

## REVIEWS OF EDUCATIONAL MATERIAL

workers, must all personnel be tested for HIV, and is it necessary for them to inform patients of their HIV status because this would jeopardize the future of their practice? Do patients known to be HIV-positive have to disclose their HIV status to their physicians? These were some of the difficult topics debated by CDC officials in trying to formulate new recommendations to prevent HIV transmission to patients. Any new practice recommendations had to protect patients from infection but also had to protect the rights of health care personnel. In July 1991, the CDC published their recommendations for preventing HIV transmission to patients.

Although there was input from expert consultants, from concerned citizens, and from organizations representing health care workers, the CDC recommendations were controversial and not readily accepted. Because the CDC was established as a federal agency for monitoring the health of the US population, it was granted no regulatory or enforcement powers, and therefore, it is only able to make recommendations, which may not be accepted by the medical community and not implemented. This was the case with the HIV recommendations because they did not completely satisfy the public or organizations representing health care workers. As a result, the issues have been taken to the legislative and judicial branches of the federal and state governments in an attempt to clarify the situation. Rom crystalizes the salient points in each side's argument and concludes his book with his personal recommendation for what should have been done to resolve the controversies.

The book clearly presents information about the Bergalis investigation as it unfolded for officials at the CDC and the difficulties that they had in dealing with the implications of this case. It is well written with extensive references to primary data sources. The book is worthwhile reading for anyone interested in the epidemiology of HIV transmission in the health care setting, the details of the CDC's role in this area of health policy, or the challenges associated with making public health decisions regarding HIV. The HIV epidemic has had a profound effect on many aspects of life in the United States and has been a stimulus for examination of public health policy. This book chronicles the debate and reminds us of the enormous challenge of protecting the health and rights of patients and health care personnel.

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**Drugs in Anaesthesia and Intensive Care, Second Edition.** By Martin Sasada and Susan Smith. New York, Oxford University Press, 1997. Pages: 402. Price: \$34.95

Many anesthesiologists choose to carry a small pocket manual of the drugs most often encountered in clinical practice. For these physicians looking to replace their outdated or tattered "peripheral brain," a good choice will be the new edition of *Drugs in Anaesthesia and Intensive Care*. The updated version of this manual is well designed for the clinical environment: it is softbound with a splash-resistant plastic cover and easily fits into a labcoat or scrub suit pocket. Inside, the reader will find a description of 180 drugs, listed in alphabetical order, and all tersely

summarized in a consistent format. After the generic drug name, a one- to three-page discussion highlights (1) clinical uses, (2) chemical classification, (3) commercially available preparation, (4) fundamental clinical, cellular, and molecular pharmacologic actions, (5) routes of administration and dosages, (6) pharmacodynamic effects on major organ systems, (7) toxicity and side effects, (8) pharmacokinetics, and (9) special points. This last section, *Special Points*, might better be termed *Clinical Pearls*, because it is in these closing remarks that the clinical anesthesiologist, who is largely familiar with most of these drugs, will be reminded of the key issues to guide safe practice.

Having this book in my possession for several months before the editorial office expected my review, I took the opportunity to pass the manual around to several colleagues for their input. Four staff anesthesiologists, one fellow, and one resident carried the book for 1 week while working in the intensive care unit. Although their comments confirmed several of my biases, they had a few additional insightful observations.

The two trainees found this book more helpful than the attending staff. This did not surprise me because Sasada and Smith intended this work to help the anesthesia resident (registrar) prepare for written and oral examinations. Although one would not read straight through this book as a study guide, using it regularly during a training period would likely reinforce the essentials of drug usage and inculcate "an ordered scheme for the presentation of information." The authors believe this approach to be valuable when preparing for the qualifying examinations; I would agree.

The alphabetical listing of drugs gives the book a simple and logical organization, but this approach makes it harder to search for alternative drugs within the same class or clinical application. The two indexes are not of much assistance either. The *Index of Drug Derivation* provides chemical classifications, but how often does a physician look up *aryloxypropranolamine* to find *esmolol* or *pipecoloxylidide aminoamide* to locate *ropivacaine*? The task of searching and cross-referencing thus falls to the *Index of Medical Uses*. Unfortunately this index is not nearly as complete as one might hope. For example, *inotropic support* sends the reader to dobutamine and isoprenaline (isoproterenol), but fails to cite adrenaline (epinephrine), aminophylline, dopamine, dopexamine, digoxin, enoximone, ephedrine, glucagon, metaraminol, or noradrenaline (norepinephrine)—even though all of these drugs are listed alphabetically in the manual. One final comment on drug searching needs mentioning. Although the trainee or even the practicing clinician will be served best by using generic names in all written and oral communication, the reality of clinical practice requires familiarity with trade names of pharmaceuticals. This is my opportunity to ask that the authors include these in their next edition, so that readers on both sides of the Atlantic Ocean can find what they need in this handy volume, whether they look up *Xylocaine*, *lidocaine*, or *lignocaine*. By incorporating these changes, which will facilitate the reader's search for a specific and appropriate therapeutic agent, *Drugs in Anaesthesia and Intensive Care* would be an even better choice for anesthesiologists and intensivists looking for a useful and affordable pocket manual.

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