Pharmacology is central to the practise of anaesthesia and as such textbooks on Pharmacology for Anaesthesiologists are very important. Several books do exist, however, and so any new book is competing on a stage of already established textbooks. Looking at the editors both of who are well known in the fields of anaesthesia and pharmacology, one might therefore expect a very useful addition to the literature and I was not disappointed.

The book contains 21 chapters, a significant number of which are written by one or other of the editors, either alone or together with a co-author. The book starts with principles of drug action pharmacokinetics and pharmacodynamics and then takes all the individual pharmacological groupings in order, e.g. inhalational agents, intravenous agents, local anaesthetics, etc., finishing with four chapters on adverse drug reactions and interactions, drugs and special circumstances, plasma volume expanders and statistics from clinical trials.

The first two chapters are a mixture of basic pharmacological principles although illustrated with up-to-date images of, e.g., the GABA\textsubscript{A} receptors, and the NMDA receptor. Little has changed with respect to the principles of pharmacokinetics and dynamics over the years, but taking the basic question ‘is there the information needed for the exams in the specialty, e.g. FRCA’ I do believe that the authors have covered the essential points.

Going through all of the individual chapters concerning different pharmacological groupings and drug families, there was nothing which I found missing. There is clear use of tables and figures throughout.

It is impossible to do justice to adverse drug reactions and interactions in 15 pages but I found the most common interactions to be included. The six page chapter on drugs and special circumstances seems to be simply a chapter which contains additional points which the editors wish to make but which they could not find anywhere else to put them. It includes pregnancy, lactation, neonates, infants, renal disease and liver disease. I was a little surprised to find a chapter on plasma volume expanders and artificial blood substitutes but it is short and to the point, although there is so much more to be said on the subject but I was not sure how valuable the inclusion of such a chapter might be. The final chapter on statistics and clinical trials is clear and concise, and will be helpful to those embarking on research and also studying for exams in the specialty.

All in all, a very good book and a nice addition to the literature. I can recommend it to trainees in the specialty and also to established consultants to refresh their knowledge of pharmacological principles. It is straight, factual and to the point and does not in general stray into other fields but confines itself to pharmacology. I shall be keeping my review copy on the shelf for future use.
Head injuries are common, are often fatal or cause serious disability and predominantly affect the young. Over the past 10 yr there have been significant advances in our understanding of the pathophysiology of head injury that in turn has led to improvements in our care of this group of patients. However, much of this information is scattered amongst a wide range of publications and not always readily available or digestible. Fortunately, this is now no longer a problem. Despite its size, with 23 chapters and nearly 500 pages, what appears to be at first sight a rather daunting neurosurgical textbook, ‘Head Injury – Pathophysiology and Management’ is a veritable masterpiece. We were both in complete agreement that this book is so easy to read, offering epidemiology, pathology, neuroradiology, neurophysiology, neurosurgery, neurocritical care and research in a way that is relevant and understandable to anyone interested in the management of patients with head injuries. More importantly it presents the appropriate level of explanation without the irrelevant self-indulgence that can often accompany attempts by one specialty to educate another.

The book is divided into three sections; ‘The Injury’, ‘Measurement and Monitoring’ and ‘Treatment’, each of which consists of a number of chapters, written by authors from the USA, Australasia, Europe and Canada. Despite this, the editors have achieved the same style throughout with clear attention to describing succinct lines of referenced academic argument. Each chapter also works as a ‘mini-text’ that can be read alone or in conjunction with the rest of the book. As a result there is a degree of repetition, but with a reassuring consistency throughout. Chapters are well illustrated with clear, labelled diagrams, and good quality CT and MR scans abound throughout the book. Colour images are restricted to the chapter on pathology and a selection of plates that are produced in half-tone elsewhere. ‘Head Injury’ is as contemporary as a text of this size can be, with many chapters referenced to publications as recent as 2004.

Section 1 covers topics that many might have considered too dry, but not any longer. ‘Primary and secondary brain injury’ is a concise, informed overview of the topic while ‘Intracranial pressure and elastance’ will cause many people to rethink their understanding of these subjects. In Section 2, it is reassuring to see that emphasis is placed upon the importance of clinical examination, but fascinating to find this juxtaposed to chapters on cerebral monitoring, discussing modalities that can only be dreamt of in many clinical environments. Section 3 covers all phases of treatment, starting at the scene, the emergency department, the operating theatre and the intensive care unit. There is a brief but adequate chapter on ‘Paediatric head injuries’, along with two chapters that are predominantly surgical, but nevertheless make interesting reading. Chapter 20 provides a structured review of current therapies for neuroprotection after traumatic brain injury, which makes the evidence easy to assess and finishes with clinical status and conclusion of their role. This section ends with chapters on outcome, outcome prediction and brain death, the latter covering not only the standard UK tests, but also a variety of confirmatory tests not often seen, e.g. EEG, ultrasonography and cerebral imaging.

Are there any criticisms of this book? Chapter 13 concentrates on trauma in general, most of which is a reiteration of the standard ATLS dogma. There is very little specifically on the problems of managing head injuries or the problems of transfer, apart from a handful of anecdotes at the end relating to aeromedical transfer. It is perhaps ironic that we both found the chapters on ‘Intensive care management’ and ‘Sedation and anaesthesia’ in head injury the least inspiring. The depth of information in these chapters was lacking compared to others and as a result leaves one somewhat dissatisfied. However, these minor criticisms should not be allowed to overshadow the general high standards throughout the rest of the book.

So, who would we recommend this book to, and at £140 is it worth it?

In our opinion ‘Head Injury – Pathophysiology and Management’ is an excellent practical and theoretical text on the subject for clinicians of any specialty involved in the care of these patients, particularly anaesthetists and intensivists. All would be well advised to have access to a copy. There is no doubt that there will be a considerable debate as to who’s office this book will reside in after this review!

C. Gwinnutt, C. Carroll
Salford, UK

Critical Care for Postgraduate Trainees is a good attempt to provide an accessible text for trainees in critical care. Access to literature on the subject in the past seems to have been through very large text books, academic papers or review articles. The large text books reflected the opinions of all the specialities of anaesthesia, medicine and surgery which were involved in the formation of critical care as a speciality in its own right. The development of critical care as an independent speciality along with improvements in training and the increasing drive for evidence based critical care has formalized opinions. This book reflects that change.

The opening chapter provides an overview of epidemiology of critical care and goes into depth on scoring systems. This may prove intimidating for the reader in the first chapter who may expect more clinically based rather than statistically based information; the information is important but may be better placed in an additional chapter on intensive therapy unit management.

The chapters on respiratory support and adult respiratory distress syndrome are very good with a concise approach to the pathophysiology of disease and subsequent respiratory management. All the recent clinical trials are referred to and this level of knowledge is adequate for postgraduate trainees in critical care. While the respiratory system is represented in two chapters cardiac disease has only one. The pathophysiology of cardiac disease in critical care is not well attended with assumptions being made on behalf of the reader on the aetiology and physiology of low cardiac output conditions and cardiac function during sepsis. Hypertensive diseases of pregnancy are not mentioned. The subsequent areas on monitoring and cardiac support are well written and accurately reflect changes in practice. One of the great attributes about this book is that it is an interpretation of practice now and the chapters on sepsis, renal support and nutrition indicate the direction for best practice in critical care.

Infection in critical care is given as a chapter on its own and this subject has a high profile in all hospitals with great financial and clinical efforts being made to attempt infection control within the UK health system. Resistant organisms are referred to, as are antibiotic prescription practices, however postgraduate trainees in critical care may benefit from a table of common sensitivities and some more science on the aetiology of antimicrobial resistance.

The advancement of pain control as an anaesthetic speciality means that surgery in high risk patients is now referred to critical care for perioperative management and analgesia strategies in critical care are accurately described in chapter 12. I would express concern over the advocacy of the prescription of non-steroidal anti-inflammatory drugs to junior doctors in any critical care environment. The final chapter on ethics is well written in a prose style and outlines in a clear manner the difficult decision making processes associated with the practice of critical care.

Overall I think that this book is a useful aid to learning for the critical care trainee. It is well written and concise and covers most of the topics. The chapters are supported by all the appropriate literature references for those who wish to study further. It is not a text for those wishing to sit examinations in critical care but it may be a useful adjunct to those surgeons or anaesthetists approaching their final examinations.

R. Greer
Manchester, UK