BOOK REVIEWS

Anesthesia for Thoracic Procedures

Edited by BRYAN E. MARSHALL, DAVID E. LONGNECKER & H. BARRIE FAIRLEY
Blackwell Scientific Publications, Oxford, 1988. 732 pp. £74.50.

This 632-page book covers the anaesthetic management of non-cardiac, adult, thoracic surgical procedures. There are 30 contributing authors from different centres of thoracic surgery in the USA. Inevitably, as the book is multi-authored, there is some duplication of subject matter, such as one-lung ventilation, but the chapters flow in logical sequence and there is generally little repetition.

The book begins with a section reviewing basic anatomy and physiology of the pulmonary system, including a detailed description of the crucial physiology of one-lung ventilation. There follows a contribution on the history and development of thoracic anaesthesia and comprehensive chapters on pre-operative considerations. These include evaluation of respiratory disease and general medical conditions, with specific emphasis on the implications for anaesthetic management.

Seven chapters are devoted to intraoperative managements of patients, including the problems posed by one-lung ventilation, endoscopy, tracheal resection, thoracic trauma and oesophageal surgery. Of particular merit are the chapters on anaesthesia for mediastinal surgery and heart-lung transplantation. The book concludes with contributions on the management of the post-thoracotomy patient with particular emphasis on complications.

The text from beginning to end is well written with up-to-date references. It comprehensively covers an area which is very highly specialized. It does not specifically deal with neonatal thoracic anaesthetic problems, but this subject is discussed in paediatric texts. The authors make ample use of tables and diagrams, which greatly facilitate the understanding of the subject material, which provides suitable reading for anaesthesiologists who specialize in this field and a good source of reference for anaesthesiologists in training. However, it is too highly specialized for doctors involved on the fringe of the specialty such as physicians whose primary role is in the emergency room.

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