back into those red cells from either the warm plasma or, in the case
of washed RBCs, the recipient's pool of labile potassium. The single
paragraph on plasma products for volume expansion is grossly inade-
quate. He quotes 21 days as the shelf life of blood and red blood
cell concentrates. Coagulation factors are given Arabic numerals in
the liver chapter and Roman numerals in the hematology chapter.
I can't imagine why any anesthesiology resident or practicing anes-
thesiologist has not already purchased a copy of the first edition. Any
who have not should rush out and buy the second edition. The problem
the second edition poses is for the proud possessor of the first. Should
he update? In view of the newly unchanged text of the first nine
chapters, I would hesitate to recommend automatic purchase unless
the reader, having scanned the new chapter 12 on nutrition, believes
this alone worth the price. Of course, departmental libraries, hospital
libraries, and compulsive bibliophiles also want a copy. That's
how I got mine.

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By B. A. WALDRON. New York, Churchill Livingstone, 1983. Pages:
86. Price: $4.95.

This small (86-page) book was written to give a basic explanation
of all aspects of epidural anesthesia to the nonanesthetist (midwife,
obstetrician) or the anesthetist in training.

The book begins with a brief history of epidural analgesia and
obstetric methods for pain relief. The neural pathways for obstetric
pain are described. Epidural block produces physiologic effects, in
addition to providing pain relief. These effects are reviewed. Indications
and contraindications for epidural anesthesia—both absolute and rela-
tive—are presented. The techniques of lumbar epidural and caudal
epidural are described, along with a listing of the doses and drugs to
be used. Common problems and neurologic complications are pre-

tened. The book concludes with a description of epidural anesthetic
records and protocols to be used by midwives for "top up" doses.

The text is written clearly and contains figures that are easy to
understand, although I would recommend holding the epidural needle
by a hand that is in continuous contact with the back to allow better
control of the needle.

I would have expected a more complete discussion of intravenous
fluids management, with emphasis on acute hydration with crystalloid
before the first injection of local anesthetic. Common American practice
is to give at least 1,000 ml nondextrorose-containing crystalloid before
an epidural for vaginal delivery and at least 1,500 ml before an epidural
for Cesarean delivery, in order to decrease the incidence of hypotension
and supine hypotension syndrome.

Despite the shortcomings described above, the book does contain
useful information for the nonanesthetist or the anesthetist in training.
For the anesthetist with experience in epidural anesthesia, this book
appears too elementary.

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Control of Respiration. Edited by D. J. PALLOT. New York, Oxford
University Press, 1983.

The nine chapters of this book do not provide a comprehensive
coverage of the regulation of respiration (as the title might suggest);
selected topics are covered. Depth of coverage and style vary. Some
of the chapters do provide an overall review of circumscribed areas
for the nonspecialist, as promised in the Preface; others are rigorous
and detailed reviews of interest to those doing research in the particular
area under review (e.g., Central Chemoreceptors by H. Loeschcke, or
Respiratory Reflexes by A. Trzebski). In some chapters, references
are given to original papers published in 1983. This impressive speed
of producing the book, unfortunately, is reflected in poor editing of the
text in some chapters, in many typographic errors, and in deficient
legends to some graphs.

Some chapters in the book will be of interest to researchers in the
field of regulation of breathing; for the nonspecialist, there are better
and more comprehensive sources to consult for overview (e.g., Regulation
of Breathing, edited by T. F. Hornbein).

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$49.50.

This multi-authored text (13 contributors) is stated to be "...designed
for use by medical, nursing, respiratory therapy students as well
as housestaff physicians and (pulmonary) fellows in training." In
their attempt to be all things to all people, the authors may have created
an invariable problem. For example, in the chapter, Structure of the Respiratory System, we read that "the adenoids, tonsils, and eustachian
tubes are located in the nasopharynx." A few chapters later, we read that the Henderson–Hasselbalch equation can be quoted as

\[
[HCO_3^-] = 0.0301 \times P_{CO_2} \times 10^{\frac{pH}{6.1}} - 6.1
\]

Overall, the text probably is best suited to the general interna not
specializing in pulmonary medicine. For the anesthesiologist, it offers
a useful reference for matters relating to chest diseases but it is not
sufficiently detailed for those specially interested in respiration.

Twenty-four chapters are divided into three sections, entitled Pul-
monary Structure and Function, Collecting the Data Base, and Clinical
Patterns of Lung Disease. There are particularly good chapters on
acid–base balance, chest radiography, pulmonary function testing, dif-

erential diagnosis, and pulmonary vascular disease.

In some instances, one finds information in a strange setting. For
instance, a cookbook approach to the ER management of smoke in-
halation is included in the chapter on Occupational and Environmental
Lung Diseases, rather than as a part of Respiratory Failure. Although
dyspnea is described as an important symptom in the chapter on History
and Physical Examination, one has to go to the chapter on Exercise,
Exercise Testing, and Disability Evaluation to find a useful classification
of the grades of dyspnea.

Omissions noted include a description of sputum examination. There
was no account of smear preparation and staining or pictures of com-
monly seen bacteria. Interstitial emphysema is not covered, although
there is a brief reference to mediastinal emphysema in the section on
Diseases of the Mediastinum. In the chapter on Respiratory Infections,

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