
In their new text on pediatric critical care, Dr. Morray and colleagues from the Children's Hospital of Seattle present 50 well-selected and diverse topics. Cardiovascular, nervous, and pulmonary diseases receive appropriate emphasis with additional discussions of disease entities unique to the pediatric age group. The stated intent of this book is to review the pathophysiology of disease states and discuss rational approaches to their treatment.

The chapters generally reflect prevailing attitudes with occasionally distinct and unreferenced institutional prejudices. The authors, representing principally one institution, reveal parochial views in their discussions that, while based on a wealth of clinical experience, may appear foreign to those outside the institution. For example, the clinical use of phenolamine and levophed in fixed ratio dosing receives a three-page discussion, a technique that is poorly verified in the pediatric population, while the use of dopamine in shock merits only one paragraph. This reader was struck by an imbalance in depth of discussion. Inotropic and vasoactive drugs, important tools in the intensivist's armamentarium, are discussed only in one table with a few short comments. This is in contrast to the three pages on the surgical placement of a peritoneal dialysis catheter.

Addressing the pathophysiology, pharmacology, and psychology of an area as diverse as pediatric intensive care in chapters averaging ten pages limits the depth and scope of the discussions. Subject treatment is often superficial, occasionally trivial. The beginning intensivist is hardly oriented by a two-page chapter on head injury, but may be aided by consulting the references listed.

Despite the book's title, data refer more to adults, with childhood differences being omitted. The list of organisms causing septic shock in children does not even include Hemophilus influenzae. Occasionally, the data appear to be out of date. The mechanism of action for theophylline-induced bronchodilation is quoted as inhibition of phosphodiesterase, while most authors now view that as an unlikely mechanism at clinical serum concentrations.

Finally, while experienced authors may make statements based on their personal experience, unreferenced, dogmatic statements can be the basis for future misunderstandings. In an otherwise excellent review of airway management, the author states that the "epiglottis should never need to be picked up." This appears to be contrary to classical descriptions of the use of straight laryngoscopic blades.

The book is generally well edited, with few areas of duplication. Bibliographies have many references to other texts, instead of referred journals, but they cite helpful reviews. The publishers present a text notably devoid of typographical errors with clearly presented graphs and pictures. The index is a helpful cross reference. It is disappointing, however, that my copy was poorly bound, and many pages fell out of the book on first reading.

The text attempts to accomplish too much, given its size. It is neither concise enough for a handbook nor thorough enough for a reference text. For the beginning intensivist, it will provide initial exposure to the wide range of clinical dilemmas found in pediatric intensive care.

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This book, as a single author text, is indeed remarkable. Equally noteworthy is its relatively small, convenient size, which belies the broad scope and actual volume of information beneath its eye-catching cover. The material is a wholesome balance of the pragmatic and the conceptual. Thus, the book warrants a place on the shelves of most anesthesiologists, whether they be academicians, private practitioners, or trainees.

The outlines for each of the chapters are very useful, and preview the logical organized format with which the author discusses each topic. The book is replete with more than 500 illustrations. Many are not new, but have appeared in the author’s previous chapters in other texts. In a few rare instances, the diagrams are not as clear as the description of the material in the text, but, for the most part, the illustrations provide the maximum conceptual value.

Readers should find the historical perspective provided by the opening chapter rather enlightening. Much of the material in Chapters 2 and 4 on basic respiratory physiology and physiology of the lateral position is contained in Dr. Benumof’s contributions to other texts; however, their inclusion here forms the cornerstone of a comprehensive yet concise text. Chapter 9, on the separation of the two lungs, provides a practical discussion that is unsurpassed and reflects the author’s experience and interest in this area.

With texts of this caliber, one is hard pressed to live up to the role of critic and forced to look for mistakes such as misspellings, of which there appear to be very few. Moreover, even if one invokes the universal and persistent complaint of the consumer, viz. the price tag, the cost of this book does not appear unreasonable.

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Intravenous Anesthesia and Analgesia is a hardbound text that surveys intravenous drugs used for anesthesia and analgesia. The three authors are recognized authorities in this field. The book has an introductory chapter discussing the history of the development of intravenous drugs for anesthetic purposes. This chapter briefly mentions the present increasing use of IV drugs and "balanced anesthesia," and then predicts the development of more ideal IV drugs, the use of computer-controlled infusion pumps as "vee vaporizers," and more research to determine minimum intravenous concentrations for these drugs and their combinations. The rest of the book is devoted to covering individual classes of compounds used for IV analgesia and anesthesia.

Four chapters are used to discuss the narcotics (The History of Narcotics in Anesthesia, Chemistry of Narcotic Compounds, Pharmacokinetics of Narcotic Compounds, and Pharmacology of Narcotic Compounds). These chapters are generally well written and referenced, but have minor problems with organization and completeness. Sufentanil and alfentanil, newly released fentanyl analogs, are treated almost as appendices to the chapters on pharmacokinetics and pharmacology. Despite the wishes of the authors to present relevant pharmacokinetic and dynamic information, none was offered on the relationship of plasma narcotic concentrations to ventilatory depression, to adequate suppression of hemodynamic responses to intraoperative stimuli, or to analgesia. The entire class of narcotic agonist-antagonist drugs receives scant attention, as does the topic of agonist-antagonist...