**BOOK REVIEWS**


This small soft cover pocketbook, with 335 pages in 28 chapters, provides a good introduction to care of the critically ill trauma patient. This is topical in the UK and elsewhere as major trauma care is being concentrated into small numbers of major trauma centres. As a practicing clinician, in a newly designated UK major trauma centre, I was interested to be sent this book for review. This title follows other handbook size texts in the relatively new Pittsburgh Critical Care Medicine series, published by Oxford University Press. This series includes other subjects, which to date include: emergency department critical care, abdominal organ transplants, mechanical ventilation, and renal/metabolic medicine. Other topics are in preparation.

Most of the authors are from Pittsburgh, with a few from other US centres. The authors and series editors do not state the target audience for this book title or series. I suspect this may vary between titles in the series, dependent on the degree of specialism and detail in individual titles. It is my impression that this title was aimed at US surgical trainees rotating through trauma-related critical care units, who need a succinct text to provide the background to care of the critically injured trauma patient. It achieves this aim well. Such trauma patients even if in relatively small numbers provide real challenges for intensive care staff and frequently spend many days or weeks in the intensive care unit (ICU) with multiple trips to theatre or interventional radiology to manage their diffuse pattern of injuries.

As an experienced clinician reading the book, I felt that it could be categorized into two parts. First, as a good introductory text related to many general aspects of critical care, for example, with chapters on airway management, resuscitation, massive transfusion, assisted ventilation, acute kidney injury, endocrine disorders, infection, temperature regulation, nutrition, sedation and analgesia, and toxicology. These chapters have a bias towards trauma management but are similar to that available in other general critical care texts. Secondly, other chapters are more trauma-specific and these may be of more interest to the more experienced reader, particularly those on topics not so readily available in other books or journals.

The book starts with a historical description of how care of major trauma has evolved in the USA, then covers injury severity scoring systems, the tertiary survey, and avoiding missed injuries, and finishes on legal issues in trauma care. There follows then the more general chapters discussed above, and sections on spinal cord injuries, traumatic brain injury, burns, and organ donation which are well-established topics in other texts. Specific trauma-specific chapters, which I have not seen so well covered elsewhere include: abdominal trauma with management of the open abdomen, soft tissue trauma, and orthopaedic trauma. A better understanding of such injury management enhances the inevitable difficult and complex multidisciplinary management of such patients.

This book provides an overview of such injuries, which is essential for critical care staff, who are monitoring and caring for these patients hour by hour. It is the critical care staff not the more specialist teams who need to recognize early and manage and refer on complications like compartment syndromes.

Further chapters on prevention of deep vein thromboses (DVTs), paediatric trauma, pregnancy trauma, geriatric trauma, and rehabilitation give useful perspectives not covered widely elsewhere.

Inevitably in a book of this size, there are omissions, but these are in my view minor. I think it will be seen as a useful starter text for ICU residents and experienced staff may read selected sections more specific to trauma care. It would also be of interest to surgeons, physicians, nurses, and physiotherapists looking after such patients. I would consider purchasing copies of the book for bedside reading by staff caring for the line of severely traumatized patients I have on my ICU this weekend.

**Declaration of interest**

None declared.

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The expansion of medical knowledge on disease and therapies reflects directly in the daily work of the clinical anaesthesiologist. Every day in the preoperative clinic, the operating theatre, and postoperative care units, we must provide medical care for patients undergoing surgery who are potentially affected by a myriad of illnesses requiring therapies that might influence the effects of anaesthetics in one way or another.

This handbook, *Pharmacology in Anesthesia Practice*, has been designed to provide a concise reference on pharmacological properties of drugs that we continuously use in anaesthetic practice and also other drugs that we commonly face when the patient is under some specific acute or chronic medical condition (hypertension, depression, hypercholesterolaemia).
The book is intended as a guide to be frequently used. It is very well and homogeneously organized in chapters according to drug groups. Every chapter has different sections, the same in every one, reporting on: clinical uses relevant to anaesthesiology, pharmacodynamics, pharmacokinetics, information about dosing, and some relevant references. Tables and clinical case scenarios are also included in most of the chapters. There are no figures although in page 32, the reader is referred to figure 2.2.1, probably by mistake. The information provided is very useful, in particular for a quick consult.

It includes a series of chapters on fluid therapy, transfusion products, and electrolytes, which are very interesting for the anaesthesiologist. Other chapters as the one on drugs of abuse or antiretroviral therapy include schematic discussion on potential implications relevant to anaesthetic management. The chapter on haematologic agents contains a concise description of antiaggregants, anticoagulants, and tranexamic acid, in an easy way to help the clinician in dosing in the operating theatre. The chapter entitled ‘Other key drugs’ groups drugs with difficult classification, including DDAVP, carbidopa, dexmedetomidine, or nitric oxide.

The book is co-edited by Dr Gupta and Dr Singh-Radcliff. There are 47 co-authors most of them anaesthesiologists, clinical practitioners, and some pharmacists. In any case, from the anaesthesiologist’s perspective, what can be potentially interesting from any drug group is what this book provides.

It is a handbook, easy to consult, and goes directly to the bottom line. One suggestion, although probably the editors and publishers have already thought about this, is that this book could benefit from a smartphone application that would make it more usable in all places.

From a global, in the sense of internationality, point of view even though it is written by anaesthesiologists from the USA, it does not focus exclusively on drugs used in the USA but covers equally well European needs. In its attempt to be concise, the authors use a lot of acronyms that, although they are common in English and American English, might make it a little bit difficult to find the meaning for non-native English speakers.

Summarizing, this is a new addition to pharmacological literature in anaesthesia but from a practical perspective that will be of help for the clinician working in any of the several areas where the anaesthesiologist’s services are required.

**Declaration of interest**

None declared.