
This is a hard-bound volume with an attractive yellow cover illustrated with hand and leg cones. I was immediately taken by the title which uses conventional American spelling for anesthesia and the more formal British spelling for orthopaedic. I presume this improves the value of the book in markets on both sides of the Atlantic.

The preface suggests that the emphasis is on trauma and this emphasis is sustained in eight of the book's twelve chapters. These deal with multiple injuries, early postoperative mobilizations, fractured hip, fat embolism, respiratory support, cervical spine fractures, massive transfusion and hemophilia. The chapters which deal with problems other than trauma cover history of orthopaedic anesthesia, total hip replacement, plexus anesthesia, rheumatoid arthritis and pediatric anesthesia. The preface also emphasizes that the book is the work of the faculty of the University of Texas Medical School at San Antonio, where Dr. Zauder was formerly Chairman of Anesthesiology. The exceptions to this emphasis are the chapters on history by Betcher of New York, that on rheumatoid arthritis by Berstein of New York, and that on plexus anesthesia by Winnie of Chicago.

I feel that some elements of the book's contents deserve special comment. Betcher's chapter is a fascinating revelation of the development of anesthesia in orthopedics, written from his very special viewpoint, giving insights into the history of anesthesia which are unique. McFee and Franklin's chapter provides sound conservative advice on the evaluation and management of multiple injuries which is based on good information plus an obvious wealth of clinical experience.

The chapter on the fractured hip is a comprehensive review of anesthetic considerations in this group of patients. Dr. Stehling discusses the complication diseases of the heart, lung, liver, kidneys, thyroid, brain, anemia, obesity, fever, glaucoma and diabetics. She concludes with a variety of potentially useful anesthetic techniques and drugs without giving the reader much advice on how to choose. She does leave us with a solemn admonition to be careful. Dr. Stehling's work is precisely organized and well documented (224 references.) The chapter does contain an error in the interpretation of the oxyhemoglobin dissociation curve. Dr. Wilkins' chapter on fat embolism is also very well done, and leaves us with the conclusion that the only effective treatment is aggressive respiratory therapy and the possible addition of corticosteroids, but he does not give the dose.

The chapter on respiratory support is too brief to be very helpful, but so much has been written on respiratory care recently that the brevity is probably appropriate. The chapter on cervical spine fractures should be read by all trainees in anesthesia. Careless mismanagement of patients with known or unknown cervical spine fractures has repeatedly led to serious neurological sequelae and very large malpractice settlements.

While the book contains much of value for anesthesiologists and residents whose practices are composed of significant numbers of traumatized patients, I just wish they had not misspelled the title.

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The term "Hemodynamic Monitoring" in the title refers to the use of Swan-Ganz catheters. This monograph consists of 10 chapters by 15 authors. The chapters are divided into two groups. The first section deals with historical, physiological and technological aspects of hemodynamic monitoring; the second section is devoted to clinical applications. This monograph is the product of a symposium, held in May 1978, which was attended by "a cross-section of physicians, nurses and technicians." In order to cover such a broad and complex subject in the 140 pages of text, it is obvious that the discussions are superficial and brief. They are, in fact, geared more for the nurses and technicians than the physicians—particularly physicians involved in caring for critically ill patients. Moreover, the papers have been published previously in the September 8, 1979 issue of the Canadian Medical Association Journal. If this book has any worth, it is as a resource book for paramedical personnel working in critical care units; even then, because of the superficial discussions, its worth is limited.

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Based on the premise that all anesthetic agents produce ill effects and that general anesthesia is a state of "iatrogenic illness," the author sets out to describe such effects against a background of normal physiology, so that the clinician may "understand, anticipate and avoid them."

Structured uniformly throughout, each chapter commences with a summary with the relevant physiology followed by a review of the disturbances engendered by anesthetic agents. Individual chapters deal with such effects on the central nervous system, circulation, respiration, renal, hepatic and endocrine function and cell division.

In an introductory chapter "Perspectives" the author nails his colors to the mast and concludes the book with one entitled "Summation." In the former and indeed throughout the book, one senses a degree of sophism in the author's use of terms such as "toxic" and "pathologic," while he concludes in his "Summation" with an expression of opinion that this reviewer can only regard as unfortunate. If one accepts that the state of anesthesia is a reversible depression of cerebral perception and function, then such action by anesthetic agents on the CNS is their primary