

Evaluations of Drug Interactions. Second edition. American Pharmaceutical Association, Washington, D. C., 1976. Pages: 520. Price: \$12.50.

The expanded second edition of this volume is the latest attempt by the American Pharmaceutical Association to catalog significant drug interactions. The magnitude of this medical problem has continued to increase with each addition of new agents to the therapeutic armamentarium. Because of the difficulty in keeping each increasingly specialized physician apprised of all the possible interactions between the drugs he is familiar with and those he uses infrequently, the goal of establishing a handy reference volume is laudable. Thankfully, however, not all the possible or reported drug interactions are included in this volume. Not only is each interaction discussed as to incidence, mechanism, and severity of the drug combination, but well-thought-out comments about the clinical relevance of the interaction and appropriate treatment are also attempted, *e.g.*, reserpine-halothane. All opinions, summaries, and suggestions have been approved by a panel of experts chosen as the most knowledgeable about both the particular drugs and the therapeutic situations in which the interaction usually occurs.

Since the book is intended to serve only as a reference book of common clinical drug interactions, it is critical that the user be able to determine quickly whether the interaction is described, and, if so, to seek out the particular facet about the interaction that is most important at that moment. These goals are facilitated, first, by a short two-page introduction on how to use the book most efficiently. Although the nonproprietary drug name of either interacting drug is necessary to determine whether a specific interaction is discussed, the proprietary names and the designations of classes of drugs are also listed in the same index to facilitate the discovery of the indexed nonproprietary equivalent. Thus, all interactions appear twice in the index, once under each individual drug involved.

The "monograph" itself is organized in progressively increasing detail. Each of the 143 monographs begins with a summary, and goes on to list drugs related to each of the interacting pair that are known to exert similar interactions. Next is a discussion of pharmacologic effects of each drug that are relevant to understanding the mechanism of the observed interaction. The ensuing discussion is directed to an evaluation of the clinical data used to document the interaction in man, often with a final judgment of the adequacy of supporting data and the probable magnitude or relevance of the reported interaction. Each monograph concludes with recommendations concerning the risks involved in simultaneous administration of the two drugs, the references discussed, and a list of nonproprietary and trade names of the drugs discussed.

The individual recommendations are especially useful to the physician, since the monographs do not uniformly contain the expected "avoid concurrent administration" warning expected, but occasionally discredit or de-emphasize the importance of the interaction, *e.g.*, gallamine-diazepam. As suggested in the guide to using the index, those involved in clinical care will probably use the monograph best by reading, in sequence, the summary, recommendations, and clinical data sections, and saving the more detailed pharmacologic section for a review of the responsible mechanism only when needed.

In order to facilitate understanding of the interactions covered in the monograph section, but to avoid repetition of such background, the last 154 pages of the volume contain a supplement that is a miniature pharmacology textbook. A brief 18-page discussion of general principles and mechanisms of drug inter-

actions is followed by 25 separate 5-8-page sections on various classes of therapeutic agents. The individual monographs often refer the reader to these sections, which are intended to provide a review of therapeutic goals, alternative agents, and additional factors that might affect the specific drug interactions. By themselves the textbook sections provide only the broadest of superficial overviews of each area, but succeed in complementing the monographs.

The volume is a well-organized, reflective, and helpful guide to a potentially limitless area, and should be of help both to students and to residents in training, as well as to anesthesiologists in practice.

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Manual on Control of Infection in Surgical Patients. BY THE COMMITTEE ON CONTROL OF SURGICAL INFECTIONS OF THE COMMITTEE ON PRE- AND POSTOPERATIVE CARE OF THE AMERICAN COLLEGE OF SURGEONS. Editorial Subcommittee: William A. Altemeier, John F. Burke, Basil Pruitt, and William Sandusky. Philadelphia, J. B. Lippincott, 1976. Pages: 280 + xxviii. Price: \$16.00.

This exceptionally thorough, up-to-date and practical monograph on surgical infection proves that the proper committee, given a clear-cut goal, can produce a work that no single author could hope to achieve. It is a distillation of four separate symposia on control of surgical infection held from 1970 to 1972. Sixteen chapters provide basic information and advice on topics ranging through incidence and cost of infection to biology of infection to use and abuse of antibiotics. Particularly valuable in this era of over-reliance on antimicrobial agents are the detailed chapters on such fundamentals as preparation of the patient and operating team, and the operating room and general hospital environments. Specific guidelines for surveillance of infection, isolation and housekeeping practices, and sterilization are provided. The chapter on the influence of operating technique on the rate of infection is particularly valuable. Although the text is terse and tends to be somewhat didactic, selected references in the bibliography provide ample additional sources of information. One usually concludes a review by stating that the work will be of value to students and house officers and should be in the hospital library. This monograph, however, should be required reading for everyone having any contact with surgical patients. This is especially true for senior staff surgeons, anesthesiologists, and nurses, who may have forgotten those measures designed to prevent infection. Wider implementation of the principles and practices enunciated can only result in a net gain for patients, physicians, and society.

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Anesthesia for the Surgery of Trauma. EDITED BY A. H. GIESECKE. Philadelphia, F. A. Davis, 1976. Pages: 116. Price: \$15.00.

This concise, informative book may be misnamed. While it does, in fact, emphasize anesthesia for the surgical treatment of