"In view of the characteristics of the anti-convulsive effect of local anaesthetics a treatment with intravenous lidocaine appears to be of special interest in cases in which it is of importance rapidly to abolish a status epilepticus and to suppress it without causing sedation.

"A survey is here presented of the investigations serving as a theoretical basis for the treatment of status epilepticus with intravenous lidocaine. The clinical results obtained by this treatment are reported. There is also an outline for the treatment of status epilepticus with intravenous lidocaine based on the results of the laboratory experiments and the clinical experience gained so far."

JOHN S. LUNDY, M.D.


The author of this book has selected a pathogenic phenomenon adequately described by the title which is commonly encountered in many unrelated disease states. It appears, however, that it is largely a late developing problem. Many etiological factors are quite evidently capable of producing intravascular coagulation. Among those that are of particular interest to anesthesiologists are: cold injury, crush syndrome, endotoxin shock, blood transfusion reactions, poisonings, amniotic fluid embolism, anoxia and cardiac arrest. The book is profusely illustrated with charts and microscopic studies of the tissues involved. An introductory chapter reviewing the blood coagulation mechanism is one of the most succinct of its kind. This chapter alone is worthy of perusal by any physician.

This book is highly specialized. It is particularly of value to the internist, hematologist and pathologist. Although it has very little immediate value in anesthesiologic practice, it does represent a source book for many unusual disease states and can be considered a fine reference volume.

VINCENT J. COLLINS, M.D.


This volume, written in French, covers four main topics. The first section on clinical anesthesia comprises several chapters on problems faced by the anesthesiologist dealing with newborn, geriatric, and alcoholic patients. Anatomical and physiological differences between adult, geriatric, and newborn patients are presented, together with some recommendations for preoperative medication, anesthesia and postanesthetic management. Cardiovascular and respiratory complications of anesthesia are included in this section with special emphasis on cardiac arrest, pulmonary embolism and shock. The authors failed to mention the importance of measurements of the central venous pressure during treatment of shock.