

Overall, the book falls far short of expectations, with even the best sections failing to answer the questions posed in the preface. This volume, therefore, cannot be recommended to anesthesiologists, either as a replacement for a textbook of medicine, or as representing a special viewpoint not already adequately covered in available anesthesiology texts.

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Anatomy for Anaesthetists. EDITED BY H. ELLIS AND S. FELDMAN. Oxford, Blackwell Scientific Publishers, and Philadelphia, J. B. Lippincott, 1977. Pages: 397. Price: \$31.00.

With the explosion of biomedical knowledge and teaching, there is less time in the pre-clinical curriculum to devote to gross anatomy nowadays, and many of those aspects of this subject relevant to a particular clinical specialty must be studied during postgraduate residency training. This book is intended to familiarize the trainee anesthesiologist with the applied gross anatomy that is important for a full understanding of the specialty. To this extent it more than succeeds.

With the renewed interest and increasing popularity of regional anesthesia techniques, there is need for such a book, for an understanding of applied anatomy is a prerequisite to the successful use of regional anesthesia. Although originally intended as a text for the old primary F.F.A.R.C.S. exam, this new edition has been extensively rewritten and now includes an anesthetist as a joint author. Any resident or registrar who is familiar with the contents of this book would be more than ably prepared to answer questions in his respective specialty exam on either side of the Atlantic. The book does not claim to be an instruction manual in nerve block. It does, however, describe the anatomic details of many blocks and, in the opinion of this reviewer at least, a knowledge of the underlying anatomy is even more important than a knowledge of surface landmarks learned by rote when attempting to approximate a needle to an underlying nerve. The compact presentation deals in turn with the anatomy of the respiratory system, the heart, the contents of the vertebral canal, the peripheral nerves; a final chapter, "Zones of Anesthetic Interest," includes detailed accounts of the thoracic inlet, diaphragm, intercostal spaces, abdominal wall, antecubital fossa, and the great veins of the neck. The authors have selectively emphasized the areas of special importance to the anesthesiologist. The illustrations are line drawings, clear, easily understood, well-labelled and liberally used throughout the book to complement the text.

All in all, this book is recommended to all anesthesiologists, but especially to those whose current knowledge of anatomy needs brushing up, either for imminent examinations or for the better understanding of daily practice.

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Malignant Hyperthermia: Current Concepts. EDITED BY E. O. HENSCHEL. New York, Appleton-Century-Crofts, 1977. Pages: 162. Prices: \$12.50.

Publishing a book on "current concepts" in a field in which active investigation of basic mechanisms and therapy is in progress poses

real problems. This is especially true when parts of the book are based on a 1974 symposium, although the references indicate updating of information contained in several chapters.

One of the most useful aspects of the book is a tear-apart page that outlines a step-by-step approach to the treatment of malignant hyperthermia (MH). The outline can be adapted to one's own situation, and if it provides the stimulus to organize an anesthetic department's planned approach to the therapy of MH, it will have achieved a commendable purpose.

Part I of the book deals with clinical aspects of human MH and is the stronger section of the volume. A brief history of the syndrome's recognition in a particular region points out the importance of careful and thoughtful clinical observation in the initiation of investigation and the development of rational therapy. The main content of Part I deals with the recognition and therapy of MH. One chapter reviews in detail the clinical and laboratory findings gleaned from records of some 425 patients in whose cases MH developed. Two separate authors deal with the therapy of MH by differing approaches. This is unfortunate since there is little explanation as to why the order of priorities differs and since only one of the approaches corresponds to the outline on the previously mentioned tear-out page. Management of elective anesthesia in a suspected MH patient deserves more detailed discussion than it receives.

Part II of the book deals with basic research in MH. The only chapter of this section likely to interest the clinician concerns the contractile mechanism and possible abnormalities that might be responsible for MH. The remainder describes porcine MH and seems mainly to be a concerted effort to support the hypothesis that the etiology of MH is excess norepinephrine activity. This concept does not presently seem viable.

Because in the first portion several experts on MH summarize and provide commentary on a vast array of referenced recent information, the book belongs on the shelf of anyone seriously interested in MH. Unfortunately, a major new thrust in therapy with dantrolene sodium was evolving as the book was in press, so that relatively little information about this drug is available in the book.

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Handbook on Injectable Drugs. BY L. A. TRISSEL. Washington, D.C., American Society of Hospital Pharmacists, Inc., 1977. Pages: 428. Price: \$15.00.

In the world of pharmacologic literature, this handbook stands out as unusual, if not unique. Because a great deal has been written about therapeutic incompatibilities and other drug interactions, the author limits this book to physical compatibilities and incompatibilities only. It is a collection of alphabetically arranged monographs concerning 158 commercially available drugs and 35 investigational ones. The author attempts to compile, under a single cover, a large amount of widely scattered data. To facilitate the use of this vast amount of information, the author uses a standardized format and provides a section on how to use the handbook. Most of the data are presented in tabular form using abbreviations. All the information is documented from primary sources.

The 104 abbreviations used extensively throughout the book make it difficult to read and almost unusable in the emergency situation. Fortunately, most of the drugs included in the handbook are not for emergency use. More than a third are vitamins, antibiotics, or anticancer agents.

The author is a pharmacist writing for the hospital-based

pharmacist. The handbook most appropriately belongs on the reference shelf in a hospital pharmacy where large-volume parenterals are prepared for distribution to the rest of the hospital.

The book is of limited value for an anesthesiologist.

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Introduction to Anesthesia: The Principles of Safe Practice. Fifth edition. BY R. D. DRIPPS, J. E. ECKENHOFF, AND L. D. VANDAM. Philadelphia, W. B. Saunders, 1977. Pages: 557. Price: \$13.50.

About 20 years ago, Dripps, Eckenhoff and Vandam "resolved to publish a text on anesthesia in the belief that the need was great." This resolve was accomplished in 1957 with the first edition, which was organized to fulfill four purposes: "To offer an introductory text, to write the material as succinctly as possible, to base the message strictly on fact, and to keep the price of the book at a minimum."

In the ensuing years, this text has become a standard for students and residents in anesthesiology. The present volume, the fifth edition, continues the same excellence and is dedicated to the memory of Robert Dunning Dripps, to whom all of medicine and particularly anesthesiology owes a great debt. Anesthesiology has made tremendous progress in the past two decades, so this edition has increased in size. Additionally, with the help of a number of colleagues, the remaining two original authors present the fifth edition as an almost wholly rewritten and updated work. Importantly, though, the revision maintains the same clear and concise discussions of the safe practice of anesthesia today and continues the authors' original resolution.

The references have been very well brought up to date and serve as a useful guide for those readers desiring to pursue the subject further than the scope of this introductory volume. Appendix I lists the common abbreviations in anesthesiology. This summary is helpful since, in the literature of today, acronyms or abbreviations are used indiscriminately and often are difficult to interpret.

The type used is clearer and makes this edition much easier to read. As in the past, this text will continue to be the classic for the "Introduction to Anesthesia."

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Hashish: Studies of Long-Term Use. EDITED BY C. STEFANIS, R. DORNBUSH, AND M. FINK. New York, Raven Press, 1977. Pages: 195. Price: \$12.50.

This small book has great impact on the current marihuana controversy. For years opponents of marihuana decriminalization have said marihuana prohibition must be maintained at all costs to prevent the harmful effects of hashish, which was the next step after marihuana and which was known to have devastating consequences after long-term use in foreign countries.

As recently as 1968, Miras, a biochemist in Athens, presented observations of personality disorders accompanied by EEG records filled with extensive slow-wave activity, which was viewed as evidence of chronic brain damage. Dr. Henry Brill of the New York State Narcotics Addiction Control Commission visited Miras in Athens and confirmed the clinical state of these subjects after two decades of hashish use. Fink, in 1969, found no evidence of organic mental syndrome or chronic deterioration in affect, responses to questions, or motor behavior, and proposed to study the problem extensively with Miras and Stefanis.

The present volume is the publication of results from a detailed study of effects of long-term hashish use evolved in a Greek population of heavy users. Over a three-year period this group was evaluated over a wide range of variables, including sound medical, neurologic and psychologic characteristics, and was compared with a carefully matched non-user population. Studies also evaluated physiologic, psychologic and behavioral consequences of inhalation of various cannabis substances by chronic users. In the authors' words "The principal limitation of the present studies of long-term users in Greece is the small sample size in each study and the fact that they may have been studying the healthy and resistant survivors of the drug habit and that they may have missed victims who were not available for study."

The results of the studies described are surprising but largely reassuring that chronic hashish use in Greece is without major hazard. It seems unlikely that brain damage results from chronic hashish use. Psychopathologic conditions, while observed in the population of users, could not be separated out as a result of hashish use or as a manifestation of the antisocial behavior that causes use of the drug originally. Tolerance and withdrawal syndromes following hashish use are unclear. Withdrawal periods were without definable symptomatology, but subjects increased intake of hashish when it became available. Medical consequences of hashish use are described as "not greater than, or similar to, the toxicity of tobacco use." Patterns of toxic changes identified with chronic alcohol or opiate use were not observable in the subjects studied.

The book, which is highly readable, contains clinical data from which clinicians and lay people should be able to draw conclusions. This reviewer recommends it to those whose interests cause them to be involved with the problems of psychotropic drug use.

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