

all, his concern for the patient and her baby is outstanding. The book is well put together but suffers from a paucity of figures. It is not intended, nor is it recommended, for the novice in anesthesia, but is highly recommended reading for those already involved in and committed to anesthetic care of the woman in labor and her child.

MILTON H. ALPER, M.D.
Boston Hospital for Women
221 Longwood Avenue
Boston, Massachusetts 02115

The Lung: Structure, Function and Disease. EDITED BY WILLIAM M. THURLBECK AND MURRAY R. ABELL. Baltimore, Williams and Wilkins, 1978. Pages: 332. Price: \$34.00.

This book is a well-written, understandable compilation of the physiology, anatomy, and pathophysiology of the lung. The editors have gathered together a group of well-known pathologists, clinical physiologists, and other physicians to discuss most of the major topics in pulmonary pathology.

The first chapter describes the ultrastructure and cellular function of the distal lung. Descriptions of excellent light and electron-micrographs of structure drive home the points being made. (In fact, each chapter has many excellent photographs). Drug-induced pulmonary disease is the next topic. The table describing the pulmonary effects of the more common drugs is quite useful to the clinician.

The next chapter is pertinent to every anesthesiologist because it extensively discusses the pathology of the adult respiratory distress syndrome. The author describes the salient features of its cause, pathophysiology and the correlation of these data with pathology. Insights into the best methods of care can be gleaned from this chapter.

The chapters on cellular biology of mucous secretion and morphologic structure and function in the lung both contribute to our understanding of pulmonary function in health and disease.

Asthma and small-airway disease are covered in two well-written, well-organized chapters. The underlying causes and pathology are discussed, which should help us provide better care for patients with these problems.

Pulmonary edema is next. The mechanisms are clearly presented and suggest possible approaches to therapy.

An often forgotten subject, pathology of the pulmonary vasculature, is well presented by people who have had an interest in the subject for many years. Their clear description of the interrelationships between the pulmonary vasculature and parenchyma should lead us to consider this relationship and problems related to the pulmonary vasculature more often as part of pulmonary disease. As we understand the relationships between the two, we will be able to devise more effective therapy.

The next two chapters deal with problems of the neonate, the sudden infant death syndrome and pulmonary disease. Both present a clear overview of the problems and the relationship of disease to physiology and pathology. Throughout, this book stresses the relationship between structure and function, something many of us have forgotten. It is certain to be useful to anyone who is faced with patients who have pulmonary disease.

GEORGE A. GREGORY, M.D.
Department of Anesthesiology
Room 436 S
University of California, San Francisco
3rd and Parnassus
San Francisco, California 94122

Hazards of Medication. BY ERIC W. MARTIN. J. B. Lippincott Philadelphia, 1978. Pages 686. Price: \$39.50.

A second edition, written with the assistance of seven editorial consultants, this is a large volume "worth its weight in information," containing as it does one of the most complete reviews on adverse drug reactions as they may be caused by inactivation, combinations, interactions, and unfavorable patient responses.

For those interested in research and clinical applications, this book provides ideas and suggestions about experimental therapeutics, research in animals, clinical investigation, protocols, pharmaceutical developments, and warnings against errors in drug research. For those engaged in drug manufacture, this volume has guidelines on standards, formulation, production, and quality control, as well as distribution, storage, labeling, preservation and promotion of drugs.

For all practicing physicians this is the "Ten Commandments" of drug prescription. In a simple, easy-to-read style, the author gives advice about selection and dispensing, and discusses the causes of mishaps, misunderstandings, and litigation that arise from prescribing drugs.

A special section lists the drugs that may interfere with the results of clinical laboratory tests and the mechanisms and consequences of such interference. More than 200 pages are dedicated to the most exhaustive available tabulation of drug interactions; not discussed in depth, but well cross-referenced for those needing detail.

Because of the wealth of organized information and the large current bibliography, this authoritative compendium is a must for all hospital and medical school libraries, and also a highly desirable item for the personal collections of all anesthesiologists.

J. ANTONIO ALDRETE, M.D.
Department of Anesthesiology
University of Colorado Medical Center
4200 East Ninth Ave.
Denver, Colorado 80262

Regional Blocks for Nurse Anesthetists, A Technical Manual. BY PHYLLIS ADAMS ROBERTS. Springfield, Ill., Charles C Thomas, 1978. Price: \$9.75. Pages : 111.

The actual motor skills needed to administer regional anesthesia involve only a modicum of dexterity and coordination. Expertise comes with possessing the knowledge to recognize the indications and contraindications for performing those skills and the eternal vigilance to recognize the early signs of untoward events. Certified Registered Nurse Anesthetists have the educational background to learn the motor skills and acquire the theoretical information necessary to administer safe conduction anesthesia. Furthermore, in the foreseeable future there will not be sufficient physician anesthesiologists to satisfy the anesthesia needs of our country. It is unwarranted to withhold the advantages of regional anesthesia when we have a large number of interested, educatable people who can learn to safely administer regional anesthesia.

This manual, however, is an inappropriate text for introducing regional anesthesia to nurse anesthetists. It is a cookbook, a by-the-numbers format of instruction. It essentially covers only the motor skill of lumbar puncture and two techniques of axillary block. The reader is referred to other texts for descriptions of anatomy, physiology and pharmacology. However, these disciplines are not trivial and cannot be gleaned, as suggested, by superficial perusal of a textbook.

An understanding of anatomy is essential to appreciate the three-dimensional relationships for successful needle placement. If this

could be obtained from the pictures in *Gray's Anatomy*, then anatomic dissection would not be needed in medical school. The physiologic beauty of spinal and peridural anesthesia is that untoward side effects can be explained by understanding the consequences of autonomic nervous system blockade. A knowledge of pharmacology of local anesthetics is necessary in order to use these drugs rationally and efficaciously. Ms. Roberts is aware of these propositions, but chooses to refer the reader to other texts rather than discuss them in her book. If this is to be a manual for nurse anesthetists who are learning regional anesthesia, then these topics deserve clear exposition.

The author's mechanistic approach is commendable in that a checklist of performance will reduce the chance of critical omission. On the other hand, she allows for little deviation from her prescription for drugs, dosage or regional supplementation. There is a lack of precise information relating spinal anesthesia drug dosage to patient height, type and dosage of premedicants, and variety of techniques for regional block supplementation. The author is to be commended for including frequent references to a humanistic approach to the patient.

The book title is misleading, since this is not a treatise of regional anesthesia but only discusses spinal anesthesia techniques with any degree of completeness. The book discusses two techniques for axillary block and dismisses peridural and caudal anesthesia in three pages. Stellate ganglion block or peripheral nerve blocks are not discussed.

The hardcover book is attractively designed with easily readable type. The prose style would benefit from careful editing to remove unnecessary words, jargon patterns, spelling errors and trite word grouping. The book lacks anatomic diagrams indicating precise points for needle insertion and placement.

With proper direction and supervision, nurse anesthetists can administer safe regional anesthesia. However, anesthesia is not a self-taught discipline, as this manual implies. The author makes frequent reference to the excellent regional anesthesia books of Moore, Lund and Greene. I suggest the neophyte in regional anesthesia would profit from consulting those books rather than this superficial, mechanically oriented, noncognitive effort.

MARK RAVIN M.D.
*Department of Anesthesiology
University of Kentucky
Lexington, Kentucky 40506*

Beyond Malpractice: Compensation for Medical Injuries. By NATIONAL ACADEMY OF SCIENCES. Pages: 88. Price: \$6.50.

This relatively brief monograph is a report by a steering committee the members of which are from the fields of medicine, hospital administration, and law, and from the lay public. The Division of Legal, Ethical and Educational Aspects of Health, the Institute of Medicine, and the National Academy of Sciences charged this committee to investigate current options available to compensate patients for injury related to medical care and to comment on future directions for policy and research.

The report is comprehensive and presents the current state of affairs in patient compensation plans, medical malpractice, state legislation addressing these problems and the potential impact of alternatives based on fault, pre-trial screening panels, arbitration,

medical adversity insurance, elective no-fault insurance, and social insurance approaches.

This monograph seems to support a patient's receiving compensation for an adverse medical reaction since it can be devastating financially to the patient and others involved. Though the consensus is that these costs should be shared by society in some equitable way, the panel does not conclude that any one specific way is best. Rather, the members list what might be advantages and disadvantages of each.

This monograph is suggested reading for those interested in medical malpractice contention and patient compensation plans. It is one of the more complete documents available that summarizes the current status of these affairs.

JEROME H. MODELL, M.D.
*Department of Anesthesiology
University of Florida
Box J-254, JHMHC
Gainesville, Florida 32610*

Why Not Say It Clearly. By LESTER S. KING. Boston, Little, Brown, 1978. Price: \$5.95. Pages: 186.

Bernard Shaw's definition of a drama critic, a man who leaves no turn unstoned, is apt to fit a reviewer too, especially when the book includes practical advice on the art of stoning. The reviewer feels challenged, like a grandmother receiving instructions how to suck eggs. In the present instance, however, belligerence quickly gives way to admiration, because the book is stocked with so many useful things the reviewer thought he knew but had either forgotten or never learned.

Dr. King, in presenting his views of what constitutes good expository writing and the ways to achieve it, places the emphasis on clarity, and documents his admonitions with examples of defects from the medical literature, accompanied by specific suggested improvements. He has chapters on the treacheries of honest words, starting to write, revising, getting finished, jargon, book reviewing, and last, on setting up a course in medical writing. There is also a chapter on style that manages to avoid quoting Buffon's "le style est l'homme même" but does reprint the brilliant parody by J. S. Gravenstein in which anesthesiologists are shown how to write in the manners, successively, of Carlyle, Hemingway, Macaulay, Samuel Johnson and James Joyce. "Hoopsa, gasablood, hoopsa, hoopsa."

King rouses one of the buzziest bees in my bonnet with the final sentence of his book, wherein he tells us what he hopes the book will achieve. This carries to an extreme the mannerism of biomedical writers of stating an article's purpose at the end of the introduction instead of at the beginning.

King's other lapses are two and far between. On page 115 the date of the founding of the Royal Society is given as 1660. The Society was chartered in 1663. And on page 171 "Quis custodiet custodes ipsos" erroneously transposes the last two words of a quotation from Juvenal. One real shortcoming is the absence of any discussion of the clarity and savings attainable by means of pictures and graphs. Nonetheless, King's sagacity as editor and exponent of scientific writing is apparent on every page and, since much of his material is drawn from medical journals, this enjoyable little pocketbook can be warmly recommended to have-been and would-be anesthesiologist authors.—B.R.F.