frequently to teach or to acquire skills, rather than just read at libraries. However, in this respect, this second edition might be too heavy to carry around. Nevertheless, busy clinicians will also find the well-summarized practical guidelines, concluding statements, meta-analysis and quick references useful. I recommend that all major libraries should ensure that this book is readily available. All in all, an excellent book.

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This is the second edition of this book and, as the title suggests, it is about evidence-based medicine (EBM) in anaesthesia and analgesia. The focus is mainly on the latter, and it concentrates on how to deal with postoperative pain.

The book consists of three sections. The first part deals with general issues in EBM, such as ‘why do we need large randomized trials in anaesthesia?’ and ‘why do we need systematic reviews in anaesthesia?’. These chapters provide a general introduction to EBM, which is useful for understanding the rest of the book. The first chapter: ‘Is evidence-based medicine still an option?’ by Neville Goodman, is however, critical of EBM and questions the usefulness of the concept. Although most of his criticisms are very relevant indeed, no feasible alternative to EBM is suggested by Dr Goodman and as such the chapter seems a little misplaced at the beginning of the book and would have been better at the end.

The second part of the book deals with ‘systematic reviews in anaesthesia and analgesia’. The major topics of this part of the book are postoperative pain; postoperative nausea and vomiting; i.v. fluids; propofol for anaesthesia and sedation and the prevention of central venous catheter-related complications. Each chapter is written by a different author and this section of the book is somewhat heterogeneous. The authors, however, each give a thorough and systematic outline of the evidence within the specific area. This makes it possible for the reader to get an overview of what is known, and what isn’t, in a short space of time.

The third part of the book describes the process of dissemination and implementation and research agendas, with a chapter on each of these subjects. This section also includes a chapter on the Cochrane Collaboration, which provides an informative introduction to that organization, but this, in my opinion, would have been better placed at the beginning of the book. The chapters dealing with ‘cost-effectiveness of anaesthesia and analgesia’ and ‘from evidence to implementation’ are very useful and provide a good understanding of these issues. The final chapter ‘postoperative epidural anaesthesia and outcome—a research agenda’—is very different in style and message from the rest of the book and doesn’t add much to the readers’ understanding of EBM.

Although the book does not cover all relevant areas of anaesthesia (or analgesia), it does provide a good overview of EBM for some important aspects of the specialty. The book is fairly easy to read and will be a useful tool for anaesthetists and any physician involved in postoperative care.

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Carbon dioxide plays such an important role in metabolism, that almost the whole of medicine can be related to it in some way or other. It seems that this large, handsomely presented, and well priced book has almost tried to do this. Encyclopaedic in scope, it fails because it is not encyclopaedic in its organization. Many chapters appear to have been written in order to relate the chapter topic to capnography, but the direct relevance of some of their content is limited. Thus, for example, an account of the inheritance and features of disorders of mitochondrial metabolism may be both interesting and clearly related to carbon dioxide production, but the relationship to capnography is tenuous. What is remarkable, and an interesting reflection on North American anaesthetic practice, is an almost complete omission of the consideration of carbon dioxide in the control of breathing. This perhaps exemplified by the statement ‘clinicians toil to help the body to make this new steady state as physiologic as possible’.

A repeated theme in the book is that of ‘volumetric capnography’, using analogue signal processing and accurate pneumotachography. This method has been taken up by the Respironics-Novametrix company, for whom Dr Jaffe works. The plot of exhaled gas carbon dioxide content in relation to exhaled volume, rather than the conventional concentration–time plot, is a valuable, but sadly under-used presentation, partly because of the technical difficulties that still exist in accurate and simultaneous measurement of gas flow and composition. This contrasts sharply with the nonsense of using angular measures on a plot whose geometry depends on the scales used to make it, and which is repeatedly considered by different contributors.

Many of the chapters have been written by clinicians. This shows in the style, which is generally didactic and peremptory, with unexplained abbreviations (BVM, EMS, LMA, ETT, EOA, and ETTA in one short stretch of text) and bursts of colloquial terms with little attempt to interpret the facts presented. Many of the authors are clinicians from Florida, Virginia, or Carolina, and facts in the chapters are supported by citations of works that are proximate both in time and geography to the authors. More time-honoured respiratory physiologists such as Douglas are either dismissed as ‘so-called’ or mis-spelt (the Rhan sampler). Important concepts affecting the use of capnography, such as the difficulty of distinguishing the effects of series and parallel deadspace, or the kinetics of carbon dioxide stores, are given very limited attention. An excellent but complex chapter by Scherer and Zhao does address the difficulties of inferring, from gas composition at the mouth, what may be happening deep in the lung. Most others skim over these difficulties, often with truisms or odd expressions such as ‘arterial blood... CO2 concentrations represent a mixture of blood with gas tensions of ‘ideal’ alveolar gas and scattered V/Q ratio blood’.

Repetition and overlap is a problem in this book. The editors acknowledge and excuse this on the grounds of ‘reader comfort’. For example an illustrative, labelled diagram of the ‘volumetric capnogram’ is presented at least 15 times. Most of the basic features of carbon dioxide monitoring apply in many different clinical circumstances, in and out of hospital. Several chapters reiterate many of these, such as detection of correct intubation, the ASA guidelines, and so on; good editing could have made the book far less repetitive. Airway management principles are the same, and here we are given separate accounts for many different locales: prehospital, intensive care, operating room, transport, in the field, during sedation, and so on. Even in the excellent technical chapters on flow measurement and volume capnography, by the same author, there is repetition of material about flow sensors. Smaller errors are common, suggesting that the editors have not carefully reviewed the contributions.