

## Book Reviews

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### Shnider and Levinson's Anesthesia for Obstetrics, 4th edition

S. C. Hughes, G. Levinson, M. A. Rosen (eds)

Lippincott Williams & Wilkins: Philadelphia, USA, 2001, 864 pp; indexed; illustrated  
ISBN: 0-683-30665-0; Price £98.00

The fourth edition of this excellent text sees additions to the Editorial Panel following the death of Sol Shnider and 25 new authors in the group of 48 contributors. The majority of the contributors are from the USA and Canada, which gives it an obvious North American bias, but it is no less relevant to the European reader because of this. Despite the numerous contributors, a commendable consistency in style has been achieved and there are numerous cross-references between chapters.

The book is intended to provide a foundation and clinical reference for students and clinicians in the field of obstetric anaesthesia. It is divided into six broad sections covering Obstetric Physiology and Pharmacology, Anesthesia for Vaginal Delivery, Obstetric Complications, Anesthetic Complications, Non-obstetric Disorders during Pregnancy, and the Fetus and Newborn. The majority of the chapters have been updated and hundreds of new references included.

In the first section, the chapter on the effects of anaesthesia on uterine activity in labour has been extensively rewritten especially examining the evidence on the effects of regional anaesthesia on the duration and outcome of labour. It neatly concludes that while the use of regional anaesthesia may increase the length of the second stage in labour and number of instrumental deliveries, it does not increase the chances of Caesarean section.

The section on Anesthesia for Vaginal Deliveries includes an overview of available local anaesthetic agents including the newer agents such as ropivacaine and levobupivacaine with their relative potencies. Lidocaine and chlorprocaine are little used in the UK, but provided me with food for thought for some of the shorter procedures that we carry out such as cervical suture insertion. New sections with useful recipes are included on the use of combined spinal epidural anaesthesia and continuous spinal analgesia

with their pros and cons. Greater details are provided on the spinal opioid receptors and the role of non-opioid neurotransmitters, such as  $\alpha_2$ -adrenergic, cholinergic and adenosine agents, in pain transmission. Predictably, there is no mention of diamorphine, which despite its lack of use in North America seems a glaring omission for an international textbook.

In the section on obstetric complications, the increasing use of spinal anaesthesia for Caesarean section is highlighted. The suggested technique for spinal anaesthesia uses hyperbaric bupivacaine 0.75%, while hyperbaric bupivacaine 0.5% would be more common practice in the UK. I would take issue with the authors' recommendation of the addition of epinephrine to the local anaesthetic for the 'top-up' of epidural anaesthesia for the detection of intravascular placement.

I found the chapter on anaesthesia for fetal surgery with a new section on *in utero* surgery including the EXIT (*ex utero* intrapartum treatment) procedure particularly interesting as I am being asked to anaesthetize for these cases on an increasingly frequent basis. From my own experience, I would disagree with the use of deep halothane anaesthesia with nitroglycerin boluses to provide uterine relaxation; we have found maintenance of anaesthesia with isoflurane and a glyceryl trinitrate infusion provides greater maternal cardiovascular stability with adequate uterine relaxation. Although monitoring of the fetus is mentioned, preparation and monitoring of the mother for potential cardiovascular instability and blood loss is not included.

The section on anaesthetic complications includes a new chapter on difficult airway management, with a superb picture illustrating the importance of position of the obese patient, which I have shown to many trainees. A failed intubation drill is included for general anaesthesia and recognizes the place of

the laryngeal mask airway and the Combitube® in the management. References to the UK Maternal Mortality Reports provide timely reminders of the importance of continued reporting of anaesthetic-related mortality and morbidity and the vigilance required to maintain anaesthetic safety.

Further sections on Non-Obstetric Disorders in Pregnancy and the Fetus and the Newborn provide useful references to common disorders. The book is further supplemented with appendices providing guidelines that could be adapted to local units.

In summary, although this is a weighty tome to carry around, as a reference text it has proved its worth. The style is comprehensive and consistent, the references up-to-date and the clearly presented tables of 'how to do' recipes are very useful. I have learned a lot from reading the book for this review and have referred to it on many occasions in my day-to-day practice.

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## Fundamental Principles and Practice of Anaesthesia

P. Hutton, G. M. Cooper, F. M. James III, J. Butterworth (eds)  
*Martin Dunitz: London, UK, 2002, 1100 pp; indexed; illustrated*  
ISBN: 1-899066-57-8; Price £95.00

*Fundamental Principles and Practice of Anaesthesia* is a major new multi-author comprehensive anaesthesia textbook. Two of the four Editors (Hutton and Cooper) are from Birmingham, UK, and two (James and Butterworth) are from Winston-Salem, NC, USA. There are 53 authors in total and almost all come from the two countries, with 20 from Winston-Salem and 11 from Birmingham. The book has 1100 pages (including index) and is copiously illustrated both with two-colour Tables and Figures and many coloured photographs. The latter is unusual in a large anaesthesia textbook and presumably reflects the fact that it is printed in China.

In the Preface, the Editors point out that this book is designed for trainees in the first 3 years of anaesthesia practice. For perhaps this reason, it is divided into four sections and 87 chapters and it is here that one realizes that the division of labour is uneven (see below). In addition, it is designed as an integrated textbook, so there are many chapters that look at a subject from the combined anatomical, physiological and pharmacological viewpoint. In my opinion, this is an excellent approach to take and improves understanding. The Editors have deliberately chosen not to reference the text directly but rely on a list of Further Reading at the end of each chapter. Inevitably, these references are sometimes out of date and often refer to textbook chapters or reviews.

Section 1 is entitled Basic Anaesthesia Practice and of the 17 chapters, 15 are by Hutton either alone or as co-author. This includes the sort of information with which every first year trainee should be fully

conversant within the first 3 months of clinical anaesthesia practice. Much of the material is covered in more detail later in the book, e.g. the basic principles of intravenous induction are introduced in Chapter 2, whilst drugs and techniques are covered in detail in Chapter 32. I find this approach very much to my liking and well suited to UK practice as it allows trainees to use the book right from the start and then in a progressive fashion as they approach the primary examinations.

Section 2, Integrated Basic Sciences, is the 'meat' of the book. There are 33 chapters with a much more general authorship than Section 1 reflecting the more difficult and specialized material. All authors are from the UK. Integration is most clearly seen in Chapter 19, again by Hutton, which covers General Physiological and Pharmacological Principles. It is a *tour de force* and should be compulsory reading for all new trainees. Topics in this section also include renal and hepatic function, inhalational anaesthetics, and intravenous induction agents. I could not cover all the chapters in this section in detail, nor would I be qualified to do so. However, those that I did read were excellent and superbly illustrated. Towards the end of this section are three chapters on the Principles of Physics and Clinical Measurement and Statistics. There were several 'typos' in this section, however, which is not surprising given the complexity of the subject-matter. In Chapter 36, in one Table (36.4) the function of A $\delta$  and C fibres was reversed, and on p. 646 the equation seemed to suggest that increasing alkalinity increased the ionized fraction of a basic drug rather

than the unionized fraction. On p. 471 it is suggested that the process of muscle depolarization is initiated when sodium goes out of the cell (rather than in), and in the section on nausea and vomiting in Chapter 27, Table 27.3 has no mention of 5-HT<sub>3</sub> receptors and seems to suggest that the Chemoreceptor Trigger Zone is an intermediate pathway in motion sickness and labyrinthine-induced nausea and vomiting. In Chapter 29, Figure 29.3 suggests that PIP<sub>2</sub> and diacylglycerol are the same, and that phospholipase C is activated via G<sub>p</sub> rather than G<sub>q</sub>. These are minor problems but could cause some confusion with trainees.

Section 3, The Presenting Patient, has 26 chapters and, again, the division of labour is uneven with Cooper responsible for all or part of 16 of them. This section covers various different types of patient presentation, e.g. the day case patient and the patient with valvular heart disease, diabetes, hypertension, impaired renal function or jaundice. Most of the chapters are relatively short and give a 'bird's-eye view' to the trainee of the most important pitfalls when dealing with such patients. I was a bit disappointed that the otherwise excellent chapter on The Patient with an Abnormal ECG had no mention of what to do if one detects ECG evidence of a myocardial infarct in an otherwise asymptomatic patient for routine surgery. This did not seem to be covered elsewhere either.

Section 4, Special Subjects: Physiology and Pharmacology, has 21 chapters covering those subjects the Editors believed would be difficult to place elsewhere. These include Properties of the Endothelium, Thermoregulation during Anaesthesia and Adhesion Molecules. Most of the authors in this section are from the USA.

It should be clearly stated that although this is a masterly and comprehensive text, it is not in direct competition with the large (and now predominantly American) textbooks of anaesthesia, e.g. by Miller. The latter has less in the way of science and more in terms of choice of anaesthetic technique, especially for more complex cases such as carotid endarterectomy and cardiopulmonary bypass, which are obviously beyond the scope for those in the first three years of training. Thus, for competition one has to look elsewhere. Other texts cover much of the same ground, and in this regard, Pinnock, Lin and Smith's *Fundamentals of Anaesthesia* (Greenwich Medical Media: London, UK, 1999) is also excellent but is less comprehensive in the clinical arena. In addition, some trainees will be daunted by the size of the book and would prefer a smaller volume to cover, for example, pharmacology, and would therefore prefer Peck and Williams's *Pharmacology for Anaesthesia and Intensive Care* (Greenwich Medical Media: 2000) or the more comprehensive Calvey and Williams, *Pharmacology for Anaesthetists*, 4th edn (Blackwell Science: Oxford, UK, 2001).

At £95.00 this book represents excellent value. Quite frankly, I think this a unique textbook that fully meets the presumed ambitions of the Editors, i.e., to provide a comprehensive 'one stop' text for the primary examination for the Fellowship of the Royal College of Anaesthetists (FRCA) in the UK and equivalent examinations. I can only congratulate the Editors and authors for producing such an excellent and comprehensive text, which I wholeheartedly recommend to all new trainees and beyond.

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#### ERRATUM:

Comparison between nasal and intravenous desmopressin for the treatment of aminosalicic acid-induced platelet dysfunction. S. Schulz-Stübner, D. Zielske, R. Rossaint. *Eur J Anaesthesiol* 2002; 19: 647–651.

The authors apologise that an error occurred for which they were responsible which substituted aminosalicic acid for acetylsalicic acid throughout this text. Acetylsalicic acid is the correct and intended term.