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**Hatch & Sumner's Textbook of Paediatric Anaesthesia, 3rd Edition.** Edited by Robert Bingham, F.R.C.A., Adrian R. Lloyd-Thomas, F.R.C.A., and Michael R.J. Sury, F.R.C.A. London, United Kingdom, Hodder Arnold, 2008. Pages: 786. Price: \$185.00.

The 3rd edition of *Hatch & Sumner's Textbook of Paediatric Anaesthesia* is 8 yr removed from its predecessor and has undergone several changes. David Hatch and Ted Sumner's names remain in the title, but their editing duties have been turned over to Robert Bingham, F.R.C.A., Adrian Lloyd-Thomas, F.R.C.A., and Michael Sury, F.R.C.A. They have increased the breadth of topics covered, and the text is now a compilation of 50 chapters addressing various aspects of pediatric anesthesia. In light of the book's expansion, the editors have organized the text into five sections including basic pediatric physiology and pharmacology, common pediatric anesthesia techniques, unique pediatric anesthesia issues, anesthesia for surgical subspecialties, and nonclinical topics.

Each chapter has been revised and updated by experts in their field to reflect "current best practice." The editors' success in generating a contemporary text is demonstrated by their inclusion of recent topics such as anesthetic effects on neurodevelopment, pediatric regional anesthesia, and lipid infusions for local anesthetic toxicity. The chapters are notable for their pithiness, most 10 to 15 pages in length, allowing one to comfortably complete a chapter in a brief sitting. Despite their brevity, the authors have done an outstanding job in offering a comprehensive dialogue on each subject.

The first section on pediatric physiology and pharmacology offers a strong introduction to the text and is arguably its greatest asset. It takes to heart the old adage that before you can understand what is abnormal, you must understand what is normal. After an opening chapter that offers a broad overview of pediatric development, the following chapters examine the development of individual organ systems from fetal life through adulthood. The reader is shown how each organ system's development leads to the unique anatomical and physiologic concerns involved in the anesthetic care of the pediatric patient. Learning these myriad facts can be overwhelming for the clinician, but comprehension is aided by linking these concerns with an understanding of their developmental basis. For example, chapter 8 explains that premature neonates are at high risk of intraventricular hemorrhage because of the highly vascular subependymal germinal matrix, containing thin-walled vessels that are acutely susceptible to damage from hypertension and hypotension until around 34 weeks of gestation. The anesthetic implications of avoiding large hemodynamic fluctuations from surgical stimulation, rapid intravenous fluid administration, or tracheal intubation are easily derived.

The second and third sections are dedicated to the care of children in the perioperative setting. The former covers the uncomplicated pediatric patient and discusses preoperative assessment, preoperative preparation, anesthetic equipment, and monitoring. The latter reviews more complex perioperative issues. This third section stands out as another highlight of the text. Each of its 11 chapters provides a succinct and thorough strategy for tackling some of the more notorious conundrums of pediatric anesthesia. What is the best approach to a difficult pediatric airway? How do you handle a child with poor venous access? Would a peripheral nerve block be reasonable for this child? These chapters serve not only as a useful introduction to their subjects, but also as a valuable reference that can be revisited as one is preparing for upcoming cases in clinical practice.

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The final two sections cover anesthesia for surgical subspecialties and nonclinical topics. The fourth section is a survey of anesthetic issues often encountered in the care of children undergoing broad categories of surgery. The chapters remain succinct and thus are not an exhaustive discussion of each subspecialty, but rather incorporate the essential points and provide a useful review. The last section is a collection of various nonclinical topics including ethics, risk management, research, organization of services, education, and anesthesia in developing countries. These chapters provide insight and advice into several of the nonclinical items that confront anesthesiologists and address their added complexity in a pediatric population.

While this book is an excellent text, even great texts are vulnerable to a few minor criticisms. The spelling in the title gives away the location of its publication, and most chapters reflect a British perspective. Although the principles of medicine remain the same regardless of geographical location, local practice can vary considerably. For example, most anesthesiologists on the western side of the Atlantic have never used diamorphine or pethidine, cannot tell you if a  $Paco_2$  of 4.0 kPa is normal or abnormal, and are not used to seeing so many vowels in *oesophagus* or *caecum*. Furthermore, much of the epidemiological data offered in the book reflects United Kingdom statistics, and its applicability elsewhere around the world is uncertain. Yet, these are all minor issues that take nothing away from the overall high quality of this book. Like me, most American readers will find them to be nothing more than minor distractions.

Overall, I found this book to be a wonderfully insightful text that far exceeded my expectations. The sections on physiology and complex clinical problems are particularly exceptional. I first picked up the book within several days of completing my oral boards and had little interest in reading anything academically related, yet I struggled to put this book down. From the first chapter, I found myself learning something new on almost every page. My colleagues made frequent informal inquiries about the text and my response was universal high praise followed by a lament that I did not have this book at the beginning of my pediatric anesthesia fellowship. Many fellows confided that they, too, had struggled to find a pediatric anesthesia textbook that blended the right combination of pediatric physiology, clinical relevance, and brevity. This book does just that.

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**Oxford American Handbook of Anesthesiology.** By Patrick M. McQuillan, M.D., Keith G. Allman, M.D., and Iain H. Wilson, M.D. New York, Oxford University Press, 2008. Pages: 1194. Price: \$39.95.

A pocket manual is a trainee's right hand. I picked up a copy of the *Oxford American Handbook of Anesthesiology* at a time in my residency when I needed a condensed text to help me navigate rigorous surgical specialty rotations and found the manual to be a well-conceived, concise handbook. While not an exhaustive source, it is lengthy enough to provide summative information on a broad range of anesthesia topics, but at the same time it is portable enough to have within reach when a quick quandary arises.

Starting into my introductory clerkships in pediatric and cardiac anesthesiology, I already had a copy of Ezekiel's *Handbook of Anesthesiology*<sup>1</sup> that I had purchased for \$17 the week before starting residency. Now, 17 months later, the book was speckled with mar-

ginalia, taped twice down the spine with surgical tape, and worn from being as integral to my operating room day as a stethoscope. Starting into my subspecialty anesthesia rotations and in anticipation of the annual anesthesia in training exam, I left Ezekiel in the locker and adopted the more voluminous Oxford text, anticipating a more in-depth resource for specialty knowledge and broad review.

The *Oxford Handbook* required some logistic adjustment. Too thick to occupy Ezekiel's spot in the back pocket of my scrubs, the book rested instead on the anesthesia machine for reading between cases. On call, it stayed in the call room for consultation instead of in my white coat pocket. It has proven to be what it claims: not a pocket book, but a handbook—a concise reference that is easier to tote than the tomes by Miller or Barash or Morgan<sup>2-4</sup> but that still covers the practical highlights of these texts. Also, the book may not be structurally suited to outlasting residency training. After a couple of months' use, the binding had failed, leaving the cover half separated and patched (like my copy of Ezekiel) with its own length of surgical tape.

On the whole, the content of the book exceeded my expectations. It approximated the most practical information of much larger texts into succinct points and gave enough detail to be useful board preparation without being encumbered with excessive detail. In a preoperative evaluation of a patient with Takayasu's Arteritis coming for vascular surgery, I consulted the *Oxford Handbook* and found the main points that I would have searched out in a much longer read of a much larger text such as Stoelting's *Anesthesia and Coexisting Disease*.<sup>5</sup> It was similarly useful in a pediatric patient with achondroplasia coming for an outpatient procedure. The handbook contains a section summarizing common surgical procedures that reads like a portable equivalent of Jaffe's *Anesthesiologist's Manual of Surgical Procedures*.<sup>6</sup> In a period of training when I was introduced to procedures ranging from thoracoabdominal aortic aneurysm repairs to electroconvulsive therapy, I found that the synopses on case management reliably prepared me for practical management of the anesthetic and familiarized me with the salient points of relevant physiology. There was one critical gap in the content of the *Oxford Handbook* that made

me wish at times that I still had my Ezekiel manual in my back pocket—the *Oxford Handbook* doesn't have a pharmacology and dosage section. It was no help when I grabbed the text looking for the milligram per kilogram dosage of clindamycin for a pediatric patient, or titration parameters for dexmedetomidine, or alprostadil. This omission is the only categorical flaw I found in the text. Any other answers I didn't find in its pages were perhaps unreasonable to expect from a handbook—no details on the analysis of thromboelastograms, for instance.

Doctors McQuillan, Allman, and Wilson have assembled an excellent resource for the anesthesia trainee that has much to offer to even experienced providers. The section on anesthetic risk, for instance, provides a very palatable format for expressing the risks of anesthesia to patients in lay terms, such as the probability of winning the lottery or experiencing a mishap in traffic. The handbook is an impressively condensed, useful resource that offers high-yield information from a much larger library in a single volume that totes easily into the operating room.

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## References

1. Ezekiel MR: Handbook of Anesthesiology, 2007–2008 edition. Laguna Hills, California, Current Clinical Strategies Publishing, 2007–2008
2. Miller RD: (ed) Miller's Anesthesia, 6th edition. New York, Churchill Livingstone, 2004
3. Barash PG, Cullen BF, Stoelting RK: (eds) Clinical Anesthesia, 5th edition. Philadelphia, JB Lippincott, 2006
4. Morgan GE, Mikhail MS, Murray MJ: (eds) Clinical Anesthesiology, 4th edition. New York, Lange Medical Books, 2006
5. Stoelting RK, Dierdorf SF: Anesthesia and Co-Existing Disease, 4th edition. New York, Churchill Livingstone, 2002
6. Jaffe RA, Samuels SI: Anesthesiologist's Manual of Surgical Procedures, 3rd edition. Philadelphia, Lippincott Williams & Wilkins, 2003

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