pages, the book succeeds admirably in illustrating how the anaesthetists role is vital in the emergency room team and could be read with profit by the anaesthetist and non-anaesthetist, especially the comprehensive chapter on management of the airway. Case presentations are scattered throughout the book and help to bring home the unique problems that can arise during resuscitation and demonstrate what can and needs to be done when there is little available history. Since the book is American there is some dissimilarity with units and drugs, but these are only minor and do not detract from what is an excellent compendium.

P. NIGHTINGALE

Splanchnic Ischemia and Multiple Organ Failure

By A. MARSTON *et al.*

Edward Arnold, London, 1989. £65.00

This beautifully produced book which is both multi-disciplinary and international focuses on a problem which has grown to the fore in recent years, that of the relationship between splanchnic ischemia and the onset of multiple organ failure in the intensive care unit. Following lucid chapters on the anatomy, physiology and patho-physiology of the splanchnic circulation, the role of systemic mediators of splanchnic origin is considered.

Finally, in the last half of the book, specific organ injury syndromes, such as ischaemic pancreatitis and acalculus cholecystitis are considered, with the role of the gut as the driving factor behind the onset of multiple organ failure considered in detail.

This book will be read with interest by those in the surgical and critical care fields and surely will increase the awareness of the need to monitor the function of the gut as an indicator of the adequacy of resuscitation and hence tissue oxygen transport. The means to do this are described in the book but have yet to achieve widespread clinical acceptance.

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