

for medical students. Taken in conjunction with the other book, it is a very useful aid that will be of use to students and physicians in the early part of training.

The section on exercise is sketchy, and the chances are that a second-year medical student with little or no background in exercise physiology will not be able to grasp the fundamentals without referring to another source.

The obstructive disease section is concise and well diagrammed. A slightly more detailed description of a normal \dot{V}/\dot{Q} ratio distribution curve, as shown in page 35, would be a distinct aid.

The restrictive diseases section would be strengthened by emphasizing the need to be aware that a wide variety of inhaled agents in addition to the well-recognized ones can conceivably cause hypersensitivity pneumonitis.

The above criticisms are minor; in general, this is a very reasonably priced, excellent little book, and a welcome addition to *Respiratory Physiology—the Essentials*. I would strongly recommend this to all medical students, and stress that the two books should be studied together for maximum benefit.

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Pheochromocytoma. BY W. M. MANGER AND R. W. GIFFORD, JR.
New York, Springer-Verlag New York, Inc., 1977. Pages: 398.
Price: \$49.80.

This is no ordinary book! The authors meant it to be a definitive presentation on the subject, and they surely have achieved their goal. They have written a very complete work dealing with every aspect of the subject. The book proceeds through a logical, exquisitely detailed development of information and experience from a general discussion of background to a concluding chapter on follow-up treatment of postoperative patients. Facts are supplemented by opinions from other authorities as well as the authors, and are very clearly labeled as such.

The metabolism of catecholamines is clearly presented, and when combined with the next chapter, dealing with pathopharmacology and pathology of the tumor, including its embryonic cell

origins, much-needed sense and cohesion comes out of a baffling number of potentially disparate signs and symptoms.

The clinical manifestations are detailed, including rare or unusual sets of signs and symptoms. Associated diseases and their respective interplay with the effects of pathologic catecholamine secretions are also discussed with authoritative completeness. The problem of differential diagnosis in this perplexing disease is dealt with in a logical, careful way which will lead the diagnostician through the maze to find the diagnosis. A very thorough discussion of laboratory findings and then case-by-case analysis of 38 cases concludes the section on creating in physicians sensitivity to the tumor, and enhancing the possibility of cure for these patients.

The last chapter deals with the final stage of pheochromocytoma, namely, its surgical treatment. This part is most pertinent for anesthesiologists, of course, and follows in form with the balance of the book. It is a wide-ranging review of experiences and reports from many sources, particularly relating to the preoperative preparation of a patient with alpha and beta blockade. Detailed case histories of intraoperative anesthetic problems are presented with sound recommendations for management. For the anesthesiologist, however, reliance on this book alone would not be adequate preparation for the challenging task of administering anesthesia to a patient with pheochromocytoma. It is mandatory that one review the anesthesia literature himself, and it is even better to have experienced individuals in attendance for these cases.

Mortality rates during anesthesia for pheochromocytoma now range from 0 to 3 per cent, and the cure rate is now 90 per cent. The primary reason for this excellent outcome is an understanding of the entire disease process by the physicians and appropriate preparation and treatment of the dangerous crises that can develop so unexpectedly. The role of the anesthesiologist in the team care for these patients is critical to a successful outcome. Study of this definitive book on the subject will provide that depth of knowledge and understanding that leads to the very best judgements in anesthetic care for these patients. At the very least, this book should be in all hospital libraries, and it should be in the possession of those anesthesiologists dealing with these patients on a fairly regular basis.

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Reviews of Audiovisual Aids

Conduction Anesthesia: Spinal, Epidural and Caudal Blocks.
BY J. F. KACZMAREK AND J. S. FINCH. Medical Library, Towsley Center, University of Michigan Medical Center, Ann Arbor, Michigan 48109. Price: \$70.

This program on spinal, epidural and caudal anesthesia consists of 100 numbered slides and a 25-minute tape. The slides and tape cassette are contained in a light-weight carrying case. Included are descriptions of the pertinent anatomy and the regional anesthetic techniques, and discussions of the possible complications of these blocks. At the end of each section are pertinent questions for the student to answer. The correct answers are on the slides that follow.

The authors are to be commended for their attempts to provide a concise description of these commonly employed methods of regional anesthesia. Unfortunately, some errors detract from the overall effectiveness of the program. For example,

When performing a spinal, it is helpful to visualize the tissues through which the spinal needle will pass. These are, in order, skin, subcutaneous tissue, supraspinous ligament, interspinous ligament, ligamentum flavum, epidural space, dura and subarachnoid space. [Though not stated, this obviously applies to a midline approach.]

I was disappointed that a teaching program designed for medical students would slight the importance of carefully and continuously monitoring the patients after the blocks have been performed. Although the student is told to

... follow the blood pressure, watching for hypotension, the primary side effect of spinal anesthesia,

no mention is made of the importance of a precordial stethoscope and an ECG to monitor patients receiving these regional anesthetics.

I would encourage the authors to edit the slides and tape and eliminate the various errors and deficiencies. That accomplished, I would then encourage the authors to produce additional programs on other methods of regional anesthesia, as well as in other topics/areas in anesthesiology. The teaching potential for this type of program is limitless and exciting.

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