

Fundamentos de Anestesiología. Second edition. By G. L. ALONSO. Mexico, La Prensa Médica Mexicana, 1976. Pages: 320. Price: PNS.

This is a book written in Spanish and intended to serve the needs of medical and dental students, as well as those of residents and trained anesthesiologists. The text, divided into 31 chapters, deals with general and regional anesthesia, obstetrical anesthesia, water and electrolytes, recovery room, intensive care unit, respiratory therapy, pediatric and geriatric anesthesia, special techniques, and explosion and electrocution hazards.

The problem of satisfying such a wide readership and of condensing such a vast amount of information into a scant 300 pages led to a rather superficial treatment of many topics and to a marked variation in emphasis and detail. The result is a book that will hardly serve everybody's needs. Students and residents will wish that the author had been more felicitous in relating the theoretical and practical aspects of anesthesia to the basic sciences. Trained anesthesiologists will long for greater depth in most topics and wish that the relevance of opinions and facts had been supported by more frequent reference to published work. Overall, one wishes the author had used more lucid language and more consistent terminology.

The book is well produced, carefully proof-read, and adequately indexed. It is unfortunate that, owing to inadequate legends and to a lack of explanation in the text, some of the figures are of little value. In summary, although this reviewer does not know what other anesthesiology books in Spanish are available in Latin America, he would be hard pressed to recommend this one as a satisfactory textbook for medical students and anesthesia trainees.

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Critical Care Medicine Handbook. EDITED BY M. H. WEIL AND H. SHUBIN. Baltimore, Williams and Wilkins, 1974. Pages: 432. Price: \$18.50.

Many problems encountered by the critical care physician are presented in this compendium edited by the organizers of the University of Southern California Post Graduate Course entitled "Critical Care Medicine and Circulatory Shock." At the outset, the editors state that little effort was made to edit potentially different points of view in order to expose issues that are considered controversial. The manuscripts were solicited from the various speakers at the course, organized into categories (although not edited for style and content), and published. As a result, in quality this text is more uneven than most multi-authored works. It is less a handbook than a potential reference source for specific questions of medical care, some of which

will be contained within the volume and some of which will not, depending on the quality of the chapter.

The book is divided into eight sections as follows: respiratory crises, cardiovascular crises, shock and trauma, fluid/electrolytes/renal, CNS crises, and infection. The ninth and tenth sections combine a potpourri of unrelated but important topics such as ENT, obstetric, gynecologic and venous emergencies, DIC and organ donation; administrative, safety and ethical considerations are also discussed.

By far the longest chapter, "Standards for Cardiopulmonary Resuscitation and Emergency Cardiac Care," has already been published as a supplement to the *Journal of the American Medical Association*, volume 227, 1974. Without counting this chapter of 58 pages, there are 67 separate chapters within 365 pages of material.

Some chapters broadly survey their fields, others review the literature in greater or lesser depth, and others present current experimental data. Some chapters offer bibliographies while others don't. Many chapters are superficial and reek of a cookbook style. Several "chapters" are literally one or two pages in length. Some of the text is directed to the emergency room physician and would be of little interest to the anesthesiologist. But, in a multidisciplinary field such as critical care medicine, crossover of specialty lines is necessary and desirable. The index is appropriately detailed, an extremely important aid in locating information that would be otherwise difficult to find.

This book should be available as a reference work to those currently involved or planning to participate in intensive care, but I see little reason for the individual reader to purchase it for his own library, unless he takes the time to familiarize himself with the book, and finds those chapters that contain useful, detailed and well organized information.

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Atlas of Electroencephalography in Coma and Cerebral Death. By D. R. BENNETT, J. R. HUGHES, J. KOREIN, J. K. MERLIS, AND C. SUTTER. New York, Raven Press, 1975. Pages: 254. Price: \$55.00.

This compendium of more than 200 illustrations is one of a series of reports resulting from a two-year National Institute of Neurological Diseases and Stroke collaborative field research investigation of cerebral death begun in 1971. At nine participating centers, 503 patients in coma (their criteria for admission to the study: "(a) age over one year, (b) cerebral unresponsivity, and (c) arrest of spontaneous respirations for at least 15 minutes") were studied, of whom approximately

90 per cent died. The stated goals of the authors were to provide "a useful reference for electroencephalographers and technologists and other professional personnel dedicated to the care of critically ill patients" and "aid in surmounting the difficulties encountered when recording outside the friendly environment of the EEG laboratory."

After short introductory chapters, including a concise summary of EEG recording principles and techniques, the atlas displays in the largest chapter (79 illustrations) essentially all common and some uncommon artifacts encountered when attempting to ascertain "electrocerebral silence" ("isoelectric" or "flat" EEG). Helpful suggestions for ways in which a technologist can document and/or eliminate these artifacts are given. The importance of this chapter is emphasized; it portrays the necessity and difficulty of separating EEG waveforms from extraneous electrical potentials, which are, in this reviewer's experience, probably the greatest stumbling block in the interpretation of tracings possibly indicative of electrocerebral silence.

Although the authors carefully refer to the pertinent literature, the work is not a broad and comprehensive review of brain death and coma, and the text of the chapter entitled "The Significance of Electrocerebral Silence" is remarkably short and limited in scope, although the authors state that an unpublished "Summary Report" will give the methodology, results and conclusions of

this research. In this chapter, numerous examples of patients whose EEG's ultimately become isoelectric, as well as important examples of the reverse, are shown. The last pictorial section deals with the general topic of EEG findings during coma. Because of the criteria for selection the majority of patients were gravely ill. Serial recordings are displayed in several instances.

This interesting collection of high-quality full size (although only eight-channel) illustrations could be a useful aid in the performance of EEG on unresponsive patients and guide in the identification of certain EEG features of, and pitfalls encountered when dealing with, suspected brain death cases. It is most helpful in the last instance, in which it clearly demonstrates the difficulties of performing high-quality bedside EEG's under stressful technical circumstances. The work presents only sketchy neuropathologic data and suffers from the absence of pathophysiological correlations, particularly in view of the relatively nonspecific nature of EEG patterns. Probably it will be most useful to the practicing electroencephalographer and EEG technologist.

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Literature Briefs

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Literature briefs were supplied by Drs. D. G. Bjoraker, P. J. Cohen, and J. W. Pender. Briefs appearing elsewhere in this issue are part of this column.

Regional Anesthesia

EPIDURAL ANESTHESIA AND AIRWAY CLOSURE The induction of general anesthesia may be accompanied by decreased arterial blood oxygen tension. This has been related to a decrease in functional residual capacity such that airway closure occurs within the tidal volume. The author has evaluated the effects of thoracic epidural analgesia on airway mechanics, gas distribution, and arterial oxygenation. Seven patients, all free of cardiovascular disease, were studied. Most of them smoked moderately or heavily, and three had chronic unproductive morning coughs. The epidural space

was entered at T5-T6 and 9-10 ml of 2 per cent mepivacaine were injected. Analgesia spread from T2-T3 to T12-L1. Induction of epidural analgesia did not produce significant change in functional residual capacity, intrapulmonary gas distribution, closing capacity, arterial oxygen tension, or alveolar-arterial oxygen difference. Two patients had decreased P_{aO_2} 's (97-85 torr and 83-67 torr) associated with decreases in arterial blood pressure. In one patient P_{aO_2} changed from 74 to 88 torr after administration of epidural analgesia. The author concludes that "thoracic extradural analgesia is a suitable method for abdominal surgery in the presence of chronic lung disease." (McCarthy GS: *The effect of thoracic extradural analgesia on pulmonary gas distribution, functional residual capacity and airway closure.* *Br J Anaesth* 48: 243-248, 1976.)

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