

**Catherization Techniques for Invasive Cardiovascular Monitoring.**

BY CASEY D. BLITT, M.D. Springfield, Charles C. Thomas, 1982. Pages: 110. Price: \$28.75.

The book is said to be written for both novices and experts. Most "experts" will learn little new, whereas novices will be introduced to some of the many aspects of invasive monitoring. While a great deal of time is spent discussing various types of catheters, almost no mention is made of transducers and monitors which often nullify the validity of data obtained. While it is acknowledged that "experts" have idiosyncrasies with their special techniques, this book does represent many of the authors' idiosyncrasies, as well as their biases. "A reasonable proportion of pediatric patients require a cutdown" for an arterial line is a misstatement of fact, as far as pediatric cardiac anesthesiologists and intensivists are concerned. While on occasion it may be true that "central venous pressure can be obtained accurately using a simple water manometer," frequently this is not the case. While it is said that "sterile technique should be used (skin prep and gloves)" in inserting a brachial vein CVP, the picture shows the operator wearing no gloves. A picture of a Swan-Ganz catheter shows a 3-ml syringe attached to the balloon. One of our idiosyncrasies is that this is not acceptable (a 1-ml syringe is utilized). The picture showing the proper set up for the continuous flush system is incorrect.

In discussing CVPs in pediatric patients, no mention is made of the Cooke catheter which is an exceedingly useful device. The degree of emphasis on the various routes of catheterization is skewed toward the external jugular approach. The subclavian approach is almost condemned, and the statement that Swan-Ganz insertion through this site is difficult is incorrect. Left out among the lists of complications are: 1) arterial disconnect causing blood loss; 2) stroke secondary to carotid or subclavian artery puncture; and 3) heart block secondary to PA catheters. Listed as number one under the specific indications for PA catheters is "abdominal aortic aneurysm resection." Although this may be an indication under certain circumstances, the standard of practice does not dictate a "Swan-Ganz" for every abdominal aneurysm resection.

The book is in a format that provides easy reading and many illustrative photographs. The bibliography is one that has been carefully selected. This is a useful introduction to the subject of invasive hemodynamic monitoring and may be a useful reference book for each teaching department's library.

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**Pulmonary Medicine, Second Edition.** BY CA GUENTER, MH WELCH. Philadelphia, JB Lippincott Co., 1982. Pages: 963. Price: \$75.00.

This book differs most from its competitors by describing pulmonary medicine almost exclusively through the eyes of clinicians. In no other textbook have I encountered such detailed, chronological descriptions of patients presenting to physicians with problems of respiratory failure or chest trauma. The reader is taken step by step, both in the text and the tables, through serial evaluations of the patient. The book covers ideas with which experienced clinicians struggle, such as the timing of the discontinuation of mechanical ventilation and the classification of patients with sleep apneas. Also covered are fundamentals, such as appropriate oxygen concentration for patients in respiratory failure.

Another example of the clinical bent of the book appears in the chapter on lung cancer. Rather than bludgeon the reader with information on the pathology of the various tumor types, the author elucidates the clinical manifestations of lung cancer according to its location. Thus, before the reader learns that two-thirds of subpleural tumors of the superior sulcus are squamous cell carcinoma, he learns that people who have persistent shoulder pain should have a chest radiograph. This is the type of good advice with which the book is filled.

I also have complaints, although the first edition did help me pass the Boards in Pulmonary Medicine. The book contains only sparse discussions of common clinical situations encountered on a pulmonary consulting service. While there are 38 pages about tuberculosis (including seven regarding extrapulmonary tuberculosis), there are less than two concerning drug-induced pulmonary disease, and only one paragraph on ventilation-perfusion scanning. Tuberculosis is now virtually a "social disease." The clinician has only to order the right test, and the patient has only to take his drugs. Is that worth 38 pages? On consultation rounds, we talk endlessly about compromised hosts taking chemotherapy and the worth of nuclear medicine studies.

I believe this book is the best of the pulmonary medicine books available. The references (some from 1981) alone make it worthwhile for persons at all levels of training, but I especially recommend it to all aspiring lung doctors.

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**Research Techniques in the Rat.** BY CLAYTON PETTY, M.D. Springfield, Charles C Thomas, 1982. Pages: 368. Price: \$36.75.

This remarkable compendium summarizes and illustrates literally hundreds of experimental methods designed to extract medical information from the rat. The author outlines the steps of each procedure and the claims accompanying the descriptions in the 859 cited articles. His anthology undoubtedly will save other students and investigators many precious hours of library search time. Every laboratory that studies rats needs this book.

The topics covered run the gamut from Anesthesia to Miscellaneous, via Cardiovascular, Blood, Gastrointestinal, Nephrology, Respiratory, Neurological, Exercise, and Surgery. Unfortunately, there is one glaring omission. Not a word is said about the humane care of the rat.

My erstwhile teacher, J. B. S. Haldane, discussing the possibility that mankind might become extinct, was reported as saying, "If this happens, I venture to hope that we shall not have destroyed the rat, an animal of considerable enterprise which stands as good a chance as any other of evolving toward intelligence" (*New York Times*, 25 July 1957). Haldane did not say whether he expected his higher rodents to turn the tables on us and develop model humans on which to study inhumanity.

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