

TRAUMA, SEPSIS, AND SHOCK: THE PHYSIOLOGICAL BASIS OF THERAPY

Edited by George H. A. Clowes, Jr.
Marcel Dekker

The real strength of this volume is its in-depth coverage of the scientific data that form not only the basis of current therapy, but the direction for future developments in care of the critically ill. Especially impressive are the chapters on stresses and mediators, and pathology and ultrastructure of cellular injury. The photomicrographs in the pathology chapter are superb. A foreword by Dr. Fiorindo Simeone gives an interesting historical perspective on the origin of the word "shock."

This 15th volume in the Science and Practice of Surgery series covers the nature of trauma and infection and the physiological, metabolic, and immunological responses to severe trauma, invasive infection, and accompanying shock. The text includes sections on healing, nutritional support, and critical care monitoring as a guide to therapy.

There are some drawbacks. Although each chapter attempts to relate physiology to therapy, the therapy sections are the weakest aspect of each chapter, and in many cases, appear as an afterthought. Another weakness, common to many multi-authored texts, is duplication of material and the appearance of a disorganized approach to the book. For example, the reference sections after each chapter are alphabetized in some cases but listed in the order of citation in the text in other cases. Better editing should have required a unified approach.

Trauma, Sepsis, and Shock will be of value to anyone interested in the pathophysiology of traumatic and septic shock, especially those doing clinical or basic research.

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STROKE: A GUIDE FOR PATIENT AND FAMILY

Janice Frye-Pierson and James F. Toole
Raven Press

This useful, easily read book consists of two sections: 1) causes, symptoms, and therapy of stroke; and 2) rehabilitation and daily problems facing stroke victims. Techniques and various devices to help the functionally impaired with daily activities are described.

The text covers its subject in such depth that it seems addressed to the family practitioner or internist. None-

theless, it can be recommended as a detailed, often practical source of information for stroke victims and their families.

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OTOLARYNGOLOGY—HEAD AND NECK SURGERY

David D. DeWeese, William H. Saunders, David E. Schuller, and Alexander J. Schleuning II
C. V. Mosby

This seventh edition contains 10 sections condensed into 627 pages. All aspects of otolaryngologic practice, including otology, rhino-sinusology, allergy, head and neck surgery, and plastic and reconstructive surgery, are addressed. Each section, except those pertaining to general considerations and facial plastic and reconstructive surgery, covers a particular anatomical site. Most of these sections have at least three basic chapters: anatomy and physiology, diagnostic procedures, and clinical problems.

With two new editors, this book has undergone some major changes. The index and the organization of the text facilitate data retrieval. The basic information in the previous edition generally has been maintained, and the emphasis is still on anatomy, physiology, and diagnostic procedures. In some sections and chapters, no changes were made and the text was simply rearranged to fit the new structure. Other sections, such as those about the larynx and hypopharynx and the trachea and esophagus, were rewritten completely and updated. The new sections and chapters are welcome additions and reflect the evolution and progress of the practice of otolaryngology in recent years, especially as it relates to allergy, immunology, head and neck surgery, and facial plastic and reconstructive surgery. Other chapters provide little new information and seem to have been written to fill the overall new format.

Generally, the text is accurate, but there are a few mistakes. For example, the Mallory-Weiss syndrome is defined as an esophageal perforation (p 306), and the acoustic nerve (the 8th cranial nerve) is said to be the nerve of the second branchial arch (p 321), although the suggested reading correctly identifies it as the facial nerve (the 7th cranial nerve).

Major advances have been made in diagnostics in recent years with the advent of computed tomography and magnetic resonance imaging, as well as different endoscopic tools, such as rigid telescopes and flexible endo-