Book Reviews

B. Raymond Fink, M.D., Editor


Dr. Zimmerman points out that toxic injuries of the liver have been considered a part of hepatology, toxicology and several other disciplines without being identified as an entity of themselves. For this reason, he has intended to develop an all-encompassing book, covering hepatotoxicity as a distinct entity. In pursuit of this task he has divided his text into four sections, dealing with the general aspects of the interface between the chemicals and the liver, experimental hepatotoxic injury, normal hepatotoxic risks from chemicals in the environment, and, finally, drug-induced hepatic disease. The result is indeed a broad compilation of available data concerning hepatic injury. Its coverage of the literature is remarkable.

Parts of the text, however, are redundant, being repeated in several different sections. In addition, although understanding of mechanisms of hepatic disease has been aided and abetted by morphologic as well as biochemical studies, there is a remarkable paucity of electron micrographs in the text, and the discussion of structural change is biased to light microscopy. Discussion of some of the biochemical mechanisms and their attendant morphologic changes is frequently superficial. Zimmerman quotes the literature exhaustively, to the point of excess, and sometimes less than critically. Nonetheless, there is a very thorough coverage of important material, although many typographical errors occur. For anesthesiologists, whose use of drugs, particularly halogenated hydrocarbons, has sometimes been associated with acute and even catastrophic hepatic injury, this text certainly provides an abundance of information. Its relevance to an understanding of the injuries is not so clear.

E. A. Smuckler, M.D.
Department of Pathology
University of California
School of Medicine
San Francisco, California 94143


Dr. Martin has assembled 2,068 references for this manual, intended to include in “one ready reference volume as comprehensive and as thoroughly documented a compilation of drug interaction information as possible.” From a practicing anesthesiologist’s point of view this book is not very satisfactory. To start with, there is too much erroneous or trite information about drugs used in anesthesia. On page 3, we are informed that “if opiates, meperidine (Demerol), and related drugs are present in the patient when anesthetics are administered, severe hypotension may occur.” A little later we are told that “short-acting agents should be substituted for a period before surgery and withdrawn the day before anesthesia,” a concept that is becoming rapidly obsolete. On page 132, we are told “Echotriphosphate iodide like other cholinesterase inhibitors potentiates succinylcholine, which should not be used prior to general anesthesia in patients receiving such inhibitors.” A very sound piece of advice but unnecessary, since succinylcholine should never be used prior to anesthesia.

On the other hand, some desired information is missing. On page 167, there is no mention of the interaction of lithium carbonate with drugs affecting the myoneural junction, nor of the possibility of arrhythmias during anesthesia in patients receiving lithium carbonate. The inaccuracies are not limited to drugs of interest to anesthesiologists. On page 21, in the discussion of inhibition of the nonspecific microsomal enzymes, a paragraph about the inhibition of L-dopa decarboxylase is slipped in which in itself is correct but in the context gives the false impression that microsomal enzymes and decarboxylases are one and the same. Five pages of “some potentially lethal drug combinations” overwhelm us with the impression that there are no drug combinations that cannot be potentially lethal. Finally, I found it irritating that the Tables of Drug Interaction that comprise most of the book are introduced with the statement that “The Table of Drug Interactions is concisely arranged in three columns under headings Primary Agent, Interactant, and Possible Interaction.” There are no three columns, and the print is such that it is very difficult to distinguish important from less important information. And that in a nutshell is the problem with this ambitious book.

Helmut F. Cascornn, M.D., Ph.D.
Department of Anesthesiology
Case Western Reserve University
School of Medicine
2065 Adelbert Road
Cleveland, Ohio 44106


This small handbook can be read in a few hours and contains no new information for anesthesiologists. However, the author targets every potential member of the emergency team, including technicians, aides, clerks, and administrators. It is simply written, devoid of medical jargon, and liberally sprinkled with personal testimonials illustrating the successful implementation of his principal recommendations. He advises the reader as follows: 1) communicate effectively with the patient and with team members, 2) get into the patient’s shoes, and 3) make a real commitment to the job as a team member.

Although it may seem unwarranted to publish one more book about this tried and proven commonsense approach to patient management, nonprofessional personnel can certainly benefit from this philosophy, and medical students cannot be harmed by hearing it once again. Dr. Giancuitti is completely dedicated to his subject and very enthusiastic. His methods of handling children, allaying fears of accident victims, rapidly extracting useful information from patients, and talking with families following a death may be useful to medical students who have not yet perfected these techniques. He speaks directly to the reader and is always complimentary to his pupil, providing positive reinforcement and expectations of achievement. His dynamic leadership and workshops have a very personal touch. But it’s difficult to put charisma into a book.

Edward A. Ernst, M.D.
Department of Anesthesiology
University Hospitals
University of Alabama in Birmingham
Birmingham, Alabama 35294