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Perioperative Drug Manual, 2nd Edition. By Paul F. White, Ph.D., M.D. Philadelphia, Elsevier Saunders, 2005. Pages: 542. Price: \$54.95.

This second edition of the Perioperative Drug Manual by Paul White presents a succinct description of the key characteristics of the majority of drugs (approximately 750) that anesthesiologists are likely to encounter in practice. Both drugs that the anesthesiologist uses and those that patients are likely to be taking preoperatively are covered, including antineoplastic, antiviral, and herbal medicines. A key feature of the book is its compact size, which enables it to be kept handy for an at-a-glance reference in the anesthesia machine, recovery room, or some other convenient location, although it is slightly too big for a pocket reference. The book's format is one of its major strengths.

The Table of Contents reveals that the book is organized alphabetically by drug category: antiarrhythmics, calcium channel blockers, opioid agonists and antagonists, and so on, while the index lists all drugs by both their generic and trade names. Forty different drug categories are included, making the monograph comprehensive. Information regarding a particular drug or a treatment for a particular problem is readily available. Within broad categories, the drugs are listed alphabetically, with the generic name of the drug highlighted and in bold. The description of each drug is concise but includes the trade name, indications, pharmacokinetics, pharmacodynamics, dose, contraindications, drug interactions, and key points. The pharmacokinetics section provides the time of onset after intravenous administration (and oral administration when appropriate), the time to peak action, and the duration of activity. Useful information, including the volume of distribution and the $T_{1/2\beta}$ or elimination half-life, is also provided. This latter information, which otherwise might be difficult to access quickly, might be useful especially in cases of drug overdose or prolonged administration in the intensive care unit. In some instances, the author rather heroically even comments on the ability of the substance to occur in breast milk and cross the placenta and blood-brain barrier. In addition, a brief comment is provided on its metabolism (hepatic and, in some instances, whether a cytochrome P-450 is involved) and secretion into the urine and feces. This section is to be commended for the abundance of information it squeezes into a limited space.

In the pharmacodynamics section, the clinically important effects of the drug on various organ systems are described. Particular attention is paid to alterations of the central nervous system, cardiovascular system, gastrointestinal tract, lungs, and kidneys. When well established, the mechanism of drug action is succinctly described. For example, esmolol is described as a short-acting, selective β antagonist. Consultation of this handbook should assist the clinician in rapidly understanding the pharmacologic effects of the drug of interest. The dosage section is self-explanatory and adds to the value of this book as a quick reference for personnel needing to refresh their memories on an infrequently used drug. When known, a dosage for children is stated.

In the updated and revised second edition, a valuable new Key Points section has been added. The author describes in a sentence how the drug may interact with anesthetics in both the short and long term and what precautions, if any, should be observed. This information is intended to enable the clinician to provide a safer anesthetic in an environment in which many new drugs are being introduced. This objective is likely to be achieved. There is expanded coverage of blood substitutes and all new sections on transplant drugs and herbal medicines. The appendix has a table for nonopioid and opioid analgesic combinations to demystify the myriad of analgesic combinations available.

Although this is an excellent monograph, there are some shortcomings. In the next edition, a table of narcotic equivalencies would be helpful, as would inclusion of the properties of some other adjuvants

used intraoperatively, such as methylene blue. Indigo carmine should probably not be lumped with the radiologic contrast dyes, which could be discussed in more detail in view of anesthesia's increasingly frequent presence in the radiology suite. Because of their markedly different properties, the drug pairs oxycodone-propoxyphene and butorphanol-levorphanol would be better described in separate sections. The classification of the narcotics as agonists, antagonists, or both was very helpful in the first edition and should be considered for subsequent editions as well.

Although the price tag of \$55 may discourage some, overall, the second edition is a welcome reference for novices for commonly used drugs and for experienced clinicians for infrequently encountered drugs. The author has displayed a masterful command of the subject matter and eloquently presents the material.

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Critical Care Toxicology. Edited by Jeffrey Brent, M.D., Ph.D., Kevin L. Wallace, M.D., Keith K. Burkhart, M.D., F.A.C.M.T., F.A.C.C.T., F.A.C.E.P., Scott D. Phillips, M.D., F.A.C.P., F.A.C.M.T., and J. Ward Donovan, M.D. Philadelphia, Elsevier Mosby, 2005. Pages: 1,690. Price: \$175.00.

"Everything is poison. Nothing is poison. The poison is the dose," as Paracelsus (1493-1541) said. Intoxications, both voluntary and iatrogenic accidents, are a frequent cause of admission in critical care units. Most of them have a good prognosis, requiring only supportive treatment and the occasional use of an antidote. Some may develop a nonspecific complication that the critical care physician is accustomed to treating (such as aspiration pneumonia or rhabdomyolysis). However, there are several unique features in the treatment of these patients. But because we are all facing "so many pathologies, so little time," extensive knowledge about these features may be hard to come by. There have been many textbooks about intoxications, some by toxicologists, some by emergency physicians, but no English-language reference book addresses the specific needs of the critical care specialist in such details as Brent, Wallace, Burkhart, Phillips, and Donovan's *Critical Care Toxicology*.

As can be expected from a book directed at critical care physicians, the authors' aim was not just to give the reader the tools to deal with intoxications in general and specific intoxications in particular. They have tried to present the pathophysiologic aspects of intoxications, the various options for treatment, the evidence, and the therapeutic controversies and to give ample references for the reader to make up his or her mind. There is a definitive clinical orientation to this book, which is directed to clinicians more than laboratory toxicologists. So, how does this book fare as a textbook about intoxications in general, as a reference about specific intoxications, and as a general critical care book for nonspecific complications of intoxications?

If you want a book about general toxicology, pharmacokinetics, and pharmacodynamics, you certainly can find a better deal by looking elsewhere. The authors of this hefty, 1,690-page textbook have decided to concentrate on what they know best, the clinical approach to intoxication, and do not attempt to compete in a field where more knowledgeable laboratory toxicologists have already published definitive textbooks on pharmacology. They succeed admirably in their goal, providing an in-depth presentation of many specific toxic syndromes as well as how to deal with intoxications in general (diagnosis, supportive treatment, the role of the toxicology laboratory, gastrointesti-

nal decontamination, and so forth). Some of the subjects are very well covered, with clear indication of the clinical benefits to be expected from the intervention (*e.g.*, gastrointestinal decontamination). Others are less precise about the real clinical benefits or the absence of data about certain procedures (*e.g.*, the role of the extracorporeal removal of toxic substances). The chapters about certain categories of patients (*e.g.*, elderly people, pregnant women, workers) are a welcome addition. The antidotes are covered with chapters ranging from adequate to excellent. For the majority of these antidotes, though, there are few data provided regarding their efficacy in terms of morbidity/mortality. This is especially regrettable for antidotes such as flumazenil or naloxone, where the decision of antagonization *versus* intubation is not always obvious. Overall, the chapters about antidotes are more about the "hows" than about the "whys."

The sections describing the care of specific intoxications are where this book really shines. With contributions from established specialists from all over the world, there is (nearly) not a single intoxication that is not covered by an author who is deeply knowledgeable about the subject, its controversies, and recent developments. There are a few regrettable omissions, such as extracorporeal circulation for severe membrane-stabilizing agent intoxication, but this is inevitable for a book of this scope and magnitude. There is the obligatory chapter on agents of chemical and biologic terrorism, some of it belonging more to an infectious diseases textbook than a toxicologic reference book. One appreciable aspect of the chapters about specific intoxications is that they do not limit themselves to intoxications in one particular part of the world but are really an international effort and can be of use to

clinicians everywhere. In addition to these specifics, this book also achieves expectations as a general reference for the general care of critically ill intoxicated patients. For most subjects, the authors give a brief and up-to-date overview of general therapies for nonspecific complications, such as acute respiratory distress syndrome, and skim over the more controversial aspects (such as the use of diuretics in oliguric acute renal failure). The coverage is usually adequate for most critical care patients.

The chapters in this book are clearly presented, with abundant tables and figures. There are 16 pages of color figures, although some will probably be of limited use to most practitioners, such as blisters after prolonged coma, anatomopathology plates of Wegener granulomatosis, snakes and mushrooms, and victims of smallpox. Color might have been used more effectively on a few diagrams and algorithms on the diagnosis of intoxication depending on the toxidrome, for example.

Overall, this textbook is a worthy addition to any critical care physician's library. Whether you want to improve your general care of the intoxicated patient or need to know how to treat an obscure intoxication arriving at 5:00 AM in your intensive care unit, and wherever you are in the world, you will find a precise, clear, up-to-date, and clinically relevant answer to your question. This book fills a need for critical care toxicology and fills it quite well.

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