

Humidification of Anesthetic Gases. By JACK CHALON, M.D., MAHGUL ALI, M.D., HERMAN TURNDORF, M.D. and GLENDA KLEIN FISCHGRUND, M.P.A. Springfield, Illinois, Charles C. Thomas Publisher, 1981. Pages: 138. Price \$17.50.

As stated in its Preface, "The intent of this book is to attract the attention of anesthesiologists and to awaken in them an interest in the subject." Following a discussion of the effects of humidity in anesthetic gases the book's basic message appears in Chapter 2: ". . . patients undergoing general endotracheal anesthesia should not receive unhumidified gases if anesthesia is to last over one hour." Research studies indicating that humidification prevents damage to the respiratory mucous membrane, reduces postoperative pulmonary complications, and eliminates postanesthetic hypothermia and shivering are cited in support of this premise. In a concluding section the authors predict, ". . . a time will come when the humidification of anesthetic gases will become mandatory," although they recognize possible dangers, including hyperthermia, and advise vigilance by the clinician.

A large portion of the text (73 out of 109 pages) describes instrumentation and methods of utilizing existing, modified and improved equipment to add moisture to inspired gases in various types of anesthesia delivery systems. Surprisingly, little or no data is presented

utilizing a completely closed system for the delivery of anesthetic gases. The best method to conserve water vapor, heat, and exhaled anesthetic gases is to employ a total rebreathing system.

Perhaps for the sake of brevity the authors have avoided statements of an introductory, summary, or expository nature among and between the thirteen short chapters. The lack of transitional elements deprives the book of continuity and adversely affects both style and readability. Tables and illustrations are uniformly clear and legible. Indexing is not comprehensive, *e.g.*, cross references are not given and subentries are not indexed separately.

The authors state in the Preface that this work is to be a teaching manual for anesthesia residents and a reference book. Its format belies the former intent, while its scope portends limited use as a reference book. Some readers may question the devotion of a book to such a topic, but the authors address a subject that does require interest and attention within the specialty.

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