

BOOK REVIEWS

Edward Lowenstein, M.D., Editor

Cardiac Anesthesia. BY T.J. CONAHAN III. Reading, Massachusetts, Addison-Wesley Publishing Company, 1982. Pages: 340. Price: \$29.95.

The author has produced an informative guide for the anesthetist to negotiate the maze of cardiac anesthesia for the first time.

For precise anesthetic management, the anesthetist must be conscious of the status of the patient, cognizant of surgical procedure, and aware of effects of anesthetic drugs. The 15 chapters in this book discuss in a compact manner, preoperative cardiologic evaluation, surgical considerations, extracorporeal circulation, and postoperative intensive care. There is a wealth of pertinent information. Anesthetic implications are indicated as well as many practical hints. A list of topics with page numbers at the beginning of each chapter facilitates the search for information.

Intraoperative anesthetic management is described in two appendices—one for an inhalation technique and one for a narcotic technique. This practical approach is assuring and helps the new resident settle amid all the activity. It is unfortunate that a textbook on cardiac anesthesia does not include a discussion of the effects of drugs used in anesthesia on the cardiovascular system.

The author has produced the basic text that fills the gap he observed, and the beginning anesthetist will be less apprehensive when equipped with the wealth of information provided in this book.

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Ambulatory Anesthesia Care. Vol 20, No. 1. EDITED BY SYBIL W. WOO, M.D. International Anesthesiology Clinics; Boston, Little, Brown and Company, Spring 1982. Pages: 168. Price: \$40.00 per year subscription rate (Hard cover).

This is a short, multiauthored summary of several aspects of outpatient anesthesia. Like other multiauthored works, it reflects variable depth of analysis of subject matter. For example, there are reasonable overviews of pediatric, gynecologic, and geriatric ambulatory anesthesia, and also a detailed pharmacologic comparison of several intravenous induction drugs. Unfortunately, most of the drugs discussed are unavailable commercially in the United States. The chapter on inhalation anesthetics fails to mention isoflurane, which surely has an important place in ambulatory anesthesia in 1982.

Many anesthesiologists will be reassured to have a current reference for the use of axillary block, epidural, or spinal anesthesia in an ambulatory setting. Also, reasoned arguments support scheduling of Class I, II, III, and even IV patients for ambulatory surgery. There are data regarding the safety of ambulatory anesthesia care. This will serve anesthesiologists interviewing apprehensive prospective patients.

Techniques are described for obtaining information from patients preoperatively: for example, by telephone the night before surgery, or by a history and physical examination performed by the anesthetist on the day of surgery. This will surely help those anesthesiologists trying to improve ambulatory anesthesia care when surgical outpatients are mixed with inpatients in a busy surgical schedule.

In summary, this work is of use to the practicing anesthesiologist who wants guidance on what kinds of patients, what types of anesthesia, and what preparations and risks are acceptable for ambulatory anesthesia.

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Obstetric Anesthesia: The Complicated Patient. EDITED BY FRANCIS M. JAMES III AND A. SCOTT WHEELER. Philadelphia, FA Davis Co., 1982. Pages: 372. Price \$40.00.

The complexities of obstetric anesthesia have grown with the improved medical and obstetric care which allows more parturients with severe systemic disease to reach term gestation. As more experience is gained with these and other high-risk parturients, ready access to comprehensive information about their management becomes very desirable. Information of this nature is provided by this text.

The sixteen chapters are written by persons well-recognized in the fields of obstetric anesthesia and obstetrics. The initial chapter presents fetal monitoring, with a concise and thorough description of biochemical and biophysical monitoring techniques for both antepartum and intrapartum use. For obstetric anesthesiologists who are not primarily responsible for these evaluations, this chapter is an excellent source of information for understanding how the monitoring techniques are performed and interpreted. Next, fetal distress is discussed from the viewpoint of etiology, classification, and obstetric and anesthetic management. Although most causes of fetal distress are mentioned, the emphasis is appropriately placed on maternal hypotension, umbilical cord compression, uterine hyperactivity, and local anesthetic toxicity, and not on fetal distress due to specific diseases (as discussed in later chapters). However, the cases used to illustrate chronic and subacute fetal distress in preeclampsia and eclampsia would probably be managed somewhat differently if recommendations in a later chapter of the text are followed (*i.e.*, use of hemodynamic monitoring and intravascular volume expansion). Some may also question the recommended use of oral particulate antacids (and possibly iv atropine) immediately prior to induction of general anesthesia for acute fetal distress.

Subsequent chapters consider the high-risk parturient with neurologic, cardiac, respiratory, renal, endocrine, or hematologic disease, with separate chapters for diabetes and pregnancy-induced hypertension. Where appropriate, pertinent information on the normal physiologic characteristics of the organ system(s) under consideration and changes which occur during pregnancy are presented, in addition to discussion of the pathophysiologic features of the disease state, the effects of the disease on pregnancy, the effects of pregnancy on the disease, and the considerations for obstetric and anesthetic management. The etiology and management of the bleeding and febrile parturient are considered in separate chapters, as well as management of preterm delivery, and breech and multiple gestations. The penultimate chapter deals with maternal, fetal, and neonatal implications, and management of the drug-addicted parturient. The final chapter considers anesthesia for surgery during pregnancy, reviewing the maternal