
Since first publication in 1979, this textbook has served as the standard reference in cardiac anaesthesia. The fifth edition sees a subtle name change from Cardiac Anesthesia to the eponymous Kaplan’s Cardiac Anesthesia. In addition to a name change, the book has undergone radical revision reflecting the ongoing changes that the subspecialty has seen since the publication of the fourth edition 7 yr ago. Whereas most of us put on weight as we get older, this book has resisted middle age spread and rather than the anticipated progression to two volumes the book is actually 135 pages shorter than the previous edition. We also see a more youthful appearance with a bright illustrated cover rather than the previous sombre dark blue. Chapter by chapter Key Point listings and innumerable Teaching Boxes add to the contemporary feel.

Although this is a multi-author textbook with 94 different contributors there is a uniform prose style throughout, and little in the way of repetition, reflecting tight editorial control. All but one of the contributors practices in North America. This comment is simply intended as an observation, not a criticism, as UK practice tends to follow the lead set on the other side of the Atlantic. Many of the contributors are acknowledged experts in their field and seven have been guest speakers at meetings of the UK Association of Cardiothoracic Anaesthetists in the past 5 yr.

The book is divided into eight main sections and starts with a fascinating new section entitled Past, Present and Future. This looks at historical developments in cardiac surgery and cardiac anaesthesia and then turns to current and potential future developments. The implications for the speciality of the current global trend towards percutaneous revascularization, concerns over long-term patency rates for coronary stents and the consequences of an ageing population are all discussed. The authors conclude that the speciality has a bright future but this may well see anaesthetists increasingly involved in cardiac catheter laboratory work. Sections follow on physiology and pharmacology, preoperative evaluation, monitoring, anaesthetic techniques, extracorporeal circulation, postoperative care and practice management.

The monitoring section includes nearly 100 pages specifically devoted to the practice of transoesophageal echocardiography and its role in the surgical decision-making process, a reflection of the importance of this technique in North American practice. In addition, guidelines for training in perioperative echocardiography are included in an appendix. The chapter by Murkin, in the postoperative care section, on central nervous system dysfunction after cardiopulmonary bypass is a particular tour de force. The practice management section also includes a chapter devoted to the financial aspects of patient care and cost accounting systems which might, until recently, have seemed irrelevant to UK practice but in the present NHS financial climate seems only too apposite. The chapter concludes with the stark warning ‘physicians can no longer assume that caring for patients will automatically provide an income’.

I set the book a number of challenges. Could it tell me what the options are for anticoagulation for bypass in a patient with heparin-induced thrombocytopenia? Could it give me a clear description of the Mustard operation for transposition of the great arteries? Does it outline the evidence for and against thoracic epidural analgesia in cardiac surgery? The answer to these three questions was, in each case, a resounding yes.

In conclusion, this is the most authoritative and up to date collection of material in the field and as such represents an essential purchase for any practicing or intending cardiac anaesthetist. There is a wealth of information of relevance to patients with cardiac disease undergoing non-cardiac surgery and as such this book also deserves a place on the shelf of every departmental library.

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This is the latest in a group of books written to aid the candidate preparing for the Primary fellowship examination of the Royal College of Anaesthetists and is specifically directed towards the structured oral examination (SOE)—new educationalist speak for the viva examination, luckily not to have been titled the structured oral discussion! The senior author has an established track record in writing popular anaesthetic texts in a style that is easy to read and assimilate and this book continues that tradition.

The book contains 10 ‘sample SOE papers’, comprising 3 questions each on physiology, pharmacology, clinical anaesthesia and physics and clinical measurement and thus closely mimics the style and content of the current
examination. At the start of each subsection the key areas to be covered are outlined although inclusion of these in the table of contents would have been helpful and made for a more useful contents page. Each topic commences with a lead question followed by a series of co-related questions; sample answers are provided in a semidiscursive style and follow closely the anticipated reply that the more able and fluent candidate might be expected to provide. Questions are predominantly presented as closed questions, the style currently favoured by the educationalists, followed by the information required in the answer and often accompanied, for clarification, by line drawings and tables. Many suggested answers contain far more information than could be covered within the 5 minutes allocated to each topic in the exam proper. This is, however, an inevitable consequence of trying to ‘cover all the bases’ but may alarm the prospective candidate with respect to the required depth and breadth of information needed to obtain a simple pass. The content of the book is largely contemporary reflecting the requirements of the modern examination to be ‘fit for purpose’. Where practice or concepts are in evolution or have changed the authors are careful to include the old and the new ideas within the suggested answer. The main purchasers of this book are most likely to be trainees taking the primary examination seeking to gain further insight into the workings of the SOE process. However, it is no substitute for a proper textbook. If knowledge acquisition is the aim, it serves no purpose in this respect, other than an aide memoir to previously learnt facts on a given topic. A book of this size contains only a snapshot of the syllabus in terms of questions presented and candidates would be foolish to consider this as being the sum total of potential questions, although many key areas are covered. The major forte of this book is in providing easily accessible material for those asked to undertake practice vivas for the pleading putative candidate in the weeks between the MCQ result and the OSCE/SOE. As such, it may prove a valuable tool to the mock examiner whose primary science knowledge may be a little patchy and superficial. This is the first book of this type to be ‘SOE ready’ and as such no doubt will attract eager sales to examination candidates whom I am sure would gain maximum benefit by passing it on to their mock examiners to use as an aid, to facilitate their pre-exam preparation.

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This book is actually derived from two volumes of a larger text ‘Clinical Neurophysiology’. The material selected is aimed not primarily at physicians practising clinical neurophysiology but neurophysiology technicians and scientists. The emphasis is, therefore, very much on detailed descriptors of how to go about making neurophysiological recordings. The indications for the various techniques and the interpretation of results obtained are covered in a more superficial manner in a way that is suitable for giving the rationale for the test. The book’s appeal, therefore, will be limited to those anaesthetists planning to undertake research involving the application of neurophysiology. Thus, what might appear to be the most relevant chapter to readers of the British Journal of Anaesthesia, a chapter entitled ‘Recording in the Intensive Care Unit and Operating Room’, is in fact of limited interest to us. The chapter concentrates on the technical limitations and difficulties, whereas the anaesthetist might be more interested in, for example, how the use of specific anaesthetic techniques and drugs can influence the recordings made.

After a brief historical introduction there is a chapter on the fundamentals of neurophysiology. The material here is mostly at primary FRCA level but there are particularly clear explanations of the physiological aspects of nerve conduction and evoked potentials.

Thereafter, the book does achieve its stated aim of ‘to treat the three main branches of clinical neurophysiology—peripheral neurophysiology, evoked potentials and electroencephalography—in a consistent way’. Not only are the multi-authored chapters consistent (a real credit to the editors) they are well written and the quality of the figures is good, the technical descriptions are clear and easy to follow, making this book essential preliminary reading for anaesthetists wanting to pursue research using neurophysiological techniques. The techniques covered include compound muscle action potentials, evoked potentials and sleep studies. A third of the book is devoted to the EEG and the chapters on EEG technology and analysis can be envisaged to be potentially most useful.

In conclusion, this is a book that will have a niche market for anaesthetists. For those interested in more clinical aspects of the interface between neurophysiology and anaesthesia or intensive care I would not recommend this book. However, it is a potentially valuable resource for research departments with an interest in, for example, neuromuscular function or measurement of the depth of anaesthesia.

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