BOOK REVIEWS


This textbook, written primarily for undergraduates, was first published in 1984. In this new edition, the main change has been the inclusion of a large number of invited contributions from "specialists" on the drug treatment of disease. The book is laid out in four sections comprising the scientific basis of drug therapy, prescribing, the drug treatment of disease and a pharmacopoeia. More than 70% of the book is concerned with the scientific basis of drug therapy and the drug treatment of disease. It is produced as a laminated hardback and should prove sufficiently durable for the majority of students.

The opening section on pharmacological principles is a model of clarity and can be recommended without reservation to all medical students and to those preparing for the Part 2 Anaesthetic Fellowship examinations of the Royal Colleges. The drug treatment of disease is, for the most part, comprehensive and will serve as a useful reference. Unfortunately, a few myths are perpetuated and whereas some of these are simply amusing, others are positively dangerous. It is, of course, a fallacy to believe that, in the treatment of drug overdose, hypoxaemic patients should be given "24% oxygen increasing to 28% oxygen after 30 minutes if the alveolar carbon dioxide tension has not risen". This is nonsense, and simply will not do!

It is also very disappointing that the opportunity was not taken to provide a section dealing with the drug management of chronic pain. It is widely recognized that this common problem receives scant attention in the medical curriculum and this book has failed those who are trying to remedy the situation. The treatment of intractable pain in terminal malignancies is covered in half a page and that of a few other chronic pain syndromes is covered superficially in different chapters.

The chapter on general anaesthesia and local anaesthetics is a worthwhile introduction to the subject. It is perhaps inevitable, in a book written by clinical pharmacologists, that the emphasis should be on the drug management of what have traditionally been considered medical conditions. For example, inotropic drugs are discussed mostly in terms of their use after myocardial infarction and there is very little mention of their role in the management of trauma or endotoxaemia. Similarly, the use of non-steroidal anti-inflammatory drugs for the treatment of arthritic conditions is covered comprehensively, but there is only the most superficial mention of their role in postoperative pain management. Patient-controlled analgesia systems are ignored.

This new edition has attempted, like its predecessor, to bridge the gap between pharmacology and the clinical management of disease states. In general it has succeeded, but it is not sufficiently comprehensive or authoritative to warrant an unreserved endorsement for topics outside the field of internal medicine.

J. P. H. Fee


This is the second edition of a book which was very well received when it appeared 9 years ago. Its format is very close to the original. The first part of the book describes the indications for the insertion of catheters. Each separate section gives an outline description of a different method. The dangers and complications are mentioned and in most cases the frequency is given at which such complications occurred in a published series.

Each section is accompanied by a comprehensive list of references. The dates are not of recent date, but this may just indicate that there is nothing new to say about the indications for, and complications of, i.v. catheter placement.

Part 2 of the book is devoted to cannulation and catheterization in infants. This is a particularly useful section. The illustrations form a major part of the book. The line diagrams are much better than the photographs and some of the x-rays are of limited value, as they are used simply as backgrounds upon which lines are drawn to indicate incorrect and correct position of catheters.

Inevitably, there are some techniques described which are such that one can only be tempted to think, why was this method attempted? The Editors give clear preference to some of the techniques, based upon their own experience.

Although I do not believe that a complete tyro could become competent after reading this book, there are some very useful hints in it which can be read with benefit by even the most inexperienced.

In summary, I believe this book has become the Bible of the cannulist and will continue to be as popular.

J. C. Stoddart


Three American professors (two surgeons and a medical engineer) have led a team of 31 contributors to produce a book the stated aim of which is to be a comprehensive review of the pathophysiology and clinical manifestations of electrical trauma. They have succeeded admirably, with the technical chapters in the latter half of this book being jewels of considerable clarity.

The book is subdivided into four sections: the introductory three chapters in Part I provide a historical review which includes a useful resume of basic electrical physics, a summary from the national electrical supply company of France of the investigation of electrical accidents over 40 years, and an excellent chapter presenting an overview of the pathophysiology and clinical management of electrical injury. Part II offers, from a broad range of United States Burns Units, nearly 100 pages on how to look after these patients who comprise a significant proportion (5%) of admissions. The book then turns, in parts III and IV, to the cellular aspects of these injuries, entitled "Tissue responses" and "Biophysical mechanisms of cellular injury". I cannot comment on the merits of the physics contained in these latter 20 chapters, but it is sufficient to say that each undoubtedly gives an up-to-date review in its respective field.

From the viewpoint of a burns surgeon, there are many welcome teaching points included within this book: the importance of "hidden damage" between the entrance and exit wounds which is often missed in electrical burns extending between the upper and lower limbs; the value of the "empirical" fasciotomy in patients with high-voltage injuries of the upper limb (and not just the hand) before signs of compartment syndrome are evident (this is one time when anaesthesia is necessary for a burns fasciotomy, unlike thermal burns); the awareness of the occurrence of skeletal fractures and joint dislocations as a result of tetanic contractions. There are many more.

As one might expect from a book with an almost entirely transatlantic list of contributors, there are details with which I could disagree. In the United Kingdom we do not routinely use allografts to cover decompressed viable muscle during serial debridements, relying often on antiseptic dressings, and I would use systemic antibiotics rather than a topical antimicrobial as prophylaxis against Clostridium infection. There are also differences in our National Grid which negate many of the figures given for transmission and distribution voltages.

These points, however, do not detract from the value of this book. I can confirm the publisher's claim that it is suitable for clinicians in trauma surgery, accident medicine, plastic surgery, intensive care and burns units, and recommend it wholeheartedly as a reference book for the library in any of these departments.

D. Ward