pression as a deprivation of reinforcing behavior is quite useful to the uninitiated.

In summary, for the anesthesiologist versed in behavioral technology, this book is helpful. For the uninitiated the trophy isn’t worth the race.

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The intent of this book is to provide a text for use by physicians and paramedical staff working with spinal cord-injured patients. This aim has been achieved in the present concise, informative and easily readable treatise. Strengths of this little book include its description of each aspect of the spinal cord-injured patient while still conveying a composite picture of the entire patient, and its fine bibliography, a quite important feature in an introductory text that is often lacking. It should find general acceptance among residents, medical students, and other professional personnel who help in the management of these patients.

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A textbook on neuroanesthesia in children seems a good idea, since the special problems of pediatric physiology and psychology deserve careful attention. Anybody who has been troubled by the correct choice of anesthesia for a pneumoencephalogram (PEG) in a frightened 4-year-old would open this book, hoping to find an up-to-date discussion of the pros and cons of the various procedures and techniques available. This book, however, will be a disappointment.

Although it was published in 1975, much of the pharmacologic information is from 1965 or earlier. The discussion of the effects of halothane on cerebral blood flow simply does not take into consideration newer findings, which show unequivocally that cerebral autoregulation is severely disturbed by halothane. It is equally disquieting to read that meperidine (Pethidine) has clinically relevant anticholinergic activity or that premedication doses of atropine are contraindicated in glaucoma. The authors seem not to know that the short action of thiobarbiturates does not depend on the redistribution into fat tissue but rather on redistribution into muscle. Opinions about sensitivity or resistance of newborns to depolarizing and nondepolarizing relaxants have been revised recently, and the pharmacology of ketamine certainly should include its profound effect on cerebral blood flow and intracranial pressure, particularly in a book that recommends it for PEG. The knowledge of chemical formulas of drugs is not indispensable for the practice of neuroanesthesia. However, if formulas are printed they should be correct. Methoxyflurane’s formula is wrong, and the formula for halothane is printed in a very unconventional way.

The colored pictures of patients during ketamine anesthesia are quite interesting. On the other hand, a colored picture of common endotracheal tubes, laryngoscope, and other instruments for intubation is not particularly helpful, especially when not all instruments shown are explained in the legend. Statements like “intravenous premedication cannot be considered in children,” are foolish and certainly contrary to our own experience.

One of the three forewords says “it (the book) closes a gap of knowledge in its area.” I do not think it does.

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Books Received

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<tr>
<th>Title &amp; Edition</th>
<th>Author/Editor</th>
<th>Address, Name, Year</th>
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<tr>
<td>Self-Assessment in Anesthesiology</td>
<td>A. W. Greer</td>
<td>England</td>
<td>145</td>
<td>PNS</td>
</tr>
<tr>
<td>T. D. Howells</td>
<td>William Heinemann Medical Books, Ltd.</td>
<td>1975</td>
<td></td>
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More than 200 multiple-choice questions with answers and brief discussions.

| Basic Physics in Anesthesiology | L. I. Epstein | Chicago Year Book Medical Publishers, Inc. | 388 | PNS |
| B. A. Kuzawa | 1976 |

Programmed presentation of basic mathematics and physics designed for anesthesiologists whose talents lie elsewhere.