flavor to the practice of obstetrics. Reading the art of obstetrics described from a British perspective re-emphasizes that different sets of clinical problems lead to different priorities in research and different patterns of clinical practice.

In this country we do not see significant infection with intrauterine fetal monitoring and do not provide antibiotic cover for this procedure. We do not place much reliability on x-ray to assess fetal development, relying more on ultrasonography and amniotic fluid studies. The described procedure of amniotomy appears quaint by our standards, but it should be remembered that in Britain many deliveries are managed by midwives, some in non-hospital settings. The authors do not clearly separate the problems of post-datism from those of post-maturity.

Perhaps the most significant difference is the approach to weight gain in pregnancy. Weight reduction programs in pregnancy seem inadvisable in view of the recognized association of maternal acetonuria with intellectual impairment in the offspring. Moreover, the Collaborative Study of Cerebral Palsy showed that the better babies came from pregnancies with weight gains somewhat in excess of those previously thought to be ideal.

The chapters on the pharmacology of the pregnant uterus and the role of the physiotherapist are well done, but for the practitioner of obstetrics in this country, Hawkins' *Obstetric Therapeutics* would not be an appropriate consultant text.

LAWRENCE R. DONOHUE, M.D.  
Department of Obstetrics and Gynecology  
University of Washington  
Seattle, Washington 98195