

BOOK REVIEWS

Edward Lowenstein, M.D., Editor

Drug Disposition in Anesthesia. BY DONALD R. STANSKI AND W. DAVID WATKINS. New York, Grune and Stratton, 1982. Pages: 203. Price: \$24.50.

Until now, anesthesiologists have had to turn to pharmacology textbooks to gain information about the pharmacokinetics of drugs commonly used in anesthetic practice. When doing so, the reader has become immersed quickly in equations, diagrams, and discussion of compartments, clearances, and volumes of distribution for a variety of drugs not used by anesthesiologists. Stanski and Watkins have focused their attention on drugs such as thiopental, curare, pancuronium, and fentanyl and have used these drugs to examine pharmacokinetic principles in anesthetic practice.

The first two chapters examine the basic concepts of pharmacokinetics and biotransformation. While equations and curves frequently are displayed, they are concise and well explained. The use of diagrams and tables helps the reader build his own framework of reference for application to drugs. The biotransformation section successfully summarizes a vast quantity of data in this rapidly expanding area. The references are up-to-date and allow the reader more depth if he so chooses. A good understanding of these two chapters allows for a meaningful interpretation of the following four chapters.

These last four chapters set this book apart from many others. They deal with intravenous anesthetics, muscle relaxants and cholinesterase inhibitors, narcotics and naloxone, and the benzodiazepines. The commonly used drugs in these categories are discussed in detail. For example, the pharmacokinetic differences between methohexital and thiopental are illustrated. As the authors rightly point out, however, the clinical studies do not demonstrate such clear-cut differences. Suggestions for the disparity are offered, and the nature of additional studies necessary to resolve these differences is characterized. The other chapters are similar in their approach.

Stanski and Watkins have written a textbook on the drugs currently in use in our anesthetic practice. The book is an excellent reference source. It is concise, relevant, and synthesizes a body of information that allows the administration of anesthesia to be more scientific. It will appeal to both the novice as well as the experienced practitioner.

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Thoracic Anesthesia. EDITED BY JOEL A. KAPLAN, M.D. New York, Churchill Livingstone, Inc., 1982. Pages: 762. Price: \$79.00.

The anesthetic management of the patient undergoing thoracic surgery is unique in many ways. If it is to be done properly, anesthesia for thoracotomy requires an understanding of the physiology of one-lung ventilation, the special problems of the patient with pulmonary and often co-existing cardiac disease, and the techniques that will bring the patient safely through the operative and postoperative period.

The goal of *Thoracic Anesthesia*, as stated in its preface, is to improve the anesthetic care for patients undergoing thoracic surgery. Although several British books have been available on this subject, an American text on anesthesia for thoracic surgery as practiced in this country has been awaited for a long time.

Dr. Kaplan's *Thoracic Anesthesia* is a comprehensive, up-to-date, easy-to-read overview of this rapidly emerging anesthetic subspecialty. The book is organized into five sections that cover all aspects of thoracic

anesthesia. These sections are 1) "Thoracic Anesthesia and Surgery"—the history of thoracic anesthesia and a review of thoracic surgery; 2) "Assessment of the Patient"—including the preoperative evaluation and preparation of the patient and intraoperative monitoring; 3) "Cardiopulmonary Physiology"—emphasizing the pulmonary circulation and the physiology of one-lung ventilation; 4) "Specific Anesthetic Considerations"—describing the appropriate management of specific procedures, and 5) "Postoperative Intensive Care"—with an emphasis on the latest techniques for postoperative ventilation. Surgeons, pediatricians, internists, and radiologists, as well as anesthesiologists, contributed chapters in their individual areas of expertise. Like all multiauthored texts, there is some variability in clarity and expression between chapters but to a lesser degree than many other books with 25 contributing authors. Some of the chapters are concise and deal with a specific problem; e.g., the chapters "Anesthesia for Bronchopleural Lavage" and "Endobronchial Intubation." Other chapters cover whole fields, such as the chapters "Thoracic Surgery" and "Radiology of the Chest." These reviews are complete and could be published independently as monographs. All the chapters are referenced thoroughly for those interested in reading further on a particular subject.

There is little this reviewer found fault with in this book. The tables and figures in chapter 9 (Anesthesia for Thoracic Diagnostic Procedures) are presented several pages beyond the text to which they refer. The reader constantly must look ahead to the tables, then turn back to continue reading. Occasionally, an author will make a statement or describe a technique that could be challenged. However, this is to be expected, because the text reflects the experience of the individual authors. My most serious criticism of the book is its failure to adequately describe the management of postoperative pain. This extremely important subject is covered in only a few paragraphs. Recent advances, particularly with the use of epidural narcotics and cryoanalgesia to the intercostal nerves, as well as the older, more conventional methods of pain relief, require more extensive discussion. I hope future editions will cover this subject in the detail it deserves.

Dr. Kaplan states that *Thoracic Anesthesia* should serve as a useful source of information, not only for anesthesia residents and fellows, but also for practicing anesthesiologists, intensivists, pulmonary medicine physicians, and thoracic surgeons. In preparing this review, I asked several of our residents who had read *Thoracic Anesthesia* for their opinions about it. They all praised the book and felt that for their level of training, it was well worth reading—an important critique for a textbook by one segment of the audience for which it is intended. The book now is required reading for our residents during the month they spend on their "thoracic anesthesia rotation."

As a reference book covering the entire field of thoracic anesthesia, this book has few equals. It will long stand as "The Text" for anyone interested in providing optimal care for the patient undergoing thoracic surgery. I highly recommend it to anyone involved in the anesthetic management of these patients.

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How to Write and Publish Papers in the Medical Sciences. BY EDWARD J. HUTH, M.D. Philadelphia, iSi Press, 1982. Pages: 203. Price: \$11.95 (soft cover) and \$17.95 (hard cover).

The author of this book unquestionably is qualified to advise would-be authors of medical science papers. Dr. Huth currently is Editor of *Annals of Internal Medicine*, and over the years he has had

considerable influence in guiding editorial policies for medical science publications in general. He now presents the distillate of his years of experience in this compact, readily digestible text that describes the "nuts and bolts" of how to write and publish a scientific paper.

Although directed primarily at the novice, even experienced authors can learn a few tricks about their trade from this book. The author offers information ranging from the purely objective (*e.g.*, how to search the literature) to the mostly personal (*e.g.*, how to beat that old bugaboo "writers block"). He considers separately the problems and solutions involved in writing research reports, case reports, review articles, editorials, book reviews, and letters to the editor. Also included are tables of commonly accepted abbreviations and symbols, tables of proofreaders marks, examples of the proper format for different types of references, and a comprehensive annotated bibliography for the serious student who wishes to pursue the art of writing scientific papers. Although I occasionally disagreed (mildly) with some of the advice offered or wished that the author had provided a more detailed rationale for certain recommendations, I am not hesitant in recommending this book for all but the most experienced authors of medical science papers. At a minimum, this book should be readily available in every departmental library. Every resident or young staff member who proposes to author a scientific paper should be encouraged to review this text first; by so doing he or she will avoid much wasted time and effort. Admittedly, there is an element of vested interest to be found in this advice. The vexations inherent in the job of editor are many (so too the rewards)—none exceed those encountered when dealing with an ignorant author. It is abundantly clear to all who have had such an experience that a medical education in no way imparts skills or knowledge concerning the process of writing scientific literature. This book offers a giant first step for doing so.

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Common Problems in Pediatric Anesthesia. BY LINDA C. STEHLING.
1982. Pages: 361. Price: 35.00.

"This is a most refreshing book." After writing this phrase, I noticed that Dr. Jackson Rees, in his foreword, also used the word "refreshing" to describe Dr. Stehling's new contribution. It seems to fit exactly.

A collection of case studies is not unique, even in the field of pediatric anesthesia. However, this offering of 63 problems set before 61 different discussants is outstanding. The problems are diverse and challenging, the large group of authors sparkles with bright new faces, and their comments are superb.

The subject matter is divided into sections dealing with neonates, infants, and children. The problems relate chiefly to the anesthetic management of patients having known preoperative abnormalities or facing specific operative procedures. Some are familiar problems that have irritated us for years, such as children with Pierre-Robin syndrome, posttonsillectomy bleeding, or appendicitis. However, the experts usually offer new approaches to old problems, or we find that there is a second factor to consider, *e.g.*, the child with Pierre-Robin syndrome also has the Stickler syndrome, or the one with appendicitis happens to have Prada-Willi syndrome, and so on.

It is pleasing to find that space is made for such mundane topics as preoperative questionable upper respiratory infection and extreme fear of needles. These important everyday problems seldom are considered adequately in formal circles. Pertinent problems include management of premature infants or those who had respiratory distress

syndrome for herniorrhaphy, and anesthesia on children with cardiac defects, mental retardation, or seizures who are seen on an outpatient basis. Some problems considered are read about more frequently than seen. These include diaphragmatic hernia and sacrococcygeal teratoma, but they are subjects in which all pediatric anesthesiologists must be schooled thoroughly. Finally, there are discussions of a few non-operative problems, definitely within the field of interest of any pediatric specialty, such as Reye's syndrome, near drowning, and drug overdose.

The discussants, chosen from 22 hospitals in Canada and the United States, have done a remarkable job. Their comments, though varying in length from three to 10 pages, are surprisingly alike in form and excellence. Each has presented a review of material pertinent to the case, sometimes genetic, anatomic, pharmacologic, or other, with an economy of words rarely equaled. To one who is troubled by chronic verbosity, such succinct style is a delight to encounter. The opinions are expressed uniformly in a positive rather than dogmatic manner, giving the impression that, although theirs is not the only method, it is one that has been put to the test and found reliable.

I was particularly impressed by the fact that there were so many individuals who could speak with such authority and apparent familiarity about many problems that I have found rather challenging.

It is difficult to find anything serious to criticize in the book. The views expressed all seem to be sound and entirely consistent with the standards of teaching on this continent. There is little difference in concepts. The reader finds practically identical treatment of comparable situations and that similar practices are repeated over and over again, with the precordial stethoscope—praise be to God—strapped on every patient. Monitoring is modern but not exuberant. I was surprised to find central lines so popular and pleased that flotation catheters rarely were mentioned.

I should like to have seen more references. Some experts gave none at all. Although Dr. Stehling states in her preface that she wanted them to be limited, it seems only fair to give the reader a few leads for further information when topics that are new, unusual, or controversial are discussed.

The entire cast and publishers deserve credit for the near perfection of the final product. The book is put together attractively.

I believe that this small book should be of great interest to anyone who is involved either remotely or deeply in pediatric anesthesiology.

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Neurological and Neurosurgical Intensive Care. EDITED BY ALAN L. ROPPER, M.D., SEAN K. KENNEDY, M.D., NICHOLAS T. ZERVAS, M.D. Pages: 304. Price: 34.95

For most of medical history, the patient with a serious neurologic or neurosurgical disorder was relegated to a small room at the end of a dark corridor. This situation changed with the introduction of the neurosurgical recovery room and with the polio epidemics of the early 1950s, which, together, gave birth to our modern specialized intensive care units (ICU). Neurointensive care has, in turn, drawn on the expertise of many disciplines, particularly including neurology, neurosurgery, anesthesiology, and internal medicine. With the growth of modern neurosurgery and with the unending stream of head trauma, these units often are among the busiest in the general hospital.

Given the expanding importance of the modern "Neuro-ICU," it is somewhat surprising that there have not been more books dealing