Much of the chapter on conscious sedation is a primary text discussing the general subject and is not well designed as a discussion of sedation specifically for fiberoptic endoscopy. For example, although the use of propofol, midazolam, and fentanyl are well discussed, some other pharmacologic agents that clinicians may find helpful are not (*e.g.*, ketamine, droperidol). Following are chapters dealing with various aspects of the topic such as the adult, obstetric, and pediatric airways, bronchial endoscopic techniques, and critical care endoscopy. Important clinical teaching gems that are often overlooked by practitioners (*e.g.*, "this [jaw thrust] maneuver is vital, constituting the most important step in fiberoptic intubation under anesthesia.") are included throughout these chapters. Subsequent chapters deal with the difficult airway, with updated areas such as endoscopy using the laryngeal mask airway (LMA) and esophageal airways. Although the LMA is given a specific chapter (which is good), the previous chapter dealing with management of the difficult airway mentions the LMA sparingly, and because the textbook was published in 1996, the older (1993) ASA algorithm, which does not incorporate the LMA, is displayed.

In addition, extubation of the difficult airway, an area relatively unexamined by other writers, is given careful and detailed commentary. Dr. Ovassapian concludes his book by demonstrating his competency as a teacher with the chapter "Learning Fiberoptic Intubation Techniques." Even the most inexperienced practitioner, after reading this chapter and using some guided instruction, should be able to perform airway endoscopy with greater confidence.

In summary, Dr. Ovassapian's new textbook is a valuable addition worth its price to any operating room or intensive care unit bookshelf because of its unique and well-constructed content. It is not without significance that the "A" in ABC (airway, breathing, circulation) comes first. When confronted by the rare difficult or compromised airway, it is of critical importance that the clinicians be as well educated as possible in the evaluation and management of this subject.

Timothy N. Harwood, M.D.
Assistant Professor
Department of Anesthesiology
Bowman Gray School of Medicine
Winston-Salem, North Carolina
27157-1009
tharwood@bgsm.edu

Image Guided Pain Management. Edited by P. S. Thomas. Philadelphia, Lippincott-Raven, 1996. Pages: 160. Price: $75.00.

The author had the right idea by attempting to produce a guide for interpreting the position of catheters and needles when using radiologic instrumentation for nerve blocks. The final product, however, falls short of its goal to some extent for a series of reasons.

First, the copy editing of the chapters failed to detect many significant typographic and syntax errors throughout the textbook. Second, the quality of many radiographs is so poor that it is difficult to identify the anatomy. Other pictures show trivial aspects of the block and should have been omitted or replaced with more images of needles or contrast near target structures. Most problems in image clarity are a result of overexposure of the picture compounded by further copying for publication. Third, the title is somewhat misleading as it implies that pain management is the topic. In actuality, the book deals with nerve blocks. Fourth, I believe that a cost of $75.00 is too high for the amount of information presented (almost 50¢ per page of text compared with Bonica's textbook at about 11¢ per page).

The book is divided into 21 chapters—19 of which deal with a particular type of block. The first two chapters describe the principles of radiologic technology and contrast media and are basic but useful as a synopsis. Most chapters are about six pages long (the book is only 6″ × 9″). Thus the informational content is sketchy. I did not find many of the photos to be as helpful as I anticipated, and the same photo is used in consecutive chapters separated by only four pages. Other pictures such as a woman lying in the prone position with a pillow under her abdomen seems trivial and a waste of page space.

The strong chapters in the book deal with celiac plexus, hypogastric plexus, lumbar sympathetic, and glossopharyngeal nerve blocks. On the other hand, one chapter dealing with intraarticular facet blocks shows no images but pen and ink drawings of skeletal structures similar to a Labat text on regional anesthesia.

Overall, the book is somewhat disappointing and relatively expensive to recommend purchase. However, for those who spend the majority of their pain practice in a radiology suite, a perusal of this text may provide specific information on esoteric blocks that may improve their outcome success. Hopefully, the author and publishers will endeavor to use this critique to improve on a second edition because the concept of the book is a useful topic for interventional pain practitioners.

Mark J. Lema, M.D., Ph.D.
Chair of Anesthesiology and Pain Medicine
Roswell Park Cancer Institute
Associate Professor & Vice Chair of Anesthesiology
SUNY at Buffalo School of Medicine and
Biomedical Sciences
Buffalo, New York 14263

Critical Care Management Case Studies: Tricks and Traps. By G. R. Park and M. R. Pinsky. London, W.B. Saunders Company, Ltd., 1997. Pages: 304. Price: $29.95.

This book, although modest in cost and size, provides a nice overview of the field of critical care medicine using a case study format. The authors have positioned this textbook nicely between encyclopedic references and brief "clinical pearls" -type monographs. The main body of the textbook is approximately 275 pages. It is divided into 11 main sections, in which 3–6 case-oriented topics related to each section are presented. The case histories illustrate key principles related to the main section topic. Each clinical case history is followed by one or more clinical "traps," which are designed to indicate potential pitfalls that can occur in the management of the specific case under discussion. The traps are then followed by "tricks," which explore the conceptual framework that is used to correctly manage the clinical scenario presented in the case discussion. Each section concludes with a clinical follow-up evaluation of the case that was originally presented, highlighting the importance of both initial steps